



# Healthcare Costs for Noncitizens in Detention

*July 22, 2022*

Fiscal Year 2021 Report to Congress



**Homeland  
Security**

*U.S. Immigration and Customs Enforcement*

# Message from the Acting Director

July 22, 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 the Joint Explanatory Statement, which accompanies the Fiscal Year (FY) 2021 Department of Homeland Security Appropriations Act.

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

Please direct inquiries related to this report to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tae D. Johnson', with a long horizontal flourish extending to the right.

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 2021 and addresses the following areas:

- An overview of the ICE healthcare system and components that oversee and administer detained noncitizen healthcare;
- A description of the ICE budget and detained noncitizen 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 detained noncitizen healthcare.

The mission of the ICE Health Service Corps (IHSC) 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

## Table of Contents

I.	Legislative Requirement .....	1
II.	Background .....	2
	A. ICE Detention Health Care System. ....	2
	B. Accomplishments.....	4
III.	FY 2021 Detained Noncitizen Healthcare Costs .....	8
	A. Budget Overview .....	8
	B. IHSC Healthcare Workforce.....	9
	C. Offsite Referrals and Care .....	9
IV.	Discussion .....	11
	A. Strategic Initiatives to Strengthen the Detention Healthcare System .....	11
	B. Ongoing Strategic Efforts to Strengthen the Detention Healthcare Workforce .....	11
V.	Conclusion .....	15
VI.	Appendices.....	16
	Appendix A: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Service Corps-Staffed Detention Facilities .....	17
	Appendix B: Fiscal Year 2021 Significant Detainee Illness .....	22
	Appendix C: U.S. Immigration and Customs Enforcement Health Service Corps Fiscal Year 2021 Budget .....	24
	Appendix D: Abbreviations .....	26

# I. Legislative Requirement

This report was compiled in response to the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2021 Department of Homeland Security (DHS) Appropriations Act (P.L. 116-260).

The Joint Explanatory Statement states:

*Healthcare Costs for Immigrants in Detention.*—ICE is directed to provide an annual report on the cost of administering healthcare, including mental health or preventative services, in the detention system. The report shall include all sources of funding utilized to provide healthcare services to individuals in custody, including all such funding provided by HHS under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136), other federal agencies, or state, local, or private sources of funding. The report shall include the number of instances when detainees were transported to hospitals, emergency rooms, or other healthcare facilities and shall note instances of serious medical or mental health conditions, pregnancy, disability, or positive or presumptive cases of communicable diseases impacting more than 100 detainees, along with antibody positive cases for diseases when such tests are available. Further, the report shall detail the number and type of position of medical personnel, including pediatric medical professionals, 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, the report is now an annual requirement.

### A. ICE Detention Health Care System

The ICE Health Service Corps (IHSC) is a component within ICE Enforcement and Removal Operations (ERO) and the only entity within ICE responsible for providing direct healthcare to detained noncitizens. 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 detained noncitizens 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-detained noncitizens.
- The Health Care Compliance Division coordinates continuous quality healthcare to detained noncitizens 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, facilitates facility openings and closures, and supports special operations.
- The Office of the Chief of Staff coordinates across IHSC's divisions to support the agency's communications, investigations, policy, websites, and external information functions.

In FY 2021, IHSC headquarters (HQ) was comprised of 21 units and offices that provided strategic and operational guidance to 21 IHSC-staffed medical facilities/clinics; managed care provided in non-IHSC staffed detention facilities; initiated program and process improvements; monitored healthcare expenditures and the medical claims billing process; and managed the human and fiscal resources necessary to sustain the healthcare system.

In FY 2021, IHSC oversaw healthcare for more than 169,000 detained noncitizens housed in 148 non-IHSC staffed facilities, totaling more than 51,000 beds. While IHSC does not provide the medical care directly provided in non-IHSC staffed facilities, IHSC does manage the compliance of these facilities while adhering to national detention standards as required by the 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 detained noncitizens' medical issues within the directors' areas of responsibility.

IHSC currently pays for medical services provided to detained noncitizens while they are in the custody of ICE ERO, ICE Homeland Security Investigations, and U.S. Customs and Border Protection (CBP)<sup>1</sup>. IHSC insures detained noncitizens 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.

ICE contracts with the Department of Veterans Affairs (VA) 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 521 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.

