



# Healthcare Costs for Noncitizens in Detention

*April 26, 2022*

Fiscal Year 2020 Report to Congress



**Homeland  
Security**

*U.S. Immigration and Customs  
Enforcement*

# Message from the Acting Director

April 26, 2022

I am pleased to present the following report, “Healthcare Costs for Noncitizens in Detention,” which has been prepared by U.S. Immigration and Customs Enforcement (ICE).

This report was compiled pursuant to direction in Senate Report 116-125, which accompanies the Fiscal Year (FY) 2020 Department of Homeland Security Appropriations Act (P.L. 116-93).

Pursuant to congressional guidelines, this report is being provided to the following Members of Congress:



The Honorable Lucille Roybal-Allard  
Chairwoman, House Appropriations Subcommittee on Homeland Security

The Honorable Chuck Fleischmann  
Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable Chris Murphy  
Chair, Senate Appropriations Subcommittee on Homeland Security

The Honorable Shelley Moore Capito  
Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Inquiries related to this report may be directed to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tae D. Johnson".

Tae D. Johnson.  
Acting Director  
U.S. Immigration and Customs Enforcement

# Executive Summary

This report to Congress, “Healthcare Costs for Noncitizens in Detention,” meets the legislative requirement for ICE to provide a report on the cost of administering healthcare in the detention system. It presents information about the ICE healthcare system, focusing on detained noncitizen transfers for offsite healthcare, instances of serious medical and mental health conditions, and staffing within ICE detention facilities.

This report presents information from FY 2020, and addresses the following areas:

- An overview of the ICE healthcare system and components that oversee and administer detainee healthcare;
- A description of the ICE budget and detainee healthcare expenditures; and
- A discussion of strategic initiatives to strengthen the detention healthcare system and to modernize the ICE healthcare workforce, and efforts to contain the cost of detainee healthcare.

For additional information about health services provided to individuals in ICE custody in FY 2020, refer to the comprehensive inaugural ICE Health Service Corps (IHSC) FY 2020 Annual Report, published on November 5, 2020 ([link in Appendix A](#)).

IHSC’s mission is to provide the safe delivery of high-quality healthcare to those in ICE custody. IHSC comprehensive healthcare services include both individualized treatment for ICE detained noncitizens and the promotion of public health through prevention of disease transmission.



# Healthcare Costs for Noncitizens in Detention

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# I. Legislative Requirement

This report was compiled in response to direction in Senate Report 116-125, which accompanies the Fiscal Year (FY) 2020 Department of Homeland Security (DHS) Appropriations Act (P.L. 116-93).

Senate Report 116-125 states:

*Cost of Providing Healthcare to Immigrants in Detention.*—Recognizing the increasing cost of providing healthcare in general, the Committee directs ICE to provide an annual report on the cost of administering healthcare in the detention system. The report shall include the number of instances that detainees were transported to hospitals, emergency rooms, or other healthcare facilities and shall note instances of serious medical or mental health conditions, pregnancy, or disability. Further, the report shall detail the number and type of position of medical and mental health staff at each ICE detention facility and note any position that has been vacant for 30 or more days.

## II. Background

On November 5, 2020, U.S. Customs and Immigration Enforcement (ICE) published its inaugural health services report. Commissioned by the then-Senior Official Performing the Duties of the ICE Director, Mr. Tony Pham, the report is now an annual requirement. See [FY 2020 Annual Report](#) (Appendix A) to review the ICE Health Service Corps (IHSC) FY 2020 Annual Report. The report also is available on the ICE public website.

### A. ICE Detention Healthcare System

IHSC is a component within ICE Enforcement and Removal Operations (ERO) and the only entity within ICE responsible for providing direct healthcare to detainees. IHSC is committed to providing the safe delivery of high-quality healthcare to those in ICE custody and strives to be the best healthcare delivery system in detention and correctional healthcare. Individuals in IHSC-staffed and non-IHSC staffed facilities receive a health screening within 12 hours of arrival, and a complete health assessment within 14 days of admission.

IHSC has a high-performing, results-producing healthcare workforce made up of a multisector, multidisciplinary staff of approximately 1,700 authorized positions. The positions include U.S. Public Health Service (PHS) Commissioned Corps officers, federal General Schedule (GS) civil servants, and contract health professionals. Physicians, psychologists, social workers, psychiatric nurses, dentists, dental assistants, dental hygienists, pharmacists, pharmacy technicians, radiology technicians, registered nurses, advanced practice providers, licensed vocational nurses, medical assistants, medical records technicians, other health professionals, and administrative support personnel comprise IHSC staff.

IHSC administers a detention health system that provides direct healthcare in ICE-owned facilities; oversees compliance with healthcare-related detention standards in contracted facilities; reimburses for offsite healthcare services that detainees receive; and supports special operations missions.

To support the organization's mission, IHSC's structure is divided into five divisions:

- The Administration Division supports activities and systems utilized by IHSC personnel responsible for sustaining the IHSC healthcare system.
- The Clinical Services Division provides medical oversight, guidance, and instruction to IHSC providers and allied health professionals who deliver medical, mental, and dental healthcare to ICE detainees.
- The Health Care Compliance Division coordinates continuous quality healthcare to detainees in non-IHSC staffed facilities; ensures that all IHSC-staffed facilities comply with accrediting body standards; oversees the agency's quality improvement, risk management, and patient education programs; and reimburses clinicians who provide care for individuals in ICE custody outside the detention health system.
- IHSC's Health Systems Support Division oversees medical and administrative staff in IHSC-staffed facilities with the support of the ICE Special Operations Unit. The division

is comprised of the Health Operations Unit, Health Information Technology Unit, and IHSC's Special Operations Unit.

- The Office of the Chief of Staff coordinates across IHSC's divisions to support the agency's communications, investigations, policy, SharePoint, and external information functions.

IHSC headquarters (HQ) is comprised of 22 units and offices that provide strategic and operational guidance to 20 IHSC-staffed medical facilities/clinics; manages care provided in non-IHSC staffed detention facilities; initiates program and process improvements; monitors healthcare expenditures and the medical claims billing process; and manages the human and fiscal resources necessary to sustain the healthcare system.

While IHSC does not provide the medical care directly in non-IHSC staffed facilities, IHSC does manage the compliance of these facilities while adhering to national detention standards as required by the facilities' respective contracts with ICE. IHSC coordinates care through medical referrals, as needed, through the Field Medical Coordinator Program. IHSC also directly supports ICE field office directors on detainee medical issues within their areas of responsibility.

