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# Does the Health Care Bill Bar Illegal Aliens from Taxpayer Funds? Not Really

By [Jon Feere](#), August 21, 2009

As members of Congress get an earful from their constituents on the proposed health care overhaul, one topic is becoming front and center: immigration. How the legislation addresses both legal and illegal immigration will have a significant effect on public support, but as of this writing, the 1,000-page health care bill only includes a few, ambiguous and entirely inadequate clauses on immigration.

Supporters of the bill claim that it would not benefit illegal aliens, something emphasized just yesterday by President Obama. But the bill gives no direction on how administrators should determine whether an individual is a qualified recipient or an unqualified illegal alien. In fact, lawmakers have blocked language specifically designed to ensure illegal aliens could not access the proposed health care system.

Unless changes are made, some percentage of illegal aliens will likely receive taxpayer-subsidized benefits under the proposed health care legislation.

As one out of every three uninsured persons in the United States is an immigrant (legal or illegal) or the U.S.-born child of an immigrant, the issue must be addressed sooner rather than later.

**No enforcement mechanism to prevent illegal aliens from benefitting.** In attempting to avoid a debate on immigration, President Obama claims that illegal aliens will not benefit under the proposed health care legislation. Even the immigration-enthusiastic Los Angeles Times editorial board is squeamish about extending health benefits to illegal aliens in this bill:

"[T]he prospect of subsidized health benefits would raise the incentive for illegal border crossings. That's one reason insurance coverage for illegal immigrants should be addressed in the context of comprehensive immigration reform, not an overhaul of the healthcare system. Here's another reason: The healthcare debate has already become so politicized, it's well-nigh impossible to have a rational discussion of the problems and solutions. The economic and public-health effects of extending coverage to noncitizens are worth exploring, but not at the expense of reforms that are vital to millions of Americans."

On its face, the proposed health care bill seems to deny benefits to illegal aliens:

"Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States." (See Section

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246.)

But this language does not provide any mechanism to ensure illegal aliens will actually be prevented from accessing the system.

Typically, aliens wishing to access taxpayer-funded benefits via a social program must be vetted through the Systematic Alien Verification for Entitlements (SAVE) program in order to verify legal status. It is used in determining aid eligibility for a number of governmental programs – e.g. Medicaid, TANF – and you would expect Congress to mandate the use of SAVE in the health care legislation, but the bill does not. U.S. Citizenship and Immigration Services explains that the SAVE program is "designed to aid benefit-granting agencies in determining an applicant's immigration status, and thereby ensure that only entitled applicants receive federal, state, or local public benefits."

One congressman attempted to amend the health care bill in order to ensure illegal aliens could not benefit. Among other things, the amendment would have mandated the use of the SAVE program. However, the amendment failed by one vote. This amendment's failure to pass indicates that Congress is not serious about preventing illegal aliens from accessing taxpayer-subsidized health care under the new proposal.

Of course, the reason the lack of a vetting system is not important to the Obama Administration is that next year's supposed amnesty would render illegal aliens eligible for the health care anyhow, or as President Obama puts it, "create a situation where we're dealing with illegal immigration, so that we don't have illegal immigrants."

Finally, the language in existing version of the health bill (Section 246) only addresses "affordability credits." For supporters' claims that illegals won't be included in the proposed health system to have any meaning at all, this clause would have been expanded to bar illegal aliens from all benefits that may be created under the health care bill.

**Health care bill does not affirmatively state who is eligible.** The health care legislation does not affirmatively define who is eligible to receive taxpayer-funded benefits. The section aimed at preventing illegal aliens from accessing the proposed health care subsidy does not adequately address whether, how, and which legal immigrants can take advantage of the system.

There has been very little public debate on whether temporary workers, foreign students, and mere visitors should be eligible. Furthermore, there has been no discussion about whether green-card applicants should benefit – i.e. those who are not yet actually lawful permanent residents, but are waiting on the vetting of their application.

