

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. HOUGHTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4193, the bill just passed.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

UNDOCUMENTED ALIEN EMERGENCY MEDICAL ASSISTANCE AMENDMENTS OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3722) to amend section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to impose conditions on Federal reimbursement of emergency health services furnished to undocumented aliens.

The Clerk read as follows:

H.R. 3722

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Undocumented Alien Emergency Medical Assistance Amendments of 2004”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The provision of medical care by public or private health care providers to undocumented aliens is appropriate only—

(A) to protect the health and safety of United States citizens;

(B) to save the life of an undocumented alien in a life-threatening medical emergency; and

(C) to stabilize an emergency medical condition so that an undocumented alien can be repatriated for medical treatment in the alien’s own country.

(2) Federal reimbursement of emergency hospital services furnished to undocumented aliens should be conditioned upon obtaining sufficient information to promptly remove the aliens.

(3) Employers who employ undocumented aliens without completing employment authorization verification procedures should be held liable for uncompensated emergency services furnished to such aliens.

SEC. 3. CONDITIONS FOR RECEIPT OF FEDERAL ASSISTANCE FOR EMERGENCY SERVICES FOR UNDOCUMENTED ALIENS.

(a) IN GENERAL.—Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) is amended—

(1) in subsection (d)(1), by adding at the end the following new subparagraph:

“(C) APPLICATION OF REQUIREMENT.—Under such process, the Secretary shall not provide payment under subsection (c) to an eligible provider that is a hospital for eligible services for an alien described in subsection (c)(5)(A) unless the requirements of subsection (f) are met by that provider with respect to such alien.”;

(2) in subsection (e)(2), by adding at the end the following new sentence: “Such term also includes, with respect to an undocumented alien described in subsection (c)(5)(A), costs for emergency medical transportation and evacuation incurred by a hospital in transferring and removing the alien to a foreign country for receipt of appropriate health care services.”; and

(3) by adding at the end the following new subsection:

“(f) REQUIREMENT FOR COLLECTION OF IMMIGRATION-RELATED INFORMATION FOR UNDOCUMENTED ALIENS.—

“(1) IN GENERAL.—No payment may be made under subsection (c) to a hospital with respect to the provision of eligible services to an undocumented alien described in subsection (c)(5)(A) unless the following requirements are met:

“(A) The hospital has obtained in good faith from the alien (or a legal guardian or other representative on behalf of the alien) the following information in a document that is signed by the alien (or such guardian or representative) under oath or affirmation and that is in a form that includes a notice that fraudulent or false statements constitute a criminal act punishable under Federal law:

“(i) The citizenship of the alien.

“(ii) The immigration status of the alien.

“(iii) The address of the alien in the United States.

“(iv) Such personal or financial data regarding the alien as the hospital routinely requires of non-indigent patients, including information regarding health insurance.

“(v) Information on the identity of any current employer of the alien for whom the alien has executed an Internal Revenue Service Form W-4.

A hospital is not liable for the accuracy of the information provided under this subparagraph so long as it exercises reasonable care and good faith in obtaining the information.

“(B) The hospital obtains one or more identifiers for the alien and records such identifiers in a digital, electronic format specified by the Secretary in consultation with the Secretary of Homeland Security. Such format shall be compatible with at least one interoperable database maintained by the Secretary of Homeland Security for the purpose of verifying the identity and immigration status of aliens.

“(C) The hospital transmits to the Secretary of Homeland Security, in a digital, electronic format and manner specified by such Secretary, the information provided under subparagraph (A) and the identifier (or identifiers) obtained under subparagraph (B).

“(2) MAINTENANCE OF HOSPITAL RECORDS.—For a period of at least 5 years, a hospital referred to in paragraph (1) shall maintain the original documents described in paragraph (1)(A) on file and makes such documents available for examination by the Secretary and the Secretary of Homeland Security or their designees.

“(3) PROVISION OF TECHNICAL SUPPORT.—The Secretary of Homeland Security shall provide hospitals under this section with software, training, and technical support services, at no cost to the hospital, to assist and enable hospitals to comply with the requirements of paragraph (1).

“(4) PROMPT ACTION BY DHS.—The Secretary of Homeland Security shall take steps as may be necessary—

“(A) to obtain, process, and promptly review information transmitted under paragraph (1)(C);

“(B) to determine whether an alien for whom such information is transmitted is removable under any provision of Federal immigration law; and

“(C) to initiate removal proceedings under the relevant provisions of the Immigration and Nationality Act in the case of any such alien who is identified as being removable.

“(5) REMOVABILITY.—An undocumented alien who obtains eligible services through a hospital and does not provide for payment for such services and who fails to provide accurate information described in paragraph (1)(A) or an identifier (as defined in paragraph (6)) shall be treated as removable on the ground described in section 237(a)(5) of the Immigration and Nationality Act (8 U.S.C. 1227(a)(5)).

“(6) DEFINITION OF IDENTIFIER.—In this section, the term ‘identifier’ means a fingerprint or other biometric identifier as the Secretary of Homeland Security may require.

“(g) RESPONSIBILITY OF CERTAIN EMPLOYERS.—

“(1) IN GENERAL.—In the case of an employer of an undocumented alien worker described in paragraph (2) for whom payments are made to a hospital for eligible services under this section, subject to paragraph (3), the employer shall be liable to the Secretary for the amount of the payments so made.

“(2) UNDOCUMENTED ALIEN WORKER DEFINED.—

“(A) IN GENERAL.—For purposes of this subsection, the term ‘undocumented alien worker’ means, with respect to an employer, an undocumented alien described in subsection (c)(5)(A)—

“(i) who is an unauthorized alien (as defined in section 274A(h)(3) of the Immigration and Nationality Act (8 U.S.C. 1324a(h)(3)));

“(ii) who has provided the employer with an Internal Revenue Service Form W-4; and

“(iii) with respect to whom neither the conditions described in subparagraph (B)(i) or the condition described in subparagraph (B)(ii) have been met.

“(B) CONDITIONS FOR EXEMPTION.—For purposes of subparagraph (A)(iii)—

“(i) FIRST SET OF CONDITIONS.—The conditions described in this clause for an employer and alien are the following:

“(I) The employer and alien have fully complied with all requirements of the employment verification system prescribed in section 274A(b) of the Immigration and Nationality Act (8 U.S.C. 1324a(b)).

“(II) The employer has enrolled the alien in a State workmen’s compensation plan.

“(III) The alien is enrolled under a health benefits plan or health insurance coverage that provides such level of coverage with respect to emergency medical and hospitalization benefits as the Secretary shall specify, in consultation with the Secretary of Homeland Security.

“(IV) The employer has assumed responsibility for any cost-sharing (including applicable deductibles and coinsurance) that applies to the alien.

“(ii) ALTERNATIVE CONDITION.—The condition described in this clause for an employer and alien are that the employer has verified the employment authorization of the alien through the voluntary basic employment verification pilot program under section 403(a) of the Immigration Reform and Immigrant Responsibility Act of 1996 (division C of Public Law 104-208), where available, or by any other means made available for such verification purposes by the Secretary of Homeland Security.

“(3) LIMITATION ON LIABILITY.—The liability of an employer under this subsection shall be limited to an employer that employs an undocumented alien worker at the time (as specified under rules of the Secretary of Homeland Security) the eligible services are provided for which payment may be made by the Secretary under this section.

“(h) LIMITATION ON CARE REQUIRED.—Notwithstanding any other provision of law (including section 1867 of the Social Security Act, 42 U.S.C. 1395dd), a hospital is not required to make available to an undocumented alien described in subsection (c)(5)(A) care or services if—

“(1) the alien may be transported to the alien’s country of origin (as determined in accordance with rules of the Secretary of Homeland Security) without a significant likelihood of material deterioration of medical condition of the alien (or, in the case of an alien in active labor, of the child), within reasonable medical probability, resulting from the transfer of the alien from the hospital; or

“(2) the care—

“(A) involves organ transplantation or other extraordinary medical treatment (or other treatment the estimated cost of which exceeds \$50,000); and

“(B) is for treatment of a condition that existed before the alien entered the United States or is not required as a direct and immediate result of an accident in the United States.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

(c) REGULATIONS.—

(1) IN GENERAL.—The Secretary of Homeland Security, in consultation with the Secretary of Health and Human Services, shall issue interim regulations implementing the amendments made by subsection (a) no later than 60 days after the date of the enactment of this Act and shall permit a period of public notice and comment of at least 90 days.

(2) FINAL REGULATIONS.—The Secretary of Homeland Security, in consultation with the Secretary of Health and Human Services, shall issue final regulations implementing such amendments not later than one year after the date of publication of such interim regulations.

(d) ANNUAL REPORT ON IMPLEMENTATION.—

(1) IN GENERAL.—The Secretary of Homeland Security, in consultation with the Secretary of Health and Human Services, shall submit to the chairman and ranking minority member of the Judiciary and Appropriations Committees of the House of Representatives and the Senate, the Select Committee on Homeland Security of the House of Representatives, and the Senate Committee on Governmental Affairs an annual report on the implementation of section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, as amended by this section.

(2) ITEMS TO BE INCLUDED.—Each annual report under paragraph (1) shall include—

(A) a cost analysis of Federal expenditures under such section 1011;

(B) a description of the assistance provided to hospitals under subsection (f)(2) of such section;

(C) the number of undocumented aliens removed under subsection (f)(3) of such section; and

(D) amounts recovered from employers under subsection (g) of such section.

(e) FEASIBILITY OF EFFECTING TREATIES FOR INTERNATIONAL MEDICAL EVACUATION.—

(1) STUDY.—The Secretary of State shall conduct an analysis of the feasibility and appropriateness of the following:

(A) Negotiating with foreign states treaties under which such states provide payment for the cost of international medical evacuation for their nationals who require emergency health care in the United States and who do not otherwise have insurance or other coverage for the costs of such care.