IHSC currently pays for medical services provided to detainees while they are in the custody of ICE ERO, ICE Homeland Security Investigations (HSI), and U.S. Customs and Border Protection (CBP)<sup>1</sup>. IHSC insures detainees in ICE custody under Title 18, Part III, Chapter 301, Section 4006 of the United States Code (U.S.C.). IHSC reimburses independent providers who provide care in local hospitals and healthcare systems for services rendered. In FY 2020, IHSC significantly increased its provider network through agreements with hospitals, health systems, and individual practitioners who provide offsite care to noncitizens in ICE custody. ICE contracts with the Veterans Affairs Financial Services Center (VA-FSC) to process medical claims reimbursements; providers must complete and submit information to receive payment. IHSC currently has a total of 265 letters of understanding (LOU) in place. The LOUs are not contracts, but instead are agreements between IHSC and the provider. LOUs detail the types of services that the provider will deliver and specify that IHSC will reimburse the provider for those services at Medicare rates.

IHSC provides medical support for ERO removals and special operations. Officers from the IHSC Special Operations Unit serve as medical service providers for ICE missions, both domestically and internationally. IHSC's Special Operations Unit supports ERO by delivering medical services during domestic transfers and international removals. It also provides medical services to migrants rescued or interdicted at sea on U.S. Coast Guard cutters in support of noncitizen migrant interdiction operations.

## B. Accomplishments

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<sup>1</sup> With the enactment of the FY 2013 appropriations bill, CBP transferred to ICE \$8 million for third-party medical claims that ICE was receiving through its invoicing system associated with CBP-referred noncitizen patients. Within the FY 2022 budget process, ICE is seeking to address a growing third-party medical claims shortfall with additional medical care funding.

In FY 2020, IHSC administered and managed a healthcare system that provided direct care to approximately 100,000 detainees housed at 20 designated facilities throughout the Nation, to include medical, dental, mental health, and public health services. IHSC also oversaw healthcare for more than 169,000 detainees housed in 148 non-IHSC staffed facilities, totaling more than 51,000 beds. IHSC provided healthcare to detainees from 180 countries.

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, IHSC tracked disease trends, issued real-time guidance for the detention environment, continued to operate its medical facilities and clinics nationwide, supported ERO removal operations, and oversaw care and compliance at non-IHSC staffed facilities. IHSC built upon its existing infrastructure to enhance efforts to monitor, screen, test, detect, report, and treat disease, and to prevent disease spread. From the initial test in February 2020 through the end of FY 2020, ICE tested more than 42,000 detainees for COVID-19. See [FY 2020 Annual Report](#) (Appendix A) for additional information.

### *1. Strengthened the Healthcare Workforce*

IHSC expanded the agency's capacity to care for ICE detainees by hiring and training additional nursing, dental, and infection prevention staff; training its nurse managers and facility health program managers; integrating medical assistants into the IHSC staffing model; and developing behavioral health provider and technician orientation and competency requirements.

IHSC proactively recruits its healthcare personnel to ensure that highly qualified practitioners provide care in IHSC-staffed facilities. In FY 2020, IHSC reviewed and verified credentials for 95 medical providers and granted them privileges to practice within the IHSC healthcare system. IHSC also ensures that all providers meet the agency's standards of care and supports their continued professional training and development. Standards of care are monitored through onsite inspections, medical record reviews, and peer reviews.

The IHSC workforce continued to grow in FY 2020, to fill critical gaps and to perform essential functions required by the healthcare system. ICE launched innovative efforts to recruit, hire, and onboard new federal GS and PHS personnel. In FY 2020, IHSC processed 600 applications for PHS positions, which is double the amount of the previous year.

See Appendix B for a detailed list of medical and mental health positions at each IHSC-staffed detention facility, which highlights positions that have remained vacant for 30 or more days.

### *2. Offsite Referral Transportation to Hospitals, Emergency Departments, or Other Healthcare Facilities*

IHSC oversees medical care for individuals in ICE custody in facilities not staffed by IHSC and manages the reimbursements for detainee offsite healthcare and services.

To help to ensure that ICE detainees receive high-quality offsite care, in FY 2020, IHSC signed 155 new LOUs with community medical providers, which significantly expanded IHSC's provider network and detainee access to healthcare nationwide. IHSC also continued implementing a credentialing process for offsite providers to confirm the provider's education, certification, licensure, regulatory compliance, and malpractice history. Hospitals are exempted



from this process, as they conduct their own credentialing of staff. See Appendix C for a list of offsite referrals in FY 2020, by medical diagnosis.

Throughout FY 2020, IHSC addressed detainee medical needs prior to, and during, transport. IHSC supported air ambulance transports for medically complex cases. As good stewards of federal funds, IHSC achieved a cost-avoidance of more than \$37,700 by utilizing more cost-efficient service providers when coordinating eight air ambulance flights for medically complex cases. Additionally, IHSC secured prescriptions for approximately 211 detainees, as appropriate, prior to being transported through international flights.

### *3. Significant Detainee Illnesses*

In FY 2020, IHSC monitored more than 3,556 detainee hospitalizations and 301 significant detainee illnesses (SDI).

In FY 2020, instances of SDI included hunger strikes; COVID-19-related cases; cancers; respiratory failure, pneumonia, asthma, and other lung-related issues; and altered mental status, mental health issues, or failure to thrive. See Appendix D for a detailed list of SDIs in FY 2020.

### *4. Pregnancy*

In FY 2020, IHSC sent 197 pregnant ICE detainees offsite to receive obstetric services. The CBP U.S. Border Patrol sent 10 detainees offsite for obstetric care. These data do not include inpatient hospitalizations for active labor and birth.

### *5. Disability*

In FY 2020, IHSC improved services to detainees with disabilities by training staff to address detainee disabilities and accommodations proactively, and by promoting detainee awareness of accommodations available to them. In FY 2020, 474 detainees reported at least 1 disability, and IHSC received 582 disability accommodation requests, an increase of 50 requests from the previous fiscal year. IHSC also notes that the percentage of detainees in custody with a disability decreased by 8 percent, while notifications of detainees with disabilities at facilities, including intersystem transfers, increased by 9 percent from the previous fiscal year.

### III. FY 2020 Detainee Healthcare Costs

#### A. Budget Overview

ICE's detainee healthcare is provided by IHSC and its healthcare service contractors and partners. During FY 2020, to support delivery of medical care services and to perform COVID-19 operational requirements, ICE spent more than \$336.1 million on detainee healthcare, which represented about 11 percent of the overall available FY 2020 enacted funding for Custody Operations. IHSC's detainee healthcare costs in FY 2020, totaling approximately \$311.0 million, is a subset of the overall cost to ICE. ERO Custody Management expended an additional \$25.1 million in FY 2020 for healthcare services at Stewart Detention Facility, Denver Detention Facility, Otay Mesa, and the Karnes Family Residential Center. In FY 2020, ICE's detention and family residential contract partners spent \$25.1 million, or less than 8 percent, of the \$336.1 million on detainee healthcare.

Refer to the inaugural IHSC [FY 2020 Annual Report](#) (Appendix A), for detailed information regarding the historical average daily population (ADP) and cost, factors that affect healthcare costs, and historical ICE payments to the VA-FSC for offsite medical claims trends.