---

<sup>1</sup> CBP receives appropriated funds to pay detained noncitizen medical care, but leverages ICE mechanisms to pay medical claims for care provided to detained noncitizens in CBP custody. ICE currently pays the expenses and currently is not reimbursed by CBP. ICE is negotiating with CBP to take over direct payment to providers in the future, as ICE is not appropriated funds to support this additional workload.

## B. Accomplishments

In FY 2021, IHSC administered and managed a healthcare system that provided direct care to more than 88,000 detained noncitizens housed at 21 designated facilities throughout the Nation, to include medical, dental, mental health, and public health services. IHSC also oversaw healthcare for more than 169,000 detained noncitizens housed in 148 non-IHSC staffed facilities, totaling more than 51,000 beds. ICE executed a budget exceeding \$315 million on detained noncitizen healthcare in FY 2021, which includes the cost of operating the detention health system administered by IHSC and the cost of detention contracted facilities.

In FY 2021, IHSC continued to evolve to best support ERO, detained noncitizen healthcare needs, and IHSC's organizational and health system functions. IHSC closed the medical facility in York, Pennsylvania, and opened a medical unit at Folkston ICE Processing Center in Folkston, Georgia, on May 10, 2021.

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, ICE created a plan outlining pandemic response requirements (PRR) in early April 2020, which is updated continuously throughout the pandemic to establish clear expectations and to assist facility operators in mitigating the risks related to COVID-19. PRR version 8 was released on April 4, 2022. ERO PRRs are located [here](#) on ICE's public-facing website. IHSC continued to track disease trends and to operate its medical facilities and clinics nationwide, issued real-time guidance for the detention environment, 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.

The workforce began receiving COVID-19 vaccines in January 2021 and began administering vaccinations to detained noncitizens in March 2021. In FY 2021, from the time IHSC began administering vaccines, 33,714 ICE-detained noncitizens received COVID-19 vaccinations at IHSC-staffed and non-IHSC staffed facilities nationwide. The total accounts for vaccine received from the Veterans Health Administration (Johnson & Johnson), as well as state-supplied vaccines (Pfizer, Moderna, and Johnson & Johnson).

The pandemic significantly impacts daily operations. Staff developed processes to conduct remote site visits to ensure facilities' compliance with national detention and accreditation standards. IHSC developed and contributed to policy and guidance documents as requirements evolved and established new procedures to support ongoing testing and vaccination efforts.

The number of special operations missions grew exponentially in FY 2021. Air operations increased by 200 percent since the pandemic began. IHSC supported several special missions to perform COVID-19 testing along the Southwest Border in FY 2021, including for unaccompanied children, the Endeavors contract-operated hotel missions, and family testing at Del Rio, Eagle Pass, and Donna, Texas. Other special missions include COVID-19 testing support at offsite locations and processing centers prior to removals.



Demand for detained noncitizen COVID-19 information significantly increased as well. As of September 30, 2021, IHSC generated 17 reports for a multitude of stakeholders, including ICE ERO, DHS, the White House, and the public. Using data that IHSC-staffed facilities and field medical coordinators report from the field, IHSC's Public Health, Safety, and Preparedness Unit; Health Operations Unit; Health Operations Plans and Programs Unit; Health Information and Technology Unit; Taskings and Program Support Unit; and the Office of the Chief of Staff generated daily or weekly reports throughout the year.

### *1. Strengthened the Healthcare Workforce*

IHSC expanded the agency's capacity to care for ICE-detained noncitizens by hiring and training additional nursing, dental, and infection prevention staff; by training its nurse managers and facility health program managers; by integrating medical assistants into the IHSC staffing model; and by 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 2021, IHSC reviewed and verified credentials for 125 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 2021, to fill critical gaps and to perform essential functions required by the healthcare system. IHSC increased its capacity to recruit, hire, and onboard new federal GS and PHS personnel. In FY 2021, IHSC recruited 70 federal civilian clinicians; managed and distributed more than 1,000 resumes and more than 100 federal certificates to IHSC hiring authorities; and processed 42 salary negotiation and market pay packages. IHSC also procured software to streamline, manage, and track IHSC Personnel Unit recruitments for 569 PHS positions; IHSC onboarded 67 federal clinicians and administrators using this new system.

See Appendix A 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. In FY 2021, 559 IHSC positions remained vacant for 30 days or more. Of these, 40 positions were vacant more than once during this period.

### *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 detained noncitizens' offsite healthcare and services.

In FY 2021, to help ensure that ICE-detained noncitizens receive high-quality offsite care, IHSC signed 155 new agreements or LOUs with community medical providers, which significantly expanded IHSC's provider network and detained noncitizen 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.