(B) In the case of nationals of a foreign state for whom significant costs are incurred under section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and for which state a treaty described in subparagraph (A) is not in effect, imposing a visa, port of entry, or similar surcharge the proceeds of which may be used towards such costs and towards the cost of international medical evacuation described in such clause.

(2) REPORT.—The Secretary of State shall submit to the committees described in subsection (d)(1) a report on the analysis under paragraph (1).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentlewoman from California (Ms. SOLIS) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3722.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the gentleman from California (Mr. ROHRABACHER), the author of the pending legislation, be allowed to control debate on this bill on the majority side.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. ROHRABACHER. Mr. Speaker, I yield myself such time as I may consume.

Today, Congress has the opportunity to reassure the American people that there are elected representatives on their sides. No vote could be more indicative as to the priorities of a Member of Congress.

Is America to have a policy of unrestricted health care for illegal immigrants at the expense of American citizens and legal residents? That is the issue we are discussing today. Voting for H.R. 3722 means that my colleagues are not in favor of spending our limited health care dollars in an unrestricted way to give illegal aliens all the health care that they need in terms of today’s standards.

Those Members of Congress voting against H.R. 3722 are draining limited health care dollars that should be going to our own citizens and legal residents.

H.R. 3722 would put some common-sense controls over the \$1 billion fund that was created by a rider that was added onto the Medicare bill that passed just a few months ago.

What does H.R. 3722 do? One thing it does not do is add a burden of paperwork to the hospital emergency rooms, and that is a bogus argument. I would warn my fellow constituents that that lie has been spread around this body in

order to get people to vote in the wrong way. It is a bogus argument.

To be reimbursed, the hospitals will be asking questions. To get part of that \$1 billion fund they will be asking questions anyway. This legislation does not add considerably to any major degree to those questions. It simply adds a following question: Who was the immigrant’s last employer or his current employer? Plus, the hospital must then take a photo or a fingerprint, which may be required to get that fund money in the first place. This information would then be available to the Department of Homeland Security and the INS.

This legislation does not require any reporting by the hospitals or the doctors or anyone else to the Department of Homeland Security. That, too, is a bogus argument that is going around, only we will hear it in the debate, I am sure. The hospitals do no investigating, no reporting; they simply have the information that is given to them when the patient is put into the system and that is made available to government agencies. It is the government agencies, the Department of Homeland Security and INS, that do the investigating, that do the rest of the work. Do not fall for bogus arguments.

Our hospitals today feel compelled to provide extensive and even long-term treatment to illegal aliens. That is what our bill, H.R. 3722, does second. It makes sure that our hospitals are relieved of this enormous burden of trying to provide unlimited health care to any illegal that comes into an emergency room.

We have been giving heart bypasses, even transplants. A young girl from Mexico had \$5 million worth of expenditures in heart transplants just a few months ago, and then when the transplant did not work, her family, who were here illegally and actually had emigrated here with a \$5,000 fee to a coyote, then sued the hospital because the transplant did not work. Well, this cost us billions of dollars a year.

If someone has a genetic disease or something like that, our emergency rooms should not be treating this in the first place; and the fact is, this bill will alleviate that burden by saying that only if a person’s life is imminently threatened by that malady do the hospitals have to focus on that and treat someone whose life is immediately being threatened rather than provide hundreds of thousands of dollars of long-term cancer care, genetic problems, et cetera.

□ 1500

This alone will save billions of dollars that should be going to the American people. The doctor will only determine how much treatment is necessary to get this person to a transportation source that will get them back to their home country so their home country can pay for the health care costs, rather than our senior citizens and our young people being deprived of the resources for their health care.

Number three. If it is a life-threatening emergency, the illegal alien will be treated. There is no doubt about that. This bill does not change that. But if he has no insurance, the alien's employer or former employer will be given the bill. Businessmen will be given the bill if they hire illegal immigrants who end up draining away our health care dollars. This makes all the sense in the world.

Now, the businessmen are coming out against this, saying how can we judge? In 2005, there is a system already being worked on and being established that with one phone call they will be able to determine if they are hiring an illegal immigrant. If a businessman has not made that phone call and has hired someone without checking it out, then he will pay for the health care costs rather than having the taxpayer pay for it.

We will hear a lot of people trying to tell us there are a lot of other things in this bill that are not. But it comes down to this: Whose side are we on? Do we care about our own senior citizens more than we care about strangers from overseas? Do we care more about our own people than we care about strangers from overseas?

If we keep trying to provide everything for everybody, our system is going to break down, and it is doing so right now in California. I would urge my colleagues to support 3722 and prove to their constituents just whose side they are on. We could have corrected this a long time ago, but we hear people all the time, and we will hear it today, with every excuse for not doing something. But the fact is some people in our country are benefiting from illegal immigration. They are very powerful. But it is hurting American citizens, and this bill tries to put a stop to that, or at least turn that situation around today with H.R. 3722.

Mr. Speaker, I reserve the balance of my time.

Ms. SOLIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Arizona (Mr. KOLBE).

Mr. KOLBE. Mr. Speaker, I thank the gentlewoman from California for yielding me this time, and I rise in opposition to H.R. 3722.

Mr. Speaker, if enacted, The Undocumented Alien Emergency Medical Assistance Amendments will turn our hospital caregivers into "de facto" border patrol agents for the Federal government. The measure would require hospitals to take biometric "identifiers"—fingerprints or digital photographs—of any patient whom they suspect of being an illegal immigrant and send that information to the Department of Homeland Security (DHS), in order to receive funding for the uncompensated costs of providing emergency care to undocumented immigrants. Hospitals are already understaffed and they do not have the resources needed to collect this information while trying to administer emergency care.

This bill would discourage illegal aliens from seeking treatment for possibly contagious diseases for fear of being deported. In close-knit communities, such as many border areas, dis-

ease can spread quickly. This would lead to a potential health crisis in areas throughout the country—especially the southwest.

Illegal immigrants are in the United States as a direct result of the government's inability to control our borders, and our hospitals are bearing the brunt by not being reimbursed. Controlling immigration is a Federal responsibility—not the responsibility of doctors and nurses trying to administer care. Border Patrol agents are not taking illegal immigrants into custody who need medical treatment to avoid paying for the care. Federal agencies should be responsible for what is a Federal problem.

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to provide emergency care to anyone who comes to their emergency rooms, without regard to race, creed, color, financial ability to pay, citizenship, or immigration status. H.R. 3722 goes directly against EMTALA by forcing hospitals to guess which patients they believe are illegal immigrants, take down information about their immigration status, employer and address, and report to the Department of Homeland Security. It would burden hospital workers with a staggering amount of administrative work and subject them to charges of discrimination for singling out certain individuals for identification.

The Centers for Medicare and Medicaid Services is creating regulations to keep hospitals accountable for how they are reimbursed for treating illegal aliens. Those regulations are due in September. Passing this legislation would directly preclude CMS—the agency that knows best how to handle this situation. If it is deemed these regulations are not adequate, we should revisit this debate.

Do not turn doctors and nurses into police officers. Oppose H.R. 3722.

Ms. SOLIS. Mr. Speaker, I yield myself 3½ minutes.

Mr. Speaker, I rise in strong opposition to H.R. 3722. I think this is one of the most outrageous pieces of legislation I have seen this year, and unfortunately I believe it is a misguided bill. I believe that this bill does not stand for all of those that we represent in our districts.

I understand that through the census count we account for everyone in our districts, and that goes for the gentleman from Orange County, California (Mr. ROHRABACHER), where I know he has an undisclosed number of people who may not be registered or accounted for; but he gets credit for that. Those numbers are put into place because we represent every single person, whether they are accounted for or not legally.

This bill goes in the wrong direction because it asks for our hospitals to become enforcers of immigration law. I cannot underscore how important it is to discuss this matter. Because as it is now, in California, we have already gone through the battle of 187 and trying to keep health care services and English educational services for children. The courts found that unconstitutional. Do we have to go to battle again?

Why does this bill have to direct our resources that right now are so, so important for every single person in our

districts and be used to ask our hospital administrators, doctors, nurses, aides, to now require to have 5 years' worth of records that they must maintain giving some kind of evidence that they serve people who may be undocumented? That, in and of itself, I would say is a waste of time and money, money that should be afforded to sick people.

What happens in a classroom when you have a sick child who may, under no fault of their own, be there and not be a U.S. citizen? When they go to kindergarten, there is nothing that says that the child next to them will not be infected by maybe a contagious disease that they have. Hopefully, that never happens; but the fact that they would be prevented from health care services, and just knowing the fear that that family would have to go through to enter into the doors of a hospital knowing somehow they may not come back; that somehow Homeland Security is going to be there to pick them up and ship them back. And what about a woman going through active labor? She will be deported, because under the gentleman's bill that is what it says. The bill goes in the wrong direction.

I am standing with people in my district. And, in fact, there are several hospitals in the gentleman's own district who are against the bill. Some of the hospitals in Orange County: Garden Grove Hospital Medical Center, Loma Linda University, Queen of Angels Hollywood Presbyterian Hospital, Scripps Mercy Hospital, Suburban Medical Center, Sutter Medical Center in Santa Rosa, and Western Medical Center in Santa Ana.

Throughout the State of California we are finding many of our friends, both in public and private sector hospitals, are against this bill. So I do not think we are standing alone here. I think we are standing very united that we see a very misguided bill, unfortunately, that is being presented to us today.

The Federation of American Hospitals, the American Hospital Association, the Catholic Health Association of the United States, and the National Association of Children's Hospitals are all in agreement that this bill goes in the wrong direction.

I would ask for Members to consider the people who are joining us today that are saying this is the wrong message. We all have an obligation, I believe, to provide under our own laws service to people who come to our hospitals. That is a given. We do that. And maybe it is an unfunded mandate, but it is one we all abide by. I do not think we are in a position to turn people away.

Mr. Speaker, I reserve the balance of my time.

Mr. ROHRABACHER. Mr. Speaker, how much time remains on each side?