Funding for offsite referral care, contractor personnel, and PHS Commissioned Corps salaries are the three main cost drivers, accounting for 90 percent of the overall budget. The remaining 10 percent of the budget is distributed across services contracts supporting biohazardous medical waste, language interpretation and translation services, medical and office supplies, laboratory services, National Commission on Correctional Health Care accreditation, teleradiology, travel, in-patient behavioral health services, temporary duty costs for healthcare providers, and other miscellaneous expenses.

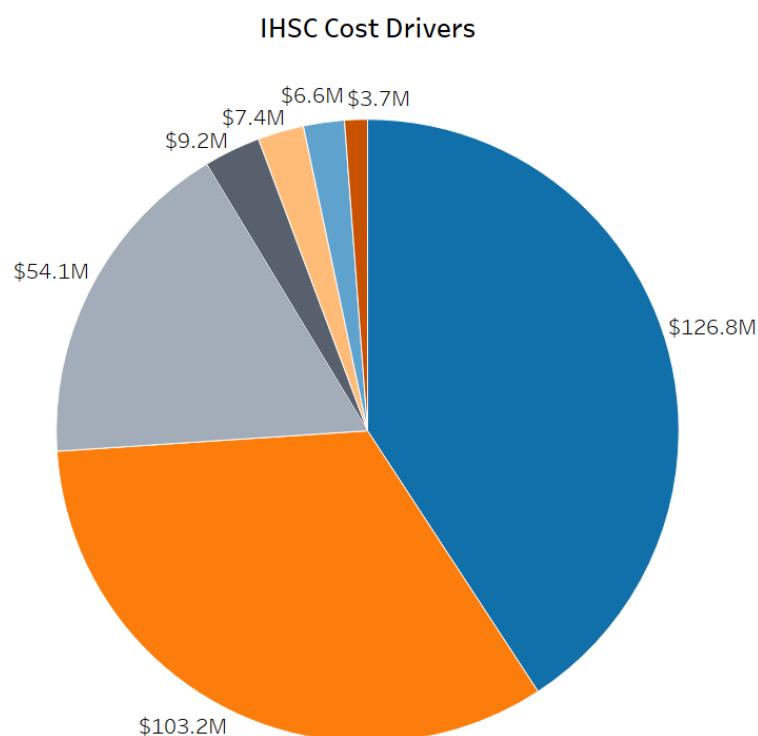
Although FY 2020 was a year with a low ADP because of the COVID-19 pandemic, IHSC's annual costs increased by 25 percent, and the daily cost per person increased by 86 percent.

<b>FY</b>	<b>IHSC Costs</b>	<b>ADP</b>	<b>Daily Cost per Person</b>
2016	\$190,215,479	34,240	\$15.22
2017	\$254,339,803	38,030	\$18.32
2018	\$268,708,158	42,183	\$17.45
2019	\$248,089,002	50,163	\$13.55
2020	\$311,001,856	33,724	\$25.27

**Figure 1.** ICE ADP and IHSC Costs.

*Source:* Federal Financial Management System, ICE Integrated Decision Support. The ADP is the number of man-days for a given time period, divided by the number of days in that time period. The ADP is the average midnight count man-days, at a particular facility, over a specified timeframe. A midnight count man-day quantifies the number of detainees in the specified detention facility at midnight. ADP is calculated by taking the number of midnight count man-days for a given time period and dividing by the number of days in that time period.

Three line items primarily drive changes to IHSC's annual budget: offsite medical claims, medical contractor personnel, and PHS salaries (medical personnel).



**Figure 2.** IHSC Cost Drivers in FY 2020.

*Source:* Federal Financial Management System

## B. IHSC Healthcare Workforce

The IHSC workforce is comprised of approximately 1,500 authorized positions at ICE HQ and in the field. The IHSC healthcare workforce includes physicians, psychologists, social workers, psychiatric nurses, dentists, dental assistants, dental hygienists, pharmacists, pharmacy technicians, radiology technicians, registered nurses, advanced practice providers, licensed vocational nurses, medical assistants, medical records technicians, other health professionals, and administrative support personnel.

Contractor vacancies over a 3-year period peaked in FY 2019, while GS and PHS vacancies peaked in FY 2020. Retention rates across all staff types remained at or above 80 percent over the same 3-year period. FY 2020 costs for contract staff totaled \$126,829,892.

GS vacancies significantly increased in FY 2020, as IHSC received an additional 172 positions, an increase to 208 GS positions from the previous level of 36. Vacancies are expected to decrease in FY 2021 as these additional GS positions are filled. FY 2020 costs for GS salaries totaled \$7,373,265.

In FY 2020, the number of PHS positions increased from 469 to 569. FY 2020 costs for PHS salaries totaled \$54,077,627.

## C. Offsite Referrals and Care

ICE reimburses providers, hospitals, and health systems for offsite care provided to detainees while in ICE and CBP custody. This report provides both referral and medical claims data. Statistics about medical claims always lag behind referral data because of VA-FSC processing time.

In FY 2020, IHSC adjudicated 57,134 medical claims payments for care delivered to ICE detainees by providers outside IHSC-staffed facilities, as well as 22,040 claims payments for care provided to individuals in CBP custody.<sup>2</sup> IHSC also resolved more than 7,840 claims previously denied between FY 2016-2019 because of untimely filing. These resolutions resulted in payments to providers totaling \$24.6 million, and improved provider relations and access to outside specialty care.

As of October 1, 2020, IHSC projected that the FY 2020 offsite claims costs would exceed \$91 million. At the conclusion of FY 2020, the estimated total cost, including Department of Veterans Affairs administrative and other fees, was \$103 million. IHSC expects both the number of claims and the total cost for FY 2020 to increase during FY 2021, as providers have 1 year after the date of service to submit medical claims. Based on the 168,439 claims received as of October 1, 2020, the average cost per claim in FY 2020 was \$543. The table below presents data based on the claims-paid dataset from VA-FSC. ICE pays offsite medical claims submitted by ICE and CBP.

