

# **SB365 Testimony Access to Care Act.pdf**

Uploaded by: Aisha Robinson

Position: FAV



**To: The Honorable Melony Griffith (Chair), and Members Senate Finance Committee**  
**From: Richard C. Bohrer, Chair, External Affairs Committee, Primary Care Coalition**  
**Date: February 15, 2023**  
**Subject: Support (with amendments) - SB365 Access to Care Act**

In 2005, the Montgomery County Council and a coalition of safety-net health centers, hospitals and individual health care providers came together to establish Montgomery Cares. In doing so, they made Montgomery County the first county in Maryland to invest in an expansive health care safety-net that offers high quality, culturally sensitive health services to low-income, ethnically diverse residents regardless of their immigration status.

The Primary Care Coalition (PCC) administers a variety of programs including Montgomery Cares and Care for Kids—Montgomery County's principal health safety-net programs—which provided primary care, specialty care referrals, behavioral health, and access to medications to nearly 22,000 adults and 8,000 children in FY2022. The PCC strongly supports the intent of the Access to Care Act. Our following testimony emphasizes our experience operating the Montgomery Cares because the enrollment structure and eligibility discussions we have had most similarly resemble the details of the Access to Care Act.

Montgomery Cares is a publicly funded, privately managed partnership among 10 independent safety-net health centers, four hospital systems, individual specialty care providers, and the Montgomery County Department of Health and Human Services. From the time of its inception, Montgomery Cares grew steadily and saw only a small dip (5 percent) in the number of participants receiving services between Fiscal Year 2013 and Fiscal Year 2014—when the Affordable Care Act extended coverage to previously uninsured residents. This pattern of utilization illustrates the ongoing demand for health services for uninsured residents even after the Affordable Care Act (ACA) was first introduced. Thousands of Maryland residents have remained uninsured for a variety of reasons, including:

- They are legally present in the United States but do not meet the 5-year residency requirement to qualify for Medicaid.
- They have complicated immigration statuses, such as asylum seekers with pending immigration cases.
- They earn too much to qualify for Medicaid but cannot afford to pay the monthly premiums associated with even the least expensive Qualified Health Plan or could not afford the deductible if health care is accessed.
- They are undocumented and ineligible for Medicaid or Qualified Health Plan Subsidies.

Importantly, improving access to affordable health coverage helps to reduce the costs of healthcare provided in hospital emergency departments by providing a reasonable community-based alternative. In addition to reducing strain on already overwhelmed hospital emergency departments, the economic return on investing in primary and preventive health care for our uninsured neighbors has been impressive. Improving access to care improves resident's participation in economic life. Absenteeism, lost productivity while at work for the employed population, exit from the workforce due to disease-related disability, and lost productivity due to mortality can all be reduced by investing in appropriate primary and

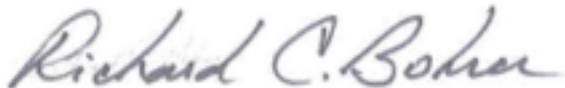
preventive care. For example, PCC's analysis of expectant value return on investment<sup>1</sup> for diabetes control for Montgomery Cares diabetic population in FY22 saw a return of \$11.56 and a \$3.45 return was realized for every dollar invested in hypertension control for our patients.

Based on our years of experience operating healthcare access initiatives for residents historically excluded from health benefits programs due to their immigration status, we recommend amendments to ensure the goal of achieving access to affordable health care for all of our neighbors is achieved.

- 1) Designate funds within Maryland Medicaid program to expand coverage to undocumented immigrants below 138% FPL. While any improved access to coverage is of benefit, a structure that requires immigrants of low-income to pay any premium amount (even if subsidized) institutionalizes economic inequity between those who are currently Medicaid eligible and those who are not.
- 2) Evaluate approaches for providing premium assistance and cost sharing reductions for "Qualified Residents" if a federal 1332 waiver is not approved.
- 3) Codify involvement of trusted community based organizations in program implementation and allocate resources to provide patient application assistance to address linguistic and cultural barriers to navigating the U.S. healthcare system for "Qualified Residents;" and consider measures to assure consumer protection for participating "Qualified Residents" who may be wary of participating in government run programs either as a result of their experiences in countries of origin or due to concern that use of such a program would impact their future immigration proceedings.

The Primary Care Coalition is strongly supportive of the intent of this legislation and is more than happy to share information and perspectives based on our years of experience administering health care access programming for our immigrant neighbors.

Sincerely,



Richard C. Bohrer  
Chair, External Affairs Committee  
Primary Care Coalition

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<sup>1</sup> The anticipated average value for the investment at an anticipated future date based on the economic value of quality adjusted life years for the population.

# **SB 365\_ Qualified Resident Enrollment Program\_Suppo**

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

February 15, 2023

The Honorable Melony Griffith  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 365 – Support**

Dear Chair Griffith and Members of the Committee:

Kaiser Permanente is pleased to support SB 365, Health Insurance – Qualified Resident State Subsidy Program (Access to Care Act).

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

Kaiser Permanente provides care and coverage to undocumented immigrants in California, Oregon, Washington, Colorado and the District of Columbia, and provides care to undocumented immigrants in Maryland through our charitable care program.

Undocumented immigrants are at high risk of being uninsured because they have limited access to coverage options. Their high uninsured rates reflect limited access to employer-sponsored insurance and eligibility restrictions that bar them from participating in Medicare, Medicaid, the Children’s Health Insurance Program, and the Affordable Care Act marketplaces. Additionally, certain lawfully present immigrants lack access to affordable health coverage, such as those who have been in the United States for less than five years.

We support extending coverage for noncitizens who would otherwise be eligible for coverage but for their immigration status. We especially endorse this effort to expand coverage in response to the significant burden immigrants have faced during the pandemic. COVID-19 has taken a heavy toll on immigrants, who are disproportionately frontline workers, making them particularly vulnerable to the virus.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

Kaiser Permanente  
Comments on SB 365  
February 15, 2023

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Permanente

**2023 GBCC SB 365 Support.pdf**

Uploaded by: Ashlie Bagwell

Position: FAV



**Testimony on behalf of the Greater Bethesda Chamber of Commerce**

*In Support of*

*Senate Bill 365—Health Insurance—Qualified Resident Enrollment Program (Access to Care Act)*

*Wednesday, February 15, 2023*

*Senate Finance Committee*

The Greater Bethesda Chamber of Commerce (GBCC) was founded in 1926. Since then, the organization has grown to more than 550 businesses located throughout the Greater Bethesda area and beyond. On behalf of these members, we appreciate the opportunity to provide written comments on Senate Bill 365—Health Insurance—Qualified Resident Enrollment Program (Access to Care Act).

The Greater Bethesda Chamber has been a long-time supporter of policy measures aimed at increasing access to health care for our members and other small businesses. Because of the high cost of health care in the United States, small businesses and nonprofits are often unable to provide employer-funded health insurance plans for employees. Senate Bill 365 requires the Maryland Health Benefit Exchange, together with the Maryland Insurance Administration, to submit a federal State Innovation Waiver to seek to establish a Qualified Resident State Subsidy Program and request federal pass-through funding to allow “qualified residents” to obtain coverage, including state premium assistance and costing-sharing reductions. This bill would increase access to health care services for individuals, regardless of immigration status, who may not be eligible for other coverage.

For this reason, we enthusiastically support Senate Bill 365 and urge a favorable vote.



# **2023 Legislation - SB 365 -Qualified Residents Acc**

Uploaded by: Ben Steffen

Position: FAV



February 15, 2023

The Honorable Melony Griffith  
Chair  
Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**Re: SB 365 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) - Letter of Support**

Dear Chair Griffith and Committee Members,

The Maryland Health Care Commission (MHCC) is submitting this letter in support for *SB 365 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. SB 365 alters the purpose of the Maryland Health Benefit Exchange (MHBE) Fund to include the provision of funding for the establishment and operation of the Qualified Resident Enrollment Program. The bill requires the MHBE to make qualified plans available to qualified residents and to establish and implement the Qualified Resident Enrollment Program. In addition, allowing qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents. Lastly, the implementation of the Qualified Resident Enrollment Program is contingent on approval of the federal State Innovation Waiver application amendment. Beginning January 1, 2025, funding for the program may be made using any federal pass-through funds received under an approved federal waiver and any funds designated by the federal or State government to provide health coverage for qualified residents.

The Maryland Health Care Commission believes that all Maryland residents should have access to health care. With the passage of the Affordable Healthcare Act and the expansion of Medicaid the number of uninsured individuals in the state has gone down. However, there remains a significant number of individuals who are uninsured because of their status as non-citizens and therefore they are not eligible for certain programs where they could obtain needed healthcare. One way to ensure access is by allowing all Maryland residents, regardless of residency status, the opportunity to purchase health coverage through the Maryland Health Benefit Exchange (MHBE).

In their 2021 Joint Chairmen’s Report the MHBE noted several options that the State could pursue to expand health care coverage to this undocumented immigrant population. All of the options noted have costs associated with them. Under SB 365 the MHBE is required to apply for in consultation with the Insurance Commissioner and as approved by the MHBE Board, to submit a federal State Innovation Waiver (1332 waiver) application by July 1, 2023. The waiver application must seek to establish a Qualified Resident State Subsidy Program and request federal pass-through funding to

allow “qualified residents” to obtain coverage, including State premium assistance and cost-sharing reductions (CSRs), through MHBE. Premium assistance, cost-sharing reductions, and potentially a state-only Medicaid expansion are all key components of a broad-based coverage expansion attractive to “qualified residents” of Maryland. Funding commitments must be adequate and sustainable if “qualified residents” are to enroll. This will require careful balancing of State health insurance coverage priorities including this expansion, the reinsurance program, and subsidy program for young adults. Maryland is a prosperous State, MHCC believes the General Assembly can balance these priorities without undo dependence on federal funds or the imposition of an excessive burden on taxpayers.

If you would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at [ben.steffen@maryland.gov](mailto:ben.steffen@maryland.gov) or Tracey DeShields, Director of Policy Development and External Affairs at [tracey.deshields2@maryland.gov](mailto:tracey.deshields2@maryland.gov).

Sincerely,



Ben Steffen,  
Executive Director



# **SB 365- Health Insurance- Qualified Resident Enrol**

Uploaded by: Brian Sims

Position: FAV



Maryland  
Hospital Association

**Senate Bill 365 -  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**Position: *Support***  
February 15, 2023  
Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 365. Broad-based, affordable, and comprehensive health insurance is integral to hospitals' ability to deliver high-quality care. It also is key to the state's success under the Total Cost of Care Model.

Maryland hospitals are strong proponents of the state's efforts to expand health care coverage, including through Medicaid and subsidized individual and small group health plans through the Maryland Health Benefit Exchange (MHBE). Yet, we know many Marylanders remain uninsured. These individuals are often forced to seek care in emergency departments when their medical conditions should have been addressed long before they experience an emergency.

MHBE estimates that as of 2019 approximately 357,000 individuals remain uninsured in Maryland, approximately 35% whom are either ineligible for coverage through Medicaid or the individual market due to immigration status (about 115,900 individuals). SB 365 closes the loop on this population and ensures affordability for the available options.

Additionally, MHBE projects this coverage expansion can reduce overall individual market premiums. By their own estimates, the subsidy program envisioned in SB 365 could result in reductions of about 2 to 4% per year.

As part of the focus on affordability, we also encourage policymakers to address any barriers to accessing meaningful and comprehensive health care coverage. Enhanced health insurance literacy efforts are critical in light of growing consumer cost-sharing requirements in commercial health insurance plans.

For more information, please contact:  
Brian Sims, Vice President, Quality & Equity  
Bsims@mhaonline.org

**SB0365 Access to Care Act FAV.pdf**

Uploaded by: Cecilia Plante

Position: FAV



## TESTIMONY FOR SB0365

### Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

**Bill Sponsor:** Senator Lam

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Cecilia Plante, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0365 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of individuals and grassroots groups with members in every district in the state. We have over 30,000 members across the state.

Everyone should have health care. The price for health care services and medications is outrageously high. Without having basic health care, simple illnesses go unchecked and because individuals without health care do not see a doctor except in emergencies, those illnesses can force the individual into bankruptcy. In many cases, just getting lifesaving medicine is a choice between eating and paying rent, and getting the medicine.

This bill would open up the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of immigration status. This bill would also create a subsidy program with the funds necessary to cover new enrollees.

Our members think this bill is more than necessary. It is potentially life-saving for many residents of the state. We support the bill and we recommend a **FAVORABLE** report in Committee.

**SB0365\_Daniel Ring\_FOR--.pdf**

Uploaded by: Daniel Ring

Position: FAV



February 15, 2023  
Daniel Ring  
Rockville, MD 20853

**TESTIMONY ON SB0365- POSITION: FAVORABLE**

**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Senator Griffith, Senator Klausmeier, and members of the Finance Committee

**FROM:** Daniel Ring

**My name is Daniel Ring. I am a resident of District 19. I am submitting this testimony in support of Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).**

As a teacher of adolescent English learners, I know the detrimental impact on families and children when people don't have access to health insurance. I have seen students drop out of school in order to work to pay for medical treatments for their undocumented relatives. I have seen sick children too fearful to go to the hospital or doctor because of immigration status. And I've seen kids with normal childhood issues have those issues neglected, leading to a worsening situation, all because they don't have access to insurance due to their immigration status.

It is imperative that all Marylanders have the right to access quality health insurance. How does it make sense that the undocumented worker preparing your food can't get reasonable health insurance? How does it make sense that people are denied insurance coverage by the government plans simply because of where and when they were born? It doesn't. As we have seen from the pandemic, it doesn't matter who you are or where you are from, because health issues affect us all in society. We must do our best to make sure that all Marylanders can purchase insurance from the healthcare exchange, regardless of immigration status.

**I respectfully urge this committee to return a favorable report on SB0365.**

# **SB0365\_FAV\_MedChi, MACHC\_HI - Qual. Res. Enrollmen**

Uploaded by: Danna Kauffman

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS

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*The Maryland State Medical Society*  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org

TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Clarence K. Lam

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

DATE: February 15, 2023

RE: **SUPPORT** – Senate Bill 365 – *Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)*

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On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 365. Senate Bill 365 requires the Maryland Health Benefit Exchange (MHBE), in consultation with the Insurance Commissioner and as approved by the MHBE Board, to submit a federal State Innovation Waiver application by July 1, 2024, to establish a Qualified Resident State Subsidy Program. The application must include a request for a federal pass-through funding to allow “qualified residents” to obtain coverage, including State premium assistance and cost-sharing reductions. If the waiver is approved, MHBE, in consultation with the Commissioner and as approved by the MHBE Board, must establish and implement the program.

Maryland has worked hard to provide health insurance coverage to its residents, resulting in an uninsured rate of approximately six percent. However, for those still without coverage, they face uncertainty and too often receive care in settings inappropriate for their condition, such as emergency departments, or only after their condition has worsened and more expensive and invasive treatment is necessary. Access to primary care and other health care services will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately help our communities.

For these reasons, we urge a favorable vote on Senate Bill 365.

# **SB 365 Support - CareFirst Testimony.pdf**

Uploaded by: Deborah Rivkin

Position: FAV

**Deborah Rivkin**  
Vice President  
Government Affairs – Maryland

**CareFirst BlueCross BlueShield**  
1501 S. Clinton Street, Suite 700  
Baltimore, MD 21224-5744  
Tel. 410-528-7054  
Fax 410-528-7981



**SB 365 – Health Insurance – Qualified Resident Enrollment Program  
(Access to Care Act)**

**Position: Support**

Thank you for the opportunity to provide written comments in support of Senate Bill 365. This bill alters the purpose of the Maryland Health Benefit Exchange (MHBE) Fund to include the provision of funding for the establishment and operation of the Qualified Resident Enrollment Program. It also requires MHBE to establish and implement the Program to allow qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and, based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents.

CareFirst strongly supports the creation of a Qualified Resident Enrollment Program in Maryland, as we know people without insurance coverage have worse access to care than those who are insured. We also know when people do not have insurance, the cost of care can be debilitating. In 2021, uninsured nonelderly adults were over twice as likely as those with private coverage to have had problems paying medical bills in the past 12 months (Kaiser Family Foundation). The Qualified Resident Enrollment Program established by Senate Bill 365 would create a life-changing opportunity for many to access health insurance coverage. This Program would also improve health equity as data shows that coverage expansions narrow racial and ethnic health disparities.

Part of CareFirst’s mission is to assist and advocate for public and private healthcare initiatives for individuals without health insurance. We have invested more than 26 million dollars to improve overall health and increase the accessibility, affordability, safety, and quality of health care throughout our service area. CareFirst looks forward to partnering with stakeholders to secure a long-term, sustainable funding source to ensure the success and affordability of the Qualified Resident Enrollment Program. We are proud to support Senate Bill 365 as it will improve the health and well-being of more Marylanders, as well as reduce racial and ethnic health disparities.

**We urge a favorable report.**

**About CareFirst BlueCross BlueShield**

*As the largest healthcare insurer in the Mid-Atlantic region, CareFirst provides health insurance products and administrative services to 3.6 million individuals and employers in Maryland, the District of Columbia, and Northern Virginia. We participate in the individual, small group, and large employer markets, as well as in Medicare and Medicaid. CareFirst is Maryland’s only nonprofit health service plan and consistent with our not-for-profit mission, we are committed to improving the overall health of the communities we serve, and increasing the accessibility, affordability, safety, and quality of healthcare throughout our service area.*

*To learn more about CareFirst BlueCross BlueShield, visit our website at [www.carefirst.com](http://www.carefirst.com) and our transforming healthcare page at [www.carefirst.com/transformation](http://www.carefirst.com/transformation), or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), or [Instagram](#).*

**EMD HB588 SB365 2023.pdf**

Uploaded by: End Medical Debt Maryland

Position: FAV



# END MEDICAL DEBT MARYLAND

## Testimony on SB365/HB588 Access to Care Act Position: **FWA**

To Members of the House Health & Government Operations and Senate Finance Committees,

We are End Medical Debt Maryland, a statewide coalition of nearly 70 organizations and dozens of volunteers. Our members are labor unions, faith leaders, patients, health justice advocates, consumer rights proponents, lawyers, healthcare workers, and community members impacted by medical debt. Collectively, we represent over 350,000 Marylanders. Our coalition's goal is clear: we fight for legislation that will ultimately end medical debt. **We endorse HB588/SB365**, Access to Care Act, and we urge the committees to issue a FAVORABLE report. We support the proposed **amendment** that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

This legislation would open up the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, and create a subsidy program that would have the funds necessary to cover new enrollees.

Having access to health insurance through the Maryland Health Benefit Exchange and a subsidy program will enable more Marylanders who are immigrants to afford health insurance. **Expanding affordable health insurance to all Marylanders is an important step towards our Coalition's ultimate goal to end medical debt.** We believe it is crucial that the State expands the Maryland Health Benefit Exchange because it will allow immigrants to have a health insurance plan that is not necessarily linked to their employment status. Affordable healthcare should be accessible to all Marylanders no matter their immigration or employment status.

