



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

September 25, 2019
(House)

STATEMENT OF ADMINISTRATION POLICY

H.R. 3525 – U.S. Border Patrol Medical Screening Standards Act

(Rep. Underwood, D-IL, and 21 cosponsors)

H.R. 2203 - Homeland Security Improvement Act

(Rep. Escobar, D-TX, and 28 cosponsors)

The Administration strongly opposes passage of H.R. 3525, the U.S. Border Patrol Medical Screening Standards Act, and the Manager's Amendment to H.R. 2203, the Homeland Security Improvement Act. Both bills represent misguided efforts to micromanage the Department of Homeland Security (DHS) and ignore ongoing efforts within DHS to achieve similar objectives. In addition, both bills raise resource concerns and, arguably, could force a diversion of resources away from other DHS responsibilities.

H.R. 3525 purports to require the Secretary of Homeland Security to research additional approaches to providing medical screening to individuals in U.S. Customs and Border Protection (CBP) custody. The bill also purports to require DHS to develop an electronic health record system for use by all DHS components operating along the borders of the United States for individuals in custody. Additionally, the requirement to establish a departmental electronic health record system likely could not be implemented within the allotted 90 days.

The Administration takes seriously the United States Government's obligation to care for those in its custody and to treat individuals with dignity and respect. CBP is working to expand its medical care contracts across the Southwest Border to increase medical assessments upon entering into CBP custody. CBP Directive 2210-003, *CBP Interim Enhanced Medical Efforts (January 2019)*, requires a health interview for anyone in CBP custody under the age of 18, and in some cases, for adults. The directive outlines when a medical assessment is required, and establishes procedures for referrals of those who may require higher levels of medical care. CBP is reviewing its practices related to the care of migrants in its custody and is working to develop a final medical directive. The Administration looks forward to working with the Congress to improve medical care for those in CBP custody.

The Manager's Amendment to H.R. 2203 purports to establish an Office of the Ombudsman for Border and Immigration Enforcement Related Concerns, which would be an independent entity within DHS responsible for assisting individuals in resolving complaints against CBP, U.S. Immigration and Customs Enforcement (ICE), and their associated entities. The duties assigned to this Ombudsman and the context in which this officer would perform such duties would not be akin to other DHS officials who serve in an ombudsman or oversight capacity. Moreover, the Manager's Amendment would vest this Ombudsman with authorities and responsibilities that are currently reserved to, and would needlessly duplicate the functions of, other DHS

officers, such as the DHS Inspector General. Moreover, the Manager's Amendment would require the Ombudsman to appoint a Border Community Liaison in each Border Patrol Sector for the purpose of fostering cooperation between CBP, ICE, and border communities, as well as consulting on policy and program development. CBP and ICE should and do represent themselves before border communities without relying on an independent entity to broker dialogue with their stakeholders. Creating a duplicative office for these purposes could actually reduce DHS's oversight and liaison effectiveness by splintering efforts and obfuscating responsibility.

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