

Illegal Immigration Enters the Health-Care Debate

In California, Funding Is at Stake for a Clinic That Treats Patients No Matter Their Status; An Issue 'No One Wants to Touch'

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By MIRIAM JORDAN

VALLEJO, Calif. -- A health clinic in this blue-collar city north of Oakland, partly funded by the county, is saving local hospitals thousands of dollars in emergency-room visits by treating uninsured patients who suffer only non-urgent ailments.

A watchdog group is now calling on county officials to cut funding for clinic patients who can't prove they are in the U.S. legally, a debate certain to surface in the national health-care overhaul.

With congressional proposals already stirring raw emotions, few supporters are eager to add the incendiary issue of illegal immigration. A provision in the House's health-care-overhaul bill rules out federal funding for illegal immigrants.

But in many ways, illegal immigration is at the nexus of two key health issues: the uninsured and ballooning costs.

Roughly half of the 12 million illegal immigrants in the U.S. don't have health insurance, according to the Pew Hispanic Center, a nonpartisan research group. Like others who can't afford medical care, illegal immigrants tend to flock to hospital emergency rooms, which, under a 1986 law, can't turn people away, even if they can't pay. Emergency-room visits, where treatment costs are much higher than in clinics, jumped 32% nationally between 1996 and 2006, the latest data available.

The role illegal immigrants play in U.S. health-care costs is "one hot button that no one wants to touch," says Stephen Zuckerman, an economist at the Urban Institute, a nonpartisan think tank in Washington.

Sutter Solano Medical Center Chief Executive Terry Glubka wasn't looking to enter the immigration debate when she started lobbying for a clinic in 2006. She was trying to balance her hospital's budget. Between 2000 and 2006, Solano County saw a 13.1% increase in total emergency-room visits, more than twice the state average. Nearly 80% of the visits weren't urgent.

During 2006, the hospital had to write off \$12 million in "charity care" -- or services provided to low-income patients who couldn't pay their bills. The charity helped create a \$4 million budget shortfall that year.

"They were getting the most-expensive care for what should be treated in a primary-care facility," Ms. Glubka says.

She began shopping the idea of a clinic for low-income residents. Sutter and another nearby hospital, Kaiser Permanente Medical Center, each committed \$100,000 annually over three years. Solano County's board of supervisors voted 5-0 in 2008 to contribute \$250,000.

Ms. Glubka enlisted the help of La Clínica de La Raza Inc., a network of 27 nonprofit community clinics in the San Francisco Bay Area. The clinic opened last November, down the street from Sutter hospital.

Sutter hospital's emergency-room staff now refer about 60 patients a month to La Clínica. With a basic examination at Sutter hospital costing about \$500 -- and often going unpaid by poor patients -- that is the equivalent of \$30,000 in routine emergency-visit charges that would otherwise be written off as charity.

La Clínica charges \$85.50 per consultation; low-income patients are charged less.

"If we didn't have La Clínica, we'd be in much worse shape," says Angie Hammons, Sutter's emergency-room manager.

One of the clinic's new patients is Evelia Lopez, 51, who had been visiting the emergency room to treat chronic back pain after a slip at work. About two-fifths of the clinic's patients are Hispanic, while about a quarter of the patients are African-American; one-fifth are white.

Along with their medical history, new patients are asked their income to determine what pay on a sliding fee scale.

As in emergency rooms, patients aren't asked about their immigration status.

Costs at such primary-care centers are probably 10% to 15% the cost of treatment in a hospital emergency room, says Paul Mango, head of the health-care practice at McKinsey & Co.

Residents have since complained to a 19-member county-appointed watchdog group about taxpayer money La Clínica going to health care for people living in the U.S. illegally. Neither the clinic nor the Sutter emergency room ask people their immigration status.

"All we can ask them is their name, date of birth and chief complaint," says Ms. Hammons, the Sutter emergency-department manager. "Heavens, we don't deny anybody treatment. You are required to see anyone who shows up at the emergency department."

Mike Reagan, a Solano County supervisor who originally voted for the clinic's funding, now says the facility should erect a "firewall" to prevent taxpayer money from going to illegal immigrants. "I'm not in favor of rewarding illegal behavior in any form," he says.

The report from the watchdog, released three weeks ago, recommends that Solano County require that public contributions to the clinic "be limited to serving only Solano County residents who have proof of citizenship or legal residency."

The county's board of supervisors and health director have 90 days to respond. County health director Patrick Duterte says he is bent on keeping the clinic open.

"My position is that to have a healthy community we can't have a subset of people who don't have access to health care," says Mr. Duterte. "It's bad public-health policy." Health experts say that giving undocumented immigrants medical care can prevent the spread of illnesses.

Meantime, the clinic has extended its hours to keep pace with swelling demand. "We're swamped," says Monique Sims, the clinic's manager.

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