Advocacy

ADVISORY

Vol.8 No. 3, February 10, 2008

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HOT TOPICS FOR ADVOCACY IN THIS ISSUE

THIS ISSUE of the Advocacy Advisory will focus on topics of current interest to health care, including ongoing federal and state issues related to patient access, covering the uninsured, and reimbursements. The CHRISTUS position is consistent that health care dollars must be preserved in programs such as Medicare and Medicaid, as both of these programs these serve a vital function as part of the health care safety net for the uninsured and underserved population.

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CONGRESS VOTES LARGE ECONOMIC STIMULUS PACKAGE

Moving with uncommon speed, Congress gave final approval on Thursday to a $168 billion economic rescue package, including rebates for taxpayers and tax breaks for businesses, that lawmakers and President Bush hope will set off a rush of springtime spending and spark the slowing economy. Only one day after the Senate seemed mired in a partisan feud over a more expensive stimulus plan favored by Democrats, lawmakers cast that quarrel aside and approved a plan nearly identical to one the House adopted last week. The Senate, voting 81 to 16, slightly expanded the House plan to include payments for some 20 million Social Security recipients and 250,000 disabled veterans who would not have qualified because they do not earn income. The final measure also specifies that illegal immigrant workers not receive payments. The House swiftly approved those changes by a vote of 380 to 34 and sent the bill to the White House, where Mr. Bush had already said he would sign it.

Given the deep divisions over Iraq, children's health insurance, spending levels and other issues that at times brought Congressional action to a halt last year, the approval of the economic package was notably swift. It came precisely two weeks after Mr. Bush told Congressional leaders that he wanted a plan. "This plan is robust, broad based, timely, and it will be effective," he said in a statement. Speaker Nancy Pelosi, at a rare joint news conference featuring all four Congressional leaders and Treasury Secretary Henry M. Paulson Jr., declared: "We are making history. What has passed the Congress in record time is a gift to the middle class and those who aspire to it in our country."

The plan will provide tax rebates of up to $600 for individuals and up to $1,200 for couples filing jointly, with an additional payment for families of $300 a child, and a minimum payment of $300 for individuals who pay less than that in income taxes. Payments will be reduced for individuals with adjusted gross incomes above $75,000 and couples with incomes above $150,000, with the wealthiest taxpayers receiving nothing. The Treasury Department said checks would be distributed beginning in early May, after the crush of the tax filing season. The rebates and the business incentives, including a doubling to $250,000 from $125,000 in the amount of expenses businesses can immediately write off, are intended to jolt the slowing economy with new spending. The package will cost roughly $168 billion over two years compared with $161 billion for the original House plan. About $152 billion would be injected into the economy this year.

Many economists say government action is needed to forestall or shorten a recession, but some questioned whether the plan would work quickly enough because rebate checks would not go out for 12 more weeks. A minority of lawmakers also questioned whether the package was the right medicine, arguing that it did not do enough to help distressed homeowners and that it would even harm the economy by increasing the deficit. Senator Bob Corker, Republican of Tennessee, said Congress had taken $150 billion and thrown it "into a mud puddle." The Senate deal on Thursday capped a tense standoff between Republican leaders, who had called for simply adopting the House plan, and Democrats, who had pushed their own, more expansive plan, only for Republicans to block it by a one-vote margin on Wednesday. The larger plan would have included increased home-energy subsidies for low-income families, extended unemployment benefits, tax credits for alternative energy and tax incentives for the coal industry.

Source: The Associated Press, The New York Times, 2/8/08.

HOUSE LAWMAKERS DISCUSS FUTURE OF SCHIP

Democratic members of the House Energy and Commerce Health Subcommittee said they will continue to attempt to expand children's health coverage, following failed efforts in 2007 to pass legislation to renew and expand the State Children's Health Insurance Program (SCHIP). Rep. Gene Green (D-TX) said he hopes that Congress can expand the program next year. Subcommittee Ranking Member Nathan Deal (R-GA) said the program should only be used to cover poor children and Rep. Joseph Pitts (R-PA) said he believes the role of government should be to facilitate an efficient health care system, but many children in poor families have access to private health insurance. The problem is, Pitts pointed out, parents often find themselves unable to afford the coverage afforded by their workplace.