### **BACKGROUND**

In Maryland, there are over 275K undocumented immigrants who are ineligible for care through the Maryland Health Exchange. Multiple states across the country have established comprehensive care programs to extend coverage to immigrants

regardless of their immigration status. This has had the highest impact in Black and Latino residents, who have become sicker, have been hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

## **WHY HB HB588/SB365 MATTERS TODAY**

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. With this bill, Maryland would become a safer and healthier place for all its residents. It would ensure that individuals have access to primary care, resulting in higher rates of early detection and better long term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates. We urge a favorable report for HB588/SB365 with the proposed amendment to ensure newly qualified individuals receive the same subsidy rate as others covered under the ACA.

Brige Dumais (they/them)

443-243-2078, [brigette.dumais@1199.org](mailto:brigette.dumais@1199.org)

*Submitted on behalf of End Medical Debt Maryland*



**SB0365.Support.pdf**

Uploaded by: Heather Forsyth

Position: FAV

**ANTHONY G. BROWN**  
*Attorney General*



**CANDACE McLAREN LANHAM**  
*Chief of Staff*

**CAROLYN A. QUATROCKI**  
*Deputy Attorney General*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

FACSIMILE NO.

410.576.6571

WRITER'S DIRECT DIAL NO.

410.576.6513

February 14, 2023

**TO:** The Honorable Melony Griffith, Chair  
Senate Finance Committee  
**FROM:** Office of the Attorney General  
**RE:** SB0365 – Health Insurance - Qualified Resident Enrollment Program  
(Access to Care Act): **Support**

The Office of the Attorney General supports the Access to Care Act which would allow qualified residents, as defined by the Act, to purchase plans on the Maryland Health Benefit Exchange regardless of immigration status. A subsidy program to help reduce the cost of coverage would be funded with pass-through funds from the federal government. The Act requires the MHBE to apply for a State Innovation Waiver and if approved, establish and implement the program.

The number of Marylanders without insurance coverage has reduced dramatically since the passage of the Affordable Care Act, but the estimated 275,000 undocumented immigrants who reside in Maryland and share our schools, workplaces, and neighborhoods are unable to obtain health care coverage due to current state and federal laws which lock them out of eligibility for even full-price coverage. Lack of quality, affordable health care places these friends, coworkers, and neighbors at risk of preventable illnesses which then impacts their opportunities for education, work, and housing.

This Act would effectively provide qualified residents essential access to healthcare services, reduce inequities, decrease the uninsured rate, decrease emergency care costs, and ultimately improve public health and health outcomes for all Maryland residents.

Support of the Access to Care Act is consistent with the goals and priorities of the Office of the Attorney General to promote policies and initiatives that combat systemic inequities and protect the rights, responsibilities, and privileges of all Marylanders.

We urge the Committee's favorable support of SB0365, Access to Care Act.

cc: Senator Lam

# **WDC 2023 Testimony SB0365\_Final.pdf**

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND  
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

[www.womensdemocraticclub.org](http://www.womensdemocraticclub.org)

**Senate Bill 365  
Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)  
Finance Committee – February 15, 2023  
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club** (WDC) for the 2023 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

**WDC urges the passage of SB0365 to extend access to health care to qualified Maryland residents.**

The need for this bill is clear, and urgent. A September 2022 report from the National Immigration Forum<sup>1</sup> notes that under current law undocumented immigrants, immigrants without permanent residency status such as DACA recipients, Temporary Protected Status (TPS) holders, and nonimmigrant visa holders, are ineligible for most federal and state healthcare programs. One exception is the federal Emergency Medical Treatment and Labor Act which provides that every patient, regardless of immigration status, has access to emergency medical care. The Special Supplemental Nutrition program for Women, Infants and Children (WIC) also provides limited nutritional services and health care.

According to a May 2022 report by La Clinica del Pueblo<sup>2</sup> approximately 225,000 to 275,000 Maryland residents are without access to health care due to their immigration status, including 27,500 Temporary Protected Status holders. Many residents categorized as immigrants who do not have access to healthcare are front-line workers providing essential services in grocery stores, restaurants, retail stores, and construction. Again, citing the La Clinica del Pueblo report, 31% are immigrants from El Salvador, 14% from Guatemala, 9% from Honduras, and 9% from Mexico. They work low wage jobs where their employers may not offer health insurance or if they do, it is unaffordable. As a result, many of these Maryland residents only seek care in an emergency or defer routine care, leaving treatable conditions to worsen.

As advocates for women and children, WDC members find this situation to be unacceptable. Our communities will thrive when everyone can have their health care needs met in a timely manner. **We ask for your support for SB0365 and strongly urge a favorable Committee report.**

Diana E. Conway  
WDC President

Sharon H. Cranford  
WDC Advocacy Committee

<sup>1</sup> Fact Sheet: Undocumented Immigrants and Federal Health Care Benefits, September 21, 2022

<https://immigrationforum.org/article/fact-sheet-undocumented-immigrants-and-federal-health-care-benefits/>

<sup>2</sup> Advancing Health Access Solutions for Immigrants in Maryland, May 23, 2022. <https://lclcdp.org/news-and-stories/stories/advancing-health-access-solutions-for-immigrants-in-maryland>

**SB 0365 - Favorable.pdf**

Uploaded by: Kenneth Phelps, Jr.

Position: FAV



**TESTIMONY IN SUPPORT OF SB0365**

**Health Insurance - Qualified Resident Enrollment Program  
(Access to Care Act)**

**FAVORABLE**

**TO:** Senator Melony Griffith, Chair. Senator Katherine Klausmeier and members of the Senate Finance Committee

**FROM:** Rev. Kenneth Phelps, Jr., Maryland Episcopal Public Policy Network

**DATE:** February 15, 2023

The Episcopal Church supports comprehensive health care and recognizes the need for universal and equitable access for all. General Convention urges Episcopalians to advocate for adequate health care, along with nutrition and housing, as human rights that should be provided to all those residing in our nation, including immigrants, undocumented or otherwise. This advocacy on a number of healthcare policy asks is viewed as a Church ministry and as a way to promote healthy American communities.

Although Maryland has taken bold steps toward ensuring everyone has access to care, the immigrant community has been left behind. Unfortunately, 275K+ undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange (MHBE) due to their immigration status. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status. SB365 also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care.



SB365 is not only critical legislation for our undocumented community, but it is also sound policy for the state. According to the 2022 fiscal analysis for the same proposal, SB365 would reduce premiums in the individual market by 2.3% in the first year it is enacted. Furthermore, having access to the individual marketplace and a doctor will decrease the number of emergency room visits that uninsured individuals with illnesses make. Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care, which happens to be the promise that all Episcopalians make at their baptism.

The Diocese of Maryland requests a Favorable report



**SB0365\_HorizonFoundation\_FAV.pdf**

Uploaded by: Kerry Darragh

Position: FAV



BOARD OF TRUSTEES

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Chair

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February 15, 2023

**COMMITTEE:** Senate Finance Committee

**BILL:** SB 365 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

**POSITION:** Support

The Horizon Foundation is Howard County’s community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

**The Foundation is pleased to support SB 365 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).**

SB 365 allows all Marylanders to access the Maryland Health Benefit Exchange (Maryland’s Affordable Care Act marketplace), regardless of their immigration status. Moreover, the bill includes subsidies to assist newly eligible Marylanders in procuring and maintaining health insurance coverage.

Throughout Maryland, over 275,000 undocumented immigrants are unable to access the state’s Health Benefit Exchange. Maryland lags behind its progressive peer states in offering subsidized coverage to these communities who contribute so much to our economy and culture, including over \$240 million in tax revenue nationwide. Undocumented workers often operate on the frontlines of our economy, holding positions critical to developing our infrastructure and keeping our small businesses afloat. These workers are often more vulnerable to illness, hospitalization, and death – worsening health disparities among Black and Latino residents.

Health equity is a priority for the Horizon Foundation. Along with a broad coalition of health providers, grassroots advocacy organizations, and health institutions, the Foundation pressed for the successful adoption of the Healthy Babies Equity Act (Chapter 28 of 2022), which will extend comprehensive medical care and other health care services to certain undocumented pregnant women and their children.

Locally, the Horizon Foundation helped convene the Howard County Health Justice Coalition, a similarly broad collection of individuals and organizations. The Health Justice Coalition successfully secured \$1.3 million in local funding to ensure vital prenatal and postpartum care is available and affordable for uninsured and underinsured women and children in Howard County and that together we work to increase the percentage of children born at a healthy weight.

The Horizon Foundation recognizes the need to offer affordable and reliable healthcare to all Marylanders, regardless of their immigration status. SB 365 will grant uninsured immigrant residents an opportunity to finally gain access to private health care coverage that has been available to other residents for nearly a decade. For this reason, the Horizon Foundation **SUPPORTS SB 365** and urges a **FAVORABLE** report.

Thank you for your consideration.

# **sb365- qualified resident enrollment, subsidies- M**

Uploaded by: Lee Hudson

Position: FAV



**Delaware-Maryland Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

Testimony Prepared for the  
**Finance Committee**

on

**Senate Bill 365**

February 15, 2023

Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to speak in favor of expanding access to health care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations with three judicatories across all regions of our State.

Our community advocates access to appropriate, adequate, and affordable health care *for all people in the United States and its territories* ("Caring for Health," ELCA, 2003).

**Senate Bill 365** will expand access to appropriate health care by extending eligibility for insurance product on the Maryland Health Exchange to all qualified residents in the State. Those in the midst of status procedures, those living and working in Maryland, those therefore participating in the economy and paying their fair share, should not be denied access to health care. Doubtless they will need and seek medical services.

These can be people that struggle to afford health care and, lacking adequate insurance, the result will be excess health costs from uncompensated care, the hidden tax allocated on the medical care market.

The testimony of my community remains that denying access to care and treatment does not save money. It does not even save health care dollars because it ignores the cost of poor health outcomes. **Senate Bill 365** will admit more people to the cohort of the covered, appropriately distributing the real cost of care across a larger population. That benefits consumers, carriers, providers, and the State.

**Senate Bill 365** also makes subsidies on the Exchange available as revenue allows. This will be a requisite for a successful expansion. While we would prefer that revenue sufficient to expanded access were identified, making sure that qualified residents can afford the product for which they may be eligible will advance an equity aim of our position of care *for all people in the United States and its territories*. We are seeking your favorable report.

Lee Hudson

**SB365\_MoCo\_Frey\_SUPPORT.pdf**

Uploaded by: Leslie Frey

Position: FAV



# Montgomery County

## Office of Intergovernmental Relations

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**ROCKVILLE: 240-777-6550**

**ANNAPOLIS: 240-777-8270**

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**SB 365**

**DATE: February 15, 2023**

**SPONSOR: Senator Lam**

**ASSIGNED TO: Finance**

**CONTACT PERSON: Leslie Frey** (leslie.frey@montgomerycountymd.gov)

**POSITION: SUPPORT**

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### **Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

Senate Bill 365 bill requires the Maryland Health Benefit Exchange (MHBE) to submit a federal State Innovation Waiver application to CMS by July 1, 2024. The waiver application must seek to establish a Qualified Resident Enrollment Program and request federal pass-through funding to allow “qualified residents” to obtain coverage, including State premium assistance and cost-sharing reductions, through MHBE. Under the bill, qualified residents are individuals, including minor children, regardless of immigration status, who at the time of enrollment: are seeking to enroll in a qualified health plan offered through the MHBE; residing in the State; are not incarcerated, other than incarceration pending disposition of charges; and are not eligible for the federal premium tax credit, the Maryland Medical Assistance Program, Medicare, the Maryland Children’s Health Plan, or employer-sponsored minimum essential coverage. Contingent upon approval, MHBE must establish and implement the Qualified Resident Enrollment program. Beginning January 1, 2024, funding for the program may be made using any federal pass-through funds received under an approved federal waiver and any funds designated by the federal or State government to provide health coverage for qualified residents.

Montgomery County believes that Maryland residents who would be served by Senate Bill 365 should have access to health care. Montgomery County has been providing County-funded health care services to low-income, uninsured County residents through our Montgomery Cares program, Maternity Partnership Program, and Care for Kids Program for decades. Through public-private partnerships, the County programs provide primary health care services for low-income uninsured, children, adults, pregnant women and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. Senate Bill 365 would enable access to similar medical care and other services to residents across the state, as well as offer the Marylanders identified in the bill the peace of mind that they are covered by health insurance.

Montgomery County Government has demonstrated its commitment to ensuring residents who are not eligible for Medicaid, Medicare, CHIP, or employer-sponsored coverage have access to health care through tremendous investment of County funds; we strongly encourage the State to make similar health care available to residents across the State. Montgomery County respectfully urges the Committee to issue a favorable report on Senate Bill 365.

**WA- SB 365 - Access to Care Act - FAV.pdf**

Uploaded by: Lisa Kligenmaier

Position: FAV





# Welfare Advocates

Founded 1979

228 W. Lexington Street — Suite 220 • Baltimore, Maryland 21201-3432

Phone: 667-600-3356 • Email: [lklingenmaier@cc-md.org](mailto:lklingenmaier@cc-md.org)

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## Senate Bill 365 Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

Senate Finance Committee  
February 15, 2023

### Support with Amendment

*Welfare Advocates is a statewide coalition of social service organizations, advocacy groups, faith communities, and community members, whose mission it is to educate about and advocate for an adequate safety net and public policies that support families moving towards economic stability.*

**Welfare Advocates supports with amendment SB 365**, which requires Maryland to apply for a State Innovation Waiver to establish a qualified resident state subsidy program, and also allows all Marylanders - regardless of immigration status - to access health insurance through the Maryland Health Benefit Exchange. WA supports an amendment to ensure that newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

**SB 365 allows more Marylanders to have access to affordable, quality health care.** Although Maryland embraced opportunities presented by the passage of Affordable Care Act to expand access to health insurance, there are still significant gaps in access to care. Over 275,000 undocumented immigrants in Maryland are ineligible to buy health insurance on the Maryland Health Benefit Exchange, making up a considerable number of the 6% of Marylanders who are uninsured.<sup>1</sup> As a state that champions innovations in health care, we must ensure that no Marylander falls into illness, poverty, or financial crisis because they lack access to health insurance. Maryland must join other states in establishing a comprehensive program to extend health care coverage to immigrants regardless of their documented status.

**Increasing access to health care will generate cost savings to the state, and create healthier neighborhoods and communities.** Studies demonstrate that individuals who are uninsured have higher rates of illness, die younger, and are often only one emergency department visit away from a financial crisis. Consequently, when uninsured Marylanders are forced to utilize emergency departments to access primary care services, there exists a corresponding increase in costs to the state in uncompensated and undercompensated care. This impact is born disproportionately by Black and Latino Marylanders due to their exclusions from health care coverage, and if our neighbors are unable to access needed health care, it hurts our overall public health.

**The Access to Care Act is a step towards ending health care disparities and marginalization of immigrant communities.** Welfare Advocates believes that all Marylanders should have access to affordable health care coverage, and the Access to Care Act is a critical step to improve the health and safety of immigrant Marylanders.

**WA appreciates your consideration, and respectfully urges a favorable with amendments report on SB 365.**

Submitted by Lisa Klingenmaier, *Chair of Welfare Advocates*

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<sup>1</sup> US Census. American Community Survey. 2021.

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**SB365 - FAV - Access to Care Act - ems.pdf**

Uploaded by: Liz Simon-Higgs

Position: FAV

Dear Members of the Senate Finance Committee,

I am a resident of District 46 and am submitting this testimony with Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status;
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care;
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility; and
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Currently, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange – and they still need health care, just like the rest of us. The fact that they do NOT have health care means that we ALL absorb costs associated with emergency treatments and untreated health problems that fester and create problems for individuals and families over time. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

**Liz Simon-Higgs**

**308 E Randall Street, Baltimore, MD 21230**

Showing Up for Racial Justice - Baltimore

**Kronser testimony SB 0365 .pdf**

Uploaded by: Lori Kronser

Position: FAV

Dear Members of the Finance Committee,

I am a member of Showing Up for Racial Justice Annapolis and Anne Arundel County. I am a resident of District 23 in Bowie. I am testifying in support of Senate Bill SB0365.

Last year, the Maryland General Assembly wisely enacted the Healthy Babies Equity Act that extended Medicaid coverage for prenatal and postpartum care to mothers and babies regardless of immigration status that dramatically increases survival rates and prevents long-term complications for the mother and baby. Now, we need to expand Medicaid coverage to all income-eligible families, not just mothers and their babies, regardless of immigration or citizenship status.

As the recent pandemic demonstrated, the health of all of us is connected. Only when everyone has access to healthcare can all of us and our families be safe. And ensuring that everyone has health care coverage will, in the long run, be of economic benefit to our community.

Although the Affordable Care Act has allowed nearly 30 million people to gain access to affordable health care, 275,000 undocumented immigrants, despite contributing millions in state, local and Federal taxes, are ineligible for care through the Maryland Health Exchange. Other states have established programs to extend coverage to immigrants. Now it's Maryland's turn.

It is for these reasons that I am encouraging you to vote in support of SB0365.

I appreciate your time, service, and consideration.

Sincerely,

Lori Kronser  
12800 Holiday Lane  
Bowie, MD 20716

**6b - SB 365 - FIN - MACHO - LOS .doc (1).pdf**

Uploaded by: Maryland State of

Position: FAV



**2023 SESSION  
POSITION PAPER**

**BILL:** SB 365 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)  
**COMMITTEE:** Finance Committee  
**POSITION:** Letter of Support  
**BILL ANALYSIS:** SB 365 expands eligibility for enrollment in health insurance through the Maryland Health Benefit Exchange to “qualified residents” who are not eligible for other insurance programs and regardless of immigration status.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) strongly supports SB 365. In 2021, an estimated 6.1% of Marylanders were uninsured.<sup>1</sup> These 364,000 individuals are more likely to delay medical care, less likely to access preventive and screening services, and more likely to be diagnosed with serious health issues in later stages than insured individuals.<sup>2</sup> For conditions like cancer, diabetes, and hypertension, these delays in diagnosis and treatment can be life-threatening.

The burden of providing and funding care for the uninsured falls on hospitals, federally qualified health centers, and individual patients. The current safety net is not comprehensive enough to provide affordable and consistent access to care. For example, when an uninsured individual is diagnosed with cancer, there are often no specialty services available for treatment. They are forced to let their cancer progress untreated until they are sick enough to be hospitalized. Although hospitals are required to provide care to all, the financial impact can be devastating. The average cost of a 3-day hospitalization is \$30,000<sup>3</sup> and cancer treatment is estimated at over \$150,000.<sup>4</sup>

Previous healthcare expansion efforts clearly illustrate the positive impact of health insurance coverage. National estimates of the impact of Medicaid expansion under the Affordable Care Act include an increase in full-year insurance coverage, an increase in use of primary and preventive care services, including annual flu vaccination, and a decrease in out-of-pocket healthcare costs for patients.<sup>5</sup> Passing SB365 is an important step towards ensuring access to high quality, affordable health care services for all Marylanders.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 365. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433.

