

Emergency healthcare for undocumented immigrants in CT

Approximately 75,000 undocumented immigrants live in Connecticut. This population is generally uninsured and ineligible for public healthcare programs such as Medicaid or HUSKY. Uninsured immigrants have limited options for healthcare and often put off seeking medical care until it's an emergency. Although hospitals will provide emergency care to everyone, they usually do not get paid for providing emergency care to uninsured immigrants.

In Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress provided federal dollars to help hospitals and other providers cover the costs of providing emergency healthcare to uninsured immigrants. Section 1011 covers the costs of providing a medical examination and treatment to stabilize the condition of a patient who comes to a hospital's emergency room. Hospitals can request to be reimbursed for the costs of providing these services to undocumented immigrants, Mexican citizens with "border crossing cards," or persons paroled into the U.S. to receive medical services.

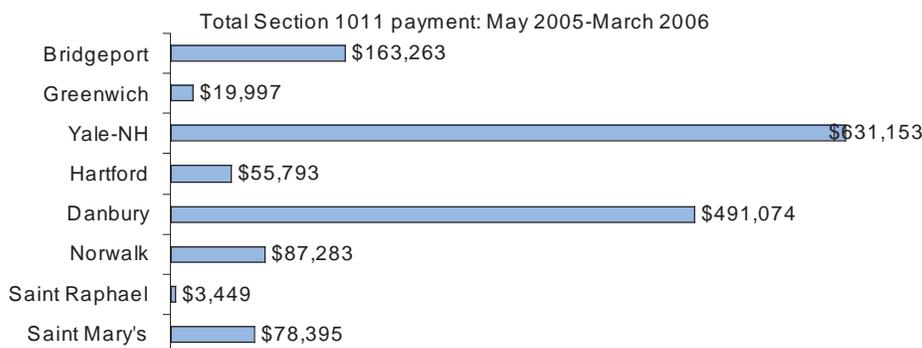
How much money does Connecticut get?

Section 1011 provides \$250 million per year for all fifty states during fiscal years 2005-2008. Connecticut is allotted \$930,030 each year to be divided among the hospitals who submit payment requests. From the state allotment, payment will be made directly to hospitals and funds that are not spent during a quarter are added to the allotted funds of the next quarter.

Since May 2005, only eight Connecticut hospitals submitted payment requests under Section 1011. During fiscal year 2005 and the first half of fiscal year 2006, these hospitals collected a total of \$1,530,406.78. While payment requests by all hospitals are increasing, Bridgeport, Yale-New Haven, and Danbury Hospitals have collected roughly 85% of the money.

How does Section 1011 work for patients?

Immigrants may still be deterred from seeking critical emergency care even though the government has said that information related to medical care will not be used to enforce immigration laws.



Section 1011 is designed to help hospitals; however, guidelines about how to screen patients for Section 1011 eligibility are confusing. Patients are not required to provide immigration documents or to disclose any information about their immigration status in order to receive emergency treatment. Hospital staff is not required to ask patients directly about their citizenship. Hospitals who want to submit payment requests must keep records about how they determine if a patient is an uninsured immigrant. These hospitals will be audited regarding how they determine immigration status. If hospitals don't ask and patients don't tell, the guidelines may lead to complicated and intimidating questions related to a patient's immigration status.

Section 1011 - a good start.

Federal law says that hospitals must provide emergency care to patients who come to the emergency room; however, there is no guarantee that hospitals will get paid. Section 1011 offers some assistance to hospitals for care to undocumented immigrants that would otherwise go uncompensated. This is a last resort for payment. Hospitals are expected to seek payment from all other sources, including the patient, before seeking reimbursement under Section 1011.

If it's a good start, why are so few Connecticut hospitals participating?

The amount of money hospitals can receive from Section 1011 payments is small. Also, Connecticut's immigrant population is smaller than the national average. When choosing whether or not to participate, hospitals have to decide whether the administrative time required to submit payment requests, the confusion of determining patient eligibility, audits, and the potential anxiety and harm caused to patients is worth the money.

Bottom Line:

Undocumented immigrants are receiving healthcare in CT and providers should be paid fairly for that care. The system should be encouraging access to preventive care rather than only reimbursing costly hospital care.