Dennis Smith of the Centers for Medicare and Medicaid Services said that President Bush supports reauthorization of the program and noted that funding for the program has been provided through March 2009. He said the administration wants to work with Congress to reauthorize the program through 2013. The 11-year-old program's authorization expired last fall and need reauthorization to continue; however, Bush vetoed two legislative attempts to renew and expand the program. Smith also discussed August 17, 2007 guidelines issued by the administration that state that before expanding SCHIP eligibility to children in families with incomes greater than 250 percent of the federal poverty level, states must demonstrate they have enrolled at least 95 percent of children in the state below 200 percent of poverty who are eligible for Medicaid or SCHIP. Under the August directive, children must be insured for one year to be eligible for SCHIP. However, if a child loses employer-based coverage through no fault of their own, for instance through the death of a parent, they still must remain uninsured for one year. Obviously, many advocates believe such a policy is unfair to children.
Source: Catholic Health Association of the United States, 2/8/08.

BUSH MEDICARE BUDGET CRITICIZED

Senate Finance Committee Chairman Max Baucus (D-MT) at a hearing accused the Bush administration of taking a "meat ax" to Medicare by proposing $183 billion in cuts to the program over the next five years. Hacking apart the Medicare and Medicaid programs won't solve the problem of rising healthcare costs, Baucus told HHS Secretary Mike Leavitt, who testified before the panel last week. The president's fiscal 2009 budget proposal also includes a $17 billion reduction to Medicaid over the next five years. In particular, Baucus criticized the administration for proposing to cut payments to hospitals, rehabilitation facilities, hospice and home healthcare, while ignoring the overpayments to private Medicare Advantage plans. Leavitt said that the budget request represents proposed savings, not cuts, to the entitlement programs, and that the ultimate purpose is to slow the rate of growth and reduce premiums to Medicare beneficiaries by $6.2 billion over the next five years. Finance committee members also criticized the president's proposal to fund the State Children's Health Insurance Program at an additional $19 billion above the current baseline of $25 billion over five years, although Sen. Chuck Grassley (R-Iowa), the panel's ranking member, said he thought it was an improvement over the administration's previous proposals to fund SCHIP. "If the president had offered this proposal a year ago, it could have made a real difference" in negotiations to reauthorize the program, Grassley said. The Bush administration had previously held that an additional $5 billion above the current baseline would be sufficient.
Source: Modern Healthcare, 2/7/08.

CMS SEEKS GREATER OVERSIGHT OF QUALITY IMPROVEMENT

The CMS announced changes to its contract with Medicare's quality improvement organizations that it said will improve oversight of the regional quality groups. The new three-year contract, or statement of work, will begin August 1 and focuses on performance measures, requiring QIOs to meet goals if they want to receive financial incentives and future contracts from the CMS, which released details of the changes to the statement of work during a news conference. Acting CMS Administrator Kerry Weems said the changes are in response to reports by the Institute of Medicine and the Government Accountability Office that criticized Medicare's management of the QIOs. Under the new contract, QIOs will be expected to reach performance milestones throughout the three years, instead of facing one review at the end of the contract. At 18 months, the CMS will have the option to redirect the contract to another organization if a QIO has not proved it has made progress in its region. Not hitting additional milestones could also impact a QIO's ability to compete for future contracts of work, said Barry Straube, chief medical officer for the CMS. Through the new statement of work, QIOs must work with a variety of healthcare facilities to improve quality and performance in four key areas: protecting beneficiaries, care transitions, patient safety and prevention. The CMS will use nationally endorsed measurements, available on its hospital comparison Web site to monitor the QIOs' progress.
Source: Modern Healthcare, 2/7/08.