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615 North Wolfe Street, Room E 2530 // Baltimore, Maryland 21205 // 410-937-1433

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<sup>1</sup> Data from the 2021 American Community Survey. Retrieved from [Kaiser Family Foundation](#)

<sup>2</sup> The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act. Retrieved from [Kaiser Family Foundation](#)

<sup>3</sup> <https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/>

<sup>4</sup> <https://www.aarp.org/money/credit-loans-debt/info-2018/the-high-cost-of-cancer-treatment.html>

<sup>5</sup> Creedon, TB, Zuvekas, SH, Hill, SC, Ali, MM, McClellan, C, Dey, JG. Effects of Medicaid expansion on insurance coverage and health services use among adults with disabilities newly eligible for Medicaid. *Health Serv Res.* 2022; 57(Suppl. 2): 183- 194. doi:[10.1111/1475-6773.14034](https://doi.org/10.1111/1475-6773.14034)

**MD Catholic Conference\_FAV\_SB0365.pdf**

Uploaded by: MJ Kraska

Position: FAV





MARYLAND  
CATHOLIC  
CONFERENCE

February 15<sup>th</sup>, 2023

**SB 365**

**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**Senate Finance Committee**

**Position: Favorable**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 365 would alter the purpose of the Maryland Health Benefit Exchange Fund to include the provision of funding for the establishment and operation of the Qualified Resident Enrollment Program; requiring the Maryland Health Benefit Exchange to establish and implement the Program to allow qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and, based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents.

In Maryland, over 275,000 undocumented immigrants are ineligible for care through the Maryland Health Exchange. Multiple states have established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates.

The Conference appreciates your consideration and respectfully urges a **favorable** report for Senate Bill 365.

**SB 0365- LWVMD- FAV- Access to Care Act.pdf**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE SENATE FINANCE COMMITTEE

**SB 0365: Health Insurance- Qualified Resident Enrollment Program (Access to Care Act)**

**POSITION: Support**

**BY: Nancy Soreng, President**

**DATE: February 15, 2023**

The League of Women Voters Maryland supports **Senate Bill 0365: Access to Care Act**. This bill's passage would be **an important step towards ending healthcare disparities, by enabling all qualified Marylanders, regardless of immigration status, to obtain health insurance through the Maryland Health Benefit Exchange.**

The League supports a system for undocumented immigrants already in the country to earn legal status, including citizenship. The League also believes that **health care is a human right, that every U.S. resident should have access to quality health care, and that increasing access to health insurance is an important step in preventing and reducing poverty.**

Over 275,000 undocumented immigrants in Maryland are currently ineligible to purchase health insurance through the Health Benefit Exchange. They are also ineligible for Medicaid or MCHP coverage, and most work at low-paying jobs that do not offer employer-sponsored coverage. Without health insurance, patients can be unable to access the health services they need. **In desperation, they may go to overburdened hospital Emergency Departments for non-emergency care, which can lead to unmanageable medical debt for them, and to our state's shocking distinction as having the longest Emergency Department wait times in the nation.**<sup>1</sup>

**Any measure to allow more residents easier access to needed care will improve the medical system for everyone.** Without timely access to appropriate diagnosis and treatment, small medical issues become large ones. Untreated coughs can become pneumonia. A small lump in a woman's breast can, if undiagnosed and allowed to progress, lead to fatal metastatic breast cancer. Without health insurance to pay for appropriate medications, untreated diabetes can result in leg amputation.

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<sup>1</sup> <https://www.thebaltimorebanner.com/community/public-health/maryland-emergency-room-wait-times-E4L6LFRTBRCLPEXKXQILOODOUY/>

But if patients are able to receive regular, appropriate, cost-effective medical care from a primary care provider- including needed lab tests, imaging, and medications- they will be much less likely to need emergency care in an ER.

**Undocumented immigrants have been among the frontline workers hardest hit during the Covid pandemic**, as their work, housing, and transportation situations put them at very high risk for exposure.

**Undocumented immigrants pay taxes.** In 2018 in Maryland, they paid almost \$375 million in federal and \$242 million in state and local taxes<sup>2</sup>, thus helping fund programs such as Medicare and Social Security, despite being unable to benefit from them.

**Immigration status is not a barrier to many state benefits.** Undocumented immigrants already qualify for in-state tuition rates at state colleges and universities, can obtain Maryland driver's licenses, and with an ITIN are eligible for the Earned Income Tax Credit.

**As a society, we are only as safe and healthy as the most vulnerable among us. Every Maryland resident needs access to equitable, affordable healthcare, and for that reason the League and its 1,500+ members urge the committee to give a favorable report to Senate Bill 365.**

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<sup>2</sup> <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

**SB0365\_Written Testimony\_Favorable\_MdPHA\_2.14.23.**

Uploaded by: Oluwatosin Olateju

Position: FAV



***Mission:*** To improve public health in Maryland through education and advocacy ***Vision:*** Healthy Marylanders living in Healthy Communities

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**TESTIMONY IN SUPPORT OF SENATE BILL 0365**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**  
**Before the Senate Finance Committee**  
**By: Maryland Public Health Association (MdPHA)**  
**Hearing Date: 02/15/2023**

Chair Griffith and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 0365. This bill would allow all Marylanders, regardless of immigration status, to purchase private health coverage through Maryland Health Connection.

More specifically, this bill would alter the purpose of the Maryland Health Benefit Exchange Fund to include the provision of funding for the establishment and operation of the Qualified Resident Enrollment Program. The bill would also require the Maryland Health Benefit Exchange to establish and implement the Program to allow qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and, based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents; etc.

In Maryland, over 275,000 undocumented immigrants are ineligible for care through the Maryland Health Benefit Exchange.<sup>1</sup> Multiple states have established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates.

We urge a favorable report for SB365.

*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

**Maryland Public Health Association (MdPHA)**  
**PO Box 7045 · 6801 Oak Hall Ln · Columbia, MD 21045-9998**  
**GetInfo@MdPHA.org [www.mdpha.org](http://www.mdpha.org) 443.475.0242**

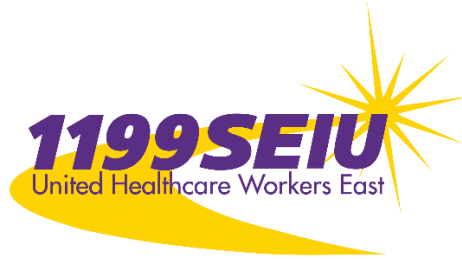
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<sup>1</sup> Gibbs, S. (2022, March 2). Sb 0728—Health insurance – qualified resident state subsidy program(Access to care act). Maryland Catholic Conference.  
<https://www.mdccatholic.org/sb-0728-health-insurance-qualified-resident-state-subsidy-program-access-to-care-act/>

# **Ricarra Jones Access to Care Act Testimony FWA.pdf**

Uploaded by: ricarra jones

Position: FAV



Testimony on SB365/HB588  
Access to Care Act of 2023

**Position: Favorable with Amendments<sup>1</sup>**

To Chair Griffith and Members of the Senate Finance Committee; Chair Pena-Melnyk and Members of the Health & Government Operations Committee,

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. Every Marylander needs to have the ability to access medical coverage when they need it, so our union supports SB365/HB588 to expand healthcare coverage to undocumented immigrant communities in Maryland.

Although the Affordable Care Act allowed a monumental increase in terms of healthcare coverage for many Maryland families, this unfortunately did not apply to many immigrant families, including over 275,000 immigrants that are undocumented in Maryland. The Access to Care Act would change this by ensuring that all income-eligible Marylanders can purchase coverage through the exchange, regardless of their citizenship status. We also support the amendment to establish a state subsidy program to ensure that all new individuals who apply for Medicaid would have the appropriate funding to receive care.

In a time where many families, no matter the citizenship status, are contracting COVID and facing other healthcare disparities, allowing more families to become insured would only help to decrease the number of contractions and sick Marylanders in general. Suffering from COVID or other healthcare disparities not only impacts the sick individual, but both family and entire communities. For example, many immigrant families who have young children, often rely on the sole income of both parents to make ends meet. In this regard, if both parents contract COVID or experience healthcare disparities, it puts the lives of their kids at risk as well.

For 1199SEIU members, this bill is essential for two reasons. First, our members understand that increasing the number of insured individuals also means less of a burden on our short-staffed hospitals. When patients can afford primary care, they are less likely to end up in the hospital. Any step to provide individuals with healthcare coverage to alleviate this strain in short staffed facilities would benefit both our hospital resources and improve patient care. Second, many of our members come from immigrant families themselves. They know the benefits of what health insurance can do to change the lives of immigrant families and believe that without health insurance, it leaves many Marylanders to a life of increased mortality and family destruction. We ask this Committee to give a **favorable** report, with an **amendment** to create a subsidy program, on SB365/HB588 Access to Care Act.

In Unity,  
Ricarra Jones, Political Director  
1199SEIU United Healthcare Workers- East  
ricarra.jones@1199.org

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<sup>1</sup> **Proposed Amendment:** Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out-of-pocket costs experienced by all other health plan purchasers on the exchange."



**2023 ACNM SB 365 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** SB 365 - Health Insurance - Qualified Resident State Subsidy Program

**Hearing Date:** February 15, 2023

**Position:** Support

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The American College of Nurse Midwives (ACNM) supports *Senate Bill 365 – Health Insurance – Qualified Resident State Subsidy Program*. The bill is important to continue Maryland’s progress in lowering the rate of uninsured. There are communities who do not qualify for coverage assistance under federal rules. This legislation would create a state subsidy program to make insurance premiums more affordable under the Maryland Health Benefit Exchange for qualified applicants. Insurance coverage would improve access to care and help Maryland address health disparities. For example, Maryland’s maternal mortality rates reflects a widening gap between White non-Hispanic women and women of other backgrounds.<sup>i</sup>

If we can provide any additional information to support this bill, please contact us through Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net). We ask for a favorable report on this bill.

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<sup>i</sup> <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20C2%A7C2%A7%2013-1207%2013-1208%20and%20C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

**2023 MNA SB 365 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill:** SB 365 - Health Insurance - Qualified Resident Enrollment Program  
(Access to Care Act)

**Hearing Date:** February 16, 2023

**Position:** Support

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The Maryland Nurses Association (MNA) supports *Senate Bill 365 – Health Insurance – Qualified Resident Enrollment Program*. The bill establishes a pathway and state-funded subsidy program to support coverage for people who do not meet criteria to enroll in a qualified health plan because of immigration status.

It has been a longstanding resolution of the American Nurses Association that all individuals living in the U.S., including documented and undocumented immigrants, deserve access to health care; and our organizations educate nurses regarding the wide-ranging social, economic, and political ramifications of undocumented immigrants’ lack of access to healthcare services. We affirm the dignity of all people irrespective of their life situation and support this bill in advocating for change in health policies which affect accessibility, quality, and cost of health care.<sup>i</sup>

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> [https://www.nursingworld.org/~4af0ba/globalassets/docs/ana/ethics/nursing-without-borders\\_-\\_access-to-care-for-immigrants.pdf](https://www.nursingworld.org/~4af0ba/globalassets/docs/ana/ethics/nursing-without-borders_-_access-to-care-for-immigrants.pdf)

**2023 PPM SB 365 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



330 N. Howard Street  
Baltimore, MD 21201  
(410) 576-1400  
[www.plannedparenthood.org/maryland](http://www.plannedparenthood.org/maryland)

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Planned Parenthood of Maryland

**Committee:** Senate Finance Committee

**Bill:** SB 365 – Health Insurance – Qualified Resident Enrollment Program

**Hearing Date:** February 16, 2023

**Position:** Support

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Planned Parenthood of Maryland supports *Senate Bill 365 – Health Insurance – Qualified Enrollment Program*. The bill advances health equity for the immigrant community. Immigrants who are undocumented work and contribute to our tax base, yet they are ineligible for coverage under the Maryland Health Benefit Exchange. Maryland took a step forward and extended coverage to undocumented pregnant immigrants with the Healthy Babies Act of 2022. There are 8 states – California, D.C. Illinois, Maine, New York, Oregon, Rhode Island, Vermont, and Washington – that extend state-funded coverage to undocumented children who meet income threshold requirements. Several states have recently extended coverage to some undocumented adults. <sup>i</sup>

We ask for a favorable vote on this legislation. If we can provide any additional information, please contact Robyn Elliott at (443) 926-3443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>

**SB 365\_MAP\_FWA.pdf**

Uploaded by: Stacey Jefferson

Position: FAV



## TESTIMONY IN SUPPORT OF SB 365

### Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Senate Finance Committee

February 15, 2023

*Submitted by Kali Schumitz and Mark Huffman, Co-Chairs*

#### Member Agencies:

211 Maryland

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Job Opportunities Task Force

Laurel Advocacy & Referral Services, Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Center on Economic Policy

Maryland Community Action Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

St. Vincent de Paul of Baltimore

Welfare Advocates

#### Marylanders Against Poverty

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: [kschumitz@mdeconomy.org](mailto:kschumitz@mdeconomy.org)

Mark Huffman, Co-Chair

P: (301) 776-0442 x1033

E: [MHuffman@laureladvocacy.org](mailto:MHuffman@laureladvocacy.org)

#### Marylanders Against Poverty (MAP) strongly supports SB 365 with amendments.

MAP promotes comprehensive, high-quality, culturally competent and fully-integrated health care that is available and accessible for all Marylanders, especially those living in or near poverty. Ensuring equitable health care is critical in eliminating disparities in health outcomes experienced by communities of color, women, LGBTQ people, immigrant communities and other underserved populations. SB365 represents an important milestone in our journey towards creating a resilient healthcare system, which impacted communities of color disproportionately.

The Affordable Care Act has allowed 28 million people across the country to gain access to affordable care. In Maryland, since the establishment of the Maryland Health Benefit Exchange (MHBE) in 2011, which allows individuals and small businesses to purchase affordable health coverage, our uninsured rate has almost halved from 12% to 6%. The MHBE is funded in part by a mandated diversion of premium tax revenues and in recent years it has not spent all of the mandated appropriations.

Although Maryland has taken bold steps toward ensuring everyone has access to care, the immigrant community has been left behind. Unfortunately, more than 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange due to their immigration status. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status. SB365 also establishes a state subsidy program to ensure newly covered individuals have the funding to receive care.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB365 is a crucial step in addressing access to care for all Marylanders.

SB365 is not only critical legislation for our undocumented community, but it is also sound policy for the state. According to the 2022 fiscal analysis for the same proposal, SB365 would reduce premiums in the individual market by 2.3% in the first year it is enacted. Furthermore, having access to the individual marketplace and a doctor will decrease the number of emergency room visits that uninsured individuals with illnesses make. Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.



This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care.

For the purposes of equity, MAP supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act. **MAP appreciates your consideration and urges the committee to issue a favorable report with amendments for SB 365.**

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

**6a - SB 365 - FIN - MHBE - LOS.docx (1).pdf**

Uploaded by: State of Maryland (MD)

Position: FAV

February 15, 2023

The Honorable Melony G. Griffith  
Chair, Senate Finance Committee  
Senate Office Building, 3 East  
11 Bladen St.  
Annapolis, MD 21401

**Re: Letter of Support – SB 365 - Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)**

Dear Chair Griffith and Members of the Senate Finance Committee:

The Maryland Health Benefit Exchange (MHBE) respectfully submits this letter of support on Senate Bill (SB) 365 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act). SB 365 will establish an enrollment program for populations who are currently ineligible for coverage through existing programs. MHBE will apply for a federal 1332 innovation waiver amendment to allow these populations to enroll in Qualified Health Plans (QHP) through Maryland Health Connection (MHC).

In the last ten years, Maryland’s uninsured rate has fallen in half and stands at about six (6) percent. Maryland has been a national leader in working to reduce the uninsured rate, including by implementing a state-based health insurance marketplace, launching the State Reinsurance Program which has reduced individual market premiums by more than 25 percent since 2019, enacting the Easy Enrollment Program to allow uninsured individuals to get connected to health coverage by checking a box on their state tax return or unemployment claim, and instituting state premium assistance for young adults. However, as of 2019 approximately **357,000 individuals** remain uninsured in Maryland, almost **one third** of whom are ineligible for coverage through Medicaid or the individual market due to immigration status.<sup>1</sup>

Because undocumented residents make up a significant portion of the state’s remaining uninsured population, it’s possible that the program would reduce premiums across the individual market due to the increased pool of individuals eligible to enroll in qualified health plans, and subsequent increased enrollment. Increased enrollment and lower uninsured rates can have a cascade of other net positive impacts, including improving the overall health of the State’s population, and decreasing costs of uncompensated care. In fiscal year 2021 Maryland hospitals provided over **\$780 million** in uncompensated care, with some hospitals paying upward of **10 percent** of their total allocated budget towards uncompensated care.<sup>2</sup> Additionally this bill will allow mixed-status families to enroll in the same plan through the Exchange, providing continuity of coverage and care coordination, and reducing the burden of managing multiple plans.

<sup>1</sup> Source: MHBE analysis of American Community Survey data

<sup>2</sup> Health Services Cost Review Commission (HSCRC): [Rate Year 2023 Uncompensated Care Report](#) (June 2022).

It is worth noting, however, that the magnitude of the enrollment and premium impact of the proposed waiver amendment would be affected by the amount of state subsidy available to this population.

In November 2021, MHBE submitted a Joint Chairmen's Report that contains detailed actuarial analysis for a waiver and subsidy model that would provide coverage in private plans through MHC for those ineligible for coverage through Medicaid or the individual market due to immigration status. The report also includes information on existing resources for discounted healthcare services for these ineligible individuals in Maryland and describes actions other states are taking or exploring to provide coverage to similarly situated individuals in their states.<sup>3</sup>

As of December 2022, **eight states** have already expanded state-funded coverage to undocumented populations, including Washington and Colorado through similar programs as proposed in SB 365.<sup>4</sup> MHBE supports continued initiatives that aim to further reduce the uninsured rate, and that promote health equity and access to care in Maryland.

For further discussions or questions on SB 365, please contact Johanna Fabian-Marks, Director of Policy and Plan Management at [johanna.fabian-marks@maryland.gov](mailto:johanna.fabian-marks@maryland.gov).

Sincerely,



Michele Eberle  
Executive Director

<sup>3</sup> Joint Chairmen's Report: [Report on Costs, Feasibility, and a Review of Activity in Other States to Serve Individuals Ineligible for Medicaid or Qualified Health Plans with Advance Premium Tax Credits](#) (2021).

<sup>4</sup> Kaiser Family Foundation: [Health Coverage and Care for Immigrants](#) (December 2022).

# **Testimony on Maryland Access to Healthcare Bill -**

Uploaded by: Viviana Westbrook

Position: FAV



**Catholic Legal Immigration Network, Inc. (CLINIC), testimony before the  
Maryland State Senate Finance Committee/House Health and Government Operations  
Committee**

**SB 365/HB 588, Access to Care Act**

**Submitted February 14, 2023**

**Position: Support**

“Now is the time for real health care reform. It is a matter of fundamental justice. For so many, it is literally a matter of life and death, of lives cut short, and dignity denied.”

*(A Framework for Comprehensive Health Care Reform, United States Conference of Catholic Bishops Resolution, June 18, 1993)*

**About CLINIC**

As the nation’s largest charitable immigration legal services network, Catholic Legal Immigration Network, Inc, or CLINIC, provides substantive legal and program management training and resources as well as advocacy support at state, local and national levels. CLINIC serves over 450 affiliate organizations across 49 states and the District of Columbia that provide crucial legal services to hundreds of thousands of low-income and otherwise vulnerable immigrants every year.