The SPEAKER pro tempore (Mr. CULBERSON). The gentleman from California (Mr. ROHRABACHER) has 14 minutes remaining, and the gentlewoman

from California (Ms. SOLIS) has 16½ minutes remaining.

Mr. ROHRABACHER. Mr. Speaker, I yield myself 30 seconds and just note that this fund of a billion dollars that was created that we now have to put some controls on, and that is what 3722 is trying to do, creates a perverse incentive. If we let this go through as it stands, what is going to happen is this: people who come to the emergency rooms who are American citizens or legal residents who have no insurance will be put behind and at the end of the line and the illegal immigrants will be put to the front of the line because the Federal Government is picking up the tab.

This is a perverse priority. We should be taking care of our own citizens before we take care of illegal aliens.

Mr. Speaker, I yield 1½ minutes to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from California for bringing H.R. 3722 here before us and before the floor.

We have already a jobs magnet. The jobs magnet that is there is what draws so much illegal immigration into this country. The disincentive has not been put in place. This is not the first administration that has not aggressively enforced our immigration laws. This jobs magnet exists, and we have added to that a new magnet. The new magnet is called free health care for illegals, and then we tap into the American taxpayers.

Now, I hear my Democrat colleagues over on this side continually railing about overspending, overspending. This is overspending. And it is not just a billion dollars. That responsibility comes to \$9 billion a year, and it is growing. So we add to the jobs magnet the free health care magnet.

And by the way, I want to point out that the system the gentleman from California (Mr. ROHRABACHER) addressed, where an employer has an ability now, and will have by December 31 everywhere in the country, to verify the hiring and the legal status of a prospective employee, is called the SAFE Act. It has been in six States now. I have run that system myself. It is Web-based, as well as a phone call, but Web-based, and it is as close to infallible as anything we can put out, and it is going to get better. Employers can guarantee that they are hiring legal employees.

We do not need to be subsidizing the health care for illegals. That is another way of subsidizing employers who are taking advantage of the cheaper labor that sets our hardworking Americans back and puts them in the unemployment lines. This is a national security issue, it is a national budget issue, it is a cultural continuity issue, and it is a commonsense issue.

I thank the gentleman from California for bringing the bill, and I enthusiastically support H.R. 3722.

Ms. SOLIS. Mr. Speaker, I yield 3 minutes and 20 seconds to the distin-

guished gentleman from New Jersey (Mr. MENENDEZ).

(Mr. MENENDEZ asked and was given permission to revise and extend his remarks.)

Mr. MENENDEZ. Mr. Speaker, I rise in strong opposition to a fiscally irresponsible, unsafe, and discriminatory bill that is only on the House floor due to a back-room deal that was reached late at night to gain passage of the Republican Medicare prescription drug bill. That deal was reached at the expense of Americans of Hispanic descent and of other immigrant groups that are now legal and also U.S. citizens, as well as our Nation's health is disgraceful. We continue to see elements of the xenophobic face of the Republican Party.

What does this bill do? If you are rolled into an emergency room and you do not have insurance, then you are to be asked whether or not you are here legally in the United States. Now, I get rolled into an emergency room, Mr. MENENDEZ, or maybe someone who might even be described as more characteristically Hispanic, or maybe Asian, or some other group, and I do not happen to have insurance, as unfortunately 40 million Americans who are here as U.S. citizens do not have, and I get asked whether or not I am a citizen of the United States. That is shameful. You would not ask any other citizen that. But because I happen to have the misfortune of not having health insurance, you ask me. And of course those of us who look a certain way will for sure be asked.

And then what else do you do? While I am suffering, not only do you want that information, but then we are going to go through an Orwellian process of getting some type of digital electronic identifier of this U.S. citizen who does not have insurance but cannot prove that he is or is not a U.S. citizen lying there in that emergency room. That is what the bill of the gentleman from California (Mr. ROHRABACHER) does. Do not be deceived.

Now, I know he says there are a lot of lies going on about his bill. I guess the hospitals of the Nation are lying as well. Let me tell you what they say. Here is what the American Hospital Association said. It says,

America's hospitals treat everyone who walks through their doors, and we are opposed to Mr. ROHRABACHER's bill because it is bad policy, bad policy for hospitals, nurses, doctors, and other health care personnel who work in hospitals, but most importantly it is bad policy for patients.

Rohrabacher's legislation is bad policy because it takes hospitals away from what we do best, caring for and healing our patients. The requirements for reimbursement under the legislation would turn hospital workers into border patrol agents. That is not our jobs. We are caregivers, not cops. And hospital caregivers are already burdened with paperwork which requires at least 30 minutes, often an hour for every patient. The additional burden of policing suspected undocumented immigrants would take health care workers away from their primary mission of healing and caring.

And not only that, it hurts everyone else waiting in that emergency room for care. Because as we are trying to get all this documentation, for which we give these hospitals no funding to do it, we are also taking away from the care of everyone else there, and we are allowing communicable diseases to spread in communities like that. That is outrageous.

This bill should be defeated. It is shameful that it is even on the House floor.

Mr. ROHRABACHER. Mr. Speaker, I yield myself such time as I may consume.

What is shameful is how shameful some of my colleagues are getting the facts totally wrong and do not know what they are talking about. Someone must have briefed them with the wrong information.

This bill does not require our hospitals to gather any significant more information. The information that is being gathered that my colleague is complaining about, what we just heard, the great condemnation of all the questions that must be asked and all the information that must be gathered from this U.S. citizen, who might be an illegal, is already required of the hospital in order to get the funding, the billion dollars, that was set aside for them. It is not required by my bill. It is required in order to get reimbursement.

My bill simply says that if they are going to ask those questions, and they are going to expect to get reimbursed, they also have to ask who the employer is and get a fingerprint or a picture, which they are probably going to have to get in order to be reimbursed in the first place. So the gentleman's complaints are not against 3722. His complaints are that the Federal Government is now going to have an unlimited reimbursement for illegal immigrants and they are going to ask some questions for it. Do not blame 3722.

And let me note this also: we have had an example given to us of an American citizen who is there, and he is being threatened because he has to answer whether or not he is an illegal immigrant or not. The greatest threat to the treatment of American citizens and legal residents is that we are going to spend all of our available health care dollars taking care of illegals who should not be getting that money. The greatest threat to our senior citizens, to our young people is that we have a limited amount of health care dollars and my colleagues want to spend it on people who have come here illegally.

□ 1515

My colleague pointed out this will bring tens of millions of more people here and even a greater drain until the system breaks down.

The bottom line is the people who are in favor of spending our limited dollars on American citizens and a very doable system here that is no more complicated than what the hospitals are

going to have to go through to get reimbursement in the first place should be voting in favor of H.R. 3722. If they want to spend their money on people who came here illegally, rather than our own citizens, waste those dollars, make sure more illegals get in, go ahead and vote against H.R. 3722.

Mr. Speaker, I reserve the balance of my time.

Ms. SOLIS. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, I rise in opposition to this legislation. Seldom has this House had before it a more ill-considered proposal. This legislation purely and simply attempts to turn our frontline medical care providers into Border Patrol police.

Unlike what was just told us by the gentleman from California (Mr. ROHRABACHER), this is not their mission. They do not ask these questions now. It is not their professional responsibility. It is not the appropriate role for those committed to saving lives and protecting the health care of our communities.

What does society gain by forcing undocumented aliens to forgo emergency care because, as a practical matter, that will be the result if they are asked these questions on their immigration status? What benefit does it make for a woman in labor not to come in for medical care because she is fearing that she will be deported? And what does society gain by discouraging people with contagious conditions, who may put us all at risk, from going in and getting the diagnosis and treatment they need? Do we want someone who might have SARS to be afraid to go in for treatment?

We need to help our hospitals and emergency systems have the resources to treat all people who are eligible for those services. What we do not need to do is to stretch their resources further on a mission that is not theirs to fill. This is not an appropriate action for Americans or appropriate policy on health care for those in need. That is why all of the hospitals oppose this legislation.

I urge that we oppose this bill.

MAY 7, 2004.

DEAR MEMBER OF CONGRESS: We understand that the House of Representatives is expected to soon consider legislation (H.R. 3722) proposed by Representative Rohrabacher (R-CA). The undersigned organizations, representing America's hospitals and health systems, health care providers, and safety net systems, are united in our opposition to H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004," and urge you to oppose this legislation. We believe it will severely undermine Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and create unnecessary barriers to life saving treatments at hospitals nationwide.

After months of careful deliberation by the Medicare conferees, the Congress and Administration included essential resources for hospitals providing life saving emergency care to undocumented aliens. The undersigned

organizations deeply appreciated the inclusion of Section 1011 in MMA.

We are deeply concerned that H.R. 3722 would weaken Section 1011 by imposing new burdensome requirements on hospitals in order to receive any of the resources from Section 1011. In addition, H.R. 3722 would virtually ensure that illegal immigrants will avoid getting the appropriate and timely life saving health care they need, when they need it. H.R. 3722 could pose a significant public health threat for entire communities because the fear of deportation would inevitably preclude undocumented immigrants from seeking care for communicable disease until these individuals are extremely ill.

Hospitals provide care to anyone who walks through their doors,—regardless of race, ethnicity or citizenship status,—twenty-four hours each day, seven days a week. That is the role of community hospitals. Rep. Rohrabacher's legislation, however, seeks to create a new role for hospitals in their communities—that of border patrol agents. In order to qualify for Section 1011 funding, the Rohrabacher legislation would require that hospitals demand and upload personal data—including such "identifiers" as fingerprints and digital photographs—on undocumented aliens to an electronic database set up by the Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS) for deportation purposes. Furthermore, the bill requires hospitals to retain original documents and data for a period of at least 5 years, thus imposing additional paperwork on an already overwhelmed system.

We do not believe this is in the best interest of the patients we serve and the nurses and physicians that provide emergency care. Today's health care delivery system in very fast-paced and in an emergency situation, the urgency of providing life-saving care takes precedence over anything else. Requiring hospitals to collect these data diverts us from doing our job of caring for patients. Hospitals do not have the expertise or the resources to interrogate and investigate patients in the pressured environment of an emergency.