HEALTHCARE INFORMATION TECHNOLOGY REMAINS CONGRESSIONAL PRIORITY

Congressional Democrats remain dedicated to efforts to promote the use of health care information technology, despite provisions in the fiscal year 2009 budget request released last Monday by President Bush that would reduce spending for such programs, congressional staffers and industry experts said on Wednesday during a Capitol Hill Steering Committee on Telehealth and Healthcare Informatics briefing. The budget request would provide $168 million for health care IT and electronic health records programs at HHS, including $66 million to help the Office of the National Coordinator for Health IT develop and implement programs within the department and $45 million for the health care IT division of the Agency for Healthcare Research and Quality. In addition, the budget request would provide $458 million for health care IT at the Department of Veterans Affairs.

During the briefing, Christine Bechtel, vice president of public policy for eHealth Initiative, said that the budget request seeks to reduce spending for health care IT because of the current fiscal and political situation, not because of a lack of interest in such programs. P. Jon White, health care IT director for AHRQ, said, "It's not about IT. It's about improving quality," adding, "Health IT projects by themselves do not reach goals. Just like any tool, you have to use health IT right." Mike Quear, staff director for the House Science and Technology Technology and Innovation Subcommittee, said, "We have to teach health care providers how to use the system for it to be effective." Although health care IT has been a longtime priority for President Bush and Congress has tried several times in recent years to pass more sweeping legislation, those efforts have faltered amid concerns about patient privacy and the lack of a single standard for electronic record keeping.

In related news, HHS Secretary Mike Leavitt last week spoke at a meeting in Virginia as part of a national tour to encourage communities to participate in a five-year Medicare pilot program that uses EHRs. During the meeting, held at the Virginia state Capitol, Leavitt said that, although many hospital systems and large medical practices have begun to use EHRs, smaller practices cannot afford and do not believe they need the technology. He said, "Most of them know this is going to happen, but they have been waiting for the systems to develop ... to lower in prices and essentially to know they had to do it." Under the pilot program, Medicare "will pay them more on their Medicare billings" and, in the second year, "will pay them more if they will report the quality measures that we all agreed will be standard quality measures," Leavitt said. CMS will select 12 communities to participate in the pilot program, and 100 small- to medium-sized medical practices will participate in each of the communities, according to Leavitt. CMS will select four communities in the pilot program this year and will select the other eight next year, he said. Leavitt added that the pilot program will result in a total of about $150 million in extra Medicare reimbursements for medical practices that participate. He said, "You have 12 sites divided by $150 million. You can see we are talking serious money here," adding, "It's a lot of money, but it's not enough to do it for everybody." Leavitt said private insurers are being urged to adopt similar incentives.
Source: Kaiser Daily Health Policy Report, 2/7/08.

HOUSE APPROVES MENTAL HEALTH MEASURE

The House last week approved legislation (HR 4848) that would extend for one year a law that prohibits health insurers from imposing annual or lifetime caps on mental health coverage that differ from those imposed for other illnesses. The law does not require health plans to provide coverage for mental health illnesses. The legislation also includes a provision proposed by Rep. Rahm Emanuel (D-IL) that would require collection of delinquent taxes from physicians and hospitals by withholding Medicare payments through the Federal Payment Levy Program. During floor debate on the measure, Democratic Reps. Patrick Kennedy (RI) and Frank Pallone (NJ) discussed broader mental health parity legislation (HR 1424) that is being prepared for floor consideration. That measure would expand mental health regulations and require insurers to provide equal coverage for physical and mental care. In addition, the bill would require coverage of certain mental health conditions.
Source: Kaiser Daily Health Policy Report, 2/8/08.