Embracing the Gospel value of welcoming the stranger, CLINIC cultivates projects that promote the dignity and protect the rights of vulnerable immigrant populations. CLINIC’s national office is in Silver Spring, Maryland. The organization’s work focuses on five core areas: advocacy, capacity building, national partnerships, religious immigration services, and training and legal support. In serving our network of affiliates, many who provide health care to communities that have been excluded, CLINIC has particular knowledge of the life-changing — and at times life-saving — effect that access to healthcare can have in the life of an immigrant.

**Position**

The Catholic Legal Immigration Network, Inc., or CLINIC, supports SB 365/HB 588, the Access to Care Act. Adoption of this legislation in Maryland is critical for the common good and social justice. Health care is not a commodity but a human right that should be afforded to every person. Health care access should not depend on an individual’s income, the type of job they have, where they live, their age, nationality, or any other factor. This bill helps migrants and our communities as a whole by preserving the stability of families, neighborhoods, and employers. The purpose of the bill is to ensure that everyone, regardless of immigration status, is allowed to access the Maryland Health Benefit Exchange.

## **Problem**

### **1) Immigrants face many challenges to their health.**

There are many [obstacles facing](#) immigrants that make them more vulnerable to issues related to health. These include the following:

- Immigrants are overrepresented in industries such as healthcare, construction, and food services that place them in contact with people on a regular basis, which increases their exposure to COVID-19 and other diseases/illnesses.<sup>1</sup>
- Undocumented immigrants are also more likely to experience continued poor working conditions, as some employers use threats of reporting these vulnerable workers to Immigration and Customs Enforcement in order to maintain their silence.
- Refugees and migrants arrive to the United States with a lot of trauma affecting their mental health, not only because of the arduous journey to get to safety, but also because most of them often leave their home countries because of war, conflict, natural disasters, environmental degradation, or economic crisis.<sup>2</sup>
- The majority of undocumented immigrants, as well as those with certain pending applications, are excluded from social safety nets. They cannot receive unemployment, despite paying an estimated 308 million in Maryland state and local taxes per year, in addition to sales and excise taxes, property taxes, and rent. If there are health-related emergencies, so many are left without protection.<sup>3</sup>
- Public health messages, warnings and updates may not be translated into the necessary languages so immigrants might miss out on crucial information.<sup>4</sup>

### **2) Undocumented immigrants have limited healthcare coverage options.**

Undocumented immigrants are less likely to have jobs that give them health care, vacation, and sick days. Because of this, they are less likely to seek medical help except in the direst of circumstances.

Most undocumented immigrants and other groups are excluded from participating in Medicare, Medicaid (except for emergency care), the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) Marketplaces. A study in 2017 by American Community Services showed that

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<sup>1</sup> American Immigration Council, "Immigrants in Maryland," Aug. 6, 2020, at <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>.

<sup>2</sup> World Health Organization, "Refugee and Migrant Health," May 2, 2022, at <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>.

<sup>3</sup> Mark Scott, "Undocumented Immigrants Pay Hundreds of Millions in State Taxes; Full Citizenship Would Benefit the State Even More," Maryland Center on Economic Policy, March 24, 2016, at <https://www.mdeconomy.org/undocumented-immigrants-pay-hundreds-of-millions-in-state-taxes-full-citizenship-would-benefit-the-state-even-more/>.

<sup>4</sup> Eva Clark, Karla Fredericks, Laila Woc-Colburn, Maria Elena Bottazzi, and Jill Weatherhead, "Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States," PLOS Journal, July 13, 2020, at <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008484>.

45% of undocumented immigrants are uninsured, whereas only 8% of U.S. citizens do not have coverage.<sup>5</sup>

**3) Undocumented immigrants are not allowed to access the Maryland Health Benefit Exchange.**

Since the passing of the ACA, undocumented immigrants in Maryland have not been eligible to purchase coverage through the ACA Marketplaces. States can pass laws and then request a waiver that allows them to enroll residents in qualified health and dental plans through the state Marketplace.

**4) Even if access is granted, subsidies need to exist in order for inequities to be addressed and to encourage participation.**

Several states and the District of Columbia have taken steps to provide health care to low-income residents regardless of immigration status.<sup>6</sup> Washington was the first state to have their waiver approved to allow undocumented immigrants to access health and dental plans. Washington is providing state-funded subsidies, as undocumented immigrants are ineligible for federal premium subsidies in the Marketplace. Without some economic assistance like these subsidies, the majority of undocumented immigrants who are currently uninsured will be unable to take advantage of any new avenues to access health insurance.

**Solution**

Opening up access to Maryland's Marketplace while providing subsidies will enable undocumented immigrants, a very vulnerable population, to obtain health care —a basic human right.

**Action**

CLINIC urges you to vote for this bill:

**1) To ensure members of Maryland's immigrant population can get their basic health care needs met.**

When people have regular checkups, they are much more likely to catch medical issues early on. This ensures for fewer life-threatening emergencies that require extensive resources from immigrants, their families, the health care system, and their communities.

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<sup>5</sup> Samantha Artiga and Maria Diaz, "Health Coverage and Care of Undocumented Immigrants," Jul. 15, 2019, at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>.

<sup>6</sup> KFF, "Health Coverage and Care of Immigrants," Dec. 20, 2022, at <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/#:~:text=Undocumented%20immigrants%20are%20not%20eligible,coverage%20through%20the%20ACA%20Marketplaces.>



## **2) It upholds equity for immigrants.**

As mentioned above, there are significant and particular needs within the immigrant community for adequate health care. By denying access to affordable health care, we further exacerbate the challenges and inequities faced by our migrant communities.

## **3) Because it reflects Catholic values of the equal dignity of all life.**

The equitable provision of health care reflects our Catholic value to affirm the dignity of all life. Every person should have access to basic necessities, including health care — no exceptions. As Pope Francis stated at a meeting on Sept. 27, 2021, at the Vatican, “We affirm that life and health are equally fundamental values for all, based on the inalienable dignity of the human person, but if this affirmation is not followed by an appropriate commitment to overcome the inequalities, we in fact accept the painful reality that not all lives are equal, and health is not protected for all in the same way.”<sup>7</sup>

Access to health care protects people’s lives, keeps families together, helps businesses keep a healthy work force, and makes communities healthier overall.

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<sup>7</sup> Cindy Wooden, “Defend life, promote access to health care for all, pope says,” National Catholic Reporter, Sept. 27, 2021, at <https://www.ncronline.org/news/vatican/defend-life-promote-access-health-care-all-pope-says>.

# Testimony for SB365.pdf

Uploaded by: William Reid

Position: FAV

Testimony of Dr. William Reid  
Finance Committee  
February 15, 2023

Good afternoon, Madam Chair and Members of the Finance Committee. I am Dr. William Reid, and I live in Frederick, Maryland. I'm a leader with Progressive Maryland's Health Care Task Force and Frederick County Progressives. I am also a member of RISE Western Maryland, Resources for Immigrant Support and Empowerment. Thank you for this opportunity to testify in support of SB365, the Access to Care Act.

I urge your support for the Access to Care Act, which will allow the Maryland Health Benefit Exchange to cover all Marylanders who meet the Affordable Care Act eligibility requirements, **regardless** of their immigration status. The Access to Care Act provides a way to address the racial disparities in our healthcare system, so allowing access to the Exchange for Marylanders of color who can't currently use it makes sense.

I am a retired veterinary staff scientist from the National Institutes of Health, and I have worked in infectious diseases research for more than thirty years. I am also a member of the Frederick County Health Department's COVID-19 testing Task Force, charged with community engagement and ensuring that our residents, especially those in vulnerable communities, have access to free COVID-19 testing.

My background, and my experiences during the pandemic, have made me keenly aware of the insufficiencies in our healthcare system, especially when it comes to meeting the needs of our neighbors who are undocumented immigrants.

I urge you to pass SB 365 AND to provide full subsidies for those individuals and families who will be enrolling. These subsidies will help ensure newly eligible residents register and get the medical care and attention they need when they need it.

I appreciate your consideration.

# **Access to Care Statement.pdf**

Uploaded by: Willie Mahone

Position: FAV

## Testimony for the Senate Judiciary Proceedings Committee

By: Willie J. Mahone

Organization: Frederick County NAACP

Dear Chair and Committee Members,

I write as President and representative of the Frederick County Branch of the National Association for the Advancement of Colored People (NAACP) to support Senate Bill 305, known as the Access to Care Act. That Bill basically provides for immigrant participation in the Maryland Health Benefit Exchange, making healthcare available to the immigrant community.

Our local Branch has been supportive of various efforts of inclusion of the Frederick County immigrant community, in recognition of their plight and journey as marginalized people; akin to the journey of African Americans. Indeed many of the local immigrant community are African diaspora and face the dual barriers of race and being foreign born---the same barriers faced by American Blacks prior to the enactment of the Fourteenth Amendment to the United States Constitution, and de facto thereafter. Additionally some of those immigrants are members of our NAACP chapter, and we have embarked a general partnership with the local immigrant community chapter. To those ends, we recognize and appreciate the need for basic healthcare in securing the minimal quality of life. The legion scourges of uninsured and underinsured populations are well documented, and most pronouncedly revealed during the COVID 19 endemic. Our organization upholds the principles of justice, fairness, equality, and basic human rights; and align with any population in pursuit of those goals.

On a personal level; though not currently practicing law, over a more than forty (40) year legal career I have had the opportunity to represent and interact with many persons of the immigrant community. I have appeared in Immigration and Custom (ICE) proceedings, asylum petitions, DACA and citizenship applications, and childhood arrival (border children) proceedings. I have also provided services to immigrants in custody, adoption/family law matters, and various other areas. As such I have become familiar with the general circumstances and plight of those persons, and their need for safety-net programs that facilitate viable families and productive members of overall communities. Healthcare access is one of the primary life sustaining needs.

Thanks for consideration of my statement.

Willie J. Mahone, President  
Frederick County NAACP





**BILL#SB0365\_AmyRuddle\_FWA.pdf**

Uploaded by: Amy Ruddle

Position: FWA



Date of Hearing: February 15, 2023

Amy L. Ruddle  
Silver Spring, MD 20901

**TESTIMONY ON SB#0365 - POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Amy L. Ruddle

**My name is Amy Ruddle, and I am a resident of District 20. I am submitting this testimony in support of with amendments SB#0365, the Access to Care Act.**

I am a small business owner, a member of and volunteer for the Montgomery County National Alliance on Mental Illness, and I attend Temple Emanuel Synagogue in Kensington, Maryland. Today, I am urging you to pass the Access to Care Act with amendments to ensure that all Marylanders have access to the highest attainable standard of health services. No one should get sick or die because of their income or their immigration status.

A major reason I support this bill is because of my values, which are closely aligned with Jewish tradition. We are told 36 times in the Torah that it is essential to welcome the stranger and to treat them with care, compassion, love, and in the same way we would treat individuals who are not strangers to us. Throughout Jewish history, we have mostly lived in the diaspora, meaning we are strangers in a strange land, so it is imperative to me that I do all that I can to ensure that individuals not born into my community receive the same support that I do. It is my firmly held belief that everyone in my community deserves to be safe and healthy, regardless of their immigration status, and passing the Access to Care Act would help do that.

Before becoming a small business owner, I was a political scientist with expertise in Latin American and Chinese politics. I learned through my work of the desperate situations that many individuals around the world find themselves, and the political dynamics beyond their control that force them to seek a life outside of the nations of their birth. I interviewed people in Peru who had to travel for hours to simply seek treatment for a broken arm or were consistently unable to afford diabetes medications. If individuals are living in Maryland, it is deserve access to affordable medical care.

Lastly, I speak to you as someone who can say that the Affordable Care Act changed my life for the better, and in many ways, has saved my life. As a person with multiple mental health diagnoses who has struggled for over twenty years to manage them, I was someone with a preexisting condition who could not afford private health insurance, so I always sought salaried employment with health insurance to ensure I was able to receive the treatments and medications I needed to live a healthy and successful life. The jobs I held were frequently detrimental to my health and wellbeing, but I didn't have another option. The ACA gave me the freedom to be employed in a way that best allows

me to manage my health and my life, and I have flourished. Furthermore, I have been a recipient every year of cost-sharing reduction subsidies, which has allowed me to afford my insurance plan; I believe all Marylanders deserve this too.

In closing, I believe that all Marylanders deserve equitable access to affordable health care, and that their access should not be determined by their income level or their immigration status. Any individual should be allowed to purchase a qualified health plan through the exchange if they meet the regular ACA eligibility. Allowing this would not only help individuals live safer, healthier, more stable lives, and would but would contribute to the healthiness of our community overall. Furthermore, it is imperative that an amendment to this bill be included that would ensure access to healthcare is similarly affordable for all Marylanders, regardless of immigration status, so that everyone can access premium assistance and cost-sharing reduction subsidies. It is for all these reasons that **I respectfully urge this committee to return a favorable with amendments report on SB#0365.**

**SB0365\_Ann Rubin\_FWA.pdf**

Uploaded by: ANNA RUBIN

Position: FWA

February 15, 2023  
Anna Rubin  
Columbia, MD 21045



**TESTIMONY ON SB365 - POSITION: FAVORABLE**  
**WITH AMENDMENTS**

**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Anna Rubin, on behalf of Jews United for Justice (JUFJ)

My name is Anna Rubin and I am a resident of District 13, in Columbia. On behalf of Jews United for Justice (JUFJ), I am submitting this testimony in support of SB365 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act), with amendments to ensure affordability. JUFJ organizes 6,000 Jews and allies from across the state in support of social, racial, and economic justice campaigns.

The issue of ACA inclusion of people regardless of immigration status is personal for me. I'm the child of immigrants who fled persecution in Europe over a century ago. I also adopted a child from Peru during the 1990s, a time when poverty and terrorism affected many Peruvians. And within the past six years I've joined an effort to support two refugee families. In particular, I've been part of a team helping a woman, 'J', and son who sought asylum in the United States after fleeing persecution in Honduras three years ago. Friends of mine sheltered them during the period when this family had no resources or support. It was very challenging to find medical care when J faced a miscarriage soon after she arrived. Since she was uninsured, the medical costs were astronomical. We worked to find a medical provider who would care for her at a reduced rate. The other was a refugee family of seven who came from Syria in 2016 via four years in a Jordanian refugee camp. They came through a federal program to put them on a path to citizenship and provide support while they established themselves in the United States. Part of that support included immediate access to Medicaid. The care they received was crucial, particularly because they went several years without medical care through their crisis. Healthcare has been vital as the children dealt with a slate of childhood diseases, the mother went through pregnancy and childbirth, and the father struggled with serious back injuries.

With both families, I've watched them find work, support their children's education, and find a place in their communities. They couldn't have done this without health care, and they are part of a lucky few. More than 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange. To achieve the American dream, one needs access to quality, affordable care.

Passing SB365 would require the Maryland Health Benefit Exchange to establish and operate the Qualified Resident Enrollment Program, which would make qualified plans available to all

Marylanders who meet the regular ACA eligibility criteria. It is essential that this coverage is subsidized at the same rate as all other Maryland participants to ensure it is actually affordable enough for people to purchase. Everyone should have access to the highest attainable standard of health services, and no one should get sick or die because of their income or immigration status. Including undocumented people in the ACA is humane, helps prevent the spread of infectious diseases like COVID-19, maintains a healthy workforce, and saves money by reducing the reliance on emergency rooms. Passing SB365 would make our state a safer, healthier place for all.

Extending love and kindness to ‘the stranger’ is central to Jewish ethics. The insistence that we care for the stranger is mentioned more times in the Torah than any other commandment. Our sacred texts insist that we turn our own historical experiences of being outsiders in a foreign land, something my own parents experienced, into compassion for those experiencing the same today. As Jews, we are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those of us who were. And as Marylanders, we are obligated to take the lead in national policy by extending healthcare to everyone, regardless of immigration status, through the Maryland Health Benefit Exchange.

**On behalf of Jews United for Justice, I respectfully urge this committee to return a favorable report on SB365 with an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.**

**SB 365\_PJC\_FWA\_FIN.pdf**

Uploaded by: Ashley Black

Position: FWA



Ashley Black, Staff Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 224  
[blacka@publicjustice.org](mailto:blacka@publicjustice.org)

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**SB 365**  
**Health Insurance – Qualified Resident Enrolment Program (Access to Care Act)**  
**Hearing of the Senate Finance Committee**  
**February 15, 2023**  
**1:00 PM**

**SUPPORT WITH AMENDMENTS**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. **PJC strongly supports SB 365 with amendments.** Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. SB 365 would expand eligibility for the Maryland Health Benefit Exchange (MHBE) to include all Marylanders who meet standard Affordable Care Act eligibility, regardless of their immigration status. SB 365 would also create a subsidy program to cover new enrollees.

The COVID-19 pandemic exposed and worsened existing health disparities and inequities in healthcare access. One of the most glaring disparities is the lack of health insurance coverage available to immigrants depending on their immigration status. The current state and federal laws that prevent certain categories of immigrants from participating in the marketplace has the effect of gatekeeping healthcare from 275,000 undocumented immigrants residing in Maryland and places them at great risk of chronic illness and other health complications. SB 365 attempts to correct this inequity by expanding access to the MHBE to all Marylanders who would otherwise be eligible but for immigration status. This would not only allow immigrant communities to access health insurance to cover needed care, but it would also allow immigrants who are low-income to qualify for subsidies to offset the cost of health insurance coverage.

For the purposes of equity, PJC supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

**SB 365, if passed, would carve a pathway towards comprehensive and affordable health care and good health outcomes for immigrant communities in Maryland.** For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 365 with the amendment above.** If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

*The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.*

# **Testimony in Favor of SB 365 - UULM-MD Jim Caldier**

Uploaded by: Ashley Egan

Position: FWA





# Unitarian Universalist Legislative Ministry of Maryland

## Testimony in Favor with Amendments of SB 365: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

To: Senator Melony Griffith, Chair and Members of the Senate Finance Committee  
From: Jim Caldiero, Lead Advocate, Immigration,  
Unitarian Universalist Legislative Ministry of Maryland  
February 15, 2023

Thank you for the opportunity to offer testimony in support of SB 365, Health Insurance – Qualified Resident State Subsidy Program (Access to Care Act).

I encourage you to vote in favor of this bill.

Despite significant contributions to the national and Maryland economies -- income taxes, Social Security and Medicare FICA contributions in excess of \$4 billion annually, working in essential jobs, particularly during the pandemic -- our undocumented immigrant neighbors, many of whom would otherwise qualify for Medicaid, are currently ineligible, thus making them and their families susceptible to illnesses and diseases that in the long run without care may threaten our public safety. We can begin to correct this inequity by ensuring that our immigrant neighbors have access to health insurance provided via the Affordable Care Act and Medicaid.

According to the Kaiser Family Foundation, non-citizens are significantly more likely than citizens to be uninsured. In 2019, among the non-elderly population, 25% of lawfully present immigrants and more than four in ten (46%) undocumented immigrants were uninsured compared to less than one in ten (9%) citizens. Among citizen children, those with at least one non-citizen parent are more likely to be uninsured compared to those with citizen parents (9% vs. 5%).