<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>
\$631	\$530	\$489	\$437	\$543

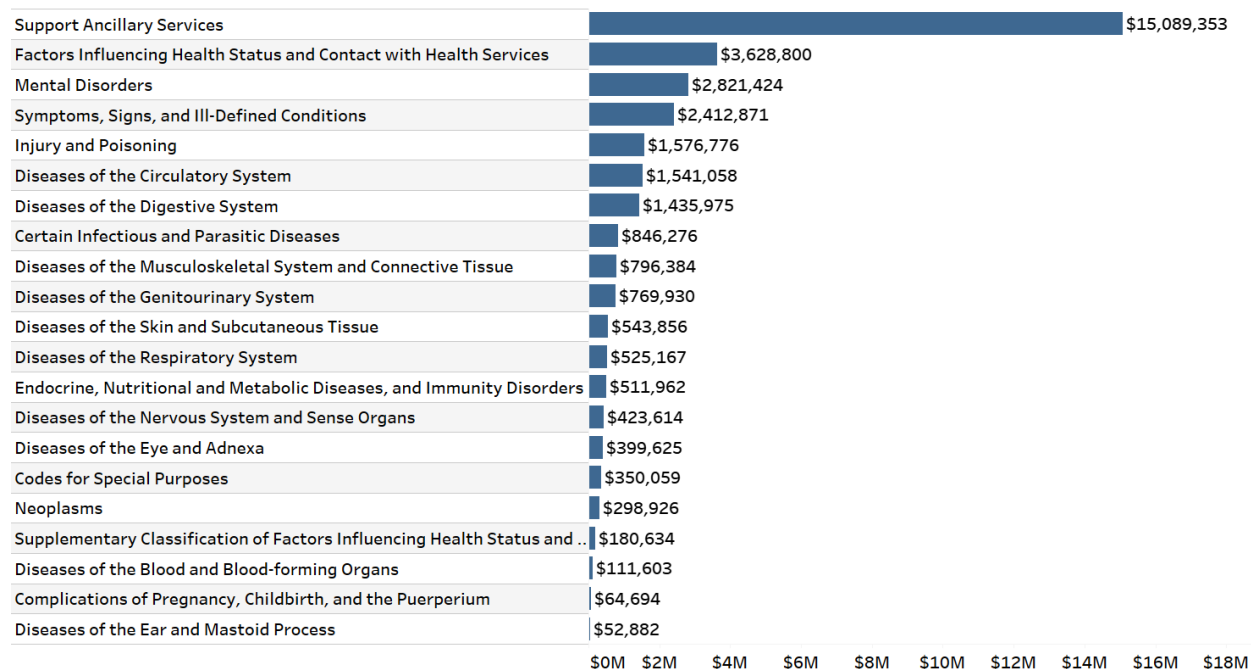
**Table 1.** Average Offsite Medical Costs.

*Source:* VA-FSC Paid Claims Database

Refer to Appendix F of the IHSC [FY 2020 Annual Report](#) (Appendix A) for a detailed list of FY 2020 medical paid claims by ICE. Figure 3 below includes the diagnosis groups with a total paid amount greater than \$50,000 in FY 2020. It includes only ICE claims; it does not include any claims for CBP or diagnosis groups less than \$50,000.

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<sup>2</sup> The costs associated with the non-ICE generated third-party medical claims exceeds the allotted annual appropriation.



**Figure 3.** FY 2020 ICE offsite paid claims by diagnosis group<sup>3</sup>.

*Source:* VA-FSC Paid Claims Database

<sup>3</sup>This report highlights ICE costs for offsite provider visits from IHSC and non-IHSC provider referrals.

The Support Ancillary Services category includes claims for bulk pharmacy, bulk labs, language translation services, and medical supplies.

The Factors Influencing Health Status and Contact with Health Services category includes claims for screening-related encounters for respiratory tuberculosis, dental, viral diseases, and medical exams.

The Mental Disorders category includes claims for schizoaffective disorders, schizophrenia, major depressive disorders (single episode and recurrent), bipolar disorders, opioid-related disorders, and alcohol-related disorders.

The Symptoms, Signs, and Ill-Defined Conditions category includes claims for chest and throat pain-related symptoms (x-ray exams, emergency visits); illnesses that are unspecified (exams, lab tests); abdominal and pelvic-related pain; abnormalities of breathing; abnormalities of the heart; and localized swelling, mass, and lump of skin and subcutaneous tissue.

## IV. Discussion

### A. Strategic Initiatives to Strengthen the Detention Healthcare System

ICE made tremendous strides between FYs 2018-2020 to: ensure a highly qualified and trained workforce, support accountability and adherence to prescribed standards, adopt industry standards and practices, and promote improvements and innovations to build capacity within the detention health system.

Building on these successes, IHSC began implementation of its new 5-year strategic action plan in FY 2021. The overarching priorities within the strategic action plan will: facilitate the continued enhancement and modernization of the IHSC health system, achieve efficiencies and cost savings, and enable the workforce to provide high-quality healthcare to detainees in ICE custody.

- *Strengthen the foundation.* IHSC will: design and implement the next generation of health systems assessments to: improve compliance with applicable standards, enhance quality patient care, modernize the staffing model, and enhance technology platforms to support current and future needs.
- *Optimize operations.* IHSC will build and optimize several areas of operation, including clinical care, medical case management and oversight in contract detention facilities, health plan and administrative functions, and agency communications.
- *Foster resilient teams and people.* IHSC will: strengthen the federal GS and PHS workforce, enhance training and development, build ready and resilient people and teams, and promote employee engagement and recognition.

### B. Ongoing Strategic Efforts to Strengthen the Detention Healthcare Workforce

IHSC aims to stabilize critical administrative functions and programs that support the detention health system, in addition to modernizing the staffing plan for IHSC-staffed facilities. Additionally, recruitment and retention of federal clinical providers is of paramount importance to IHSC's ability to support ICE field operations and to provide high-quality healthcare in the field.

#### 1. *Modernize, Support, and Sustain the Health Workforce*

*Quality care through continuing education.* Detention healthcare is a highly specialized field. ICE must continue to attract and retain a highly educated, skilled, and qualified workforce to provide the best possible care to those in its custody. ICE must continue to invest in the

professional development of its workforce to remain current on the latest advances in healthcare, as well as to sustain and lead the detention health system into the future. Dedicated funding to support the workforce to meet annual continuing education requirements, in order to specialize in correctional and detention healthcare, and to participate in professional development opportunities, ensures that ICE detainees receive high-quality healthcare from highly qualified health professionals.

*Workforce composition and organization.* As ICE modernizes its detention health workforce, its composition will change as more authorized GS personnel come on board to provide direct patient care in IHSC-staffed facilities. As IHSC continues to formalize key functions that support, streamline, and sustain the ICE health system in the long term, additional permanent federal GS personnel also are needed to operate and manage the program areas. Similarly, IHSC must organize and align its structure to the needs of the healthcare system to maximize both efficiencies and delivery of services.

*National authorities to practice across state lines.* Lastly, in order for the health workforce to respond nimbly to staffing needs within any of its IHSC-staffed detention facilities nationwide, ICE requires appropriate authorities, such as federal supremacy, to cover IHSC healthcare providers who work across state lines.

## *2. Incentives to Recruit and Retain Detention Healthcare Providers*

*ICE Repayment of Student Loans.* Incentives and retention bonuses are critical to ICE's efforts to recruit and expand the federal GS clinical workforce who support field operations. In order to remain competitive and to attract and retain highly qualified clinicians, ICE would benefit from funding to implement incentive programs that offer continuing medical education and student loan repayment (SLR).

