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Idaho Supreme Court residency ruling stirs emotions

It was simple court case about one Idaho county unwilling to pay the emergency medical bill of an illegal immigrant who had a stroke while working in Boise.

But the verdict is having repercussions across the state, with county officials checking their budgets, hospital beancounters pondering unpaid bills, and lawmakers examining ways to change Idaho's residency law.

Saint Alphonsus Regional Medical Center sued the Board of Ada County Commissioners after the county denied an application for medical indigency assistance from Javier Ortega Sandoval. An illegal immigrant, Sandoval had worked in Boise for some time when he suffered a stroke and incurred more than \$187,000 in medical bills.

Idaho law allows hospitals to seek reimbursement from the state and the county for unpaid medical bills if the patient is a resident. If approved, the county chips in \$10,000 toward the bills and the state's Catastrophic Health Care Cost Program covers the rest, at Medicaid rates.

Ada County denied the application, contending that Sandoval didn't qualify as a resident. But the hospital argued that Idaho's residency laws didn't hinge on immigration status. A resident is defined as someone who was here for longer than 30 days as long as it wasn't a temporary stay. The Idaho Supreme Court agreed. The case may be legally simple, but politically, it's a collision of two hot-button issues: immigration and health care.

"These kinds of decisions define the problem that we have in the state and this country," said Sen. John McGee, R-Caldwell. "We have people who are here illegally and the taxpayers are footing the bill. Until Congress decides to reform our immigration policy we're going to see a lot more of this."

Not that some lawmakers haven't tried at the state level. In 2005, a bill backed by the Idaho Association of Counties proposed that hospitals ship undocumented immigrants to their home countries after providing enough medical care to "stabilize" them. Hospitals who declined to send the patients would not be able to ask the county or the state to help cover any related unpaid bills. The bill died after objections that it was inhumane.

"Do people who are in our country and have health care needs, do they deserve access to health care just like everyone else?" said Sen. Kate Kelly, D-Boise, a member of the Senate's Health and Welfare committee and the Idaho Commission on Hispanic Affairs. "Or do we decide in our society that they're not going to have access unless they pay cash? It's a disturbing thought process to go through."

In 2007, McGee championed a bill barring illegal immigrants in Idaho from receiving most local, state and federal public assistance. The bill included an exception for emergencies like injuries, childbirth or neonatal care. It passed and became law later that year.

McGee says he'll consider sponsoring legislation to exclude undocumented immigrants from residency status. "If the issue is tightening up the language as to who is here legally and who isn't I'd be happy to sponsor a piece of legislation that does that," he said.

But county officials are quick to point out that the amount of money they pay to cover emergency medical care for undocumented workers is tiny portion of spending on indigent medical assistance every year. Some counties don't track whether the applications are from legal or illegal immigrants at all.

Ada County tracks the total number of cases it gets and the number that it denies, but it doesn't track how many it has denied because of immigration status. Instead, any case denied for residency reasons - whether from a migrant worker or a college student or a vacationer - is lumped together.

In all, there were 2,401 indigent cases filed in 2007, at a cost to the county of \$3.8 million, Ada County spokesman Rich Wright said. The county denied 2,314 applications, and approved 719, while another 566 denials were appealed. Because a patient may have bills with more than one health care provider, the number of approvals and denials generally exceeds the total number of cases filed.

Ada County officials haven't yet decided if they will appeal the ruling. The Idaho Association of Counties estimates that the counties were paying out about \$18 million in indigent medical assistance, Wright said. Idaho lawmakers allocated nearly \$21 million to the state catastrophic fund last year. That means about \$39 million was spent by county or state government to cover the cost of indigent medical care.

It's not as if taxpayers wouldn't be paying for those bills if the assistance program didn't exist, said Susan Gibson, the vice president of mission services at St. Alphonsus Regional Medical Center. They'd simply be paying in a different way.

"Someone always pays for the care," Gibson said. "It can be paid for by government entities such as the county, or we can absorb it as charity care and shift the cost of that care to other services," she said. "Then everybody pays, especially the business community."

The number of patients who can't pay their bills continues to increase, said Steve Millard, president of the Idaho Hospital Association. "It's getting worse - hospital deductibles are going up dramatically, so high that patients can't afford to pay it," Millard said. "We've worked very closely with the Idaho Association of Counties to come up with solutions, and the residency issue has probably been the toughest between the two groups. So this ruling is good news, but we'll see how long it will last."

Dan Chadwick, executive director of the Idaho Association of Counties, said the ruling will be a topic at the association's annual conference in September. "We're sympathetic to the health care providers' plight, but should it be the local property tax payer and the state, ultimately, that pays?" he said.

The catastrophic fund has already spent the roughly \$21 million appropriated to it by the state this year, said Canyon County Commissioner Matt Beebe, who is on the fund's board. Now some bills that have been approved for assistance won't be paid until July 1, when the new fiscal year starts and the fund gets a new cash infusion.