Access to affordable health care, particularly as the pandemic demonstrated, is a right not to be denied because of immigration status. The health of all of us, in all our communities is at stake.

I share my faith with more than 4000 Unitarian Universalists in Maryland who are called to promote and affirm justice, equity and compassion in human relations and as such, I urge you to provide equitable access to health care for all Marylanders, including our immigrant neighbors by voting in favor of SB 365.

Thank you.

**For the purposes of equity, the Unitarian Universalist Legislative Ministry of Maryland supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.**

Sources:

American Immigration Council,

<https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

Kaiser Family Foundation



# **End Medical Debt Maryland Access to Care Act Testi**

Uploaded by: Brige Dumais

Position: FWA



# END MEDICAL DEBT MARYLAND

Testimony on SB365/HB588  
Access to Care Act of 2023

**Position: Favorable with Amendments<sup>1</sup>**

To Members of the Senate Finance Committee and House Health & Government Operations and Senate Finance Committees,

We are End Medical Debt Maryland, a statewide coalition of nearly 70 organizations and dozens of volunteers. Our members are labor unions, faith leaders, patients, health justice advocates, consumer rights proponents, lawyers, healthcare workers, and community members impacted by medical debt. Collectively, we represent over 350,000 Marylanders. Our coalition's goal is clear: we fight for legislation that will ultimately end medical debt. **We endorse SB365/HB588**, Access to Care Act, and we urge the committees to issue a FAVORABLE report.

This legislation would open up the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, and create a subsidy program that would have the funds necessary to cover new enrollees.

Having access to health insurance through the Maryland Health Benefit Exchange and a subsidy program will enable more Marylanders who are immigrants to afford health insurance. **Expanding affordable health insurance to all Marylanders is an important step towards our Coalition's ultimate goal to end medical debt.** We believe it is crucial that the State expands the Maryland Health Benefit Exchange because it will allow immigrants to have a health insurance plan that is not necessarily linked to their employment status. Affordable healthcare should be accessible to all Marylanders no matter their immigration or employment status.

## **BACKGROUND**

In Maryland, there are over 275K undocumented immigrants who are ineligible for care through the Maryland Health Exchange. Multiple states across the country have

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<sup>1</sup>**Proposed Amendment:** Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out-of-pocket costs experienced by all other health plan purchasers on the exchange."

established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact in Black and Latino residents, who have become sicker, have been hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

## **WHY SB365/HB588 MATTERS TODAY**

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. With this bill, Maryland would become a safer and healthier place for all its residents. It would ensure that individuals have access to primary care, resulting in higher rates of early detection and better long term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates. We urge a **favorable** report for **HB1035/SB728** with an amendment to create a subsidy program.

Brige Dumais (they/them)

443-243-2078, [brigette.dumais@1199.org](mailto:brigette.dumais@1199.org)

*Submitted on behalf of End Medical Debt Maryland*

# **La Clínica del Pueblo testimony Access to Care Ac**

Uploaded by: Briseyda Flores

Position: FWA

**Testimony in FAVORABLE WITH AMENDMENT of SB365  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) Senate  
Finance Committee  
February 15, 2023**

**Spanish Version**

Buenos días presidente Melony Griffith vicepresidente Klausmeier, y demás miembros del Comité de Finanzas. La Clínica del Pueblo se complace en apoyar el proyecto de ley SB 365 con enmiendas.

Mi nombre es Briseyda Flores, soy de El Salvador y tengo 19 años. He sido residente del Condado de Prince George's durante casi 4 años. Soy estudiante de Northwestern High School. Pertenezco al Programa de Salud Mental Mi Refugio de La Clínica del Pueblo.

La Clínica del Pueblo es un Centro de Salud Federalmente Calificado que ha prestado servicios de salud primaria y comunitaria por 40 años en el área metropolitana de Washington. Mi Refugio es un programa de salud mental dentro de mi escuela para inmigrantes recién llegados. Tener acceso a terapias de salud mental me ha dado apoyo en momentos difíciles y me ha ayudado a lidiar con mis problemas para poder adaptarme a la escuela y aceptarme a mí misma.

En el día de hoy quisiera pedir que apoyen el proyecto de ley de Acceso a la Atención Médica. Hoy hablo en representación de muchos jóvenes inmigrantes y sus familias que como yo hoy se encuentran excluidos de poder recibir servicios de salud.

En la escuela he podido darme cuenta de que muchos de mis compañeros al no contar con un médico no pueden tener suficiente información para poder tomar decisiones. Como jóvenes nos encontramos más expuestos a riesgos como embarazo no deseado, enfermedades de transmisión sexual, diabetes, depresión y ansiedad que pueden llevar al uso de drogas y alcohol.

Otro problema que he notado es que por no poder pagar los precios de un médico que me atienda sin seguro se me hace difícil ir a hacerme un chequeo para saber cómo me encuentro de salud. Si pudiera ir a un médico primario podría saber cómo me encuentro y saber si sería adecuado ir a un ginecólogo a mi edad ya que hasta ahora no he ido nunca por el costo que implica.

Tuve que irme de mi país por los altos índices de criminalidad y la falta de oportunidades. Mi sueño es estudiar en la universidad para ser psicóloga. Entiendo que para poder llegar a cumplir estas metas requiero poder cuidar mi salud, pero cada vez que llamo a hacer una cita al médico y me preguntan si tengo seguro sé que no lo puedo adquirir por mi estatus migratorio.

La decisión sobre la salud de muchos jóvenes de Maryland está en sus manos. Nos encontramos en una etapa decisiva en la cual necesitamos orientación en temas de salud para poder desarrollar nuestro potencial y crear un mejor futuro para nuestras familias y nuestra sociedad.

Sin embargo, al encontrar barreras que nos excluyen nos puede llevar a tomar decisiones forzadas por no tener los recursos necesarios para poder tener atención de salud física y mental. Me encuentro muy agradecida de poder estar en Mi Refugio y de poder vivir en Maryland y por esto quisiera que nos



apoyen con esta ley para que todos como sociedad podamos estar más saludables y cuidarnos mutuamente. Muchas gracias por su atención.

**English Version:**

Dear Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, La Clínica del Pueblo is pleased to support SB 365 with the amendments provided below.

My name is Briseyda Flores, I am from El Salvador, I am 19 years old, and I have been a resident of Prince George's County for almost 4 years. I am a student at Northwestern High School. I belong to La Mi Refugio Mental Health Program that belongs to La Clínica del Pueblo.

La Clínica del Pueblo is a Federally Qualified Health Center that has provided primary and community health services for 40 years in the Washington metropolitan area. Mi Refugio is a mental health program within my school for newly arrived immigrants. Having access to mental health therapy has given me support during difficult times and has helped me cope with my issues so I can adjust to school and accept myself.

Today I would like to ask you to support the Access to Care Act. I speak today on behalf of many young immigrants and their families who, like me, are currently excluded from receiving health care services.

At school I have been able to notice that many of my peers do not have a doctor and therefore cannot have enough information to make decisions. Being young, exposes us to high risks such as unwanted pregnancy, sexually transmitted diseases, diabetes, depression, and anxiety that can lead to the use of drugs and alcohol.

Another problem I have noticed is that because I can't afford to pay for a doctor to treat me without insurance, it is difficult for me to go for a checkup. If I could go to a primary care physician, I could find out how I am doing and ask him if it would be appropriate to go to a gynecologist. As a young woman, I have questions, but I have not been able to address them since I don't have money to pay for them.

I had to leave my country because of the high crime rates and lack of opportunities. My dream is to study at the university to become a psychologist. I understand that in order to achieve these goals I need to be able to take care of my health, but every time I call to make a doctor's appointment and they ask me if I have insurance, I know that I can't get it because of my immigration status.

The decision about the health of many young Marylanders is in your hands. We are at a critical stage where we need guidance on health issues to fulfill our potential and create a better future for our families and our society. However, encountering barriers that exclude us can lead us to make forced decisions because we do not have the necessary resources to be able to have physical and mental health care.

I am very grateful to be able to be part of Mi Refugio and to be able to live in Maryland and for this reason I would like you to support us with this law so that all of us as a society can be healthier and take care of each other.

Thank you very much for your attention!

**Proposed Amendment:**

**Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."**

**SB365\_Carol Stern\_FAVAmend.pdf**

Uploaded by: CAROL STERN

Position: FWA

**Carol Stern**  
**4550 North Park Avenue, Apt T106**  
**Chevy Chase, Maryland 20815**

**TESTIMONY ON SB365- FAVORABLE WITH AMENDMENT**  
**Health Insurance - Qualified Resident Enrollment Program**  
**(Access to Care Act)**

**TO: Chair Griffith and Vice Chair Klausmeier and members of the Finance Committee**

**FROM: Carol Stern**

**My name is Carol Stern, and I am testifying in favor of SB365 with amendments, as a resident of Montgomery County's District 16 and a member of Adat Shalom Reconstructionist Congregation in Bethesda.**

Jewish tradition teaches that human life has infinite value and that the preservation of life supersedes almost all other considerations. We have seen that health inequities were exacerbated during the pandemic. We must use this teaching in developing health policy for Maryland to make sure that **every resident no matter what their immigration status is has access to the highest attainable standard of healthcare. No one should get sick or die because of their income or immigration status.**

SB365 is not only critical legislation for our undocumented community, but it is also sound policy for the state. According to the 2022 fiscal analysis for the same proposal, SB365 would reduce premiums in the individual market by 2.3% in the first year it is enacted. Furthermore, having access to the individual marketplace and a doctor will decrease the number of emergency room visits that uninsured individuals with illnesses make.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant. This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care.

**I respectfully urge this committee to return a favorable with amendments report on SB 365.**

# **Copy of Finance Committee .pdf**

Uploaded by: Catherine Bergmann

Position: FWA

SB0365\_\_Catherine Bergmann\_\_\_FAW

2/14/2023

Catherine Bergmann, PhD, MPH  
Riverdale Park, MD 20737

**TESTIMONY ON SB0365 POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Catherine Bergmann, PhD, MPH

My name is Catherine Bergmann. I am a resident of District 22. I am submitting this testimony in support of SB0365 with amendments, the Health Insurance Qualified Resident Enrollment Program, Access to Care Act.

I care about immigrant rights because my parents were both immigrants; they escaped from Nazi Germany. Even as they escaped to the safety of this country, their problems did not end. I want immigrants today in Maryland to have an easier time than my family did.

I also care about expanding access to health care in Maryland because of my neighbors. On my block there are several families from Central America, and they are the best neighbors anyone could ask for. They also work really hard. All the adults have two jobs, and they all pay taxes. I feel bad that they may not have the access to health care that I have, just because of where they were born.

Finally, as a clinical psychologist and retired health care provider, I want to make sure health care is accessible to the approximately 275,000 undocumented people in Maryland. If we have learned anything from the Covid-19 pandemic, it is that the health of each of us affects the health of all of us.

I respectfully urge this committee to return a favorable with amendments report on SB0365.

**CASA\_FAV\_SB365.pdf**

Uploaded by: Cathryn Paul

Position: FWA



**Testimony FAVORABLE WITH AMENDMENT for Senate Bill 365**  
Health Insurance - Qualified Resident - Access to Care Act  
Senate Finance Committee

February 15, 2023

Dear Honorable Chair Griffith and Members of the Committee,

CASA is pleased to offer favorable testimony in strong support of the Health Insurance - Qualified Resident (Access to Care Act). CASA is the largest immigrant services and advocacy organization in Maryland, and in the Mid-Atlantic region, with a membership of over 120,000 Black and Latino immigrants and working families. This legislation represents an important milestone in our journey towards creating a resilient healthcare system that responds to the lessons learned by the recent pandemic, which impacted communities of color disproportionately.

CASA operates a robust Health and Human Services Department, where our offices work closely with undocumented Marylanders who are uninsured. The CASA health team helps thousands of families and pregnant women navigate the Health and Human Services System each year. From our case management assistance that connects members with social services to improve physical and mental health to our multilingual health hotline and medical interpreter program, to our comprehensive public benefits outreach and enrollment program - CASA is one of the leading and trusted organizations providing health support to the immigrant community. Recently, our health team answered the call to support vaccinating families in the Latino and broader immigrant community. CASA has administered over 13,000 vaccine doses to immigrant communities residing in Prince George's, Montgomery, Baltimore, Howard, Anne Arundel Counties, and those residing in the City of Baltimore. In addition, CASA has fielded tens of thousands of calls from community members, navigating them to COVID-19 tests, helping them apply for COVID relief benefits such as rental assistance, as well as speaking to them about COVID-19 mitigation strategies and other pandemic information. The majority of families we serve everyday lack access to health insurance programs and urgently need better options for care.

Since its establishment in 2010, the Affordable Care Act has allowed 28 million people across the country to gain access to affordable care. In Maryland, during this time, our state has decreased the uninsured rate by almost half to just under 7%. Unfortunately, 275K+ undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the



state, along with their essential role in the Maryland workforce and millions in contributions to society through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

**SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status. SB365 also begins to establish a State Subsidy Program to ensure newly covered individuals have the funding to receive care.** The bill requires the Maryland Department of Health to submit a state innovation waiver (under § 1332 of the Social Security Act) to allow Maryland to change eligibility.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. SB365 is a crucial step in addressing access to care for all Marylanders. CASA's membership, unfortunately, is overflowing with stories of families who have suffered due to their lack of access to care. A recent example that illustrates the urgency of this legislation is of Sandra Lopez, an undocumented single mother from Prince George's County. Maria and her two children have never had healthcare coverage. It has led to Sandra struggling to get her children vaccinated and getting full check-ups for school enrollment. Sandra began to suffer from stomach pain and severe bloating during the pandemic. A year ago, Sandra resorted to visiting the emergency room due to the pain. There, doctors told her she needed a list of exams and an ultrasound, which Sandra, to this day, has not received due to cost. With the pandemic, loss of work, and a household that she financially upholds on her own, Sandra does not know when she will be able to receive the proper care for her stomach.

Another CASA member, Cinthia Sanchez, lives in Baltimore City with her husband and children. This pandemic has been really hard for Cinthia and her family. She and her husband lost their jobs due to COVID-19, and in the thick of the pandemic, her husband was diagnosed with epilepsy. Cinthia's husband has to take 11 types of medications every day, with each medicine costing over \$100. Cinthia's family often has to pick between buying her husband's medicine or paying their rent. Cinthia often resorts to self-medicating or home remedies when it comes to her health.

**Maryland can lead by being the first state to expand healthcare through the Affordable Care Act.** Several states have expanded coverage to undocumented immigrants. California, Massachusetts, Illinois, and the District of Columbia have established comprehensive programs to extend coverage using state funds to cover income-eligible individuals regardless of immigration status. These programs take a wide range of forms, with significant differences in eligibility requirements, funding sources, administrative models, and service models. Despite this variety, a notable commonality is that these expansions have increased healthier communities throughout the entire state or jurisdiction when fully implemented. Maryland has the fifth-highest percentage of undocumented residents in their population - leaving one of the most significant percentages of residents left without care.

**While limited care exists for undocumented immigrants - it is not enough.** Although there are an estimated 47 Federally Qualified Health Centers<sup>1</sup> registered in the state providing limited care to the uninsured, the majority of care provided to the large undocumented population residing in Baltimore City, Montgomery, and Prince George's Counties falls to only a small subset of approximately 12 clinics. These clinics have long been over capacity and haven't been able to keep up with the high demand for affordable primary care, often requiring patients to endure months-long wait times to receive a basic primary care visit. In terms of private coverage, full-time workers are often employed in low-wage jobs and industries that do not offer employer-sponsored coverage. Lastly, Medicaid's Emergency Medicaid is available to undocumented immigrants in emergency rooms. However, it is a case-by-case scenario where it must be determined that the reason for the emergency visit turned out to be a life-threatening condition, if it is determined that it was not, the cost of the visit is entirely the individual's responsibility.

**The Access to Care Act is a step toward ending healthcare disparities and discrimination for the immigrant communities in Maryland.** Despite the deep contributions to Maryland that undocumented families have made to our state, there are over 250K immigrants who worked on the frontlines during the pandemic and who pay over \$240 million in federal, state, and local taxes. Yet, Black and Brown residents continue to become sicker, are hospitalized at higher rates, and die younger as they are forced to face life-or-death situations due to being excluded from programs such as the Affordable Care Act. The Institute of Medicine<sup>2</sup> estimates that 18K Americans died in one year because they were uninsured. Having access to healthcare affects an individual's health, well-being, and life expectancy. It can prevent diseases and disabilities, detect and treat illnesses, increase the quality of life, reduce the likelihood of premature death, and increase life expectancy.<sup>3</sup>

While CASA often refers uninsured individuals to FQHCs, our office continues to see cases of sick individuals being turned away due to long waiting times for an available appointment, resulting in delayed delivery of care and adding to the increased prevalence of preventable complications and comorbidities. These centers are a tremendous service to the immigration population at-large, yet for various reasons are not enough to provide the comprehensive care needed by the entire population of uninsured, undocumented communities.

For purposes of equity, **CASA supports a sponsor amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.**

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care and addresses one of the most significant healthcare disparities experienced by Marylanders of color. **For all of the reasons above, CASA urges a favorable report of Senate Bill 365, and thanks Senator Lam for his sponsorship of this critical legislation.**

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<sup>1</sup> [https://npidb.org/organizations/ambulatory\\_health\\_care/federally-qualified-health-center-fqhc\\_261qf0400x/md/](https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/md/)

<sup>2</sup> <https://www.commonwealthfund.org/blog/2019/insurance-coverage-saves-lives>

<sup>3</sup> <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>



**SB0365\_CharlesKoplik\_FAW.pdf**

Uploaded by: Charles Koplik

Position: FWA

Date of Hearing: February 15, 2023

Charles M. Koplik  
Odenton, MD 21113

**TESTIMONY ON SB0365 - POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance - Qualified Resident Enrollment Program**  
**(Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Charles M. Koplik

**My name is Charles M. Koplik. I am a resident of District 21. I am submitting this testimony in support with amendments of SB0365, Access to Care Act.**

I am a member of the Jewish Community Relations Council (JCRC) and chair its Anti-Racism Team. In addition, I serve as Executive Vice President of the Jewish Federation of Howard County, and I am a member of Temple Isaiah of Fulton.

Our sacred texts insist that we turn our own historical experiences of being outsiders in many foreign lands into compassion for those experiencing the same today. As Jews and as human beings, we are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those of us who were.

As a descendent of immigrants, myself, I know how important certain basic rights are. Everyone should have access to the highest attainable standard of health services. No one should get sick or die because of their income or immigration status. More than 40% of undocumented residents are uninsured. Opening up the Maryland Health Benefit Exchange to all Marylanders, regardless of immigration status, would reduce health inequities.

Black and Latino residents become sicker, are hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion from programs such as the Affordable Care Act. Everyone in Maryland faces the consequences of undocumented residents being denied healthcare.

The specific amendment we recommend is in Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out-of-pocket costs experienced by all other health plan purchasers on the exchange."

