



SB 1405—Immigration Status; Hospital Admissions

SB 1405—Immigration Status; Hospital Admissions would require a hospital to confirm the citizenship status of every patient it treats. Under the legislation, a hospital could not admit a patient for “nonemergency care” until the patient’s status is confirmed. If the admissions officer determines that the patient is not a citizen, legal resident or otherwise lawfully present in the country, the admissions officer must contact the local federal immigration office. **These requirements create an unfunded mandate and significant regulatory burden that will force hospitals to hire employees trained in immigration law, and will add to the workload of already overstressed compliance departments.**

Regulatory Burden and Compliance

Arizona hospitals treated over 3.4 million patients in 2009. SB 1405 will require hospitals to confirm the citizenship status of each of these patients. Under state licensing laws, hospitals will also need to: 1) demonstrate substantial compliance with this new requirement by documenting each attempt to confirm citizenship, and 2) any subsequent report made by hospital admission staff to federal immigration offices. In order to comply with this requirement, hospitals will need to train personnel in immigration law and implement new compliance programs. This process will place a new regulatory and financial burden on hospitals.

The bill also creates other serious compliance problems:

- It is unclear that hospitals will actually be able to comply with the requirements of SB 1405. Confirmation of immigration status is the purview of law enforcement officials and the courts. While hospitals could ask patients to provide the documents listed in A.R.S. 1-501, this is not the same as “confirming” citizenship status, as required under Subsection A of the legislation.
- If upon registration, a patient cannot provide the documentation listed, it is unclear what steps—if any—hospitals are expected to take to further confirm citizenship. For example, if the patient does not present documentation, must hospitals immediately contact federal immigration officials, or should hospitals give patients another opportunity to provide documentation?
- It is unclear what the admission staff is required to report to the federal immigration office, since the staff may not be able to confirm the identity or immigration status of the patient.

These questions are important as many patients—including pediatric, injured and elderly patients as well as crime and accident victims—come to the emergency department without

identification and are “treated and released” without admission to the hospital. Other patients may be admitted for a short period of time, but also do not carry identification and the patients or their family members may not have an opportunity to provide identification prior to discharge.

Compromised Patient Care

SB 1405 also compromises the health of patients who are denied admission due to the hospital’s inability to confirm citizenship status. While the bill allows hospitals to treat emergent patients without confirming citizenship, the bill requires hospitals to deny admission to non-emergent patients. Hospital regulations (R9-10-201) define “emergency” as “an immediate threat to the life or health of a patient.” Hospitals often admit patients for the treatment of urgent conditions that could become emergent without appropriate care. For example:

- An elderly patient living in a nursing home may be transported to a hospital because the patient has signs of influenza. The patient’s health may not be in immediate jeopardy, but he needs to be admitted to the hospital for observation and hydration treatment. Without this treatment, the patient’s condition could deteriorate and become emergent.
- A child diagnosed with septic arthritis is admitted to the hospital to receive intravenous antibiotics. While the progression of the illness might not rise to the level of an “emergency admission,” it could become emergent without prompt treatment.

Since pediatric and elderly institutionalized patients generally do not carry any of the identification listed in A.R.S. 1-501, it will be difficult for hospitals to “confirm” the citizenship status of these patients when they present to the emergency department and need to be admitted for urgent medical care. With an average length of stay of four days, many of these patients would be ready for discharge before the hospital can review and confirm the prescribed identifying documentation.

SB 1405 will also undo many of the streamlined admission procedures that hospitals have adopted. For example, many hospitals allow physicians to call ahead to “pre-admit” patients in an effort to speed up the delivery of care. S.B. 1405 will make this process virtually impossible since the patient’s citizenship would need to be confirmed first.

The provisions in SB 1405 will create other problems for U.S. citizens seeking hospital care in Arizona. Winter visitors who live in another state may not carry the documents listed in A.R.S. 1-501; such documents do not include driver’s licenses from other states. Newborns must often be readmitted to a hospital before their birth certificates are prepared. Behavioral health patients, due to their illness, do not always have documentation and may not have ready access to it. In addition, homeless individuals often do not carry identification. The Arizona Hospital and Healthcare Association (AzHHA) is concerned that medical care for all of these patients could be compromised under SB 1405.

AzHHA strongly opposes SB 1405 and urges lawmakers to vote “NO”. Hospitals are in the business of providing medical care to patients. Citizenship verification is the job of the government and law enforcement; Government should not impose this unfunded mandate on private-sector hospitals.