



Testimony of Isaac A. Reyes
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House Judiciary Committee, Subcommittee on Immigration, Citizenship,
Refugees, Border Security, and International Law
Problems with Immigration Detainee Medical Care
Wednesday, June 4, 2008

Chairwoman Lofgren, Ranking Member King, members of the subcommittee, thank you for inviting me to testify about the U.S./Mexico Border Counties Coalition findings on the costs of providing medical care to undocumented immigrants. I am the Washington representative of the Border Counties Coalition, a nonpartisan, policy and technical forum comprised of the elected officials from the twenty-four county governments located on the U.S./Mexico border. Our efforts at the federal level are focused on increasing the reimbursement levels for the costs associated with undocumented immigration resulting from the failure of the federal government to secure our borders. Because of their proximity to the border, our member counties bear a disproportionate share of these costs.

My testimony this afternoon is about the costs to border counties for providing health care to undocumented immigrants. It is awkward to be discussing fiscal costs related to undocumented immigration when most of the witnesses this afternoon are addressing the loss of life and horrific treatment of people in custody. The focus of this hearing – the treatment of immigrants in detention – most of whom were, up to the time of their jailing, working and contributing members of their communities whose only “crime” was to be living and working in the U.S. without permission – is an issue that needs more Congressional oversight and I urge continued examination of this problem.

The federal government controls our nation’s borders, and has sole responsibility for developing and enforcing immigration policy. The federal government’s success or failure at protecting the nation’s borders directly affects state and local governments, particularly southwest border counties. Border counties receive pennies on the dollar when it comes to reimbursements from the federal government, whether we are talking about the State Criminal Alien Assistance Program, the Southwest Border Prosecution Initiative, or Section 1011 funds for Emergency Health Care Reimbursement. These three pots of money, developed as reimbursement programs, do not come close to making border counties whole.

From 1999 through 2006, the 24 counties along the border spent a cumulative \$1.23 billion on services to process criminal undocumented immigrants through the law enforcement and criminal justice system. During that same time, border counties received only \$54.8 million in reimbursements from the federal government. In fiscal year 2006 alone, the cost was \$192 million. Of that \$192 million, border counties received one percent of the SCAAP appropriation – only \$4.7 million came back to them. These are staggering costs considering the rural nature and poverty level of most of these border counties.

Many members of this subcommittee are well aware of the problems associated with SCAAP and are trying to improve that program. The recent passage of H.R. 1512, sponsored by Representative Sanchez and approved by this subcommittee, will bring more SCAAP funds to our counties and we thank you for your efforts and recognition of the problem.

Our 2002 study, entitled “Medical Emergency: Who Pays the Price for Uncompensated Emergency Medical Care Along the Southwest Border?” provides an

estimate for the cost of providing emergency hospital and transportation services to undocumented immigrants. Our study determined undocumented immigrants cost border hospitals \$189.6 million in uncompensated emergency medical costs during 2000. To put this figure in context, total reported uncompensated costs at border hospitals were \$831 million, meaning that costs attributable to undocumented immigrants comprised almost 25 percent of the uncompensated emergency room care. In addition, we estimate that emergency medical service providers had \$13 million in uncompensated costs, bringing the total to more than \$200 million in uncompensated emergency medical costs during 2000. The \$200 million broke down in the following manner: \$79 million in California, \$74 million in Texas, \$31 million in Arizona, and \$6 million in New Mexico. Our study also found that the former Immigration and Naturalization Service brought injured and ill undocumented entrants to hospital emergency rooms or called ambulances without arresting them so that the federal government would not bear the cost of treatment.

Yet, this \$200 million figure does not represent the total costs borne by southwest border counties and local medical providers. Costs incurred for preventive, acute, extended or rehabilitative healthcare, and non-emergency medical transportation are not included in our estimate since these services fall outside the federal definition of an "emergency" and were therefore beyond the scope of our analysis. Furthermore, services delivered by a physician in a hospital's emergency department that are not paid by or through the hospital are billed separately and cannot be captured by examining uncompensated hospital costs. As such, costs incurred by physicians attending an undocumented immigrant in a medical emergency also are not included in our cost estimate.