Repayment of certain federally insured student loans is a powerful recruitment incentive for clinicians to apply for particularly hard-to-fill positions. Enabling certain levels of managers with the authority to offer and approve SLRs is another tool to assist IHSC to meet its recruitment goals. The following authorities currently govern SLRs: 5 U.S.C. § 5379, Student Loan Repayments; 5 Code of Federal Regulations (CFR), Part 537, Repayment of Student Loans; and DHS Management Directive (MD) Number 3171, Repayment of Student Loans for Recruitment and Retention, August 14, 2006.

*ICE Recruitment Bonuses.* Many ICE positions that provide direct detainee healthcare in remote locations are hard-to-fill positions. ICE must enforce immigration and customs laws, collect intelligence, protect specified federal buildings, and perform any other functions as directed by the Secretary of DHS. It is critical that ICE employs a highly qualified workforce to perform the work required to accomplish this mission, which includes healthcare personnel. Under federal regulations, ICE may pay a recruitment bonus to a newly appointed employee when ICE has determined that the employee's position is likely to be difficult to fill in the absence of an incentive.

Leveraging recruitment bonuses for healthcare personnel helps the agency fill its hard-to-fill positions. The following authorities currently govern recruitment bonuses: 5 U.S.C. § 5333,

Minimum Rate for New Appointments; 5 U.S.C. 5753, Recruitment and Relocation Bonuses; 5 U.S.C. 5754, Retention Bonuses; 5 CFR § 531.212, Superior Qualifications and Special Needs Pay-Setting Authority; DHS MD 3170.1, Recruitment and Retention Incentives, March 31, 2004; and 5 CFR Part 575, Subpart A, Recruitment Incentives.

*ICE Retention Incentive:* Under federal regulations, ICE may pay a retention allowance to current employees who have unusually high or unique qualifications, as identified by ICE. Additionally, an employee may qualify for a retention allowance if ICE determines that there is a special need for the employee to remain at ICE, and that employee is likely to leave federal service absent an allowance. Currently, each program office establishes a retention plan appropriate to its mission, functions, and staffing requirements.

ICE seeks to leverage this authority to retain its healthcare workforce and to implement retention incentives through additional funding. The following authorities currently govern retention incentives: 5 U.S.C. § 2302(d), Prohibited personnel practices; 5 U.S.C. § 5754, Retention allowances; 5 CFR Part 575 Subpart C, Retention incentives; and DHS MD 3170.1, Recruitment and Retention Incentives, March 31, 2004.

### *3. Proposed Legislation*

The following are ongoing legislative proposals submitted for congressional consideration over the past several years and included in the current ICE submissions:

*Confidentiality of Medical Quality Assurance Records.* Medical quality assurance records created by or for DHS as part of a medical quality assurance program are confidential and privileged, with few exceptions as outlined in the proposed legislation, and therefore need to have the same protections they would receive in the private sector to ensure patient confidentiality.

This legislation proposes that no part of any medical quality assurance record may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c) of the proposal.

A person who reviews or creates medical quality assurance records for DHS, or who participates in any proceeding that reviews or creates such records, may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records.

*Portability of Licensure for Healthcare Providers.* Portability of licensure gives healthcare providers the authority to provide care across state lines, or in states where they are not licensed. Although this authority typically is afforded to federal employees, it is not afforded to IHSC contract employees. As a result, the nearly 700 contract employees who comprise approximately two-thirds of IHSC's 1,100 staff cannot deploy, travel across state lines to provide care, or provide care in an audio/visual environment (i.e., telehealth). Therefore, any temporary duty requirement to fulfill routine, mission-critical, or contingent needs across state lines must be completed by the federal staff.



Affording contractors the same portability of licensure will maximize the utility of contract medical service providers and will increase the efficiency of IHSC's healthcare delivery in the steady-state scenario. It also will give IHSC the capacity to respond to unforeseen future needs including potential changes in custody policy, acute staffing shortages, natural or man-made disasters, and other specific professional needs. Moreover, portability of licensure for IHSC contractors will allow IHSC to expand the pool of providers who can assist in times of need, and to leverage its resources to meet the agency's mission needs best while minimizing taxpayer expense.

*Note: Granting of Federal Supremacy to ICE and to other DHS Components will eliminate the need for this legislation. Federal Supremacy is enjoyed by most federal agencies such as Department of Veterans Affairs, Department of Defense, Department of Health and Human Services (e.g., the Indian Health Service), and Department of Justice (e.g., the Bureau of Prisons). Federal Supremacy legal opinion has been crafted and submitted to the DHS Office of General Counsel (OGC), but DHS OGC opined that the current CARES Act legislation in effect provides similar liability protections to ICE healthcare providers and is postponing approval until further notice.*

## C. Ongoing Efforts to Contain the Cost of Detention Healthcare

IHSC's efforts to balance detainee healthcare costs while continuing to ensure access and delivery of quality healthcare are detailed below.

- *Automate the medical claims process.* Currently, medical claims are processed manually. An automated system will modernize medical claims processing, minimize reimbursement delays, and establish systems that reduce the risk for fraud, waste, and abuse. IHSC is working actively with the VA-FSC to develop and implement new software to adjudicate and process claims. The new system requires \$6.2 million for procurement and development, with an annual sustainment cost thereafter.
- *Strengthen medical oversight of detainees in contract facilities.* ICE will enhance contractual language with contracted facilities to expand IHSC's authority to ensure the quality of healthcare services for detainees. New requirements will include implementation of quality improvement and risk management programs and processes. These authorities will expand IHSC's oversight responsibilities beyond the current responsibility of overseeing compliance with detention standards.

## V. Conclusion

The ICE healthcare system is highly dynamic and responsive to the needs of detainees in its care. IHSC continues to: bolster its capacity to address detainee healthcare needs, oversee care and compliance within non-IHSC staffed facilities, efficiently process offsite care, and support removals and special operations.

To address challenges discussed in this report, IHSC will:

- Onboard additional GS administrative positions to stabilize critical functions and programs at ICE HQ.
- Pursue additional funding and authorities for incentives to recruit and retain healthcare providers more effectively, especially for hard-to-fill positions.
- Support continuing education, training, and professional development to maintain a workforce of highly qualified personnel who are experts in detention healthcare.
- Transition responsibilities for reimbursement of offsite medical claims to CBP.
- Seek funding for automated systems to modernize medical claims processing, to minimize reimbursement delays, and to establish systems that reduce the risk for fraud, waste, and abuse.
- Strengthen medical care oversight for detainees in contract facilities beyond the current contractual responsibility of overseeing compliance with detention standards.
- Continue to advocate for proposed legislation and Federal Supremacy.

## VI. Appendices

Appendix A: ICE Health Service Corps FY 2020 Annual Report

Appendix B: Medical and Mental Health Positions at ICE Health Service Corps-Staffed Detention Facilities

Appendix C: FY 2020 Offsite Referrals by Medical Diagnosis Code

Appendix D: FY 2020 Significant Detainee Illness

## Appendix A: U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Fiscal Year 2020 Annual Report

Refer to the IHSC [FY 2020 Annual Report](#) accessible via the ICE public website.