The lack of clarity in this debate has resulted in no small measure from the lack of clarity in the bill draft itself. Take, for example, Section 242 which defines an "affordable credit eligible individual," which is someone who is eligible for the proposed health insurance subsidy. The section states that:

"the term 'affordable credit eligible individual' means...an individual who is lawfully present in a State in the United States (other than as a nonimmigrant described in a subparagraph (excluding subparagraphs (K), (T), (U), and (V)) of section 101(a)(15) of the Immigration and Nationality Act)."

The subparagraphs in the Immigration and Nationality Act to which this clause refers are available online at the USCIS website under "Definitions." According to my interpretation of the

proposal, eligible non-immigrants include fiancés of U.S. citizens who are concluding a valid marriage, some victims of human trafficking, some victims of physical or mental abuse who can aid in the investigation of the crime, and some aliens who may have applied for the Legal Immigration Family Equity Act. All other non-immigrants are prohibited from making use of the proposed health care program.

But this small clause does not address many immigrant categories and additional, affirmative clarification as to precisely who can access taxpayer-funded benefits would be helpful to the debate.

**Citizens fined, illegals given pass.** The only other immigration-related clause in the health care bill protects nonresident aliens from being taxed for not having acceptable health care coverage. Section 59B in Title IV states that any individual who does not have acceptable health care coverage (as defined in the bill) will face a tax. But this tax – or, more appropriately, fine – does "not apply to any individual who is a nonresident alien." The Internal Revenue Service explains that an individual is considered a nonresident alien "for any period that [the individual is] neither a United States citizen nor a United States resident alien." By one interpretation of the legislation, this tax clause may be focused solely on persons who live in a foreign country (say, Canada) but cross the border to work legally in the United States. How much an individual in this situation makes use of the U.S. health care system is debatable, but even if they only slightly take advantage of the system, should they not be fined for not carrying health care just as an American citizen would be under this plan? But according to another draft of the bill, this tax clause exempts illegal aliens from being fined for not carrying health insurance. In other words, since illegal aliens can get "free" medical care from emergency rooms, the lack of a fine means they would have no incentive to purchase health insurance. Citizens will be required to pay into the system, but illegal aliens will get a free ride. Without more clarification the bill is open to misinterpretation and may encourage illegal immigration.

**Costs will go on.** If the Obama Administration is concerned about the rising costs of health care, you would expect it to immediately work to end illegal immigration. Whether or not this new legislation passes, the fact remains that hospitals are overburdened with illegal aliens' unpaid medical bills. American society is made up of generous people who are concerned with the well-being of everyone, immigrant or otherwise, and our laws reflect this: emergency medical care cannot be denied to an illegal alien. In practice, however, this policy is increasingly unsustainable as hospitals take on massive debt—debt that will ultimately be paid by taxpayers and the insured. A vivid example was recently profiled in the Las Vegas Review-Journal:

"Our people are really torn," said Brian Brannman, [the University Medical Center's] chief operating officer. "We want to take care of people who are ill. We're proud that we can save lives. But our employees are also worried about the survival of UMC. They know that the appetite of taxpayers for helping undocumented immigrants is limited."

Since April, UMC has been spending about \$2 million per month providing emergency dialysis services to 80 illegal immigrants, Brannman said.

He projects that these services at UMC could run more than \$24 million in the current fiscal year.

In each of the five prior years, the hospital provided the same emergency services to half as many illegal immigrants for a little more than \$1 million per month.

Brannman said the hospital receives no reimbursement from federal, state or local sources to provide this life-saving treatment for people who have entered the country illegally.

...

"When we're projecting a budget deficit of \$70 million for fiscal year 2010, you can see that \$24 million in dialysis treatment that's not reimbursed is an awfully big chunk," Brannman said.

...

"There's no question that these illegals who come for dialysis treatment at emergency rooms back everything up," said Dr. Dale Carrison, UMC's head of emergency services, adding that most require treatment two or three times a week. "And there's also no question that they need help. But this isn't how emergency rooms were meant to be used."

Unfortunately, this hospital's experience is not unique. Until the government gets serious about eliminating illegal immigration, already-staggering unpaid medical bills will continue to grow.

Unless Congress makes every effort to reduce the strain on our health care system caused by illegal immigration, any overhaul will be unworkable and unsustainable.

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