**I respectfully urge this committee to return a favorable with amendments report on SB0365.**

# **SB365 Access to Care Act.pdf**

Uploaded by: Christina Nemphos

Position: FWA

Dear Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of Maryland District 40, living in the Medfield neighborhood of Baltimore. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Finally, living without health insurance coverage of any kind can be incredibly stressful. Imagine worrying that a routine injury that requires stitches or imagery could leave you in significant medical debt. **Imagine worrying that something more severe (but still fairly common) like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you may never recover from financially. We must allow our neighbors to purchase coverage!**

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,  
Christina Nemphos  
1301 W 42nd Street, Baltimore, Md 21204  
Showing Up for Racial Justice Baltimore

**SB0365\_JCRC\_FAW.pdf**

Uploaded by: Chuck Koplik

Position: FWA





Date of Hearing: February 15, 2023

Betsy Singer, Columbia, MD 21044, 443-812-2525

Laura Salganik, Columbia, MD 21044, 301-221-5143

**TESTIMONY ON SB0365 - POSITION: FAVORABLE WITH AMENDMENTS**

**Health Insurance - Qualified Resident Enrollment Program  
(Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Jewish Community Relations Council of the Jewish Federation of Howard County, Betsy Singer and Laura Salganik, Co-chairs

**The JCRC is submitting this testimony in support with amendments of SB0365, Access to Care Act.**

As Jews, we have known what it is to be an outsider, to be treated as second class citizens, and far, far worse. In the Bible, the following is repeated numerous times, “ *When strangers reside with you in your land, you shall not wrong them. The sojourners who reside with you shall be to you as your citizens; you shall love them as yourself, for you were strangers in the land of Egypt.* — Leviticus 19:33-34. We know as descendants of immigrants and that it is unconscionable to deny health care access on account of immigration status (or non-status). Health care for all should mean health care for all.

Since its establishment in 2010, the Affordable Care Act has granted 28 million people across the country access to affordable care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange. This bill will right that wrong.

Greater access to healthcare would reduce emergency room visits and mortality rates, as well as increase rates of early detection and improve the long-term management of chronic diseases and serious illnesses. This legislation would make our state a safer, healthier place for all by reducing health inequities.

Black and Latino residents become sicker, are hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion from programs such as the Affordable Care Act. Everyone in Maryland faces the consequences of undocumented residents being denied healthcare.

The specific amendment we recommend is in Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."

**We respectfully urge this committee to return a favorable with amendments report on SB0365.**

**SB0365-FWA.pdf**

Uploaded by: Claire Landers

Position: FWA

Hearing: Feb. 15, 2023  
Claire Landers  
Baltimore, MD, 21209

**SB0365\_ClaireLanders\_FWA**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**  
**with Amendment**

**TO: Chair Griffith, Vice Chair Klausmeier and Members of the Finance Committee**  
**FROM: Claire Landers**

I am a resident of Baltimore County, District 11, and submit this written testimony in Favor of SB0365 with Amendment to provide Qualified Resident Enrollment Access to our Maryland Health Benefit Exchange.

In the past several years, all residents of Maryland have endured a deadly pandemic. It came upon us suddenly, without warning and infected people throughout every community. We were unprepared and so all have suffered together in body and soul, at immense cost personally and economically in every corner throughout our state.

What we have learned as covid-19 raged around us is that we are interconnected and interdependent at a level we had not fully appreciated until then and that it is highly unlikely it will be the last such health crisis we will face. A healthy and prepared Maryland is a strong Maryland. At an estimated 275,000 residents, immigrants are a vital component of Maryland's patchwork of interconnected communities; they absolutely deserve equal and affordable access to our state's highly-vaunted system of health care delivery.

Access to healthcare is a fundamental component of ensuring that each of us - and those around us - remain healthy, contributing members of society. When our next pandemic or flu surge or other general medical emergency arises, it is in all of our collective best interest that immigrants, too, will be able to seek appropriate treatment and care. Overall, Maryland businesses who employ immigrants with access to the Exchange through a subsidized, cost-sharing Qualified Resident Enrollment Program will have healthier employees and a more stable workforce.

It has become abundantly clear that it makes good sense and sound policy that all residents, including Maryland immigrants should have affordable and equal access to medical care. I respectfully urge this committee to return a Favorable with Amendment Report on SB0365 to provide immigrant residents equal and affordable access to Maryland's Health Benefit Exchange via subsidized, cost-sharing Qualified Resident Enrollment.

# **Claudia Guevara.pdf**

Uploaded by: Claudia Guevara

Position: FWA

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**Testimony in FAVORABLE WITH AMENDMENT of SB365  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) Senate  
Finance Committee  
February 15, 2023**

Dear Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, La Clínica del Pueblo is pleased to support SB 365 with the amendments.

My name is Claudia Guevara, I was born in Washington DC and my parents are from El Salvador. I have been a Maryland resident for 16 years in Prince George's County. I work as a Health Center Manager at La Clínica del Pueblo in Hyattsville. I have over 9 years of experience working with Federally Qualified Health Centers (FQHCs). In my job, I oversee the patient services team that helps patients who are uninsured and underinsured with chronic diseases.

On behalf of La Clínica del Pueblo we would like to thank Senator Lam for his sponsorship of this critical legislation.

As you know, La Clínica del Pueblo is an FQHC that has offered health and community services since 1983 in the Washington Metropolitan area. Our Prince George's County clinic located in Hyattsville opened in 2016. We also run a mental health program at Northwestern High School called Mi Refugio, to support young newcomers. Our mission is to build a healthy Latino community through culturally appropriate health services, especially for those most in need.

Today we would like to speak about the lack of health care coverage for Latino immigrants in Maryland. Having a large part of the community outside of the healthcare system is risky. Uninsured people avoid seeking medical care unless they face an emergency and delay care until their symptoms become intolerable. Approximately 275,000 Maryland residents remain ineligible for public or privately owned health insurance due to their immigration status.

We recently published a White Paper about COVID vaccine barriers for Latino immigrants. In our survey, we found that 77% of participants who lived in Maryland were uninsured. Participants stated that lack of trust was due to the spread of misinformation about the vaccine and efficacy. However, one proven strategy to combat medical distrust is regular access to primary care, which our community is routinely excluded from due to immigration status, income, or type of employment.

Uninsured patients are also having to deal with other public health crisis which is gun violence. In the last couple of weeks, we received two uninsured patients who came with severe injuries as result of firearms. Take, for example, a 33-year-old male immigrant who was a victim of an armed robbery and was shot multiple times. This gentleman is uninsured and at the time of dismissal the hospital reached out to La Clínica to see if we were able to see him and establish follow up care with us. Although the capacity of La Clínica is very limited we were able to coordinate care and get him seen with our primary care provider and warm handoff with our mental health team due to trauma and learning how to live wheelchair bound.

**Today I respectfully urge you to support the Access to Care Act.**

Immigrants support the county's economy in paying their taxes and working across sectors. We were and continue to be essential in Maryland's economy. Consistent access to healthcare services is one way we can recognize our contributions and decrease health disparities.

For the purposes of equity, La Clínica del Pueblo supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

Thank you for your consideration and your leadership!

Sincerely,  
Claudia Guevara

# **SB365 Access to Care Act.pdf**

Uploaded by: Daryl Yoder

Position: FWA



Dear Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA.. I am a resident of District 44A. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,  
Daryl Yoder  
309 Glenmore Ave.  
Catonsville, MD 21228  
Showing Up for Racial Justice Baltimore

# **SB365 Access to Care Act.pdf**

Uploaded by: Erica Palmisano

Position: FWA

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA.. I am a resident of MD District 12. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

**Erica Palmisano**

**5580 Vantage Point Rd, Apt 5, Columbia, MD**

Showing Up for Racial Justice Baltimore

# **SB 365 Nonprofit Montgomery FAVORABLE WITH AMENDME**

Uploaded by: Franca Brilliant

Position: FWA



**Testimony in FAVORABLE WITH AMENDMENT of SB365**  
***Health Insurance - Qualified Resident Enrollment Program (Access to Care***  
***Act) Senate Finance Committee, February 15, 2023***  
Franca Brilliant, Advocacy and Development, Director Nonprofit Montgomery

Dear Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee,

Nonprofit Montgomery is pleased to support **SB 365 with amendments**.

Thank you for giving me the opportunity to testify. My name is Franca Brilliant and I am the Advocacy and Development Director for Nonprofit Montgomery. We support our nearly 200-member nonprofit organizations with technical assistance, training and resources, and advocacy on issues of importance to the nonprofit sector. SB365 represents an important milestone in Maryland's journey towards creating a resilient healthcare system; many of our members see on a daily basis how immigrants and communities of color have suffered from systemic inequities in healthcare.

The Affordable Care Act has allowed 28 million people across the country to gain access to affordable care. In Maryland, since the establishment of the Maryland Health Benefit Exchange (MHBE) in 2011, which allows individuals and small businesses to purchase affordable health coverage, **our uninsured rate has almost halved from 12% to 6%**.<sup>1</sup> The MHBE is funded in part by a mandated diversion of premium tax revenues and in recent years it has not spent all of the mandated appropriations.<sup>2</sup>

Although Maryland has taken bold steps toward ensuring everyone has access to care, the immigrant community has been left behind. Unfortunately, 275K+ undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange (MHBE) due to their immigration status. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential

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<sup>1</sup> <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

<sup>2</sup> [https://mgaleg.maryland.gov/2022RS/fnotes/bil\\_0005/hb1035.pdf](https://mgaleg.maryland.gov/2022RS/fnotes/bil_0005/hb1035.pdf)

role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

**SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status. SB365 also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care.**

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB365 is a crucial step in addressing access to care for all Marylanders.

SB365 is not only critical legislation for our undocumented community, but it is also sound policy for the state. According to the 2022 fiscal analysis for the same proposal, SB365 would reduce premiums in the individual market by 2.3% in the first year it is enacted. Furthermore, having access to the individual marketplace and a doctor will decrease the number of emergency room visits that uninsured individuals with illnesses make. Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. For all of the reasons above, Nonprofit Montgomery urges a *favorable with amendment* report of Senate Bill 365, and thanks Senator Lam for his sponsorship of this critical legislation.

**For the purposes of equity, Nonprofit Montgomery supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.**

**SB365 - ACLU Testimony - Feb 15, 2023.pdf**

Uploaded by: Frank Patinella

Position: FWA



**Testimony for the Senate Finance Committee  
SB 365 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)  
February 15, 2023**

*Written by: Elizabeth Chung, Executive Director of the Asian American Center of Frederick, Yewande Oladeinde, President of Nigerians in Frederick, and Frank Patinella, Senior Education Advocate for the ACLU of Maryland*

**FAVORABLE WITH AMENDMENT**

The ACLU of Maryland, Asian American Center of Frederick (AACF), and Nigerians in Frederick support SB 365 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act), which seeks to address critical health disparities among undocumented individuals in Maryland. This bill would provide access to Maryland's Health Benefit Exchange program for individuals and families that meet the federal Affordable Care Act's (ACA) income eligibility criteria. The bill would also provide funding for those that need financial support in obtaining health insurance and require the state to apply for a waiver under the ACA to secure eligibility for undocumented individuals and families.

The Maryland legislature has made significant strides in expanding healthcare to residents throughout the state through a variety of programs over the past decade. Since the ACA passed, 28 million Marylanders have obtained affordable health insurance through the state's exchange. However, there are many people in Maryland — especially nearly 300,000 undocumented immigrants — who struggle to find resources for routine care due to the lack of access to healthcare insurance. Without this benefit, many undocumented immigrants have not had the option to receive regular monitoring and treatment for serious medical conditions.

Access to primary care and specialized services have been correlated with positive health outcomes.<sup>1</sup> Health insurance allows individuals to secure a regular source of care, which is critical for detecting and treating diseases, managing chronic illnesses, and overall preventive care. People without insurance oftentimes delay seeking care due to the high costs of paying out of pocket, which can eventually lead to costly emergency room visits and sometimes the outcomes are fatal.

For the past four years, AACF has been part of the Community Health Access Program (CHAP) with Kaiser Permanente (KP) to provide health insurance to thousands of Marylanders. For every person

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<sup>1</sup> *Access to primary care.* Access to Primary Care - Healthy People 2030. (n.d.). Retrieved February 13, 2023, from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care>



enrolled, there were approximately 2 people placed on the waiting list. Further, despite KP's generosity, there was still an access issue because many of AACF's clients in communities from western Maryland lacked adequate transportation to access health care services in counties where KP providers are located. SB 365 would largely remove this barrier by allowing hundreds of thousands of residents to access healthcare services in their local communities.

Nevertheless, the CHAP insurance provision continues to save lives. Of the thousands of people that AACF served, one older gentleman's story is particularly compelling. This man came to America from Bangladesh more than 20 years ago and was undocumented since his arrival. He worked as a cook and did not have money for health insurance. But he paid his taxes, volunteered to serve the community, and made great contributions to the community. AACF was able to help him access care through KP and he was able to have an operation on his hernia, which progressed to a debilitating condition for him. This operation allowed him to continue working and he was finally able to visit his grandchildren whom he had not yet met in his home country. The CHAP insurance saved his life. Unfortunately, there are many more people like him who need access to healthcare in our community and throughout our state.

Nigerians in Frederick has also collaborated with AACF in seeking healthcare resources for their constituents that do not have access to affordable healthcare. One woman who attended an AACF health fair revealed that her prescription medications had to be sent to her by her family in Nigeria. After being connected with services through the health fair, medical professionals learned quickly that she was at high risk of going into a hypertensive crisis due to her excessively high blood pressure. Every time she reflects on her experience, she is filled with gratitude and gives credit to AACF, Nigerians in Frederick, and the healthcare she received for saving her life.

Another case happened during the COVID pandemic, when there were lots of uncertainties about getting the vaccine and misinformation being spread among the Nigerian community about the need to have health insurance to pay for the vaccines or that the vaccine was a way for the government to track those in the country illegally. The health fair with AACF and the educational outreach efforts helped to alleviate their concerns.

The immigrant community is one of the most vulnerable and underserved populations when it comes to healthcare access. Passing SB 365 would represent a big step forward to ensure that the basic human right of healthcare, regardless of immigration status, is more accessible for Maryland's immigrant communities. We ask that the committee adopt an amendment to ensure that newly qualified individuals will receive the same subsidy rate as all other individuals covered under the ACA.

For the foregoing reasons, we urge this committee to give SB 365, with the aforementioned amendment, a favorable report.

**SB 365 - Support - FIN - Access to Care - 2-16.pdf**

Uploaded by: Henry Bogdan

Position: FWA

February 15, 2023

**Statement on Senate Bill 365**  
**Equity in Transportation Sector - Guidelines and Analyses**  
**Senate Finance Committee**

**Position: Support with Amendment**

Maryland Nonprofits is a statewide association of more than 1500 nonprofit organizations and institutions. We strongly urge you to support Senate Bill 365 to achieve equitable access to health care for undocumented immigrants in Maryland.

The Affordable Care Act has allowed 28 million people across the country to gain access to affordable care. In Maryland, since the establishment of the Maryland Health Benefit Exchange (MHBE) in 2011, which allows individuals and small businesses to purchase affordable health coverage, our uninsured rate has almost halved from 12% to 6%. The MHBE is funded in part by a mandated diversion of premium tax revenues and in recent years it has not spent all of the mandated appropriations.

Although Maryland has taken bold steps toward ensuring everyone has access to care, the immigrant community has been left behind. More than 275,000 undocumented immigrants, who make daily contributions to communities and our economy, remain ineligible for coverage. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status.

Senate Bill 365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status, and establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving a significant percentage of residents without care. Senate Bill 365 is a crucial step in addressing access to care for all Marylanders.

To assure equitable treatment we also support an amendment to provide that newly qualified individuals under SB 365 will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

We urge you to give Senate Bill 365 a favorable report with the 'equity amendment' mentioned above.

# **SB365 Access to Care Act.pdf**

Uploaded by: Holly Powell

Position: FWA

Dear Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA.. I am a resident of **District 46 passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

**Holly Powell**  
**2308 Cambridge Street**  
**Baltimore, Maryland 21224**  
Showing Up for Racial Justice Baltimore

**SB0365\_Ioana Stoica\_FWA.pdf**

Uploaded by: Ioana Stoica

Position: FWA

February 15, 2023

Ioana Stoica  
Laurel, MD 20707  
ioana.stoica@mail.com

**TESTIMONY ON SB365 - POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Ioana Stoica

My name is Ioana Stoica and I am a resident of District 21. I am submitting this testimony in support with amendments for SB365. I support the proposed amendment:

Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."

I write to you as a constituent, as an immigrant, and as a member of Oseh Shalom, a reconstructionist synagogue in Laurel, MD. My faith and my background both form the foundation for my beliefs that not only must we welcome those fleeing injustice, but we must stand for the principles we profess as a nation: our country is one that supposedly affords equal access and freedom for all. However, in practice, too many groups, including immigrants, are in fact not afforded the same rights as others.

Despite the deep contributions to Maryland that undocumented families have made to our state, over 275K people are ineligible for care through the marketplace. From working on the frontlines during the pandemic to paying over \$240 million in federal, state, and local taxes, our government must take steps to protect the health and safety of the immigrant community. Black and Latino residents become sicker, are hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion from programs such as the Affordable Care Act. Everyone in Maryland faces the consequences of undocumented residents being denied healthcare.

To ensure our communities prosper and leave no one behind we must insure everyone with Access to Care. Please, stand up for the fundamental principle of dignity and healthcare for all people, regardless of the privileges or lack thereof that they were born into, and support this important legislation. **I respectfully urge this committee to return a favorable with amendments report on SB365.**

# **CAN Testimony in support of SB365 (Access to Care)**

Uploaded by: Jerry Kickenson

Position: FWA





**faith. love. liberation.**  
**fe. amor. Liberación.**

**Testimony in support, with amendment, of Senate Bill 365  
Probation Before Judgment – Probation Agreements**

To: Hon. Will Smith, Jr, chair, and Members of the Senate Judicial Proceedings Committee

From: Jerry Kickenson, Treasurer and Montgomery County Coordinator, Congregation Action Network

Date: February 14, 2023

We are writing in **support, with amendment, of Senate Bill 365, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**, on behalf of the Congregation Action Network (CAN). The Congregation Action Network is a network of faith communities in Washington, DC, and the Maryland and Virginia suburbs acting in solidarity to end detention, deportation, profiling, and criminalization of immigrants and demanding and upholding justice, dignity, safety, and family unity. With over 75 congregations and a thousand members throughout the capital area, including over 25 congregations with thousands of members in Montgomery and Prince George's counties, we live our faith in advocacy for and solidarity with our immigrant neighbors.

As people of faith committed to justice and compassion for immigrants, we adhere to the sacred texts of most major faiths that call for welcoming the stranger and treating each other with love, dignity, respect, and compassion. We believe in liberation and that immigrant families should be treated fairly and have the same access to programs and services as all Maryland residents.

SB365 will amend the purpose of the Maryland Health Benefit Exchange Fund so that all Maryland residents, regardless of their immigration status, have access to the coverage and subsidies otherwise available to all other eligible Maryland residents.

Immigrants in our state have the same right to health care as all of us. Many work in front line occupations, and many supported the rest of us through the worst of the Covid pandemic. We should not deny them, solely on the basis of their immigration status, access to health care or the insurance coverage that can help provide that access.