Throughout FY 2021, IHSC addressed detained noncitizen medical needs prior to and during transport. Managed care coordinators monitored approximately 4,094 detained noncitizen hospitalizations and 155 significantly ill detained noncitizen cases; and coordinated air ambulance flights for medically complex cases. In FY 2021, IHSC developed and piloted the IHSC Unified Patient Tracking System to track and report significant event notifications, significant detainee illness (SDI), and transgender cases within the IHSC healthcare system.

As good stewards of federal funds, IHSC achieved a cost-avoidance of more than \$12,000 by utilizing more cost-efficient service providers when coordinating two air ambulance flights for medically complex cases. Additionally, IHSC secured prescriptions for approximately 125 detained noncitizens, as appropriate, prior to being transported through international flights.

### *3. Significant Detainee Illnesses*

In FY 2021, IHSC monitored more than 4,094 detained noncitizen hospitalizations and 155 SDIs.

Instances of SDI included hunger strikes; COVID-19-related cases; respiratory failure, pneumonia, asthma, and other lung-related issues; cancers; cardiac disorders; and mental disorders. See Appendix B for a detailed list of SDIs in FY 2021.

SDIs are complex medical cases. Because of case complexity and challenges related to placement, some detained noncitizens with SDIs required care for more than 8 months. The higher level of care required by these individuals incurs a higher cost. IHSC is in the process of working with the Centers of Medicare and Medicaid Services to obtain coverage for noncitizens with SDIs who remain hospitalized or in long-term treatment facilities once released from ERO. Medicaid coverage prevents burdening facilities from bearing the cost of the long-term care once released.

### *4. Pregnancy*

In FY 2021, IHSC made 247 referrals for offsite obstetric services (155 pregnant noncitizens in ICE custody). The U.S. Border Patrol made 2,323 referrals (1,646 pregnant noncitizens) for offsite obstetric care. These data do not include inpatient hospitalizations for active labor and birth.

### *5. Disability*

In FY 2021, IHSC improved services to detained noncitizens with disabilities by training staff to address detained noncitizen disabilities and accommodations proactively, and by promoting detained noncitizen awareness of accommodations available to them. In FY 2021, ICE received 455 disability accommodation notifications, which reported mobility and communication impairments.

IHSC created a training video available to approximately 119 non-IHSC staffed facilities to assist with disability identification and accommodation for detained noncitizens in ICE custody. In FY 2021, 87 percent of IHSC staff completed training in assessment and accommodation for detained noncitizens with disabilities.

### *6. Expanding Behavioral Health Capacity*

ICE has continued to improve its ability to assist detainees with subacute chronic mental health illnesses and specifically to enhance behavioral health staffing and programming with the goal of:

- Decreasing costs associated with psychiatric hospital placements by minimizing obstacles to releasing detainees back to an ERO detention facility;
- Increasing effective participation in the immigration removal process, including active participation in immigration court proceedings; and
- Providing an efficient, timely, and effective means for IHSC and ERO Field Offices to transfer detainees in need of continued mental health treatment.

Established in January 2019, the Krome Behavioral Health Unit (KBHU) provides residential behavioral health services to adult male noncitizens with subacute or chronic mental health conditions. KBHU patients engage in intensive treatment, rehabilitation, and recovery activities to assist their participation in their legal processes aimed at a rapid immigration court case resolution. In FY 2021, the program treated 66 total patients—including 44 new patients—and celebrated 13 treatment completions from the unit. KBHU patients attended a total of 70 court sessions in person and via video teleconference during FY 2021, with only one postponed court appearance (due to a patient being referred for psychiatric hospitalization). Twenty-nine current and former patients were removed to their home countries safely, while an additional 29 current and former patients were released to the community successfully.

Also in FY 2021, IHSC established an enhanced group therapy program at the Adelanto ICE Processing Center. Unlike the KBHU, this behavioral health group programming is available/open to any detained noncitizen at the facility.

### III. FY 2021 Detained Noncitizen Healthcare Costs

#### A. Budget Overview

ICE’s detainee healthcare is provided by IHSC and its healthcare service contractors and partners. ICE spent more than \$338.2 million on detained noncitizen healthcare, which includes \$21.4 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funds. Of the \$338.2 million, IHSC’s detainee healthcare costs totaled approximately \$295.5 million, or 87 percent; whereas ICE’s detention and family residential contract partners spent \$42.7 million, or 13 percent, of ICE’s total FY 2021 cost of detained noncitizen healthcare.