We respectfully ask that you oppose this legislation should it come up for a vote.

Sincerely,

Federation of American Hospitals.  
American Hospital Association.  
National Association of Public Hospitals and Health Systems.  
Association of American Medical Colleges.  
Catholic Health Association of the United States.  
National Association of Children's Hospitals.  
VHA Inc.

AMERICAN MEDICAL ASSOCIATION,  
Chicago, IL, May 13, 2004.

Hon. J. DENNIS HASTERT,  
U.S. Capitol,  
House of Representatives,  
Washington, DC.

DEAR SPEAKER HASTERT: On behalf of the American Medical Association (AMA) and its physician and medical student members, I am writing in strong opposition to H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004" (Rohrabacher, R-CA). This bill would amend Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to impose conditions on Federal reimbursement of emergency health services furnished to undocumented individuals and require physicians and other health care providers to report undocumented patients to the Department of Homeland Security so that they could be deported.

This provision would effectively negate Section 1011 of the MMA which will provide

funds to reimburse physicians and hospitals for treating undocumented individuals. The AMA has been working with the U.S.-Mexico Border Health Commission and state medical societies in Arizona, New Mexico, Texas, and California, as well as the Centers for Medicare and Medicaid Services, to determine the best way to implement Section 1011. Physicians in these states believe these funds are critically needed to provide necessary health services to undocumented individuals who cannot afford to pay their medical bills.

This bill would effectively turn physicians and other health care providers into border patrol agents. By requiring physicians to report patients and perhaps withhold necessary care, this bill would in effect require physicians to violate their Hippocratic Oath. Finally, by discouraging undocumented individuals from seeking medical care for problems that might cause harm to others, such as communicable diseases, this bill could have very negative effects on existing public health efforts.

The AMA urges you to oppose this bill when it is considered on the House floor.

Sincerely,

MICHAEL D. MAVES, MD, MBA,  
Executive Vice President, CEO.

FAMILIESUSA,

Washington, DC, May 17, 2004.

DEAR MEMBER: On behalf of FamiliesUSA, the voice for America's health care consumers, I am urging you to reject the Undocumented Alien Emergency Medical Assistance Amendments of 2004, H.R. 3722. This bill would require hospitals to report to the Department of Homeland Security the name of any undocumented immigrant who receives care within two hours of their treatment. If adopted, this provision would have damaging effects on the care of all Americans, especially on the Hispanic population.

If they are faced with fear of deportation if they present at a hospital, undocumented immigrants who are in need of treatment may not seek it. As a result, health problems may go untreated, endangering the health of the individual, and also creating potentially serious public health problems. Confusion about the applicability of this proposal may deter even some legal immigrants from seeking treatment. What is more, our nation's hospitals and health care providers will be forced to divert their time and attention from saving lives to acting as immigration officials, resulting in diminished care in the hospitals.

We urge you to vote against this legislation which creates a public health danger.

Sincerely,

RON POLLACK,  
Executive Director.

Mr. ROHRABACHER. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, again we hear this bogus argument that this bill is going to create more paperwork. The paperwork and the questions that we are talking about are required by hospitals who are going to be trying to get reimbursement through this billion dollar fund, which was snuck into the Medicare package with a back room deal, I might add. It is not required by my legislation; it is required to get reimbursement. If a hospital does not want to be reimbursed, they do not have to ask any questions, they can do whatever they want.

Let me note, all contagious diseases have been exempted by this legislation.

Ms. SOLIS. Mr. Speaker, I yield 20 seconds to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker, I want to repeat, my good friend from Long Beach and Orange, California, is absolutely incorrect. The hospitals do not have to ask this question of emergency care patients. We do not know what the emergency is when they come in, if it is a communicable disease that they are suffering from such as SARS. Hospitals do not ask this question. They give care to the patients.

Ms. SOLIS. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DREIER).

Mr. DREIER. Mr. Speaker, it is painful for me to rise in opposition to this legislation. The gentleman from California (Mr. ROHRABACHER) and I have worked together on immigration issues for years, and I will take a back seat to no one when it comes to the issue of protecting our borders. I have had legislation to dramatically increase the size of the Border Patrol, and I believe it is very important for us to deal with the issue of illegal immigration.

But I happen to have come to the conclusion, while I support the right to offer this legislation, I believe it is wrong. My concern is that it will send a message to many people who may not know that they have a contagious disease that the threat of deportation is on the horizon. Safety and security for the American people is our number one priority.

I strongly support anything that we are going to do to ensure that the American people are safe and secure, that we are able to protect our families. My concern is that someone who could conceivably see the threat of deportation as they go through this process, and when I think about the process of State and local governments shouldering the responsibility of having to deal with possible incarceration of these people, the cost is tremendous and the possibility of the spread of disease is very great.

I appreciate the fact that there is an exemption, but people may not know whether or not they have a contagious disease, and it is for that reason I think the right thing for us to do now is to oppose this legislation and work in a broad way to deal with the challenge of illegal immigration, which is a very serious and important one for us.

Mr. ROHRABACHER. Mr. Speaker, I yield myself 30 seconds.

Let me note that if we really want to have the spread of disease in this country, let us set ourselves up as the HMO for the whole world. Let us make sure that everybody in the world knows that if they can get their kids to the United States, we will take care of them, and see how many diseases we are going to get.

That is what is happening in California right now. Diseases are beginning to materialize because people have brought their children and brought their seniors as well to come to the United States to be treated. We have got to end that syndrome because the money is coming directly from the

health care dollars that should go to our own citizens, and it is luring more people with disease into our country.

This is a catastrophe. The best way to prevent it is to vote yes on H.R. 3722.

Mr. Speaker, I yield 3½ minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I rise to support H.R. 3722, and I would note if safety and security is the main concern of our country, then perhaps we ought to start at the borders and enforce the laws that we have on the books. Were we doing that, this legislation would not be needed.

Between 1990 and 2000, the number of illegal aliens in Georgia rose 300 percent. That was from 33,000 to 226,000 according to the U.S. Citizenship and Immigration Services. Nationwide, the estimates of how many illegal aliens live in our country range from 8 to 11 million, it sort of depends on who one talks to. Those that do work do not have health insurance, and technically the law forbids them access to Medicaid.

However, document fraud led many to question how many illegal aliens are fraudulently obtaining Medicaid today where we have a problem for our own citizens in every State having enough money to take care of Americans.

Last month, the Atlanta Business Chronicle reported that Grady Memorial Hospital in Atlanta is on the verge of closing its doors. Grady treats more illegal aliens than any other hospital in the State of Georgia. It only gets 7 percent of its revenues from patients with private insurance.

In 2002, the State of Georgia paid \$58 million in emergency Medicaid reimbursements to hospitals that treated more than 15,200 illegal aliens, according to the Georgia Department of Community Health. About 75 percent of the funds went to pregnant women delivering babies. The total was a 33 percent increase from 2001 when the State paid \$43.4 million for the care of 12,000 people.

Mr. Speaker, I will have to say, if we do not pass this bill, it is absolutely going to break our hospitals. We do have a billion dollars that was put into the Medicare bill for reimbursement to our hospitals for illegal alien care. That means, to obtain those dollars, and all hospitals, particularly rural, desperately need those dollars, hospitals have to ask the question: Are you or are you not a citizen? It is that simple.

I do not happen to think that we have a pot full of money that is so big that everybody can get everything that they want. We do not. I see it in Medicaid today for U.S. citizens. There is not enough money in there now. We have to be particular about how we spend that money. And first and foremost, it must be spent on the American citizen, not someone who started out the day breaking Federal law.

Mr. Speaker, we ought to be talking about that more than anything else.

This Congress is responsible for that. We passed a law saying that people cannot sneak across our borders. If Members do not believe that ought to be the law, if they think that is not important, then stand up and repeal that and we will look at this whole scenario, including health care, in a different vein.

Ms. SOLIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I submit for the RECORD letters from various hospitals and organizations in opposition to this bill.

MAY 13, 2004.

RE: H.R. 3722 (ROHRABACHER)—OPPOSE

DEAR CONGRESSWOMAN SOLIS: On behalf of Private Essential Access Community Hospitals, Inc. (PEACH, Inc.), representing 37 private safety net hospitals across California, I am writing to express our strong opposition to H.R. 3722 (Rohrabacher), which would require hospitals to document the immigration status of those seeking emergency care. We ask for your NO vote when this measure comes before the House this month.

In California and throughout the nation, private safety net hospitals are a vital segment of the safety net, providing critical health care services to diverse populations within their communities, including undocumented immigrants. PEACH hospitals consider it part of their mission to provide essential services to all who seek care regardless of any barrier, including ability to pay or immigration status.

We have two primary concerns about H.R. 3722. First and foremost, our hospitals are in the business, socially, morally and economically, of saving lives and protecting the health care of their communities. They are not in the business of serving as immigration officers. This is neither the role of hospitals nor an effective use of extremely limited hospital funds and staff time—particularly in an emergency department setting.

Second, we believe that H.R. 3722, rather than discouraging the tide of illegal immigration, would instead have a negative impact on public health care. Individuals who are in need of emergency care, including those with contagious conditions and/or who are seriously ill, would be forced to avoid treatment in order to avoid the threat of deportation. This would likely result in the spread of serious and contagious conditions to the greater community creating a health care epidemic as well as a secondary wave of patients needing costly emergency care.

PEACH appreciates the desire to stem illegal immigration, but H.R. 3722 sets a very dangerous precedent by using health care providers as adjunct Border Patrol. We urge you to defeat this ill-advised measure, and appreciate your consideration of the views of those who are on the front lines of health care every day.

Sincerely,

CATHERINE K. DOUGLAS,  
President and CEO, PEACH, Inc.

