

Testimony of Coralie Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

## IN OPPOSITION TO LD 429

### **“An Act to Track Certain Information Regarding and Seek Federal Reimbursement for Medical Care Provided to Asylum Seekers”**

Before the Joint Standing Committee on Health and Human Services  
Hearing: April 9, 2025 at 1:00 p.m.

Dear Chair Ingwersen, Chair Meyer, and distinguished members of the Committee on Health and Human Services,

On behalf of more than 4,000 registered nurses and health care professionals providing patient care in our state, the **Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA) urges the Committee to oppose LD 429, “An Act to Track Certain Information Regarding and Seek Federal Reimbursement for Medical Care Provided to Asylum Seekers.”**

Hospitals are places for everyone to receive the health care they need. Immigrants are valued members of Maine’s community and contributors to Maine’s economy. Nurses do not want to be conscripted as tools in an anti-immigrant agenda at the cost of their patients’ trust and safety. LD 429 would burden hospitals and deter immigrants from seeking care for the sole purpose of sending the federal government a bill that it will not pay.

**NNU is deeply concerned that LD 429’s requirement for hospitals to collect information on patients’ immigration status would have a chilling effect on the willingness of immigrants to seek health care services at Maine hospitals.** Hospitals should be places for healing, where all patients feel safe receiving care. In contrast, this bill will cause people to delay or forgo necessary care out of fear. As nurses see every day in their practice, delays in treatment can exacerbate illnesses and injuries over the long term and may ultimately be fatal. While LD 429 is ostensibly intended to seek reimbursement for the care of asylum seekers, its effects will be to increase health care costs in the long run by causing patients to delay or forgo care, and to prolong the pain and suffering of patients afraid to seek care. **The assurances in the bill are not sufficient—immigrants will still have reason to fear that declining to answer could lead to being targeted for their immigration status.**

**Moreover, the chilling effect caused by LD 429 will not be limited to immigrants who are not lawfully present in the United States, it will also extend to lawfully present individuals, like the asylum seekers it targets.** The impact will be stark among undocumented people,

who report not having a usual source of care other than an emergency room, not having a doctor's visit in the past 12 months, and skipping or postponing care in the past 12 months at a higher rate than others.<sup>1</sup> However, it will also be felt by lawfully present immigrants and U.S. citizens with immigrant relatives. Analysis performed by the Kaiser Family Foundation (KFF) of restrictive immigration policies found that reluctance to access health care services for themselves and their family extended beyond undocumented immigrants to those who are lawfully present.<sup>2</sup> Many individuals live in mixed immigration status families that may include lawfully present immigrants, undocumented immigrants, and/or citizens. As a result, LD 429's chilling effect will impact a broad segment of the population, further exacerbating the cost and capacity problems resulting from delayed or forgone care.

**Research has also shown that immigrants have lower per capita health care expenditures than U.S.-born citizens, and data suggest they subsidize health care for U.S.-born citizens by paying more into the system through health insurance premiums and taxes than they utilize.**<sup>3</sup> There is therefore no reason to believe that immigrants are burdening the provision of health care in Maine or across the United States. To the contrary, the evidence indicates that undocumented immigrants are actually subsidizing the health care received by citizens and lawful residents.

**The chilling effect caused by LD 429 will also lead to fewer patients receiving care and thereby frustrate efforts to control and prevent infectious diseases.** Still so fresh off the deadliest months and years of the Covid-19 pandemic, and in the midst of rapidly growing measles cases and defunding of infectious disease prevention and response, nurses deeply understand that our collective health is dependent on all people—our immigrant and our non-immigrant patients—receiving the care they need.

**Attempts to pass similar laws in other states have resulted in significant adverse effects for both citizen and non-citizen residents.** In May 2023, Florida passed SB 1718, which, among other things, requires hospitals that receive Medicaid or Children's Health Insurance Program (CHIP) funding to collect information on patient immigration status.<sup>4</sup> Later that year, the state released a legislative report that found that, from June to December 2023, less than 1% of inpatient admissions and emergency department visits were among patients who reported being not lawfully present.

Notably, the legislative report specified that the state did not identify any correlation between the level of uncompensated care and the level of undocumented immigrants presenting at the

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<sup>1</sup> KFF (2025, January 15) *Key Facts on Health Coverage of Immigrants*. KFF.org. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants> .

<sup>2</sup> KFF (2025, January 15).

<sup>3</sup> Pillai, D., & Artiga, S. (2024, August 26). *Potential impacts of new requirements in Florida and Texas for hospitals to request patient immigration status*. KFF.org. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/potential-impacts-of-new-requirements-in-florida-and-texas-for-hospitals-to-request-patient-immigration-status>.

<sup>4</sup> Pillai, D., & Artiga, S. (2024, August 26).

hospital, and that high levels of uncompensated care were more associated with rural county status than the share of undocumented immigrant patients.<sup>5</sup> There also did not appear to be a correlation between total profitability and the share of undocumented immigrants.<sup>6</sup> In addition, data gathered from Florida following the passage of its bill indicate that it had serious implications for the states' economy and workforce. Following Florida's passage of SB 1718, food service businesses in the state lost not only long-time employees but also customers who may have become afraid of going to public places.<sup>7</sup> Agriculture and construction industries have also taken a hit, with reports of abandoned construction sites in the state following the passage of SB 1718.<sup>8</sup>

**We strongly urge the Committee to oppose LD 429.**

Sincerely,



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President, Maine State Nurses Association  
Vice-President, National Nurses United

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<sup>5</sup> Pillai, D., & Artiga, S. (2024, August 26).

<sup>6</sup> Pillai, D., & Artiga, S. (2024, August 26).

<sup>7</sup> Jarvis, J. (May 18, 2023). *Local businesses losing workers due to new Florida immigration law*. ABC 25 WPBF News. <https://www.wpbfc.com/article/businesses-losing-workers-florida-immigration-law/43922818>.

<sup>8</sup> Sesin, C & Flores, E. (May 18, 2023) *In Florida, agricultural workers are fearful and brace for changes under new immigration law*. NBCNews.com. <https://www.nbcnews.com/news/latino/florida-farmworkers-immigration-law-fearful-undocumented-rcna84993>; Rahman, K (May 18, 2023) *Video Shows Abandoned Florida Construction Site After Anti-Immigration Law*. Newsweek.com. <https://www.newsweek.com/video-abandoned-florida-construction-site-anti-immigration-law-1800804>.