The problem of uncompensated emergency services has far reaching implications beyond loss of hospital revenues. Health care costs and insurance premiums are rising, due in part to burgeoning levels of uncompensated care. Rising health insurance premiums are threatening business' ability, particularly small business, to offer employees affordable health care benefits. High liability costs and low levels of compensation are threatening the viability of emergency rooms and emergency transportation providers along the border. Some counties with high rates of uncompensated care can no longer afford to provide "charity" care for local needy residents. In some instances, high levels of unpaid medical bills related to undocumented immigrants have forced local healthcare providers to reduce staffing, increase rates, and cut back services.

The border counties health and health care systems face a much different set of issues than the rest of the nation. In 2007, the Border Counties Coalition released a report entitled, "At The Cross Roads: U.S./Mexico Border Counties in Transition." This report provided an in-depth analysis of the 24 border counties and compared them to the 50 states in our country. In terms of health care, the report found that if the border counties were considered a 51st state, it would rank last in the presence of health care professionals. Border counties would rank as the 50th state out of 51 in insurance coverage for adults and children. The prevalence of tuberculosis per 100,000 persons among residents of all border counties (10.4) is twice that of the United States (5.1) as a whole. Border county populations suffer higher rates of diseases, such as asthma, adult diabetes, and hepatitis, which are compounded by the low socioeconomic status characteristic of the population and a large migrating population between the United States and Mexico that relies heavily on public and charity health programs. As a significant segment of the population moves back and forth across the border, they become transfer agents of contagions and potential illnesses. It is clear that border counties could use the money spent on health care for undocumented immigrants for health care needs for their own residents.

There has been a lot of heated debate about whether or not undocumented immigrants should receive free emergency medical care. Let me point out that Congress mandated this policy. In 1996, Congress passed two major laws that affect the delivery and financing of emergency services to undocumented immigrants. The first is the Emergency Medical Treatment and Active Labor Act (EMTALA), which requires hospitals and emergency personnel to screen, treat and stabilize anyone who seeks emergency medical care regardless of income or immigration status. The second law, the Personal Responsibility and Work Opportunity Reconciliation Act of

1996 (PRWORA), among other things, limits Medicaid benefits for undocumented immigrants to emergency health services and non-Medicaid funded public health assistance (e.g., immunizations, communicable disease treatment). In addition, PRWORA requires states that want to provide non-emergency medical assistance to “non-qualified” immigrants to pass affirmative legislation before providing such services, even if the state already had such a law in place prior to the federal Act’s passage.

Although the federal government reimburses states and counties for part of the costs they incur providing federally-mandated emergency health services to undocumented immigrants, southwest border counties are absorbing a significant and disproportionate amount of costs. The position of the Border Counties Coalition is that the federal government should support the medical treatment of undocumented immigrants and pay for 100 percent of the costs. The federal government is responsible for the costs associated with undocumented immigration, not counties. Few state resources are made available to help counties with this burden, so costs fall heavily on local taxpayers in these 24 counties along the border.

The costs to process undocumented immigrants come at the expense of basic, vital services to county residents. The unmet needs include libraries, jails, courtrooms, parks, and basic infrastructure to colonias, new developments, flood prevention, social service programs for abused children and women, childcare, and after school programs. But the overwhelming needs expressed by our elected officials are related to health care –ambulances, clinics, more indigent healthcare funding, and more funding for comprehensive healthcare programs. These are basic services that lift the quality of life in communities and the residents of border counties should not be asked to go without because of the failure of the federal government to fully reimburse them.

Thank you for the opportunity to present the findings of our report and for giving you a glimpse into the situation facing border counties. I will be happy to answer any questions.