Refer to Appendix C for detailed information budget information.

Funding for offsite referral care, contractor personnel, and PHS Commissioned Corps salaries are the three main cost drivers, accounting for 84 percent cost of the overall budget. The remaining 16 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.

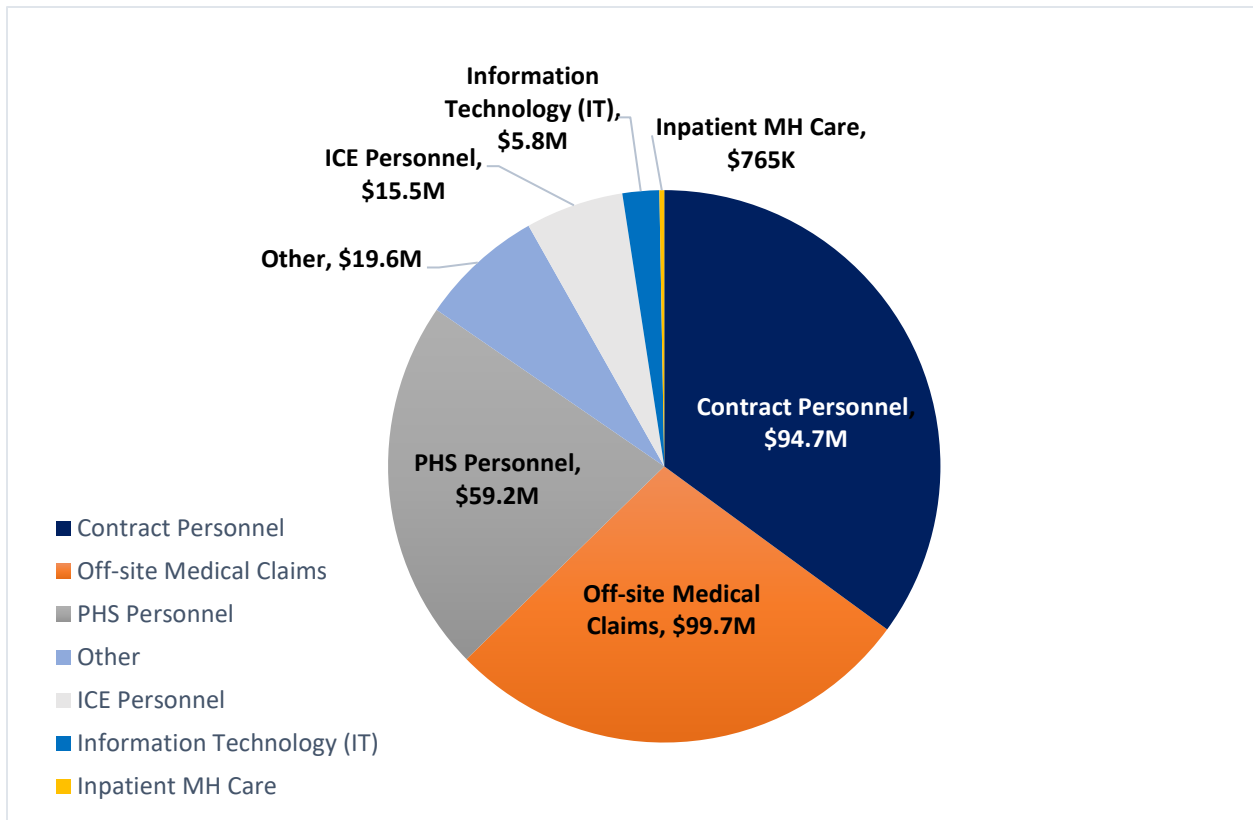
Although FY 2020 was a year with a low average daily population (ADP) because of the COVID-19 pandemic, IHSC’s annual costs increased by 25 percent, and the daily cost per person increased 86 percent. In FY 2021, the trend continued with cost increases amidst a lower ADP.

FY	IHSC Costs	ADP	Daily Cost per Person
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
2021	\$295,512,029	19,467	\$41.59

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

*Source:* Federal Financial Management System, ICE Integrated Data Support. 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 detained noncitizens 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 1.** IHSC Cost Drivers in FY 2021.

*Source:* Federal Financial Management System

## B. IHSC Healthcare Workforce

The IHSC workforce is comprised of approximately 1,700 authorized positions at ICE HQ and in the field. 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 2021 costs for contract staff totaled \$94,740,434.

