



# Consumers for Affordable Health Care

Advocating the right to quality,  
affordable health care for all Mainers.

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Testimony in Opposition to LD 429

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

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Senator Ingwersen, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. I am Ann Woloson, Executive Director at Consumers for Affordable Health Care (CAHC). I am here today to provide testimony in opposition to LD 429, An Act to Track Certain Information Regarding and Seek Federal Reimbursement for Medical Care Provided to Asylum Seekers.

CAHC is a nonpartisan, nonprofit organization that advocates the right to quality, affordable health care for every person in Maine. CAHC serves as Maine's Health Insurance Consumer Assistance Program (CAP), which operates a toll-free HelpLine. Our HelpLine fielded over 7,200 calls and emails last year from people across Maine who needed help obtaining, keeping, using, or fixing problems with private health insurance or with accessing or affording health care services. CAHC also serves as the Ombudsman program for Maine's Medicaid program, MaineCare, and helps people apply for and navigate the enrollment process for MaineCare. It is with that background that we provide these comments.

We oppose this bill for many reasons. First, the proposed legislation could deter new Mainers from seeking the health care they or family members need. Second, there is a real possibility that patients might misunderstand what is being requested (including that providing information about their immigration status is voluntary). Third, the bill creates an unnecessary burden on hospitals and their staff for little, if any, benefit given that there likely is no source of federal funding to reimburse Maine hospitals for the services. Finally, we have concerns that the information requested and shared with the federal government might be used for purposes that threaten the health, safety, and welfare of people living in Maine – people who are already struggling in many ways.

Let's look at how this might actually play out. Hospitals that provide emergency care and serve Medicare patients are required by federal law to provide care to anyone who comes to an emergency department requesting evaluation or treatment of a medical condition, including the provision of a medical screening examination.<sup>1</sup> If a patient has an emergency medical condition, the hospital must provide stabilizing treatment, regardless of the patient's insurance status or ability to pay. If the hospital does not have the capabilities required to stabilize the patient, the hospital must provide an appropriate transfer to a hospital that can provide the needed treatment. A hospital which has the needed specialized capabilities and capacity may not refuse to accept the transfer.

Hospitals are often the first, if not the only place, asylum seekers seek care. Because the information requested has nothing to do with the treatment or services treating facilities are required to provide, one or more hospitals could actually face increased, unreimbursed, costs. Furthermore, out of justifiable concerns about how the information could be used or misused, asylum seekers in need of care could decide to forgo the services they need until the condition worsens and becomes more expensive to treat, burdening the health care system as a whole.

The potential harms implicate more people than individual asylum seekers. We are also concerned about individuals who live in a family with mixed immigration statuses that might include lawfully present immigrants, undocumented immigrants, and/or citizens. These individuals may also end up targeted in some way that jeopardizes their legal status along with the health, safety, and welfare of other family members.

The effort to recoup the costs of medical care delivered by hospitals may appear to be reasonable initially. Because there is likely no source of federal revenue available to reimburse for these costs, the bill must be recognized as a backdoor effort to track new Mainers. Hospitals, which are dedicated to the health and safety of all, should not be transformed into law enforcement entities.

I am sure you will hear from others today about why this bill should not pass. I appreciate you listening to me and for opposing LD 429.

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<sup>1</sup> <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/EMTALA.pdf>