Of Physician Interest

DEADLINE FOR MEDICARE PARTICIPATION DECISION

Just a few days remain before the February 15 deadline for physicians who wish to change their current Medicare participation or nonparticipation status for 2008. Physicians usually must make this decision by December 31, but the Centers for Medicare and Medicaid Services extended the deadline for 45 days after Congress passed legislation in December to replace a 10.1 percent cut in Medicare payments with a 0.5 percent increase through June 30. Participation decisions will be retroactive to January 1. To help ensure that physicians are making informed decisions about their contractual relationships with the Medicare program, the AMA has produced a document that explains the options available to them. Physicians can do one of three things: Sign a participation (PAR) agreement and accept Medicare's allowed charge as payment in full for all of their Medicare patients ("assigned" claims); be a nonparticipating physician, which permits them to make assignment decisions on a case-by-case basis and bill patients up to 9.25 percent above the PAR-approved payments for the services; or become a private contracting physician, agreeing to bill patients directly and forego any payments from Medicare to their patients or themselves. The choice is more difficult this year because of the uncertainty surrounding Medicare payments. On July 1, the 0.5 percent increase in payments that Congress approved in December will be replaced by a 10.6 percent cut. The AMA is mounting an aggressive campaign to pass legislation to prevent this cut, as well as an additional pay cut that would occur in 2009.
Source: American Medical Association, 2/8/08.

Of Regional Interest

LOUISIANA

Health Care Reform Appears Headed for Showdown. A new governor and a new state legislature will largely determine the direction for the state's ongoing experiment in changing the health care system in the New Orleans area. The Coalition of Leaders for Louisiana Healthcare is pushing a plan that will offer private health insurance to 80,000 low-income, uninsured residents using a big chunk of the Medicaid Disproportionate Share Hospital funds. But the state Department of Health and Hospitals and LSU, which runs the state's charity hospital system, say the plan is too expensive and requires the state to fill coverage gaps with fewer resources."Right now it's more a battle of words," said Dr. Floyd Buras, a coalition board member. "We've had experts look at the plan. We've had it studied by actuaries to show that it's workable." Those experts say there is enough money to provide coverage for the uninsured and still maintain the state's safety net, Buras said. But the battle, as usual, will be decided in the legislature. The coalition's members include some of the state's political heavyweights, such as the Louisiana Association of Business and Industry and the state's largest health insurer, BlueCross BlueShield of Louisiana, as well as the state hospital and physicians associations. "It's going to come down to who's going to support what LSU wants and who's going to support what is economically the best way to go. And apparently those two are not compatible ideas," Buras said.

One indication of which way Gov. Bobby Jindal is leaning will be his nominee for DHH secretary, Buras said. If the nominee is the current secretary, Dr. Roxane Townsend, the previous secretary, Dr. Fred Cerise, or someone from the LSU system, then LSU will probably get what it wants. If the new secretary has experience

with coverage models, the coalition plan will have gained valuable support, Buras said. Jindal announced he was appointing Alan Levine, head of Broward Health, which is one of the country's largest public health systems, to take over. Townsend said DHH, LSU and the coalition members agree on many things, from increasing healthcare coverage to the uninsured and emphasizing preventive, primary care to coordinating the system of care through the seamless sharing of electronic health records. "The only area of concern that we've had as we looked at it is the financing piece of it," Townsend said. "If you look at how the state is spending its healthcare dollars right now, we had a Disproportionate Share Hospital cap of a little over $1 billion. You can't squeeze that money anymore."