On behalf of:

California Hospital Medical Center, Central Valley General Hospital, Citrus Valley Medical Center—Inter-Community Campus, City of Hope National Medical Center, College Hospital Cerritos, College Hospital Costa Mesa, Community Hospital of San Bernardino, Community and Mission Hospitals of Huntington Park, Daniel Freeman Memorial Hospital, Fountain Valley Regional Hospital and Medical Center.

MAY 7, 2004.

DEAR MEMBER OF CONGRESS: We understand that the House of Representatives is expected to soon consider legislation (H.R. 3722) proposed by Representative Rohrabacher (R-CA). The undersigned organizations, representing America's hospitals and health systems, health care providers, and safety net systems, are united in our opposition to H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004," and urge you to oppose this legislation. We believe it will severely undermine Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and create unnecessary barriers to life saving treatments at hospitals nationwide.

After months of careful deliberation by the Medicare conferees, the Congress and Administration included essential resources for hospitals providing life saving emergency care to undocumented aliens. The undersigned organizations deeply appreciated the inclusion of Section 1011 in MMA.

We are deeply concerned that H.R. 3722 would weaken Section 1011 by imposing new burdensome requirements on hospitals in order to receive any of the resources from Section 1011. In addition, H.R. 3722 would virtually ensure that illegal immigrants will avoid getting the appropriate and timely life saving health care they need, when they need it. H.R. 3722 could pose a significant public health threat for entire communities because the fear of deportation would inevitably preclude undocumented immigrants from seeking care for communicable diseases until these individuals are extremely ill.

Hospitals provide care to anyone who walks through their doors, regardless of race, ethnicity or citizenship status—twenty-four hours each day, seven days a week. That is the role of community hospitals. Rep. Rohrabacher's legislation, however, seeks to create a new role for hospitals in their communities—that of border patrol agents. In order to qualify for Section 1011 funding, the Rohrabacher legislation would require that hospitals demand and upload personal data—including such "identifiers" as fingerprints and digital photographs—on undocumented aliens to an electronic database set up by the Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS) for deportation purposes. Furthermore, the bill requires hospitals to retain original documents and data for a period of at least 5 years, thus imposing additional paperwork on an already overwhelmed system.

We do not believe this is in the best interest of the patients we serve and the nurses and physicians that provide emergency care. Today's health care delivery system is very fast-paced and in an emergency situation, the urgency of providing life-saving care take precedence over anything else. Requiring hospitals to collect these data diverts us from doing our job of caring for patients. Hospitals do not have the expertise or the resources to interrogate and investigate patients in the pressured environment of an emergency.

We respectfully ask that you oppose this legislation should it come up for a vote.

Sincerely,

Federation of American Hospitals.  
American Hospital Association.  
National Association of Public Hospitals and Health Systems.  
Association of American Medical Colleges.  
Catholic Health Association of the United States.  
National Association of Children's Hospitals.  
VHA Inc.

Ms. SOLIS. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Guam (Ms. BORDALLO).

Ms. BORDALLO. Mr. Speaker, I rise today in strong opposition to H.R. 3722, a bill that presents more questions than answers about providing efficient and effective health care treatment to undocumented immigrants.

I share the concern about lapses in our country's immigration program, and I support measures such as biometric visas and other advanced technologies to more accurately control who enters our country. However, I am very concerned about this particular legislation, as I fear that it will serve only to undermine the efficiency and effectiveness of our public health system with little benefit to our Border Protection Services.

Mr. Speaker, we are talking about health here. The reason that I hesitate to support H.R. 3722 is twofold. First, funding was included in last year's Medicare reform act for the simple purpose of assisting State and local health authorities to cover the cost of providing health services to illegal immigrants.

This provision demonstrates both our Nation's compassion by ensuring public health to all walks of life and also its commitment to providing our medical community with the necessary resources to do their jobs. Adding more regulatory and financial burdens, such as those outlined in H.R. 3722, will increase costs.

Secondly, I am concerned that immigration paperwork will either prevent or delay critical health care services to immigrants in general. Documentation can be dealt with after immediate medical procedures are rendered. Because of these concerns, I urge my colleagues not to support H.R. 3722.

Ms. SOLIS. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, we have been asked to vote on a lot of really bad ideas presented by the majority, but I have to say this is clearly one of the worst.

This bill, regardless what the gentleman says, would require doctors and nurses to be part of enforcing Federal immigration laws while threatening the health and well-being of our communities.

But do not take my word for it. The American Medical Association says "This bill would effectively turn physicians and other health care providers into Border Patrol agents. By requiring physicians to report patients and perhaps withhold necessary care, this bill would, in effect, require physicians to violate the Hippocratic Oath. Finally, by discouraging undocumented individuals from seeking medical care for problems that might cause harm to others, such as communicable diseases, this bill would have very negative effects on existing public health efforts."

I know the gentleman goes to great lengths to say what is not in his bill is not in his bill, but these are the experts that are required to actually carry out this law. This bill is so ill-advised, it could allow for a woman in active labor to be deported. That is not America.

We should vote "no" on the legislation.

□ 1530

Mr. ROHRABACHER. Mr. Speaker, I yield myself 1 minute.

We keep hearing the bogus arguments. This requires the doctors to ask so many questions; we know now that is not true. Only the people who are trying to get reimbursed from that billion-dollar fund are going to ask the questions. This bill has minimal added questions. Two. Who is your employer and then taking a picture or getting a fingerprint which might be required in order to get reimbursed in the first place.

Do my colleagues on the other side of the aisle really believe in unlimited treatment for illegal immigrants without asking any questions? Is that what we are going to do? Who benefits from that? Certainly the illegal immigrant does and the tens of millions of other illegal immigrants who come into our country seeking health care, yes, they are going to benefit.

Who else benefits? The employer who does not want to offer health care to his employees. That is who benefits. That is who is being subsidized here. Behind the scenes when you get to the Chamber of Commerce and these other people opposing this, that is what their motive is. They do not want to offer health care to their employees. This gives the government the subsidy to subsidize them hiring people at below minimum wage level and, in fact, off the books at times. If you want to combat illegal immigration, this is the way to start; and it does not add any new paperwork or any new questions for the doctors.

Ms. SOLIS. Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. LINDA T. SÁNCHEZ).

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, envision this: an undocumented immigrant or a legal permanent resident or even a U.S. citizen suffers severe abdominal pain and finds himself in the emergency room of a nearby hospital. The first order of business for the emergency physician, nurse, or whoever is attending the patient is not to ask them where it hurts and do a physical exam to see if their life is in imminent danger, but to ask their immigration status and get a sworn statement to that effect.

If that patient at that particular moment cannot prove their legal status, that same doctor must make the choice not to provide care to this person, or they must at least report them to the immigration officials before providing lifesaving treatment. I ask you, what kind of choice is that? What happens if that same immigrant decides not to seek care because of the potential consequences and what could become a burst appendix leads to infection, more expensive care or possibly

even death? There is no humanity in the choice you are asking health care workers to make in this circumstance. They are no longer healers, but immigration law enforcers.

What is even more appalling is that the Republican leadership chooses to pursue this course of action to deal with this country's immigration problem rather than look at the comprehensive immigration reform measures that have been introduced in the House. If the Republicans are serious about reforming immigration, then take a look at the bill the Democrats introduced which would bring a sense of order and reason to the influx of immigrants into this country.

Let us not jeopardize our entire public health system in this misguided attempt to bring down health care costs and deport undocumented workers. This bill is an affront to our health care professionals and to the immigrant community in this country which would no longer be able to get care without presenting their green card first.

I urge a "no" vote on this legislation.

Mr. ROHRABACHER. Mr. Speaker, I yield myself 30 seconds. This bill does not require the first order of business to ask questions. This bill says if you want to be reimbursed from that billion dollar fund, yes, you are going to have to ask some questions, anyway, and adds one other question: Who is your employer? It does not require the doctors to turn anybody into the INS, although we have heard that over and over again in this debate. It does not require that. It requires their files to be available to the INS and to the Department of Homeland Security. It is those agencies that then follow through. The doctors do not have to report anything. It just has to be available on a computer.

Communicable diseases, we keep talking about that, that also is wrong. The bill exempts communicable diseases. Let us talk about the real issue, illegal immigration. How many services are we going to give people until we get tens of millions of more immigrating into our country?

Ms. SOLIS. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. HINOJOSA).

Mr. HINOJOSA. Mr. Speaker, I rise in strong opposition to H.R. 3722. I am appalled that the Republican majority would bring such a mean-spirited and discriminatory bill to the floor of this House for a vote. Under current law, hospitals can receive reimbursement for emergency services they provide to uninsured people, including immigrants. Our current law is a responsible public health and safety policy. It is humane. In this country, we do not deny emergency medical treatment because someone is poor, uninsured, or born in another country.

The proposed H.R. 3722 would turn hospital emergency rooms into immigration processing facilities or, worse, detention facilities. Hospitals would be

required to collect sworn statements of citizenship from individuals suffering medical emergencies. Hospitals would have to collect fingerprints or other biometric identifiers of all emergency patients. Under this proposed H.R. 3722, they would have to submit the information to the Department of Homeland Security and store it for a minimum of 5 years.

It seems to me there are a few Republicans who want to make people afraid to go to the hospital. This legislation will have deadly results in many of our congressional districts, especially in my district, a border district. We have daily trade and commerce across the border. Businesses depend on it. Fear will keep people from seeking life-saving medical treatment. I urge all my colleagues on both sides of the aisle to send a message to those who would sow fear and hate, by strongly opposing H.R. 3722.

Mr. ROHRABACHER. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CULBERSON).

Mr. CULBERSON. Mr. Speaker, we face a record national budget deficit in this country. We face a record national debt of over \$7 trillion, which we cannot leave to our children. We face in Harris County, Texas, spending over \$100 million a year providing health care to illegal aliens.

This bill that the gentleman from California has filed, which I strongly support, only requires hospitals that are seeking reimbursement from that billion dollars to identify whether the individual in question is a citizen or not. A hospital is not eligible to be reimbursed unless they are already treating somebody who is an alien.