GS vacancies increased significantly in FY 2020, as IHSC received an additional 172 positions, in 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 2021 costs for GS salaries totaled \$15,524,411.

In FY 2021, the number of PHS positions increased from 469 to 569. FY 2021 costs for PHS salaries totaled \$59,154,707.

## C. Offsite Referrals and Care

ICE reimburses providers, hospitals, and health systems for offsite care provided to detained noncitizens while in ICE and CBP custody. In FY 2021, IHSC adjudicated 85,980 medical claims payments for care delivered to ICE-detained noncitizens by providers outside IHSC-

staffed facilities with a cost of \$42.2 million, as well as 43,354 claims payments for care provided to individuals in CBP custody with a cost of \$50.5 million.<sup>2</sup> These costs cover claims for care provided in FY 2021 as well as in previous fiscal years.

As of October 1, 2021, total disbursements for offsite patient care administered in FY 2021 were \$61.3 million. At the conclusion of FY 2021, the estimated total cost, including VA administrative and other fees, was \$99.7 million. IHSC expects both the number of claims and the total cost for FY 2021 to increase during FY 2022, as providers have 1 year after the date of service to submit medical claims. Based on the 129,334 claims received as of October 1, 2021, the average cost per claim in FY 2021 was \$716. The table below presents data based on the claims paid dataset from the VA-FSC. ICE pays offsite medical claims submitted by ICE and CBP.<sup>3</sup>

FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
\$530	\$489	\$437	\$592	\$716

**Table 2.** Average Offsite Costs, Per Medical Claim.

*Source:* VA-FSC Paid Claims Database

The following table presents data based on claims paid dataset from VA-FSC and is focused only on CBP’s offsite medical claims.

FY	CBP Costs	Claim Count	Average Cost per Claim
2020	\$35,413,218.00	62,826	\$563.67
2021	\$50,475,179.30	43,354	\$1,164.26

**Table 4.** Total Offsite Claims Cost and Average Offsite Cost per Medical Claim per Fiscal Year

*Source:* VA-FSC Paid Claims Data

<sup>2</sup> ICE does not receive appropriated funds to support the additional workload of processing CBP medical claims.

<sup>3</sup> ICE is working with CBP to process payments directly and to reimburse ICE for past expenditures.

## IV. Discussion

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

ICE made tremendous strides between FY 2018-FY 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: enhance and modernize the IHSC health system, achieve efficiencies and cost savings, and enable the workforce to provide the very best healthcare to detained noncitizens in ICE custody.

- *Strengthen the foundation.* IHSC will design and implement the next generation of health system 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.* The field of 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-detained noncitizens 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 onboard 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 Health Care 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, ERO offered the ICE Repayment of Student Loans Program in FY 2021 and FY 2022 for recruitment and retention of some positions, and relocation incentives for nurse practitioners, psychiatric nurse practitioners, physician assistants, and medical officers. ICE would continue to benefit from funding for incentive programs that offer continuing medical education and student loan repayment (SLR) to fill critical clinical positions.

Repayment of federally insured student loans is a powerful recruitment incentive for clinicians to apply for hard-to-fill positions. Enabling certain levels of managers with the authority to offer and approve SLRs is another tool to assist IHSC 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 251-02, Repayment of Student Loans for Recruitment and Retention, May 31, 2007.

*ICE Recruitment Bonuses.* Many ICE positions that provide direct detained noncitizen healthcare in remote locations are hard-to-fill. 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 ICE to 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, Relocation, and Retention Incentives, August 22, 2016; 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 bonuses; 5 CFR Part 575 Subpart C, Retention incentives; and DHS MD 3170.1, Recruitment, Relocation, and Retention Incentives, August 22, 2016.

### 3. *Proposed Legislation*

The following are ongoing legislative proposals submitted for congressional consideration over the past several years and are 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 that 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 Health Care 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, can't travel across state lines to provide care, or can't 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 best to meet the agency's mission needs 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 Defense, Department of Health and Human Services (HHS)(e.g., the Indian Health Service), Department of Justice (e.g., the Bureau of Prisons), and VA. 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 detained noncitizen 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, will minimize reimbursement delays, and will 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.
- *Transfer administrative and financial responsibility for processing CBP medical referrals and medical claims from ICE.* ICE currently administers CBP medical referrals and medical reimbursement without any compensation, oversight, or authority over CBP processes or programs. CBP's programmatic expansion presents an opportunity to transfer ownership of the medical claims process for detained noncitizens under CBP custody properly from ICE to CBP.
- *Strengthen medical oversight of detained noncitizens in contract facilities.* ICE will enhance contractual language with contracted facilities to expand IHSC's authority to ensure the quality of healthcare services for detained noncitizens. 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 detained noncitizens in its care. IHSC continues to: bolster its capacity to address detained noncitizen healthcare needs, oversee care and compliance within non-IHSC staffed facilities, process offsite care efficiently, and support removals and special operations.