The coalition estimates the cost to provide coverage for all 80,000 people is $180 million to $210 million. But the actual cost will probably be closer to $135 million to $160 million. Each year, the state spends $300 million to $350 million on care for the uninsured in the New Orleans region, which includes Orleans, Jefferson, Plaquemines, and St. Bernard parishes. Townsend said the plan calls for a major shift in the way the Disproportionate Share money is distributed. Of the $1 billion available, the Medical Center of Louisiana spends around $150 million. State law requires rural hospitals and psychiatric hospitals receive a portion of the DSH funds, around $100 million each. That leaves around $650 million to care for the state's uninsured population, which is around 650,000 people, Townsend said. Taking a big chunk of that money for a demonstration project that doesn't cover everyone or all of the services they'll need isn't a feasible plan. Dr. Larry Hollier, chancellor of LSU Health Sciences Center-New Orleans, said there are other problems with the coalition's proposal. For one thing, the insurance product's overhead costs are estimated at 10 percent to 20 percent of the total budget, Hollier said. Louisiana is already short of the healthcare funding it needs. It makes little sense to start up an insurance product that costs more and carries a large management cost. "What we would suggest as a more rational approach is to expand Medicaid eligibility in this state," Hollier said. "If we were to do that, it would bring additional federal dollars to the state to help fund this." Medicaid can be expanded as long as the state puts up the 28 percent match the federal government requires, Hollier said. The DSH program is capped; Louisiana can't get more money from that program. Hollier said the state could move 300,000 people from the uninsured rolls and onto Medicaid by properly expanding Medicaid eligibility. After freeing up some of the healthcare dollars with that approach, the state would be better able to use DSH money for an insurance product, Hollier said. However, Buras said there is enough money in the current budget to implement the coalition's coverage model in the New Orleans region. In fact, the coalition model would actually save the state money, he said. "Anybody who tells you there's not enough money to do it is speaking from opinion and not from fact," Buras said.

In addition, the Bush Administration has recently warned it will limit expansion of Medicaid along the same lines as the State Children's Health Insurance Program. Administration officials have said covering families at 250 percent or more of the poverty level, around $51,600 for a family of four, will make Medicaid compete with private insurers.
Source: Louisiana Medical News, 1/31/08.

TEXAS

New State Plan Pushes Preventive Care for Uninsured. Here's what low-income Texans could get through a health care program the state plans to put in place this fall: two prescriptions a month, as many as five preventive doctor visits a year and as many as five days of inpatient hospital care a year. That's according to the draft of a plan state officials call an innovative way to reduce the ranks of the 5.7 million uninsured Texans, specifically targeting the 2.1 million low-income, uninsured adults. Details could change, but some health experts who got a first look at the draft this week are already questioning whether the proposed services are adequate and whether people would enroll. "I don't think they're going to be beating down the doors of the state to get into this one," said Dr. John Holcomb of San Antonio, chairman of a Texas Medical Association committee on Medicaid and the uninsured. "I laud the effort — it's just that I'm skeptical this is going to be the wave of the future. Health and Human Services Executive Commissioner Albert Hawkins counters that the program is a step toward encouraging low-income Texans to seek preventive health care and rely less on emergency rooms. State officials say they expect to offer the program first to the 482,000 uninsured parents of children enrolled in Medicaid and the

Children's Health Insurance Program and predict that 200,000 of them will sign up the first year. Families qualify if their income is at or below 200 percent of the federal poverty level — $42,400 for a family of four.

State Rep. Garnet Coleman, D-Houston, voted for the 2007 legislation that called for the program but said the proposed premiums are too high and the plan offers too little. "Why Texas would embark on a program to create more underinsured individuals befuddles me," he said. But Hawkins pointed out that in the past five years, Texas hospitals' uncompensated care costs doubled to $11.3 billion. "Anybody who suggests there shouldn't be a change is asking for the system to collapse," he said.

Texas is applying for federal permission to launch the program, which would redirect some of the federal Medicaid dollars that compensate hospitals that care for large numbers of uninsured patients toward a pool to pay for health insurance. Several other states are working to enact similar plans, Texas officials said. The Texas pool could total about $300 million in its first year, state officials said, a small portion of which would come from a new $5-per-customer fee at strip clubs. "No hospital loses funds," because the Legislature last year provided money to offset hospitals' losses, said Stephanie Goodman, a spokeswoman for the Health and Human Services Commission. But some hospital officials are skeptical. Maureen Milligan, the commission's deputy chief of staff, told a Health and Human Services Council subcommittee this week that the plan intentionally provides less-extensive benefits than commercial insurance so that people don't opt for the state program over employer-provided insurance. The new program also would provide subsidies to help people purchase employer-sponsored insurance. The state is considering two draft options for the first phase of the program, which would serve parents of children enrolled in Medicaid and CHIP.
Source: Austin-American Statesman, 1/17/08.