The sole amendment we request is to make explicit that the funding for the new Qualified Resident program be equivalent (provide the same level of affordability) to that provided other eligible residents. This could be done, for instance, by adding the following clause to section 31-124(A):

**(5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."**

We respectfully urge you to reach a **favorable with amendment** report for SB365. It will provide the benefits of the Maryland Health Benefit Exchange Fund to all residents of Maryland. It is the right and moral thing to do.

Respectfully yours,

Jerry Kickenson  
Treasurer and Montgomery County Coordinator  
Congregation Action Network  
% 1701 Ladd Street  
Silver Spring, MD 20902

**SB0365\_Jo Shifrin\_ Access to Care Act.pdf**

Uploaded by: Jo Shifrin

Position: FWA

SB0365\_ Jo Shifrin\_ FWA  
Date of Hearing: February 15, 2023  
Jo Shifrin  
Bethesda, MD 20817

**TESTIMONY ON SB0365 - POSITION: FAVORABLE with Amendments**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Senator Griffith, Chair, and Senator Klausmeier, Vice Chair, and members of the Finance Committee

**FROM:** Jo Shifrin

**My name is Jo Shifrin. I am a resident of District 16. I am submitting this testimony in support with amendments of SB0365, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

I have a graduate degree in public health, and I care deeply about health care being available to all Marylanders. Judaism teaches us to value life and health, to honor our parents, to care for children. It also calls for fair treatment of workers, including the commandment in Deuteronomy 24:14 to “not oppress the hired laborer who is poor and needy.” Our sacred texts insist that we look to our own historical experiences of being outsiders in many countries into compassion for those experiencing the same today.

The Affordable Care Act has allowed nearly 30 million people across the United States to gain access to affordable health care. People who don’t have health insurance are much more likely to delay seeking care. When they do seek medical care, they are sicker, they are hospitalized at a higher rate, and are less likely to be cured and die younger than the insured population. As a hospital and medical school administrator I saw first hand those patients who, without insurance, showed up in the emergency room when they were extremely ill. As residents of Maryland, I believe we are obligated to make sure that those of us not born in this country are as safe, and as healthy, as those of us who are.

In Maryland, there are approximately 275,000 undocumented immigrants who are not currently eligible to purchase insurance through the Maryland Health Exchange, despite the fact that they paid more than \$240 million in federal, state, and local taxes. Many of them are Black and Brown residents who hold low income jobs and who are the frontline workers who have kept businesses open during the pandemic. This bill should provide State premium assistance and cost-sharing subsidies to limit out of pocket costs for all Marylanders, regardless of immigration status.

SB0365, with amendments, will reduce health care disparities in our immigrant communities and will make Maryland a safer and healthier place for all of us by:

- Reducing costly emergency room visits
- Helping workers and their families to have access to primary care, resulting in higher rates of early detection and better long term management of chronic diseases
- Helping to prevent the spread of Covid-19 and other infectious diseases by providing access to care, vaccinations, and medication.

Please support healthcare for immigrants and their families. **I respectfully urge this committee to return a favorable with amendments report on SB0365.**

# **Health Care for the Homeless - 2023 SB 365 FWA - A**

Uploaded by: Joanna Diamond

Position: FWA

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**FAVORABLE WITH AMENDMENT**  
**SB 365 – Health Insurance - Qualified Resident Enrollment Program**  
**Access to Care Act**

**Senate Finance Committee**  
**February 15, 2023**



Health Care for the Homeless strongly supports SB 365, which opens up the Maryland Health Benefit Exchange (Affordable Care Act Coverage or “ACA”) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status. Among other things, the bill also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care. Last year, Health Care for the Homeless strongly supported bills to make qualified residents, regardless of immigration status, eligible for health plans under the Maryland Health Benefit Exchange Fund, as well as establish and provide funding for a state subsidy program as well as expand Medicaid to people who are pregnant and post-partum regardless of immigration status. This bill is a logical continuation of that work and we stand in strong support of these efforts to expand health care access to everyone. For Health Care for the Homeless, *health care is a human right*.

While the Affordable Care Act has shown transformative health outcomes for people across the country, this lifesaving policy has been categorically denied to Marylanders who are undocumented. Health care is a human right and should never depend on a person’s immigration status.

As a federal qualified health center, treating all people regardless of immigration status, at Health Care for the Homeless we seen firsthand that denial of health insurance coverage due to immigration status has tremendously negative consequences. Over the past two years, we have seen an exponential increase in the number of clients present who are undocumented – oftentimes we see these clients through our pediatrics department. For our clients, access to this oftentimes life-saving care is both critical to public health and is also an issue of fundamental human rights. Health coverage must be made accessible for everyone regardless of immigration status.

Generally, denial of health coverage leads to [poorer health outcomes](#). Barriers to health coverage, and outright exclusions, have far-reaching implications — from missed early cancer diagnoses to reduced medication adherence for treatable conditions — that causes unnecessary suffering in families.

People without health insurance are more likely to skip preventive services and are less likely to obtain regular health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional’s office or clinic in the past 12 months.<sup>1</sup> People who are uninsured are also less likely to seek medical care when they have a health problem. One in five (20%) uninsured adults say that they went without needed care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.<sup>2</sup>

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<sup>1</sup> [The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act – How does lack of insurance affect access to care? – 7451-14 | KFF](#)

<sup>2</sup> Id.

Because uninsured people are less likely than those with insurance to obtain regular medical care, they are more likely to have negative health consequences. This can include having an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance.<sup>3</sup>

While safety net providers, like Health Care for the Homeless, are crucial in providing care to people who are uninsured, and particularly people who are undocumented, the safety net system does not nearly close the gap in care for the uninsured.<sup>4</sup>

No one should get sick or die because they are poor or undocumented. Health care is a human right. A person's immigration status should never, under any circumstances, determine the ability to receive affordable and high-quality health care. As a matter of public health and a matter of fundamental human rights, health insurance through the Exchange must be extended to all qualified residents regardless of immigration status.

*For the purposes of equity, we stand with our fellow advocates in supporting an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.*

**We urge a favorable with amendment report on SB 365.**

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County.*

*Our Vision: Everyone is healthy and has a safe home in a just and respectful community.*

*Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.*

*For more information, visit [www.hchmd.org](http://www.hchmd.org).*

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<sup>3</sup> Id.

<sup>4</sup> Id.



# **SB365 Access to Care Act Testimony 2.14.pdf**

Uploaded by: Joshua Sharfstein

Position: FWA



**Center for Salud/Health and Opportunity for Latinos**  
Johns Hopkins Centro SOL  
Mason F. Lord Bldg, Center Tower Suite 4200  
5200 Eastern Avenue, Baltimore MD 21224  
410.550.1129 | centrosol@jhmi.edu | www.jhcentrosol.org

**Testimony: FAVORABLE WITH AMENDMENT for SB 365**  
Insurance - Qualified Resident Enrollment Program (Access to Care Act)  
Senate Finance Committee  
February 15, 2023

Centro SOL, the center for *Salud*/Health and Opportunity for Latinos at Johns Hopkins, is pleased to support SB365/HB363.

Centro SOL is a Baltimore-based organization committed to promoting equity in health and opportunity for Latinos by developing patient and community-centered programs focused on physical and mental health, as well as clinical care innovations. Please note that while Centro SOL is partnered with Johns Hopkins University, this testimony does not necessarily represent the views of the University.

Latinos continue to have the highest uninsured rates of any racial or ethnic group within Maryland, despite an overall decrease in uninsured rates in the state. The Kaiser Family Foundation reported in 2019 that 21.4 percent of Hispanics in Maryland were uninsured, compared to 3.8 percent for non-Hispanic whites.<sup>1</sup> The high rate of uninsured Hispanic individuals can be partly attributed to the systematic exclusions certain immigrants face from federal health insurance programs. Some immigrants can participate in these programs, but undocumented immigrants and DACA recipients are still not eligible.

Maryland is more diverse now than when the Affordable Care Act was first enacted in 2010. As of 2017, two hundred and seventy-five thousand undocumented immigrants reside in Maryland, accounting for about 5% of Maryland's population.<sup>2</sup> Further, one in five workers in Maryland is an immigrant. Their work and entrepreneurship contribute to Maryland's economic growth and vitality. Despite the profound contributions immigrants make to the state, their essential role in the Maryland workforce, and millions in contributions to the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act. Even when they meet all other basic eligibility requirements, many cannot buy health coverage from the State's Marketplace because of their immigration status.

Changing the State's law to extend access to health care to immigrants who are not eligible due to immigration status is a necessary next step to meet the health needs of immigrants.

**SB365 is critical legislation for our undocumented community and a sound policy for the state. SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their**

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<sup>1</sup> Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>2</sup> Jens Manuel Krogstad, Jeffrey S. Passel, and D'Vera Cohn, 5 Facts About Illegal Immigration in the U.S., (Washington, DC: Pew Research Center, June 2019), <https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/>



## Center for Salud/Health and Opportunity for Latinos

Johns Hopkins Centro SOL

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**immigration status. SB365 also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care.** Expanding access to health insurance will allow individuals to seek timely care, reduce emergency room visits and hospital admissions for preventable care, and improve readiness to face health emergencies.<sup>3</sup>

**We support SB365 because we know it will improve the lives of people like Maria and Julian.** Maria, 38, has lived in Baltimore for more than 15 years. She married Julian, 42. Maria and Julian both work full time, they purchased their home in Baltimore, and they file their taxes yearly. They do not qualify for health insurance. When they get sick, they pray they will not need to go to the doctor. They have heard stories about people paying thousands of dollars for care, and they are terrified about having to go to court just because they did not have health insurance to cover the cost of necessary health care. Their lack of health insurance has also limited their access to preventative care since they arrived in the US. Having access to health insurance would allow people like Maria and Julian to have access to preventative care, sick visits, and timely management of chronic conditions, ultimately allowing them to live healthier lives and continue making meaningful contributions to their vibrant communities.

We support an amendment that number A (5) on page 7: "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."

This legislation aligns Maryland with its values of protecting health and treating all people with dignity, respect, and care. For all the reasons above, Centro SOL urges a favorable with amendment report of Senate Bill 365 and thanks Senator Lam for his sponsorship of this critical legislation.

:

Monica Guerrero Vazquez, MS, MPH  
Executive Director  
Centro SOL

Sarah Polk, MD, ScM  
Co-Director, Centro SOL  
Associate Professor of Pediatrics  
Johns Hopkins University School of Medicine

Maria Ruiz  
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MPH Candidate  
Johns Hopkins Bloomberg School of Public Health

Joshua Sharfstein, MD  
Centro SOL Policy Group  
Professor of the Practice in Health Policy and Management  
Johns Hopkins Bloomberg School of Public Health

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<sup>3</sup> Kaiser Family Foundation, Health Coverage and Care for Immigrants, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants>.

**SB 365\_MD Center on Economic Policy\_FAV.pdf**

Uploaded by: Kali Schumitz

Position: FWA

# All Marylanders Should Have Access to Affordable Health Coverage

## Position Statement Supporting Senate Bill 365 With Amendments

*Given before the Senate Finance Committee*

Everyone needs quality and timely access to healthcare. We can strengthen the health of Marylanders by providing affordable healthcare coverage to all, a barrier that often produces racial and ethnic health disparities and stems from socioeconomic inequality. Senate Bill 365 would open the Maryland Health Benefit Exchange to residents who meet the regular eligibility requirements, regardless of their immigration status. This opportunity will propel Maryland one step closer to improving health accessibility in the state. **The Maryland Center on Economic Policy supports Senate Bill 365 with amendments because it improves health equity for one of Maryland's most vulnerable communities.**

While the provisions in the Affordable Care Act (ACA) have enabled more Marylanders to get the medical attention they need, hundreds of thousands of residents are still without health insurance. The undocumented population, in particular, is at much greater risk of being uninsured. According to the Census Bureau, 21.3% of Latine Marylanders were uninsured in 2021, compared to 5.6% of Black and 3% of White residents.<sup>i</sup> The disproportionate numbers are likely an indication of the large share of immigrants in the Latine community: non-citizen immigrants accounted for 38% of the uninsured in Maryland despite accounting for only 7.2% of the state population.<sup>i</sup>

Gaining health coverage greatly improves access to health care and decreases the negative effects of being uninsured. Research shows that the expansion of health insurance through the ACA improved access to care, affordability, financial security, and health outcomes.<sup>ii</sup> We are all affected when people in our communities delay seeing a doctor due to financial or documentation status concerns associated with health coverage. Public or communal health is comprised as seen through the COVID-19 pandemic, in addition to possible uncompensated care provided at hospitals.<sup>iii</sup> Research has shown that Medicaid expansion through the ACA reduced \$1,140 in medical debt per person, in addition to reducing evictions for lower-income households.<sup>iv</sup>

Multiple states across the country have established comprehensive care programs to extend coverage to undocumented immigrants. Twelve states in addition to the District of Columbia provide some type of state-funded healthcare to income-eligible children regardless of immigration status; other states have passed legislation that will do so in the next couple of years.<sup>v</sup> Two states in particular have expanded some form of market coverage to undocumented residents:

- Recently, the state of Washington came one step closer to expanding healthcare for all through the federal approval of their 1332 waiver application that will allow undocumented residents to purchase marketplace

insurance through their state exchange.<sup>vi</sup> Residents with incomes up to 250% of the federal poverty level would qualify for their state-based subsidy program even if they are not eligible for federal premium tax credits. Notably, the state allocated \$50 million for the subsidy program in their 2023 planning year. For approval, legislation also had to appropriate an additional \$5 million in state funding that would be available upon receipt of the waiver.<sup>vii</sup>

- Starting this year, Colorado will provide state-based subsidies to residents earning up to 300% of the federal poverty level for individual market enrollment regardless of immigration status.<sup>vi</sup> Residents are able to purchase insurance through Colorado Connect, a more secure platform separately from their exchange website.

SB 365 is a step toward ending healthcare disparities for immigrant communities in Maryland. Through this bill, the state would become a safer and healthier place for all its residents. For these reasons, **the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 365 with amendments to ensure the state subsidy is equivalent to the federal subsidy.**

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## Equity Impact Analysis: Senate Bill 365

### *Bill Summary*

SB 365 would require the Maryland Health Benefit Exchange to submit a state innovation waiver application amendment under §1332 of the Affordable Care Act in order to establish a Qualified Resident Enrollment Program that will allow residents to obtain coverage through the exchange regardless of immigration status. It will also establish a subsidy program that, based on the availability of funds, will provide state based premium assistance and cost-sharing reductions to qualified residents enrolled in plans.

### *Background*

Despite having an uninsured rate of 6%, many Maryland residents are still struggling to access and afford healthcare. Around 275,000 undocumented Marylanders are ineligible for care through Maryland's Medical Assistance Program, Maryland Children's Health Program, the Maryland Benefit Health Exchange or other government-funded programs except for emergency services, even if they meet all the criteria but for their immigration status. Multiple states across the country have established comprehensive care programs to extend coverage to immigrants regardless of their documentation status. In 2022, the Maryland General Assembly passed the Healthy Babies Equity Act, which expands Medicaid to cover prenatal and postpartum care up to 12 months for pregnant individuals regardless of their documentation status.

### *Equity Implications*

Immigration status can be a social determinant of health for many people, particularly for undocumented immigrants. This community often bears one of the highest uninsured rates nationwide: 46% of nonelderly undocumented immigrants were uninsured compared to 25% of lawfully present immigrants and 8% of U.S. citizens.<sup>v</sup> Employer-sponsored coverage is also an obstacle for undocumented immigrants as they tend to work in lower-wage occupations that do not offer health coverage.<sup>v</sup>

Not only does accessibility impact immigrant population's health, so does affordability. Research shows that immigrants' out-of-pocket healthcare expenses tend to be higher than those of citizens,<sup>v</sup> especially for undocumented immigrants who are elderly or have recently arrived.<sup>viii</sup> However, subsidies and other forms of

financial assistance can reduce families' need to rely on less affordable and comprehensive health coverage, and can encourage preventative rather than urgent care. As such, the Maryland Center on Economic Policy supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

### *Impact*

Senate Bill 365 will likely **improve racial, health and economic equity** in Maryland.

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<sup>i</sup> Source: Census Bureau, American Community Survey 1-year 2021 estimates

<sup>ii</sup> “Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021,” Kaiser Family Foundation, 2021. <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>

<sup>iii</sup> “The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Center for Budget and Policy Priorities, 2020. <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion>

<sup>iv</sup> Ibid

<sup>v</sup> “Health Coverage and Care of Immigrants,” Kaiser Family Foundation, 2022. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>

<sup>vi</sup> “A Decade of State Immigrant Rights Victories: Moving Toward Health Care and Economic Justice for All,” National Immigration Law Center, (2022). [https://www.nilc.org/wp-content/uploads/2022/12/NILC\\_StateandLocalPolicy\\_2022\\_122222.pdf](https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf)

<sup>vii</sup> “Washington: State Innovation Waiver,” (2022). <https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf>

<sup>viii</sup> Flavin, L., Zallman, L., McCormick, D., & Boyd, J.W. (2018). Medical expenditures on and by immigrant populations in the United States: A systematic review. *International Journal of Health Services*, 48(4), 601-621. <https://doi.org/10.1177/0020731418791963>

**SB0365\_KateSugarman\_FWA.pdf**

Uploaded by: Kate Sugarman

Position: FWA



2/15/2023

Kate Sugarman  
Potomac, MD 20854

**TESTIMONY ON SB365 - POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Kate Sugarman

**OPENING: My name is Kate Sugarman. I am a resident of District 15. I am submitting this testimony in support with amendments SB365, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).**

As a family physician who lives in Maryland I know all too well that my immigrant patients who live in MD often have to forgo life saving health care since they are denied affordable insurance. There is a stark difference for immigrant patients who live in DC. DC residents, regardless of their immigration status, qualify for affordable insurance while immigrant patients in MD largely do not.

On a real life basis that means that MD immigrant patients with deadly diseases like cancer and diabetes risk life long disability and death due to inability to afford treatment and care.

As a leader of the MD Chapter of Doctors for Camp Closure, **I respectfully urge this committee to return a favorable with amendments report on SB365.**

# **SB365 Access to Care Act.pdf**

Uploaded by: Katherine Wilkins

Position: FWA

Dear Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA. I am a resident of **12A**. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

**Katherine Wilkins**

**5605 Foxcroft Way**

**Columbia MD 21045**

Showing Up for Racial Justice Baltimore

**NNU in Support of SB0365 - Access to Care Act .pdf**

Uploaded by: Korey Hartwich

Position: FWA



**National  
Nurses  
United**

*The National Voice for Direct-Care RNs*

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**Maryland General Assembly  
Senate Finance Committee  
Testimony of Judy Alba, RN  
On Behalf of National Nurses United  
SB0365 – Favorable with Amendment  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)  
February 15, 2023**

Good afternoon, Chair Griffith and members of the committee.

My name is Judy Alba. I am a registered nurse at an acute care hospital and a resident of Mt. Rainier in Prince George's County. I am a proud member of National Nurses United, and I am testifying on behalf of its 225,000 nurse members including thousands of Maryland residents.

Registered nurses are on the front lines of patient care here in Maryland and across the nation. We are fierce advocates for our patients, for true health care justice, and for our communities. National Nurses United urges a favorable report with amendment for the Access to Care Act to enable more Marylanders to get the health care they need to flourish.

