



**American Hospital
Association**

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The President
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mr. President:

You recently laid out your vision to bring our nation's immigration system into the 21st century to meet pressing economic and security needs. As you begin to develop your legislative recommendations, on behalf of the American Hospital Association, I strongly urge you to include provisions to ensure that our nation's hospitals remain financially able to care for some of our neediest patients – undocumented immigrants. The AHA represents more than 5,000 hospitals, health systems and other health care organizations, and 40,000 individual members.

During the 1990s, hospitals reported increases in the number of uninsured, undocumented immigrants seeking care in their emergency departments. While the precise number of undocumented immigrants living and working in the United States is illusive, the U.S. Census Bureau has estimated the number at upwards of 8.7 million. Current federal law – the *Emergency Medical Treatment and Active Labor Act* (EMTALA, P.L. 99-272) – requires hospitals participating in Medicare to screen, treat and stabilize individuals seeking emergency medical care regardless of income or immigration status. Yet, federal support for hospitals providing these services to the undocumented population is virtually nonexistent.

In 2003, Congress enacted Section 1011 of the *Medicare Modernization Act* (P.L. 108-173) to help hospitals cope with the large burden of uncompensated care provided to undocumented immigrants. The law provided \$250 million for each of fiscal years 2005-2008 to assist hospitals that treated the highest volume of undocumented individuals. (Before Section 1011 became law, the federal government only paid for the medical care of undocumented immigrants who were in Immigration and Naturalization Service custody.) Authorization for Section 1011, however, has expired, and hospitals once again are faced with the financial burden of providing vital services to the undocumented population.



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Hospitals shoulder a disproportionate burden in providing EMTALA-mandated emergency services to undocumented immigrants. And, in those communities where the number of undocumented immigrants is greatest, the strain has reached the breaking point. In response, many hospitals have had to curtail services, delay implementing services, or close beds. The most recent statistics shows that America's hospitals provided nearly \$40 billion in uncompensated care in 2009.

In today's unpredictable environment, hospitals need adequate reimbursement to ensure that our patients – both documented and undocumented – and the communities we serve receive the care they expect and deserve. Hospitals should not have to bear the burden of uncompensated care for undocumented immigrants.

Section 1011 played a critical role in helping to stabilize the safety net provided by hospitals and preserve access to care. We hope you concur and will include adequate provisions in your legislative recommendations on immigration to Congress.

Sincerely,

Rich Umbdenstock
President and CEO