The gentleman from California's bill, and I have read it very carefully, requires that this question be asked of everybody who is presented to a hospital for medical treatment if they are an alien. The gentleman from California's legislation is based on common sense. We must make sure that we balance the budget in this country. The budget deficit is now over \$500 billion. Uncontrolled immigration is a national security issue. We must control our borders. It is a financial security issue for the sake of our kids and our grandchildren.

I think the gentleman from California has come forward with a commonsense proposal that we can move forward on to the Senate and that we could deal with in conference committee. If opponents of this bill have better ideas, let them offer them as amendments. I strongly support the legislation and encourage my colleagues to vote for this bill in the interest of national security and the financial security of the future of this Nation.

Ms. SOLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, our border communities face some tremendous health care challenges. This bill would

simply add to their burdens. It seems to confuse TV shows, trying to merge "ER" with "NYPD Blue." It would involve our health care workers, our physicians, and instead of being physicians, it would turn them into Homeland Security deputies. When a doctor asks the nurse for a patient's vital signs, it ought not to mean fingerprints and a visa entry number.

Think of it. A parent who is rushing a child to the emergency room with an excessively high fever, with a rattlesnake bite, with an accidental-fall injury is thinking, "can I get my child to the doctor on time?," not "did I bring my employment history, my immigration status, my financial status?" Some of our border physicians face such immense burdens. That physician is thinking, "how can I take care and save the life and the future of this young person?" Involving doctors and nurses in the red tape of the federal bureaucracy jeopardizes all of us, because these viruses and bacteria are equal opportunity pathogens. Tuberculosis, typhus and hepatitis do not ask for your immigration status. All of us could be adversely affected if fear forces people not to seek treatment at a medical facility.

It is also important to consider that, finally, there is a small amount of relief for our border communities. Starr County, one of the poorest counties in the entire country, ought not to have to bear all of the cost of our federal immigration policy, nor should physicians in Mission or McAllen bear the entire cost of a policy that is federal in nature. Finally, there is some assistance on the way under legislation approved last year. Let us not destroy it with this bill. The Border Health Caucus has been leading the way in trying to find solutions to address the care of all the people in the border region.

As we discuss immigrants, some here see numbers, but these are real live human beings that face crisis every bit as real as that of someone like myself who has lived here forever. This is a chance for groups to come together to stop bad legislation and start us on the way to solving our health care problems along the border.

Ms. SOLIS. Mr. Speaker, I yield 1½ minutes to the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. I thank the gentleman for yielding me this time.

Mr. Speaker, I rise in strong opposition to H.R. 3722. Hospitals, doctors, and nurses ought to be free to do the incredibly important jobs we all depend on them to do, that is, to save human life. Sadly, this bill would help prevent that. In turn, this bill will hurt patients.

On a recent New Year's Eve in a hospital in my district, an undocumented woman gave birth to a girl. That girl, by birth, is a U.S. citizen but her mother remains not. If this bill had been law, that mother would have likely faced deportation. If that mother were deported, in all likelihood her baby

girl, a U.S. citizen, would have gone with her. In essence that baby girl, a U.S. citizen, would have been deported.

If this bill had been law when this mother went into labor, there is also a good chance that she would not have sought care at all. I ask you, if a pregnant woman is afraid to seek out care to help herself and her baby who, when born, will become a U.S. citizen, who suffers? If a person with a communicable disease does not seek treatment, who suffers? A communicable disease does not ask whether you are a U.S. citizen or not. If a person with a chronic ailment does not seek treatment until the condition worsens, requiring emergency care and taking up a scarce bed in the ER, who suffers?

The reality is that this bill endangers the health of the undocumented, and this bill endangers the health of the documented as well. I would have thought that the sponsor of this bill would have learned from the ill-fated proposition 187 in his home State of California that led to scares and communicable disease outbreaks throughout the entire population, especially school children, because some people were denied care.

I urge my colleagues to vote "no" on this bill.

Ms. SOLIS. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. WATERS).

Ms. WATERS. Mr. Speaker, this is not the way to deal with immigration problems. I rise in strong opposition to H.R. 3722. As a matter of fact, I am surprised at the gentleman from California. Does he not understand that this would transform our health care personnel into the border patrol? This bill will have a disastrous impact on emergency care and community hospitals throughout America.

Mr. Speaker, hospitals, doctors, nurses, and health care personnel are trained to be caregivers, not adjuncts of immigration law enforcement. Do our health care personnel not have enough to do already without imposing this huge reporting burden on an already overextended health care system?

Mr. Speaker, forcing health care personnel to start taking fingerprints and snapping pictures of patients suspected of being undocumented when perhaps they need a blood transfusion or something to save their lives will cause people who urgently need medical care to refrain from seeking such care because they fear that they may die trying to get service or they will be deported. We all know that in health care an ounce of prevention is worth a pound of cure. When any persons delay their access to health care, their medical condition is much worse.

I would urge a "no" vote on this bill. It is unsound public policy. I am ashamed of it. Do not do it.

Ms. SOLIS. Mr. Speaker, I yield myself the balance of my time.

In closing, I urge all my colleagues to join the hospitals, doctors, nurses,

business owners, women's groups, children advocates, civil rights organizations, and, yes, the U.S. Chamber of Commerce to stand strongly against this bill. We cannot let this bill be the message to send to the American people about what the U.S. Congress thinks about the role of hospitals. We cannot let this bill be the message we send to the American people about what we think about immigrants, hard-working, tax-paying immigrants who come to this country for a better life, just as my parents did some 50 years ago. In fact, the average immigrant contributes about \$1,800 more in taxes annually than he or she receives in any form of benefit, because they do not collect. We can do better than this bill. I urge my colleagues to vote against H.R. 3722.

Mr. Speaker, I yield back the balance of my time.

□ 1545

Mr. ROHRBACHER. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I would ask my colleagues to seriously consider this vote, and I would remind them that there are people all over the United States, especially their constituents, who are looking at this vote as a determinant as to whether or not we believe that illegal immigration is something that should remain uncontrolled and should continue in the years ahead, or whether we should start doing something about it.

There is a seething among the American people, among the working class and middle-class people. They know that illegal immigration has had a horrible impact on their lives. It has brought down wages. We actually had a policy that permitted unlimited illegal immigration into our country, and because of that, working class people do not make as much money as they did before.

Now we have a situation where illegal immigrants who go for emergency treatment, we are being told that we have to give them unrestricted and unlimited treatment, health treatment, and it is going to be paid for by the Federal Government. But that is not true of U.S. citizens. What about those middle-class, working-class people? They are out of work; they do not have insurance.

In this situation today, we have created the perverse priority that our government is reimbursing hospitals and helping illegals, but we will not do it for our own citizens.

We have a horrible problem in this country with illegal immigration. It is hurting many people's lives. Yes, rich corporations in the Chamber of Commerce, they get to hire people who are not even paying taxes half the time. They do not have to provide health insurance anymore because there are all these illegals willing to work anyway. That is very damaging to the American people.

Also we are spending billions of dollars here already on cancer treatments,

organ transplants and genetic problems. We are spending about \$10 billion on this every year.

This legislation says the only free treatment that somebody gets at an emergency center, illegal or not illegal, is if their life is under a threatening situation. I think even that is very generous of us in the United States. Interestingly enough, if someone goes through the process of being a legal immigrant, they do not get their health care covered, they do not get it reimbursed by the Federal Government.

Mr. Speaker, unless H.R. 3722 passes, we have set up the priority of helping illegal immigrants. Do not think that will not attract tens of millions more illegal immigrants to this country who have diseases that need to be treated. That makes sense. Think about it. This is common sense.

The American people are waiting to see whether or not we are going to use our scarce health dollars to take care of our senior citizens, to take care of our own people, to take care of our own little kids, or whether we are going to attract tens of millions of new people here and give that money away to strangers.

This is not mean-spirited. This is down-in-your-heart. We love everyone in this country. We have a diverse country, every race and religion. It is that love for each other that keeps us together. We have to care more about our own people, and that is not mean spirited, than we do about people that come here illegally.

Mr. Speaker, I would ask my friends and colleagues to support H.R. 3722.

Mr. BACA. Mr. Speaker, I rise in strong opposition to H.R. 3722, the Undocumented Alien Medical Assistance Amendments of 2004.

The Medicare Prescription Drug Act that this Congress passed last year includes \$1 billion to reimburse hospitals for their uncompensated care of undocumented immigrants. We included that funding because we recognized the strain hospitals experience in providing uncompensated emergency medical care to the uninsured. H.R. 3722 undoes this goodwill by requiring hospitals to enforce immigration law, refuse emergency medical treatment to immigrants, and have them deported.

Many American citizen and immigrant families who are living, working and paying taxes in the United States are unable to obtain health care coverage for themselves or their families. At a time when health care has become a national crisis due to the large number of uninsured, we need to take steps to heal more, not less.

Undocumented immigrants are not covered by employer health care plans, and they are systemically excluded from public health insurance programs such as Medicaid and SCHIP. We cannot encourage immigrants to refuse to seek medical care due to fear of deportation. It makes no sense. Do we want outbreaks of tuberculosis and other diseases and epidemics common in the developing world right here in America? That is likely to happen if immigrants are refused emergency medical care. This is why hospitals nationwide, the

American Medical Association, and physicians of all types are urging this Congress to reject this attempt to inject an anti-immigrant agenda into the field of medicine. Besides public health, H.R. 3722 fails on a number of fronts.

For instance, it would force hospitals to choose which law they will violate—the one that requires them to provide medical assistance to anyone that requires it, or H.R. 3722 and its requirement that we even deport women while in labor.

The Emergency Medical Treatment and Active Labor Act requires that any patient, without regard to race, sex, creed, immigration status, or ability to pay, be given appropriate emergency care to stabilize his or her condition. This law is consistent with the Hippocratic Oath, and is meant to ensure that no person in our country will be denied emergency medical care.