## Appendix B: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Service Corps (IHSC)-Staffed Detention Facilities

**IHSC-Filled Positions, as of December 17, 2020**

<b>Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomery</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>San Diego</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Administrative Assistant	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1		1	1	1		20
Assistant Nurse Manager					1																	1
Behavior Health Technician			1	1		1	1	2			2		3	2	2	1		2	1			19
Clinical Services Manager					1																	1
Certified Medical Assistant - Immunization					2																	2
Contract Coordinator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1			18
Dental Asst.			2	1	2	2		2		1	2	2	1	2	4	2	1	2	2			28
Dentist				1	2	1		3	1	1	2	1		1	2	1	1	2	1			20
Dentist Supervisory			1										1									2
Facility Health Program Manager			1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1			16
Infection Prevention Officer	1		1		1	1		1	1		1	1	1	1	1	1		1				13
Licensed Vocational Nurse - Immunization					3																	3

<b>Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomer</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>San Diego</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Medical Assistant	1				2	2		2			2	2	2	2	2	2		2				21
Pharmacy Technician	1		1	1	3	1	1	2	1	1	2	2	3	2	2	2		2	1			28
Pharmacist	1		2	2	4	1	1	3	1	1	3	2	3	3	2	2		2	1			34
Physician	1		1		3	1		3	1		1	3	3	2	2	2		1				24
Behavioral Health Program Manager													1									1
Psychiatrist				1	1			1				1	2	1	1			1				9
Radiology Technician	2				2	2		1	1	1	2	2	1	2	2	3		1				22
Assistant Health Services Administrator	1	1	1	1	2	2	1	2	1	1	2	2	1	2	2	2		2	1			27
Advanced Practice Provider	3	2	5	2	13	5	4	10	4	2	9	6	6	10	11	7		9	6			114
Behavior Health Provider	2	3	3	2	20	4	1	6	3	1	4	6	11	6	7	6		7	2			94
Health Services Administrator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1			18
Licensed Practical Nurse/Licensed Vocational Nurse	14	5	6	3	20	7	2	14	7	6	9	12	9	9	17	16		8	4		2	170
Medical Records Technician	5	1	4	2	6	6		6	4	2	4	6	4	6	7	5		6	3		1	78
Nurse Manager	1	1	1	1	2	1	1	1	1	1	1	1	2	1	1	1		1	1			20
Registered Nurse	26	9	16	10	29	19	11	24	18	17	23	25	30	29	30	26		28	16	3	2	391
Clinical Director		1	1	1	1	1	1	1	2	1	1	1	2	1	2	1		1	1	1		21

<b>Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomer</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>San Diego</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Psychiatric Advanced Practice Provider			1			1		2		1	1		3	1	1	3		1				15
Registered Dental Hygienist					1			1	1					1		1		1				6
Registered Nurse - Immunization					5																	5
Psychiatric Registered Nurse													9									9
Psychiatrist – part-time			1				1									1		1				4
Physician (collaborative practice agreement) – part-time				1			1			1	1							1	1			6
Physician – part-time						1																1
Psychiatrist (collaborative practice agreement) – part-time						1																1
<b>Grand Total</b>	<b>62</b>	<b>26</b>	<b>52</b>	<b>34</b>	<b>131</b>	<b>64</b>	<b>30</b>	<b>91</b>	<b>51</b>	<b>42</b>	<b>76</b>	<b>79</b>	<b>102</b>	<b>88</b>	<b>102</b>	<b>89</b>	<b>2</b>	<b>86</b>	<b>45</b>	<b>5</b>	<b>5</b>	<b>1,262</b>

### IHSC Positions Vacant 30 Days or More, as of December 17, 2020

<b>IHSC Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgome</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>San Diego</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>Grand Total</b>
Advanced Practice Provider	1				2	1	1	2	1			2	2	3	2		2	1		20
Assistant Health Services Administrator					2						2				1		1			6
Behavior Health Provider	1				1	3	1	2	2	1	2	3	5	3	3		1			28
Behavior Health Technician			1	1			1								1			1		5
Clinical Director		1			1		1	1	2			1		1	1				1	10
Clinical Services Manager					1															1
Contract Coordinator			1		1			1												3
Dental Assistant			1			1		1		1	1		2	2	1	1	1	1		13
Dentist								1		1						1				3
Facility Health Program Manager						1			1											2
Health Services Administrator	1													1						2
Infection Prevention Officer	1		1																	2
Licensed Practical Nurse/Licensed Vocational Nurse	3	2	3	1	1	1		6	1	3	2	2	1	5	1		4	1		37
Medical Assistant														1						1
Medical Records Technician	1			1		4				1		1	3	1			1			13
Nurse Manager					1	1											1			3
Pharmacist					2					1										3
Physician	1		1			1		3			2	2	1	2						13



<b>IHSC Position</b>	<b>Alexandria</b>	<b>Berks</b>	<b>Buffalo</b>	<b>Caroline</b>	<b>Dilley</b>	<b>El Paso</b>	<b>Elizabeth</b>	<b>Eloy</b>	<b>Florence</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgome</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>San Diego</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>Grand Total</b>
Psych Advanced Practice Provider			1					1		1		1			2		1			7
Psychiatrist				1							1	2	1				1			6
Psychiatrist – part-time			1												1					2
Radiology Technician						1														1
Registered Dental Hygienist													1							1
Registered Nurse	2	1	2	1	1	5	2	2	4	10	6	8	6	3	3		8	5		69
<b>Grand Total</b>	<b>11</b>	<b>4</b>	<b>12</b>	<b>5</b>	<b>13</b>	<b>19</b>	<b>6</b>	<b>20</b>	<b>11</b>	<b>19</b>	<b>16</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>16</b>	<b>2</b>	<b>21</b>	<b>9</b>	<b>1</b>	<b>251</b>

## Appendix C: Fiscal Year 2020 Offsite Referrals by Medical Diagnosis Code

The following table details the diagnoses, categorized by medical diagnosis and International Classification of Diseases, Tenth Revision (ICD-10) code, for which detainees were transported to hospitals, emergency rooms, or other healthcare facilities. The data presents the number of detainees transferred while in U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO), ICE Homeland Security Investigations (HSI), U.S. Customs and Border Protection (CBP) U.S. Border Patrol (USBP), and CBP Office of Field Operations (OFO) custody.