ARKANSAS

Retailer to Offer Walk-In Clinics. Wal-Mart Stores Inc. said last week it plans to open walk-in medical clinics under the name “The Clinic at Wal-Mart” in cooperation with local hospitals and the national RediClinic LLC chain to provide immediate care for patients with common ailments. The first of the clinics, to be housed in the retailer’s supercenters, are expected to open in Little Rock and Atlanta in April. The four Little Rock clinics will be operated in partnership with St. Vincent Health System, a part of the Catholic Health Care Initiatives system. The move is the Bentonville-based retailer’s latest effort to play a role in changing the nation’s health-care system, as well as create greater efficiency and bring down costs. The company aims to have 400 of the clinics operating by 2010. It already contracts with RediClinic and other providers for walk-in clinics at several stores, but without a formal arrangement with local hospitals. The health system will provide nurse practitioners, front desk attendants and supervising doctors. Winkler said the doctors will work remotely — as well as in the stores for a few hours a week — to review care and give input and direction if a nurse practitioner needs help.
John Agwunobi, Wal-Mart’s president of health and wellness, said the clinics will post prices for treatment of certain medical conditions so patients will know their out-of-pocket cost upfront. The clinics also will file insurance claims. Glen Mays, an associate professor at the University of Arkansas for Medical Sciences in Little Rock, said doctors likely are concerned about the competition from the clinics.
However, Mays also believes physician groups have potentially legitimate concerns about quality and continuity of care. The American Medical Association criticized retail clinics last year, saying conflicts of interest are posed by ventures between retail clinics and pharmacy chains that use the clinics to raise traffic in stores, which can lead to more sales of prescription drugs and other products.
Source: Arkansas Democrat-Gazette, 2/8/08.

UTAH

Utah Legislative Updates. The following are key regional issues that can be a priority in the Advocacy State Policy Strategy:

- **Nursing shortage:** CHRISTUS Health would support legislation to increase Medication Attendants certification.
- **Nurse Aid Registry:** There is no need at the present time for legislation due to regulatory fixes. However, this remains an issue of Advocacy interest. CHRISTUS Health will be working with the state association and the Utah Department of Health regarding a notification process for health care workers that have had adverse or punitive actions against their licenses. Currently, there is no official notification method in place for employers, so CHRISTUS Health will be seeking a solution with the Nurse Aid Registry to provide a monthly update on their web site listing such actions.
- **Medicaid Reimbursement:** Due to the increase of Medicare-only facilities, there is a direct negative effect to the funding source. CHRISTUS would support an extension of the current moratorium in place for Medicare-only facilities.
- **Uncompensated Care for the Uninsured:** Every year, St. Joseph's raises $400,000 - $600,000 to cover care costs. CHRISTUS Health would support new funding sources for uncompensated care.
- **Provider tax:** St. Joseph's does not benefit from legislation requiring a provider tax due to the present low volume of Medicaid.

The 2007 Utah Legislature produced some important successes for health care as legislators reached out in an attempt to ensure access to care for citizens. Those successes are reflected in the session's commitment to a broad spectrum of related issues, including Medicaid increases, long term care, CHIP, workforce issues, mental health, medical liability and quality of care issues. Medicaid Home and Community Based Long Term Care (SB 189) requires the Department of Health to provide financial assistance for room and board for Medicaid clients participating in a new home and community based services long-term care program. Legislators have continued to offer support to the UHA and Utah's hospitals in implementing the private/public partnership for nursing education funding. The Legislature has now fully funded the $2 million in ongoing funds for Utah's nursing education initiative.