I cannot support legislation that could punish employers that unknowingly hire immigrants with fraudulent green cards by forcing them to pay the medical bills. There is no precedent for holding employers liable for injuries and illnesses that are not work-related. Also, I fear that employers will discourage their employees from seeking treatment for any illness.

Are we prepared to possibly read stories of immigrant laborers found injured or dead on sidewalks? It is not difficult to imagine immigrants being left behind by fearful employers trying to avoid the scrutiny of federal immigration enforcement officials.

Mr. Speaker, H.R. 3722 is a Pandora's box that our Nation cannot open. H.R. 3722 will endanger the health of everyone in America. It will force doctors to violate their oaths and the law, require hospitals to enforce immigration law, and it will encourage employers to force their immigrant laborers to never seek medical treatment.

I urge my colleagues to please oppose this misguided proposal.

Mr. STARK. Mr. Speaker, I rise in opposition to H.R. 3722, the Undocumented Alien Emergency Medical Assistance Amendments Act. This draconian bill would convert our nation's hospitals from health care providers to border patrol officers.

If enacted, it would seriously endanger the health and lives of immigrants who need emergency care—and jeopardize our nation's entire public health system in the process. This bill would deny critical federal reimbursement to hospitals for the emergency care of undocumented immigrants unless the hospital determined patients' immigration status and obtained employer information for transmission to the Department of Homeland Security for purposes of beginning deportation procedures for undocumented workers.

Today, the House Republicans are proving that President George Bush's promise to reform America's immigration system is not real and is nothing more than an election year ploy to gain votes from immigrants. If President Bush were concerned about the well-being of immigrants, he would publicly denounce this bill and would have made clear to the House Republican leadership that it did not deserve to see the light of day. He's done no such thing.

This bill also clearly demonstrates the Republican Leadership's willingness to sacrifice the health needs and safety of America's immigrants to ensure their large donors—the

pharmaceutical companies and health insurance industry—get their billions of dollars in subsidies from the Medicare bill. HR 3722 is on the floor today because of a commitment the House Republican leadership made to the bill's author in exchange for his vote for the Republican Medicare bill when it narrowly passed the House last November. Its yet another example of the dirty dealing it took to get their Medicare bill through Congress.

If enacted, this policy would create a chilling effect in which both documented and undocumented workers would fear coming into hospitals for critical medical services. The result would be immigrants suffering from more serious health complications and eventually leading to the unnecessary deaths of many immigrants.

This bill would also threaten the public health of this nation. Since this bill would surely drive a significant proportion of this country's population away from seeking needed medical care, it would undermine our public health system's ability to track and prevent the spread of contagious disease. Clearly, such a change would impact health care beyond the immigrant community.

Instead of limiting health care, this Congress should be finding ways to expand health care to the 44 million Americans without health insurance. This bill would take us in the exact opposite direction. I urge my colleagues to vote against this bill and to protect our hospitals' abilities to continue to provide medical care to those who need it. To do otherwise is to endanger the health of us all.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in opposition to H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004." This bill would amend Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 MMA. The purpose of Section 1011 of the MMA is to provide funds for reimbursing physicians and hospitals for treating undocumented individuals who cannot afford to pay their medical bills. H.R. 3722 would impose conditions on the Federal reimbursement of emergency health services furnished to these individuals, and it would require physicians and other health care providers to report the undocumented patients to the Department of Homeland Security so that they could be deported.

H.R. 3722 would require physicians and other health care providers to be part time border patrol agents. According to the American Medical Association AMA, by requiring physicians to report patients and perhaps withhold necessary care, this bill would in effect require physicians to violate their Hippocratic Oath. The AMA also has expressed concern over the fact that by discouraging undocumented individuals from seeking medical care for problems that might cause harm to others, such as communicable diseases, H.R. 3722 could have very negative effects on existing public health efforts.

I share the concerns of the AMA. The fear of deportation inevitably would preclude undocumented immigrants from seeking care for communicable diseases until they are extremely ill.

It is important to remember that community hospitals must provide care to anyone who walks through their doors, regardless of race, ethnicity or citizenship status, and they must do this twenty-four hours each day, seven

days a week. In order to qualify for Section 1011 funding, the Rohrabacher legislation would require the hospitals also to demand and upload personal data. This would include the uploading of fingerprints and digital photographs for undocumented aliens to an electronic database set up by the Department of Homeland Security DHS for deportation purposes. Furthermore, the bill would require hospitals to retain original documents and data for a period of at least 5 years, thus imposing additional paperwork on an already overburdened system.

Today's health care delivery system is very fast-paced, and, in an emergency situation, the urgency of providing life-saving care takes precedence over anything else. Requiring hospitals to collect immigration data would divert time and attention from caring for patients. Hospitals do not have the expertise or the resources to interrogate and investigate patients in the pressured environment of an emergency room.

It also would divert funds that could be used to provide health care services for some of America's estimated 44 million uninsured patients. A substantial portion of these funds would have to be used to establish and implement an expensive new immigration enforcement program for our already underfunded, overburdened community hospitals.

More than 200 organizations are opposed to this bill, including the American Hospital Association, Federation of American Hospitals, National Association of Children's Hospitals, National Association of Public Hospitals and Health Systems, Catholic Health Association, Association of American Medical Colleges, National Immigration Forum, National Immigration Law Center, Leadership Conference on Civil Rights, National Council of La Raza, League of United Latin American Citizens, MALDEF, National Asian Pacific American Legal Consortium, Asian and Pacific Islander American Health Forum, Families USA, AFL-CIO and Catholic Charities.

This legislation would weaken Federal Emergency Medical Treatment and Active Labor Act EMTALA obligations by redefining the circumstances under which hospitals are required to treat patients who are undocumented immigrants. Such a policy would create a dangerous situation for all patients because physicians would be required to impose differing standards of care based on whether they determine a patient to be in the country legally or not. By necessity, emergency department professionals must be afforded the latitude necessary to provide treatment based solely on which treatment is medically appropriate for the patient and without regard for immigration status.

It is in the best interests of all patients, documented and undocumented alike, that medical staff be permitted to focus their attention on caring for patients and providing necessary medical treatment rather than on assisting the federal government in enforcing the immigration laws of this country. I urge you therefore to vote against H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004."

Mr. ISSA. Mr. Speaker, I rise today to oppose H.R. 3722, the "Undocumented Alien Emergency Medical Assistance Amendments of 2004."

I commend the gentleman from California for his intent in introducing this legislation. It

attempts to address legitimate concerns that exist about widespread illegal immigration and the cost of providing services to those aliens. This legislation requires hospital emergency rooms to collect citizenship, immigration status, financial data, and employer information from aliens seeking emergency care and transmit that information to the Department of Homeland Security in order to receive reimbursement for services. H.R. 3722 also requires an employer who knowingly employs an illegal alien to pay the cost of providing emergency care to the alien. As a representative of the same state as the gentleman from California, I understand the factors that led to him draft this legislation.

However, I am disturbed that this legislation has come to the floor of the House without proper consideration, that it has not been fully vetted through the Committee process. I am a member of the committee of jurisdiction, the Committee on Energy and Commerce, and this legislation has not had a hearing or a mark up before our committee. Before we make a change in the law, before we enact legislation that will impact the operation of every emergency room in America, I think we ought to have a thorough debate on the issue, hear from the doctors and hospital administrators and others who will be impacted by this legislation, and who will bear the burden of implementation.

I am opposing this legislation today, with the hopes that the gentleman will continue to pursue solutions to a serious problem, and that we would have an opportunity to hold hearings on this issue in the committees of jurisdiction and address it through the normal committee process. This will give us the opportunity to perfect legislation in order to make it fair and practical for hospital emergency rooms and the patients they serve.

I thank you for the opportunity to speak, applaud the good intentions of the gentleman from California, and respectfully urge my colleagues to vote "no" on this bill at this time.

Mr. FILNER. Mr. Speaker, our Nation is not healthy unless everyone is. I rise in strong opposition to the Undocumented Alien Emergency Medical Assistance Amendments.

It is true that hospitals in San Diego, Imperial County and throughout the border region need Federal assistance to pay for the uncompensated care they provide. Instead of debating H.R. 3722, however, I would prefer to debate and vote on my Pay Up! Act, H.R. 2848, aimed at offering full Federal reimbursement to hospitals for the service they provide to undocumented patients. My bill would not force nurses and doctors and other medical professionals to suddenly become de facto immigration officials.

Unfortunately, the dangerous legislation that we are considering today would do exactly that: it would deny Federal reimbursement to emergency health service providers unless they agree to also serve as immigration agents.

As California's Border Congressman, I can tell you this legislation would be a disaster for border communities. It would put an extra burden on our already overworked health care professionals, as they scramble to find the resources to collect and process patients' immigration information, biometric identifiers and financial data. This legislation will lead to fear and confusion among both documented and undocumented immigrant families, discour-

aging them from getting necessary medical attention for children, pregnant women, the elderly and others. In fact, this legislation could put everyone's health at risk. The University of California at San Diego Medical Center has warned that this bill "could undermine public health by deterring those with contagious diseases from seeking care."

This bill puts the lives of immigrants at risk. It puts our health care services at risk. It puts our public health at risk.

On behalf of California's border communities, I urge my colleagues to not force doctors to spend their time figuring out which patients are in good standing with our complex immigration laws. I urge my colleagues to not force immigrant families to skip treatment for life-threatening medical problems because they fear deportation. I urge my colleagues to vote "no" on the Undocumented Alien Emergency Medical Assistance Amendments.

Mr. MORAN of Virginia. Mr. Speaker, I rise in strong opposition to the Undocumented Alien Emergency Medical Assistance Amendments of 2004, H.R. 3722, because it will place a new burden on already struggling emergency health care systems nationwide and will deter immigrants and their family members from seeking much needed health services.

