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Congress of the United States
House of Representatives
Washington, DC 20515

February 14, 2013

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On January 29, 2012, President Obama announced an overhaul to the nation's immigration laws, streamlining the path to citizenship for the estimated 11 million illegal immigrants now living in the United States. As the President declared in his February 12th State of the Union address, his plan would establish a "pathway to earned citizenship" for those residing illegally in the country.

Under the President's plan, a new "provisional legal status" would be created for those persons here illegally. Though estimates differ on the total number of non-citizens residing illegally in the country, should even a fraction of these individuals gain citizenship status, significant costs would be imposed on the social safety net. As Congress begins reviewing the President's immigration overhaul, I write today seeking information to help develop an accurate accounting of the costs associated with providing certain services to the aforementioned population.

The Emergency Medical Treatment and Active Labor Act of 1986 requires every Medicare-participating hospital program to treat uninsured and underinsured populations in need of emergency care. According to the National Health Foundation, the services-utilization rate at hospitals and health clinics by the undocumented population is 29 percent – more than twice the rate of the total U.S. population. In some hospitals, services and treatments provided to undocumented populations account for two-thirds of operating costs.

In addition, Emergency Medicaid, mostly in the form of reimbursements to hospitals for delivery-room services, costs taxpayers an estimated \$2 billion every year, according to reports in Kaiser Health News. These services are dominated by illegal alien populations; for instance, a 2007 study by the Journal of the American Medical Association (JAMA) found that 99 percent of the Emergency Medicaid services in North Carolina were utilized by people believed to be here illegally. These costs are ultimately passed on to both state and federal taxpayers, who, in 2009, paid nearly \$11 billion in treating the uninsured living here illegally, according to a nonpartisan immigration-policy group.

Granting permanent legal status to persons currently here illegally will lead to increased enrollment in Medicaid, Medicare, and, after 2014, Affordable Care Act (ACA) programs, and

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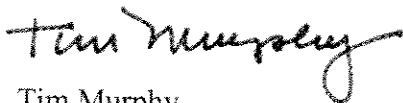
other public health services due to their lower average incomes. For instance, they would disproportionately fall within the income ranges for Medicaid (up to 133 percent above federal poverty level [FPL]) and the premium tax credits provided in the ACA (up to 400 percent of FPL). This will lead to new burdens on hospitals and health clinics, potentially reducing the quality of healthcare for all Americans, and adding billions in new costs to the federal budget.

In order to better understand the current and future costs associated with taxpayer-funded healthcare for persons here illegally, please forward to my office all data and information in possession of the Department of Health and Human Services on this issue. Specifically, please answer the following about the President's immigration proposal:

1. How many new persons would be enrolled in state or federal exchanges created by the ACA for each year between 2014 and 2024, and what are the expected annual costs in taxpayer-funded insurance subsidies for these individuals?
2. How many new persons would be enrolled in Medicaid between 2014 and 2024, and what are the expected additional costs to state and federal taxpayers?
3. How many new persons would become eligible to enroll in Medicare between 2014 and 2024, and what is the expected annual cost to federal taxpayers?
4. How many new Medicaid-Medicare dual-eligible beneficiaries would be enrolled in the program between 2014 and 2024, and what are the expected additional costs to state and federal taxpayers?
5. How many persons here illegally received prenatal and pregnancy care through hospital Emergency Medicaid in 2010, 2011, and 2012, and how much did these reimbursements cost state and federal taxpayers?
6. What are the HHS annual estimated costs of emergency-department and health-clinic care for illegal immigrant populations, and what percentage of this cost is borne by the taxpayer?
7. What is the estimated cost-per-visit for the illegal alien population to these emergency departments and health clinics, and what percentage of this cost is borne by the taxpayer?

I look forward to your response within fifteen (15) business days. Thank you in advance for your timely attention to this matter. Should you have additional questions please do not hesitate to contact my office at (202) 225-2301.

Sincerely,



Tim Murphy
Member of Congress