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
A00-A09	Intestinal infectious diseases	7	0	23	0
A10-A19	Tuberculosis	106	0	10	0
A20-A29	Zoonotic bacterial diseases	0	0	4	0
A30-A49	Other bacterial diseases	27	0	31	0
A50-A64	Infections with a predominantly sexual mode of transmission	123	0	3	1
A65-A69	Other spirochetal diseases	0	0	1	0
A70-A74	Other diseases caused by chlamydia	12	0	0	0
A75-A79	Rickettsioses	0	0	0	0
A80-A89	Viral and prion infections of the central nervous system	3	0	0	0
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers	1	0	0	0
B00-B09	Viral infections characterized by skin and mucous membrane lesions	397	0	5	0
B10	Other human herpesviruses	0	0	0	0
B15-B19	Viral hepatitis	251	0	1	0
B20	Human immunodeficiency virus disease	523	0	1	0
B25-B34	Other viral diseases	729	0	29	1
B35-B49	Mycoses	180	0	3	1
B50-B64	Protozoal diseases	10	0	0	0
B65-B83	Helminthiasis	11	0	3	0
B85-B89	Pediculosis, acariasis, and other infestations	3	0	18	0
B90-B94	Sequelae of infectious and parasitic diseases	0	0	0	0
B95-B97	Bacterial and viral infectious agents	136	0	4	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
B99	Other infectious diseases	4	0	0	0
C00-D49	Neoplasms	131	0	2	1
D50-D53	Nutritional anemias	86	0	1	0
D55-D59	Hemolytic anemias	28	0	1	0
D60-64	Aplastic and other anemias and other bone marrow failure syndromes	198	0	5	0
D65-D69	Coagulation defects, purpura, and other hemorrhagic conditions	69	0	1	0
D70-D77	Other disorders of blood and blood-forming organs	73	0	1	0
D80-D89	Certain disorders involving the immune mechanism	16	0	0	0
E00-E07	Disorders of thyroid gland	407	0	1	0
E08-E13	Diabetes mellitus	1,473	0	33	1
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	16	0	1	0
E20-E35	Disorders of other endocrine glands	97	0	0	2
E40-E46	Malnutrition	1	0	0	0
E50-E64	Other nutritional deficiencies	68	0	0	0
E65-E68	Overweight, obesity, and other hyperalimentation	180	0	1	0
E70-E88	Metabolic disorders	922	0	105	0
E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified	5	0	0	0
G00-G09	Inflammatory diseases of the central nervous system	3	0	0	0
G10-G14	Systemic atrophies primarily affecting the central nervous system	2	0	0	0
G20-G26	Extrapyramidal and movement disorders	9	0	1	0
G30-G32	Other degenerative diseases of the nervous system	7	0	1	0
G35-G37	Demyelinating diseases of the central nervous system	6	0	0	0
G40-G47	Episodic and paroxysmal disorders	464	3	34	1
G50-G59	Nerve, nerve root, and plexus disorders	57	0	2	0
G60-G65	Polyneuropathies and other disorders of the peripheral nervous system	6	0	0	0
G70-G73	Diseases of myoneural junction and muscle	3	0	0	0
G80-G83	Cerebral palsy and other paralytic syndromes	21	0	1	0
G89-G99	Other disorders of the nervous system	168	0	21	0
H00-H05	Disorders of eyelid, lacrimal system, and orbit	34	0	2	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
H10-H11	Disorders of conjunctiva	39	0	3	0
H15-H22	Disorders of sclera, cornea, iris, and ciliary body	34	0	1	0
H25-H28	Disorders of lens	84	0	0	0
H30-H36	Disorders of choroid and retina	59	0	1	0
H40-H42	Glaucoma	152	0	0	0
H43-H44	Disorders of vitreous body and globe	30	0	0	0
H46-H47	Disorders of optic nerve and visual pathways	5	0	1	0
H49-H52	Disorders of ocular muscles, binocular movement, accommodation, and refraction	471	0	0	0
H53-H54	Visual disturbances and blindness	617	0	0	0
H55-H57	Other disorders of eye and adnexa	32	0	1	0
H59	Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified	6	0	0	0
H60-H62	Diseases of external ear	7	0	3	0
H65-H75	Diseases of middle ear and mastoid	13	0	9	0
H80-H83	Diseases of inner ear	12	0	1	0
H90-H94	Other disorders of ear	37	0	1	0
I05-I09	Chronic rheumatic heart diseases	1	0	0	2
I10-I16	Hypertensive diseases	2,521	0	23	0
I20-I25	Ischemic heart diseases	128	0	3	0
I26-I28	Pulmonary heart disease and diseases of pulmonary circulation	18	0	4	0
I30-I52	Other forms of heart disease	233	0	6	0
I60-I69	Cerebrovascular diseases	32	0	0	0
I70-I79	Diseases of arteries, arterioles, and capillaries	38	0	0	0
I80-I89	Diseases of veins, lymphatic vessels, and lymph nodes, not elsewhere classified	130	0	0	0
I95-I99	Other and unspecified disorders of the circulatory system	55	0	3	0
J00-J06	Acute upper respiratory infections	339	0	60	6
J09-J18	Influenza and pneumonia	128	0	39	3
J20-J22	Other acute lower respiratory infections	13	0	30	3

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
J30-J39	Other diseases of upper respiratory tract	81	0	4	0
J40-J47	Chronic lower respiratory diseases	218	0	23	0
J60-J70	Lung diseases due to external agents	1	0	0	0
J80-J84	Other respiratory diseases principally affecting the interstitium	19	0	0	0
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract	3	0	0	0
J90-J94	Other diseases of the pleura	21	0	0	0
J96-J99	Other diseases of the respiratory system	25	0	2	0
K00-K14	Diseases of oral cavity and salivary glands	387	0	5	0
K20-K31	Diseases of esophagus, stomach, and duodenum	152	0	10	0
K35-K38	Diseases of appendix	7	0	6	0
K40-K46	Hernia	124	0	2	1
K50-K52	Noninfective enteritis and colitis	14	0	8	0
K55-K64	Other diseases of intestines	106	0	15	1
K65-K68	Diseases of peritoneum and retroperitoneum	1	0	0	0
K70-K77	Diseases of liver	103	0	0	0
K80-K87	Disorders of gallbladder, biliary tract, and pancreas	43	0	0	0
K90-K95	Other diseases of the digestive system	57	0	3	0
L00-L08	Infections of the skin and subcutaneous tissue	250	1	19	0
L10-L14	Bullous disorders	1	0	0	0
L20-L30	Dermatitis and eczema	61	0	7	0
L40-L45	Papulosquamous disorders	13	0	0	0
L49-L54	Urticaria and erythema	11	0	0	0
L55-L59	Radiation-related disorders of the skin and subcutaneous tissue	3	0	0	0
L60-L75	Disorders of skin appendages	135	0	1	0
L76	Intraoperative and postprocedural complications of skin and subcutaneous tissue	1	0	1	0
L80-L89	Other disorders of the skin and subcutaneous tissue	35	0	1	0
M00-M02	Infectious arthropathies	2	0	0	0
M05-M14	Inflammatory polyarthropathies	71	0	2	0
M15-M19	Osteoarthritis	30	0	4	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
M20-M25	Other joint disorders	610	0	29	0
M26-M27	Dentofacial anomalies [including malocclusion] and other disorders of jaw	14	0	2	0
M30-M36	Systemic connective tissue disorders	14	0	0	0
M40-M43	Deforming dorsopathies	7	0	2	0
M45-M49	Spondylopathies	14	0	7	0
M50-M54	Other dorsopathies	346	0	19	0
M60-M63	Disorders of muscles	18	0	18	0
M65-M67	Disorders of synovium and tendon	31	0	1	0
M70-M79	Other soft tissue disorders	255	0	41	2
M80-M85	Disorders of bone density and structure	19	0	8	0
M86-M90	Other osteopathies	0	0	1	0
M91-M94	Chondropathies	0	0	1	0
M95	Other disorders of the musculoskeletal system and connective tissue	0	0	0	0
M96	Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified	0	0	0	0
M99	Biomechanical lesions, not elsewhere classified	0	0	0	0
N00-N08	Glomerular diseases	2	0	0	0
N10-N16	Renal tubulo-interstitial diseases	10	0	0	0
N17-N19	Acute kidney failure and chronic kidney disease	212	0	4	0
N20-N23	Urolithiasis	26	0	3	0
N25-N29	Other disorders of kidney and ureter	10	0	2	0
N30-N39	Other diseases of the urinary system	65	0	53	2
N40-N53	Diseases of male genital organs	226	0	5	0
N60-N65	Disorders of breast	69	0	0	0
N70-N77	Inflammatory diseases of female pelvic organs	15	0	5	0
N80-N98	Noninflammatory disorders of female genital tract	76	0	8	1
N99	Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified	2	0	0	0
O00-O9A	Pregnancy, childbirth, and the puerperium	77	0	49	1