It is interesting to note that this month, at medical school graduations nationwide, a new community of physicians were called upon to take the Hippocratic Oath, which remains a sacredly held principle to the medical community today. Unfortunately H.R. 3722 would allow hospitals which receive federal funding to decide whether or not they would like to make emergency medical services available to certain immigrants, even if they are suffering from an emergency medical condition. This is a right that hospitals and other health care organizations do not want, as evidenced by the strong opposition of the American Hospital Association, the American Medical Association and countless other public health organizations. This seems to be in direct conflict of the Hippocratic Oath and will deny basic medical services to some of the most vulnerable of our society.

In Northern Virginia, which encompasses my congressional district, the INOVA Health System serves nearly 400,000 residents a year and has about 240,000 visitors to its emergency rooms alone. The emergency room personnel at INOVA hospitals are some of the same nurses and doctors who serve as our First Responders and were certainly heroic on September 11th in aiding the victims of the Pentagon attack.

Proponents of H.R. 3722 claim that this measure will help to lower the cost of health care in our country, but in reality, will do little to alleviate the growing cost of health care needs and will force hospitals to expand staff and technological resources to implement the reporting requirements such as obtaining signed statements relating to citizenship, immigration status, address, financial data and current employee status as well as purchase a digital electronic biometric identifier.

I am greatly disappointed that the House Republican Leadership would bring to the floor for a vote, a measure which strives to deny even basic health services to some of the most vulnerable in our society, while our military is working hard to establish health services for citizens in some of the most war-torn

and poverty-ridden countries in the world. H.R. 3722 will do little to address the important issue of rising health care costs and its intent seems to have been influenced more by political considerations than sound policy. I urge all my colleagues from both sides of the aisle to vote against the Undocumented Alien Emergency Medical Assistance Amendments of 2004.

Mr. RUPPERSBERGER. Mr. Speaker, I rise in opposition to H.R. 3722 because this bill places an undue burden on our hospitals to be the judge and law enforcement officer for our country's immigration policies. I agree with the sponsor of this legislation that we need to stop illegal immigration but we need to do that by giving immigration officers more resources to find, detain, and deport illegal immigrants. We need to redouble our efforts on our borders and aggressively prevent illegal immigration, but should not shift the responsibility of enforcing our immigration policy onto our health care professionals.

The problem with this bill is that it targets the reimbursement of hospitals that provide care to injured or sick undocumented aliens. This legislation withholds reimbursements from hospitals that do not collect and share a person's immigration status, their citizenship, address, employment information, personal and financial data, health insurance information, and electronic version of their fingerprints that meet DHS standards. If they do not comply they do not get reimbursed. This means hospital personnel will have to spend time collecting information as opposed to treating the sick. More importantly, this places the burden on doctors to choose between treating a person and looking out for the financial security of the hospital. This is not a choice that a doctor should be forced to make.

Many businesses do their due diligence in determining and screening workers but they do not have all the resources to fully verify immigration status. This legislation forces those businesses to reimburse hospitals for care if the company unknowingly employs a worker without full immigration documentation or offer health insurance to all of their workers. We should not punish businesses that have tried and do not have the resources to verify the immigration status of their workers. We also cannot require businesses to provide health insurance. That is a business decision and should be left to them. Government should not be forcing the hand of business.

This legislation is opposed by the American Hospital Association, the American Medical Association, the U.S. Chamber of Commerce and the National Association for Manufacturing because this legislation does not address the real issue.

This legislation penalizes hospitals and businesses and is not a way to stop illegal immigration. This is a law enforcement problem not a medical problem. We need to step up our efforts to reduce illegal immigration by increasing our resources in the law enforcement community.

The SPEAKER pro tempore (Mr. BOOZMAN). The question is on the motion offered by the gentleman from California (Mr. ROHRBACHER) that the House suspend the rules and pass the bill, H.R. 3722.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Ms. SOLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

#### CONDEMNING GOVERNMENT OF REPUBLIC OF SUDAN FOR ATTACKS AGAINST INNOCENT CIVILIANS IN IMPOVERISHED DARFUR REGION

Mr. GREEN of Wisconsin. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 403) condemning the Government of the Republic of the Sudan for its attacks against innocent civilians in the impoverished Darfur region of western Sudan, as amended.

The Clerk read as follows:

##### H. CON. RES. 403

Whereas, since early 2003, a conflict between forces of the Government of the Republic of the Sudan, including militia forces backed by the Government, and rebel forces in the impoverished Darfur region of western Sudan has resulted in attacks by ground and air forces of the Government of Sudan against innocent civilians and undefended villages in the region;

Whereas Sudanese Government forces and government supported militia forces have also engaged in the use of rape as a weapon of war, the abduction of children, the destruction of food and water sources, and the deliberate and systematic manipulation and denial of humanitarian assistance for the people of the Darfur region;

Whereas, on December 18, 2003, United Nations Undersecretary General for Humanitarian Affairs Jan Egeland declared that the Darfur region was probably "the world's worst humanitarian catastrophe", and in April 2004 reported to the United Nations Security Council that in Darfur, "a sequence of deliberate actions has been observed that seem aimed at achieving a specific objective: the forcible and long-term displacement of the targeted communities which may also be termed 'ethnic cleansing'";

Whereas, on February 17, 2004, Amnesty International reported that it "continues to receive details of horrifying attacks against civilians in villages by government warplanes, soldiers, and pro-government militia";

Whereas, on February 18, 2004, United Nations Special Envoy for Humanitarian Affairs in Sudan Tom Eric Vraalsen declared, following a trip to the Darfur region, that "aid workers are unable to reach the vast majority [of the displaced]";

Whereas Doctors Without Borders, the Nobel Peace Prize-winning medical humanitarian relief organization and one of the few aid groups on the ground in the Darfur region, reported that the region is the scene of "catastrophic mortality rates";

Whereas, on April 20, the United Nations Office of the High Commissioner for Human

Rights delayed the release of a report citing gross human rights abuses, crimes against humanity, and war crimes committed in Darfur in a bid to gain access to Sudan for investigators;

Whereas the Government of Sudan continues to deny humanitarian assistance for the people of the Darfur region by denying them unrestricted access to humanitarian aid organizations;

Whereas attacks on civilians in Darfur continue despite an April 8, 2004, temporary cease-fire agreement;

Whereas nearly 3,000,000 people affected by the conflict in the Darfur region have remained beyond the reach of aid agencies trying to provide essential humanitarian assistance, and United Nations aid agencies estimate that they have been able to reach only 15 percent of people in need and that more than 700,000 people have been displaced within Sudan in the past year; and

Whereas the United States delegation to the 60th Session of the United Nations Commission on Human Rights sponsored a resolution condemning the Government of Sudan for grave violations of human rights and humanitarian law occurring in the Darfur region: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That Congress—*

(1) strongly condemns the Government of the Republic of the Sudan and militia groups supported by the Government of Sudan for attacks against innocent civilians in the impoverished Darfur region of western Sudan, in violation of Article 3 of the Geneva Conventions, done at Geneva August 12, 1949, and entered into force October 21, 1950, which specifically prohibit attacks on civilians, and demands that the Government of Sudan immediately take actions to cease these attacks;

(2) urges the Government of Sudan to immediately disarm and disband government supported militia groups;

(3) urges the Government of Sudan and all parties to honor commitments made in the cease-fire agreement of April 8, 2004;

(4) calls on the Government of Sudan to grant full, unconditional, and immediate access to Darfur to humanitarian aid organizations, the human rights investigation and humanitarian teams of the United Nations, including protection officers, and an international monitoring team in compliance with the temporary cease-fire agreement that is based in Darfur and has the support of the United States and the European Union;

(5) encourages the Administrator of the United States Agency for International Development to work with donors to immediately deliver humanitarian assistance to Darfur, including the delivery of food by air if necessary;

(6) calls on the Secretary of State to develop a plan for further bilateral and multilateral action in the event the Government of Sudan fails to immediately undertake the actions called for in paragraph (3), including a plan to seek a Security Council resolution addressing the Darfur situation;

(7) deplores the inaction of some member states of the United Nations and the failure of the United Nations Human Rights Commission to take strong action with respect to the crisis in Darfur;

(8) urges the President to direct the United States Representative to the United Nations to—

(A) seek an official investigation by the United Nations to determine if crimes against humanity have been committed by the Government of Sudan and government-supported militia groups in the Darfur region; and

(B) work with the international community to ensure that the individuals responsible for crimes against humanity in Darfur are held accountable for their actions; and

(9) strongly urges the President to impose targeted sanctions, including a ban on travel to the United States and freezing of personal assets, against officials and other individuals of the Government of Sudan, as well as Janjaweed militia commanders, who are responsible for war crimes and crimes against humanity in the Darfur region.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. GREEN) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. GREEN).

##### GENERAL LEAVE

Mr. GREEN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 403, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. GREEN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to thank the gentleman from Virginia (Mr. WOLF) for bringing House Concurrent Resolution 403, condemning the Government of Sudan for its attacks against innocent civilians in the impoverished Darfur region of western Sudan, before us today.

The crisis in Darfur has been described as one of the worst humanitarian catastrophes on the planet. Nearly 1 million people have been displaced, and anywhere between 10,000 and 30,000 people have been killed. The United States Agency for International Development estimates that another 350,000 civilians could die in the next 9 months as a result of the unfolding humanitarian crisis.

Backed by the Sudanese Government, Arabic-speaking militias, collectively known as the Janjaweed, have murdered, raped and pillaged with impunity. Hundreds of villages have been burned to the ground, crops have been razed and vital irrigation systems have been destroyed.

It is feared that the situation will only get worse. The rainy season has now arrived, making transport of food aid more difficult and more costly. If the refugees cannot return to their homes to plant crops soon, they will be completely dependent on food aid for the next 18 months. Outrageously, the Sudanese Government continues to frustrate efforts to deliver humanitarian assistance to the region.

Following a Security Council briefing earlier this month, the acting U.N. High Commissioner for Human Rights summarized the situation in Darfur by stating: "One, there is a reign of terror in this area. Two, there is a scorched earth policy. Three, there are repeated