

I'm Jennifer Ngandu, Health Policy Associate, with the National Council of La Raza. The National Council of La Raza (NCLR), headquartered in DC, is the largest national constituency based Latino civil rights organizations in the nation, representing over 300 community based organizations throughout the US and having a reach of nearly 4 million.

NCLR appreciates the opportunity to provide our input regarding this proposal and its implications toward our nation's nearly 40 million Hispanics.

NCLR is extremely troubled that as currently drafted, the proposal would discourage immigrants and their children and families - regardless of status -- from receiving emergency medical care. Of particular concern is the planned patient-based approach for collecting immigration status described in section IX, "Documentation of Citizenship Status."

This approach, whereby patients are asked for their name, address, phone number, coupled with numerous probing immigration questions, will undoubtedly frighten immigrant communities. Regardless of their immigration status – whether undocumented or not - they will fear that this extremely personal information could be used against them, and cause their deportation & separation from children and family members, inability to become a US citizen, and failure to sponsor family members. Further, we are concerned that the Center for Medicare and Medicaid Studies (CMS) did not include protections that prevent patient information being shared outside of CMS.

Undocumented patients do not live in isolation. 85% of immigrant families are composed of citizens and non-citizens, undocumented and documented alike. It is likely that the immigrant parents of citizen children will be terrified to seek care for their children, let alone themselves.

Furthermore, because immigration status cannot be easily determined, health care providers would face the possibility of asking every patient who is uninsured and ineligible for federal programs about their immigration status. This would increase the paperwork burden for health care providers, who are already overextended. In efforts to relieve the stress of this onerous data collection, some health professionals may seek to identify undocumented patients based on outward appearances. We believe that Latinos could be unfairly targeted under the conditions of this proposal.

NCLR cannot condone the collection of immigration status in emergency situations, even if it takes place after receiving care. Once these questions documenting both identifying information with immigration status, it is an absolute that fear will be created in patients. They will pass on to other community members that whenever they go to the hospital, even if it is a critical emergency, the hospital will ask and collect this information. Unfortunately our public health will bear the burden of creating this "chill factor" in immigrant communities – where immigrants





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and their children will not receive care resulting in severe preventable illness, death and spread of communicable diseases.

NCLR strongly urges the Centers for Medicare and Medicaid Studies (CMS) to reconsider a proxy-based methodology to determine reimbursement. A proxy-based methodology would minimize the administrative burdens to hospitals – allowing health professionals to dedicate more time to treatment of their patients, eliminate fear and confusion within immigrant communities, and remove any motivation for civil rights violations.



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