The 2008 Session convened on January 21. One priority of this session is related to proposed legislation from the UTHCA regarding the "sunset bill." The proposed measure would extend the "Medicare-only" moratorium from two years to five years. CHRISTUS Health is currently tracking over thirty bills that are of interest to St. Joseph's Villa.

Immigration Reform: A sweeping immigration measure passed its first hurdle on Friday, when a Utah Senate panel voted 4-2 in favor of SB81, which would create obstacles against undocumented immigrants obtaining jobs and public benefits. The party-line vote came after sponsor Sen. Bill Hickman, R-St. George, said he wanted to "get the clock ticking" on state action. Hickman said he'd also support a proposed interim study measure sponsored by Sen. Scott Jenkins, R-Plain City. "This may not solve all the problems," Hickman said. "This is a work in progress ... we may come back and make refinements." During nearly two hours of testimony, those in favor of the bill stressed the importance of the rule of law, and public support for state action. Opponents questioned some the workability of some provisions, such as the need for some employers to use the federal E-Verify program to check the work eligibility of new hires. The bill was amended to remove a repeal of a 2002 law that allows undocumented immigrants pay in-state tuition if they attend a Utah high school for three years and graduate. A proposal to amend the bill to delay its enactment date to 2009 failed.
Source: Salt Lake City Tribune, 2/9/08.

OKLAHOMA

Legislation Would Repeal Anti-Illegal Immigrant Law. A southwest Oklahoma lawmaker has filed legislation to repeal a state law that targets illegal immigrants, but the chairman of a legislative committee said last week its chances of being considered are slim. Rep. David Braddock, D-Altus, said he wants to repeal provisions of the anti-illegal immigrant law to help out farmers and businesses in his district who have struggled to find workers since the law went into effect last year. “I was afraid this was going to turn into an economic disaster. And it really has,” Braddock said. “A lot of the labor force just picked up and left — legal and illegal.” The measure, House Bill 1804, was passed by the Oklahoma Legislature last year and was signed into law by Gov. Brad Henry. It went into effect for the public sector on November 1 and will go into effect July 1 for private-sector employers. Among other things, it bars illegal immigrants from receiving tax-supported services, requires employers to verify the immigration status of their employees and exposes employers to legal action for hiring unauthorized immigrants in place of U.S. citizens. Braddock said the law “has created a huge sense of fear” within Latino communities and families.

“They're absolutely afraid of staying here,” he said. “They think Oklahoma doesn't want them. I don't think that's what Oklahoma is about.” Braddock's bill would repeal the legal ban on allowing undocumented immigrants to pay in-state tuition at state colleges and universities, receive public entitlement assistance or get state driver's licenses, ID cards and occupational licenses, according to the author of House Bill 1804, Rep. Randy Terrill, R-Moore. It would also prevent state and local law enforcement agencies from enforcing the bill's employment provisions. Terrill said the measure is another in a series of attempts to block the state immigration statute. Last week, the U.S. Chamber of Commerce challenged the law's constitutionality in a federal lawsuit that alleges it interferes with federal immigration law and creates a patchwork of uncoordinated state immigration procedures. “The moral dilemma for them is that they are defending the functional equivalent of modern-day slavery,” Terrill said. Terrill has filed legislation to strengthen the measure by making English the state's official language and allowing law enforcement to seize and forfeit assets used to harbor, transport or conceal illegal aliens.

Mike Seney, the senior vice president of operations for The State Chamber, a business and industry group, said the organization's human resources committee has recommended that its board support Braddock's repeal effort. The board will consider the recommendation next week. But Rep. Rex Duncan, R-Sand Springs, the chairman of the House Judiciary and Public Safety Committee, said it is doubtful he will give the bill a hearing. “To the extent that it's my call, it's not going to be heard,” said Duncan, a co-author of House Bill 1804. Braddock said he hopes members of the business community will change Duncan's mind. “First hand, they've experienced it,” Braddock said referring to businessmen and women. “The bad news just keeps coming with 1804.” Braddock's measure is House Bill 2445.

Source: The Associated Press, 2/8/08.

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