To address challenges discussed in this report, ICE 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 CBP's 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 detained noncitizens 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: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Service Corps-Staffed Detention Facilities

Appendix B: Fiscal Year 2021 Significant Detainee Illness

Appendix C: U.S. Immigration and Customs Enforcement Health Service Corps Fiscal Year 2021 Budget

Appendix D: Abbreviations

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

### U.S. Immigration and Customs Enforcement Health Service Corps (IHSC)-Approved Positions, as of September 30, 2021

Position	Alexandria	Berks	Buffalo	Caroline	Dilley	El Paso	Elizabeth	Eloy	Florence	Folkston	Houston	Jena	Krome	Montgomery	Pearsall	Port Isabel	Tacoma	Taylor	Varick	York	Grand Total
Administrative Assistant	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1		20
Advanced Practice Provider	3	2	6	3	13	5	4	10	5	3	9	6	6	10	11	8	9	6			119
Assistant Health Services Administrator	1	1	1	1	2	2	1	2	1	1	2	2	1	2	2	2	2	1			27
Assistant Nurse Manager					1																1
Behavioral Health Technician			1	1		1	1	2			2		3	2	2	1	2	1			19
Behavioral Health Provider	2	3	4	2	20	5	1	6	3	2	4	6	14	6	7	6	7	2			100
Certified Medical Assistant - Immunization					2																2
Clinical Director		1	1	1	1	1	1	1	2	1	1	1	2	1	2	1	1	1	1		21
Clinical Services Manager					1																1
Contract Coordinator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			18
Dental Assistant			2	1	2	2		2		1	2	2	1	2	4	2	2	2			27
Dentist			1	1	2	1		3	1	1	2	1	1	1	2	1	2	1			21
Dentist (part-time)										1											1
Diagnostic Radiologic Technologist	2				2	2		1	1	1	2	2	1	2	2	3	1				22

<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>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Facility Health Program Manager	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			17
Health Services Administrator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			18
Infection Prevention Officer	1		1		1	1		1	1	1	1	1	1	1	1	1	1				14
Licensed Vocational Nurse - Immunization					3																3
Licensed Practical Nurse/Licensed Vocational Nurse	14	5	6	5	20	8	3	16	9	6	9	12	9	9	17	18	8	4		2	180
Medical Assistant	1				2	2		2	1		2	2	2	2	2	2	2				22
Medical Records Technician	5	1	4	2	6	6		6	4	2	4	6	5	6	7	5	7	3		1	80
Nurse Manager	1	1	3	1	2	3	1	3	3	1	3	3	4	3	3	3	3	3			44
Pharmacist	1		2	2	4	1	1	3	1	1	3	2	3	3	2	2	2	1			34
Pharmacy Technician	1		1	1	3	1	1	2	1	1	2	2	3	2	2	2	2	1			28
Physician	1		1		3	1		3	1		1	3	3	2	2	2	1				24
Physician (collaborative practice agreement)				1			1	1		1	1			1			1	1			8
Physician (part-time)						1															1
Psychiatric Advanced Practice Provider			2			1		2	1	1	1		3	1	1	3	2				18
Psychiatric Registered Nurse													9								9
Psychiatrist				1	1	1		1				1	2	1	1		1				10
Psychiatrist (collaborative practice agreement)																					1

<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>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Psychiatrist (part-time)			1				1									1	1				4
Referral Coordinator					2						1	1	1	1	1	1	1				9
Registered Dental Hygienist					1			1	1					1		1	1				6
Registered Nurse	27	9	17	12	29	20	11	26	22	17	25	25	30	29	30	28	28	16	5	2	408
Registered Nurse - Immunization					5																5
<b>Grand Total</b>	<b>64</b>	<b>26</b>	<b>58</b>	<b>39</b>	<b>133</b>	<b>70</b>	<b>31</b>	<b>98</b>	<b>62</b>	<b>46</b>	<b>81</b>	<b>82</b>	<b>108</b>	<b>92</b>	<b>105</b>	<b>97</b>	<b>91</b>	<b>47</b>	<b>7</b>	<b>5</b>	<b>1,342</b>