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
P00-P96	Certain conditions originating in the perinatal period	5	0	3	0
Q00-Q07	Congenital malformations of the nervous system	2	0	0	0
Q10-Q18	Congenital malformations of eye, ear, face, and neck	6	0	0	0
Q20-Q28	Congenital malformations of the circulatory system	12	0	0	0
Q35-Q37	Cleft lip and cleft palate	0	0	0	0
Q38-Q45	Other congenital malformations of the digestive system	4	0	0	0
Q50-Q56	Congenital malformations of genital organs	26	0	0	0
Q60-Q64	Congenital malformations of the urinary system	9	0	0	0
Q65-Q79	Congenital malformations and deformations of the musculoskeletal system	20	0	3	0
Q80-Q89	Other congenital malformations	9	0	0	0
R00-R09	Symptoms and signs involving the circulatory and respiratory systems	590	0	71	4
R10-R19	Symptoms and signs involving the digestive system and abdomen	449	0	86	0
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	109	0	22	0
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	19	0	2	0
R30-R39	Symptoms and signs involving the genitourinary system	156	0	4	0
R40-R46	Symptoms and signs involving cognition, perception, emotional state, and behavior	83	0	5	1
R47-R49	Symptoms and signs involving speech and voice	7	0	1	0
R50-R69	General symptoms and signs	8,229	229	7,085	1,074
R70-R79	Abnormal findings on examination of blood, without diagnosis	179	0	17	0
R91-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis	302	0	0	0
R97	Abnormal tumor markers	62	0	0	0
R99	Ill-defined and unknown cause of mortality	0	1	1	0
S00-T88	Injury, poisoning and certain other consequences of external causes	0	0	230	12
V00-Y99	External causes of morbidity	0	0	16	0
Z00-Z13	Persons encountering health services for examinations	1,894	25	6,074	12,879
Z20-Z29	Persons with potential health hazards related to communicable diseases	104	0	3	0

<b>ICD-10 Codes</b>	<b>Medical Diagnosis</b>	<b>ERO</b>	<b>HSI</b>	<b>USBP</b>	<b>OFO</b>
Z30-Z39	Persons encountering health services in circumstances related to reproduction	8	1	66	1
Z40-Z53	Encounters for other specific healthcare	44	1	5	0
Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances	6	0	1	0
Z69-Z76	Persons encountering health services in other circumstances	103	0	6	0
Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status	390	0	17	9



## Appendix D: FY 2020 Significant Detainee Illness (SDI)

In FY 2020, there were 301 instances of SDI.

Number	Significant Detainee Illness
150	Hunger strikes
25	Coronavirus Disease 2019 (COVID-19)-related cases
23	Cancer/rule-out cancers/neoplasms/masses
15	Respiratory failure/pneumonia/rule-out pneumonia/asthma/other lung-related issues
13	Altered mental status/mental health issues/failure to thrive
9	Right front parietal scalp swelling/subarachnoid bleed, subdural hematoma
8	Myocardial infarction, congestive heart failure, and other heart-related issues
5	Alcohol-related issues
5	Cryptogenic stroke, transient ischemic attacks, and other types of strokes
4	Human immunodeficiency virus disease
4	Diabetes
4	Renal failure
4	Seizures
3	Deaths related to COVID-19
3	Hypertension
3	Rule-out tuberculosis
3	Small bowel obstructions
3	Multiple organ system failure, resulting in a code or death
2	Falls/head trauma/traumatic brain injury
2	Hepatitis B/hepatitis failure or related issues
2	Hyperlipidemia
2	Sepsis
2	Sigmoid volvulus/status post-colectomy/colitis
2	Varicella encephalitis
1	Anemia
1	Hemophilia B
1	Meningitis
1	Multinodular goiter
1	Premenopausal menorrhagia
<b>301</b>	<b>Total</b>

*Source:* U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Medical Case Management Unit (MCMU) Medical Care Coordination Program. MCMU Managed Care Coordinators (MCC) oversee care for ICE detainees who are on the Significantly Ill list. MCCs obtain patient care updates from field staff and report SDIs to IHSC leadership, the ICE legal staff, and ICE Enforcement and Removal Operations personnel.

## Appendix E: Abbreviations

<b>Abbreviation</b>	<b>Definition</b>
ADP	Average Daily Population
CBP	U.S. Customs and Border Protection
CFR	Code of Federal Regulations
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
ERO	Enforcement and Removal Operations
FY	Fiscal Year
GS	General Schedule
HQ	Headquarters
HSI	Homeland Security Investigations
ICD-10	International Classification of Diseases, Tenth Revision
ICE	U.S. Immigration and Customs Enforcement
IHSC	ICE Health Service Corps
LOU	Letter of Understanding
MCC	Managed Care Coordinator
MCMU	Medical Case Management Unit
MD	Management Directive
OFO	Office of Field Operations
OGC	DHS Office of General Counsel
PHS	Public Health Service
SDI	Significant Detainee Illness
SLR	Student Loan Repayment
USBP	United States Border Patrol
U.S.C.	United States Code
VA-FSC	Veterans Affairs Financial Services Center