### IHSC Positions Vacant 30 Days or More, as of September 30, 2021

<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>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomery</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>
Administrative Assistant										1		1							1		3
Advanced Practice Provider	1	3	1	1	2	1	1	7	3	2		2	5	4	9	4	6	1			53
Assistant Health Services Administrator	1			1	2					1		2		1	1	2	1	1			13
Behavioral Health Technician			1	1			1	1					1	1	2	1	1	1			11
Behavioral Health Provider	2	1	1		5	4	1	4	3	2	2	3	7	5	3	3	2	1			49
Clinical Director		1	1		1		1	1	2	1	1		1		1	1			1		13
Clinical Services Manager					2																2
Contract Coordinator			1		1			2	1	1					1						7
Dental Assistant			1			1		2		1	2	1		3	3	1	3	1			19
Dentist								1		1	1										3
Dentist - part time										1											1
Diagnostic Radiologic Technologist						1			1								1				3
Facility Health Program Manager	1					1	1		1	1		1	1								7
Health Services Administrator	1									1					1		1				4
Infection Prevention Officer	1		1		1					1		1			1						6
Licensed Practical Nurse/Licensed Vocational Nurse	10	6	4	3	2	3	1	11	5	6	4	5	5	4	13	12	7	1		2	104
Medical Assistant									1			1			1						3
Medical Records Technician	2				2	5				2	2	4	2	3	2		2	2			28
Nurse Manager					1	2				1				2			2				8
Pharmacist			1		2			1		1	1				1		1				8
Pharmacy Technician									1	1	2		1				2	2			9
Physician	1		1			1		4				4	2	1	3		1				18



<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>Folkston</b>	<b>Houston</b>	<b>Jena</b>	<b>Krome</b>	<b>Montgomery</b>	<b>Pearsall</b>	<b>Port Isabel</b>	<b>Tacoma</b>	<b>Taylor</b>	<b>Varick</b>	<b>York</b>	<b>Grand Total</b>	
Physician (collaborative practice agreement) – part-time				1				1		1				2								5
Psychiatric Advanced Practice Provider			3			1			1	1	1		2			2	3					14
Psychiatric Registered Nurse													2									2
Psychiatrist				1		1						1	2	1			1					7
Psychiatrist – part-time			1													1						2
Referral Coordinator													1	1								2
Registered Dental Hygienist														1		1	1					3
Registered Nurse	4	2	3	6	3	7	5	9	8	17	13	11	14	7	7	11	11	8	2	2		150
<b>Grand Total</b>	<b>24</b>	<b>13</b>	<b>20</b>	<b>14</b>	<b>24</b>	<b>28</b>	<b>11</b>	<b>44</b>	<b>27</b>	<b>44</b>	<b>29</b>	<b>37</b>	<b>46</b>	<b>36</b>	<b>49</b>	<b>39</b>	<b>46</b>	<b>18</b>	<b>4</b>	<b>4</b>		<b>557</b>

\*Note: 40 positions underwent a >30-day vacancy more than once during this period.

## Appendix B: Fiscal Year 2021 Significant Detainee Illness

In Fiscal Year 2021, there were 155 instances of Significant Detainee Illness (SDI).

Number	SDI
48	Hunger strikes
10	Coronavirus Disease 2019 (COVID-19)-related cases
12	Respiratory
9	Pneumonia
9	Cancer
6	Cardiac disorder
5	Mental disorders
4	Stroke
4	Tumor
4	Hemorrhage
3	Altered mental status because of medical conditions
3	Head trauma
3	Sepsis
3	Fracture
3	Wound care
3	Seizure disorder
2	Blood disorder
2	Death related to COVID-19
1	Death related to pneumonia
2	Death related to atherosclerotic cardiovascular disease
1	Death related to gastrointestinal hemorrhage, with contributing factor of hypertensive cardiovascular disease
1	Acquired immunodeficiency syndrome
1	Abscess
1	Cellulitis
1	Diverticulitis
1	Gallstones
1	Hypoglycemia
1	Intestinal infection
1	Pregnant
1	Ruptured ascending aorta
1	Shortness of breath
1	Unspecified third trimester abdominal pain
1	Hematoma
1	Tuberculosis/rule out with other medical problems
1	Rhabdomyolysis/muscle tissue
1	Obstruction of colon
1	Parkinsonism

<b>Number</b>	<b>SDI</b>
1	Paraplegic
1	Anemia
<b>155</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-detained noncitizens who are on the SDI 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 C: U.S. Immigration and Customs Enforcement Health Service Corps Fiscal Year 2021 Budget

<b>Budget Item</b>	<b>Fiscal Year 2021 Actuals</b>	<b>Description</b>
Personnel – General Schedule (GS)	\$15,524,411.00	Civilian payroll for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) federal staff
Personnel – Department of Health and Human Services	\$59,154,707.00	Salaries and benefits for U.S. Public Health Service (PHS) Commissioned Corps Officers
Personnel – Medical Staff Contract	\$94,740,434.00	Contract Medical Personnel
Personnel - Data Analytics Contract	\$989,977.27	Contract support for data analytics operations
Personnel – Deloitte Contract	\$670,725.00	Health care and medical analytic services
Personnel – PHS Relocation Costs	\$2,376,887.17	Average relocation cost: \$380,000 per PHS officer (includes shipment, storage, dislocation allowance, travel)
Department of Veteran's Affairs (VA) Service Level Agreement	\$74,735,814.00	Funding to VA-Financial Service Center to support outside referral care/medical claims processing
Information Technology (IT) Service Level Agreement with ICE Office of the Chief Information Officer	\$5,801,356.30	Electronic health record, Operations and Maintenance contract, Azure cloud support, licenses, policy documenting system, IHSC TRAIN platform
Centers for Disease Control Interagency Agreement	\$600,000.00	Referral tracking of tuberculosis cases
Medical Supplies Blanket Purchase Agreement	\$1,465,000.00	Provides medical supplies to all sites
Lab Corps	\$370,000.00	Laboratory services (collection, analysis, and interpretation)
Lab Corps (Coronavirus Disease 2019 (COVID-19) Testing)	\$2,545,772.72	COVID-19 equipment, testing, and analysis
Abbott (COVID-19 Testing)	\$1,796,901.00	
Language Services	\$2,266,000.00	Language interpretation and translation services
Biohazard Medical Waste	\$221,921.76	Medical waste collection and disposal services
Correct Care Services	\$765,000.00	Behavioral inpatient services at Columbia Care
Teleradiology	\$3,691,454.50	Radiology services (interpretation, radiographs, reporting, storage of images,

<b>Budget Item</b>	<b>Fiscal Year 2021 Actuals</b>	<b>Description</b>
		and annual certification of x-ray machines)
Dosimetry	\$13,210.00	Equipment, monitor/report radiation exposure
Sirona Dental Sensors	\$17,940.00	Annual renewal for Schick Computed Dental Radiography X-Ray sensors at 12 IHSC sites
National Commission on Correctional Health Care	\$65,201.00	Accreditation for 20 IHSC sites
National Care Guidelines	\$184,500.00	Evidence-based clinical care guidelines
U.S. Staffing Licenses	\$8,568.00	Applicant/manager data info storage database
Training	\$15,500.00	Mission-critical training
Travel	\$1,401,374.20	Mission-essential travel
Purchase Cards	\$706,510.00	Funds consumables, annual certification fees, micro-purchases, and training
Other Expenses	\$163,396.08	Miscellaneous transfers to Asset Management Unit (Folkston IT Equipment)
<b>Total</b>	<b>\$270,292,561.00</b>	

## Appendix D: Abbreviations

<b>Abbreviation</b>	<b>Definition</b>
ADP	Average Daily Population
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CBP	U.S. Customs and Border Protection
CFR	Code of Federal Regulations
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
ERO	Office of Enforcement and Removal Operations
FY	Fiscal Year
GS	General Schedule
HHS	Department of Health and Human Services
HQ	Headquarters
ICE	U.S. Immigration and Customs Enforcement
IHSC	ICE Health Service Corps
IT	Information Technology
KBHU	Krome Behavioral Health Unit
LOU	Letters of Understanding
MCC	Managed Care Coordinator
MCMU	(IHSC) Medical Case Management Unit
MD	Management Directive
OGC	DHS Office of General Counsel
PHS	U.S. Public Health Service
PRR	Pandemic Response Requirement
SDI	Significant Detainee Illness
SLR	Student Loan Repayment
U.S.C.	U.S. Code
VA	Department of Veterans Affairs
VA-FSC	Department of Veterans Affairs Financial Services Center