Every day nurses witness preventable health care tragedies that result from our current fragmented system of insurance, the high costs of care and insurance, and a health care system that too often puts profits before people. Every day we see our patients forgo the medications and care they need simply because they cannot afford it. That is simply wrong. Registered nurses believe that health care is a human right, and we are determined to ensure that every Marylander gets the care they need.

Being diagnosed with a serious illness can mean financial devastation. And because of high premiums, deductibles and out of pocket expenses, we have too many people who tragically do not have the money to pay for the treatment they need. In addition to unnecessary pain and suffering, postponing or skipping needed health care can lead to worse outcomes, higher costs, and even death. That is unacceptable.

While the Affordable Care Act enabled millions of people around the country to at least be nominally insured, too many in the immigrant community have not benefitted from its progress. Since undocumented immigrants are not eligible for care under the ACA, more than 275,000 Marylanders have been left behind to struggle with a system that costs too much and puts finance before human need. Disease does not know nationality or immigration status. When large sectors of our population are without health care, not only do they suffer, the whole society is put at risk in the case of infectious disease and we all pay higher costs for medical care.

While a single-payer system would provide guaranteed health care to everyone and is our preferred solution to the ongoing crisis, the Access to Care Act offers a real opportunity to take an important step forward from the ACA, expanding health insurance to all people in our communities. Our families, our neighbors, and everyone in our state should be able to access health care without risking bankruptcy or giving up other necessities, regardless of immigration status. This bill will open the Maryland Health Benefit Exchange to all Marylanders who meet the regular ACA eligibility standards, regardless of their immigration status and will create a state subsidy program to ensure newly covered individuals have the funding to receive care.

National Nurses United strongly supports the Access to Care Act, to ensure that all income-eligible Marylanders can get coverage through the exchange, regardless of immigration status. For thousands of Maryland immigrants, this bill will be the difference between life and death. Further, we understand that enabling all Marylanders to get regular yearly checkups and other preventative health care, will lead to healthier lives and even lower costs as they rely less on emergency room visits.

On behalf of National Nurses United and our patients, I thank Senator Lam and the cosponsors for introducing this bill. We urge the Committee to support the health of all Marylanders by voting for the Access to Care Act with the vital amendment of equitable subsidies for all Maryland residents.

At a time of turmoil in health policy, and increasing healthcare insecurity, Maryland can once again lead. We can build upon the expanded coverage under the ACA to ensure that all Marylanders get the care they need to be healthy. In the most personal area of our lives, we can provide peace of mind to so many of our neighbors. Please pass the Access to Care Act with the equitable funding amendment.

Thank you.

*National Nurses United (NNU) is the largest union and professional organization of registered nurses in the country, representing 225,000 members, including thousands of Maryland residents. NNU works with nurses to improve patient care and working conditions at hospitals, advocate for nurses and patients, and win health care justice and quality health care for all. For more information about National Nurses United's work in Maryland, please contact Kenneth Zinn, Mid-Atlantic Regional Director, at [kzinn@nationalnursesunited.org](mailto:kzinn@nationalnursesunited.org) or call 240-235-2000.*

# **SB365.SupportWiithAmendment.TakomaParkMobilization**

Uploaded by: Laura Atwood

Position: FWA



**SB365 – SUPPORT WITH AMENDMENT**

**Laura Atwood**

**Takoma Park Mobilization**

**[laura\\_a79@hotmail.com](mailto:laura_a79@hotmail.com); 301-587-3876**

**SB365 – SUPPORT WITH AMENDMENT**

**Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)**

Senate Finance Committee

February 15, 2023

Dear Chair Griffith, Vice-Chair Klausmeier, and members of the Senate Finance Committee:

My name is Laura Atwood. I have lived in Maryland since 1999, and I represent Takoma Park Mobilization, an all-volunteer grassroots advocacy organization founded in 2016 that is active in environmental, justice, economic, and electoral matters. We are in SUPPORT of SB365 WITH AMENDMENT, to provide subsidies so people have true and equal access to health insurance regardless of their immigration status.

I'm also testifying as a healthcare employee who's so often struck by how many health problems, with accompanying anguish and multidimensional costs, could be prevented. I'd like to share the story of one man, whom I'll call Mario, who was my home health patient a few years ago. I work as a home physical therapist with patients who are "homebound," or unable to tolerate going to a physical therapy clinic; I typically make 4-6 visits per day, and people invite me into their homes and lives, hoping that I can help them get stronger and healthier.

Normally people without insurance are simply absent from my worklife. But Mario had come through my organization's hospitals and we were able to make a very few unreimbursed visits; even this is uncommon.

Mario had lost insurance when he changed jobs, didn't qualify for Medicaid or ACA subsidies because of immigration status, and couldn't afford his cardiac medications. Yes, these stories are real, in the form of so many human beings. So he had a simultaneous heart attack and stroke, couldn't return to his restaurant job which included heavy lifting, and couldn't pay rent for his room in a family's home; the family (including elementary school children) relied on that income as well but didn't want to make him homeless. The man was in his early 50s and eager to work, but unable when I last saw him.

How much better, in so many ways, would it have been to prevent the cascade of devastation from Mario's lack of health insurance? We need to do what we can, going forward, to prevent others from facing Mario's situation. SB365 is an important step.

**Takoma Park Mobilization therefore urges a favorable report on SB365 WITH AMENDMENT.**



**SB365 Access to Care Act.docx.pdf**

Uploaded by: Lindsay Keipper

Position: FWA

Dear Senator Griffith and Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA.. I am a resident of District 46 and **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status. The amendment being proposed would ensure that persons newly covered by the Act would be subsidized at the same rate as all other persons covered by the ACA.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Everyone should be able to get health care, and the Health Benefit Exchange should be accessible to all Maryland residents. It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

**Lindsay Keipper**  
**2425 Fleet St.**

Showing Up for Racial Justice Baltimore

**SB0365\_MaraGreengrass\_FWA.pdf**

Uploaded by: Mara Greengrass

Position: FWA

February 15, 2023

Mara Greengrass  
Rockville, MD 20852

**TESTIMONY ON SB0365 - POSITION: FAVORABLE WITH AMENDMENTS**  
**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Mara Greengrass

**My name is Mara Greengrass. I am a resident of District 18, and I am submitting this testimony in support of SB0365, the Access to Care Act with an amendment to protect the affordability of insurance through the exchange.**

I am begging you to extend affordable health insurance to everyone living in our state, no matter their residency status. As a lifelong Maryland resident, I want all our neighbors to be healthy. Indeed, every year during Passover, Jews remind each other that we were once strangers in Egypt and that experience tells us we must care for the visitors among us as if they were citizens.

Besides the moral and ethical reasons to provide health insurance to everyone, public health specialists tell us a healthier population is an economic and physical benefit to all, keeping down all health care costs and freeing up space in ERs. It would certainly help with the next pandemic!

My family has experience with the Affordable Care Act, which passed just before my husband lost his job. We have several pre-existing health conditions, but thanks to Maryland Health Connection, we got insurance that was just as good as any we'd received through an employer. We kept all our doctors, including the kids' pediatrician, and our health care was uninterrupted.

Before the health exchange was created, I looked into purchasing private insurance, which would have cost much more and covered much less. Maryland Health Connection plans got us through two rough patches, ensuring my daughter got physical therapy for her weak ankle, my son and I were treated for anxiety, and my husband kept his diabetes under control.

Everyone in Maryland—however they got here and whatever their legal status—deserves that same care, that same peace of mind. Opening up Maryland's health exchange to all would decrease health inequity and make all Marylanders safer and healthier.

Please expand the ACA to include all people currently residing in the state. **I respectfully urge this committee to return a favorable with amendments report on SB0365.**

**SB0365\_MarjorieSimon\_FAW.pdf**

Uploaded by: Marjorie Simon

Position: FWA

Date of Hearing: Wednesday February 15, 2023

Marjorie Simon  
Pikesville, Maryland 21208

**Testimony on SB0365 - Position: Favorable with Amendments  
Health Insurance-Qualified Resident Enrollment Program (Access to Care Act)**

**TO:** Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

**FROM:** Marjorie Simon

My name is Marjorie Simon. I am a resident of District 11. I am submitting this testimony in support with amendments of SB0365, the Access to Care Act.

I am a member of Chizuk Amuno Congregation in Pikesville, Maryland. Since 2017 our Gemilut Hasadim (Acts of Loving Kindness) committee has worked with Gilead House, a program of ERICA (Episcopal Refugee and Immigrant Center Alliance) and St. Marks on the Hill Church in Pikesville. Gilead House provides housing and other support for people seeking asylum.

One young man I was helping would get sick periodically with what we thought was a stomach virus. After the third or fourth occurrence we convinced him to seek medical care. It was cost prohibitive for him, as an uninsured individual without eligibility for Medicaid or the ACA, to seek care except at a Federally Qualified Health Center. The only reasonably close place that we knew of where he could get cared for in Baltimore County was Chase Brexton Health Care in Randallstown. Before he could make an appointment with a doctor, however, he had to be approved for reduced cost care which delayed him making a doctor's appointment for several weeks. Fortunately, his situation was not an emergency, though it did turn out to be a serious infection that required two courses of antibiotics. If he had had medical insurance he could have received care more quickly.

Newcomers to this country have often suffered trauma and may come from countries with inadequate medical care. They need good primary care. Without access to affordable insurance, the likelihood increases that they will be forced to come to the emergency room for medical care that could have been handled in the community before there was a health crisis.

The Access to Care Act with amendments will give newcomers to this country, regardless of their immigration status, the ability to purchase affordable health insurance. It is in all of our interests to help keep our neighbors healthy and out of the emergency rooms. I respectfully urge this committee to return a favorable with amendments report on SB0365.

# **TESTIMONY IN SUPPORT OF SENATE BILL 365\_PDF.pdf**

Uploaded by: Michael David

Position: FWA



## HOWARD COUNTY COALITION FOR IMMIGRANT JUSTICE

### TESTIMONY IN SUPPORT OF SENATE BILL 365, WITH CLARIFICATION

#### Qualified Resident Enrolment Program (Access to Care Act)

Dear Senator Lam and Members of the Committee,

Thank you for the opportunity to comment on Senate Bill 365, Access to Care Act. I am a member of the Executive Committee of the Howard County Coalition for Immigrant Justice; HCCIJ is a large, broad based coalition of grass roots religious and civic organizations supporting justice for immigrants. I am a voter, an immigrant and a veteran (mos. medic). I support passage of SB 365.

SB 365 assures that undocumented immigrant residents that qualify for subsidies under the Maryland Health Exchange, if not for their immigration status, can participate in this critical program. We are talking about an estimated 125,000 souls that have no access to regular medical care through their employer or other means and no access to subsidized health care because their status as undocumented. That is a worthy population, employed, paying taxes and raising families. Lack of access to care hurts families. Moreover, people lacking systematic care go to emergency room, when in medical dire strait. That is a fiscally inefficient manner to attend to the medical needs of a population. For at least some of these patients, it ends up costing our state more than subsidizing their health insurance premiums. Denying regular medical care is an un-responsible way to create a quality society and a non-cost-effective manner to run our state. So, HCCIJ supports SB365. BUT, it is important that immigrants are offered the same health care insurance as is offered to other residents.

I support this bill, as long as it provides equitable care. Please pass this bill.

Michael David, PhD, JD

Columbia MD 21044



# **SB365 MDAC - FWA**

Uploaded by: Michael Paddy

Position: FWA



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**To:** Senate Finance Committee

**Bill:** SB 365 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

**Date:** February 15, 2023

**Position:** Support with Amendments

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The Maryland Dental Action Coalition strongly supports *SB 365 – Health Insurance – Qualified Resident Enrollment Program*. The bill requires establishment of an eligibility program for individuals regardless of immigration status for qualified health plans. Maryland took a significant step forward with immigrant coverage when the Maryland General Assembly enacted *The Maryland Healthy Babies Act*. Set to begin in July 2023, Medicaid will cover the full range of Medicaid services, including dental, for undocumented immigrants who are pregnant.

We would request an amendment to clarify that dental coverage will also be included. Under the Maryland Health Benefit Exchange, the term “qualified health plan” does not include the stand-alone dental plans offered on the Exchange:

On page 2 in line 9, insert “STAND ALONE DENTAL PLAN” after “QUALIFIED HEALTH PLAN”

On page 7 in lines 6 and 9, insert “STAND ALONE DENTAL PLANS” after “QUALIFIED HEALTH PLANS”

Thank you for your consideration of this amendment. We look forward to working on this issue. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

***Optimal Oral Health for All Marylanders***

# **SB365 Access to Care Act Testimony 2.14.pdf**

Uploaded by: Monica Guerrero Vazquez

Position: FWA



**Center for Salud/Health and Opportunity for Latinos**  
Johns Hopkins Centro SOL  
Mason F. Lord Bldg, Center Tower Suite 4200  
5200 Eastern Avenue, Baltimore MD 21224  
410.550.1129 | centrosol@jhmi.edu | www.jhcentrosol.org

**Testimony: FAVORABLE WITH AMENDMENT for SB 365**  
Insurance - Qualified Resident Enrollment Program (Access to Care Act)  
Senate Finance Committee  
February 15, 2023

Centro SOL, the center for *Salud*/Health and Opportunity for Latinos at Johns Hopkins, is pleased to support SB365/HB363.

Centro SOL is a Baltimore-based organization committed to promoting equity in health and opportunity for Latinos by developing patient and community-centered programs focused on physical and mental health, as well as clinical care innovations. Please note that while Centro SOL is partnered with Johns Hopkins University, this testimony does not necessarily represent the views of the University.

Latinos continue to have the highest uninsured rates of any racial or ethnic group within Maryland, despite an overall decrease in uninsured rates in the state. The Kaiser Family Foundation reported in 2019 that 21.4 percent of Hispanics in Maryland were uninsured, compared to 3.8 percent for non-Hispanic whites.<sup>1</sup> The high rate of uninsured Hispanic individuals can be partly attributed to the systematic exclusions certain immigrants face from federal health insurance programs. Some immigrants can participate in these programs, but undocumented immigrants and DACA recipients are still not eligible.

Maryland is more diverse now than when the Affordable Care Act was first enacted in 2010. As of 2017, two hundred and seventy-five thousand undocumented immigrants reside in Maryland, accounting for about 5% of Maryland's population.<sup>2</sup> Further, one in five workers in Maryland is an immigrant. Their work and entrepreneurship contribute to Maryland's economic growth and vitality. Despite the profound contributions immigrants make to the state, their essential role in the Maryland workforce, and millions in contributions to the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act. Even when they meet all other basic eligibility requirements, many cannot buy health coverage from the State's Marketplace because of their immigration status.

Changing the State's law to extend access to health care to immigrants who are not eligible due to immigration status is a necessary next step to meet the health needs of immigrants.

**SB365 is critical legislation for our undocumented community and a sound policy for the state. SB365 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their**

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<sup>1</sup> Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>2</sup> Jens Manuel Krogstad, Jeffrey S. Passel, and D'Vera Cohn, 5 Facts About Illegal Immigration in the U.S., (Washington, DC: Pew Research Center, June 2019), <https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/>



**Center for Salud/Health and Opportunity for Latinos**

Johns Hopkins Centro SOL

Mason F. Lord Bldg, Center Tower Suite 4200

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**immigration status. SB365 also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care.** Expanding access to health insurance will allow individuals to seek timely care, reduce emergency room visits and hospital admissions for preventable care, and improve readiness to face health emergencies.<sup>3</sup>

**We support SB365 because we know it will improve the lives of people like Maria and Julian.** Maria, 38, has lived in Baltimore for more than 15 years. She married Julian, 42. Maria and Julian both work full time, they purchased their home in Baltimore, and they file their taxes yearly. They do not qualify for health insurance. When they get sick, they pray they will not need to go to the doctor. They have heard stories about people paying thousands of dollars for care, and they are terrified about having to go to court just because they did not have health insurance to cover the cost of necessary health care. Their lack of health insurance has also limited their access to preventative care since they arrived in the US. Having access to health insurance would allow people like Maria and Julian to have access to preventative care, sick visits, and timely management of chronic conditions, ultimately allowing them to live healthier lives and continue making meaningful contributions to their vibrant communities.

We support an amendment that number A (5) on page 7: "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."

This legislation aligns Maryland with its values of protecting health and treating all people with dignity, respect, and care. For all the reasons above, Centro SOL urges a favorable with amendment report of Senate Bill 365 and thanks Senator Lam for his sponsorship of this critical legislation.

:

Monica Guerrero Vazquez, MS, MPH  
Executive Director  
Centro SOL

Sarah Polk, MD, ScM  
Co-Director, Centro SOL  
Associate Professor of Pediatrics  
Johns Hopkins University School of Medicine

Maria Ruiz  
Centro SOL Policy Group Coordinator  
MPH Candidate  
Johns Hopkins Bloomberg School of Public Health

Joshua Sharfstein, MD  
Centro SOL Policy Group  
Professor of the Practice in Health Policy and Management  
Johns Hopkins Bloomberg School of Public Health

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<sup>3</sup> Kaiser Family Foundation, Health Coverage and Care for Immigrants, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants>.

**SB0365\_CC\_Vaughan\_FAV.pdf**

Uploaded by: Regan Vaughan

Position: FWA



**Senate Bill 365**  
**Health Insurance – Qualified Resident State Subsidy Program**  
**(Access to Care Act)**  
Finance Committee  
February 15, 2023

**Favorable with Amendment**

Catholic Charities of Baltimore supports SB 728 which would require the State to apply for a State Innovation Waiver to establish a program that would permit the state to establish a qualified resident state subsidy program and to allow Marylanders, regardless of immigration status, to access healthcare insurance through the exchange.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors. We recognize the immense individual and public health benefits that occur when all residents have access to healthcare services.

In Maryland, over 275K undocumented immigrants are ineligible for care through the Maryland Health Exchange. Multiple states have established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates.

**For the purposes of equity, Catholic Charities supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as their neighbors who are covered under the Affordable Care Act.**

Submitted By: Regan Vaughan, Director of Advocacy

# **Ria Arora Oral Testimony.pdf**

Uploaded by: Ria Arora

Position: FWA



**Testimony in FAVORABLE WITH AMENDMENT of SB365**

**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) Senate Finance  
Committee**

**February 15, 2023**

Dear Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee,

My name is Ria Arora. Though raised in California, I lived in Maryland for four years while attending Johns Hopkins University. While at Hopkins, I spent two years as a patient advocate at a pediatric clinic, connecting uninsured Latino families to resources related to social determinants of health. Last year, I moved to Washington, DC and now serve as an AmeriCorps fellow at La Clínica del Pueblo in the Gender and Health Program. I connect Latina women who are survivors of gender-based violence to community-based resources, legal, and medical services. This year marks my third year supporting Latino communities in Maryland. After my fellowship, I will attend medical school this fall.

La Clínica del Pueblo is a FQHC that has offered health and community services since 1983 in the Washington Metropolitan area, with one location located in Hyattsville. Our mission is to build a healthy Latino community through culturally appropriate health services, especially for those most in need.

Today, I would like to speak about the lack of health care coverage for Latino immigrants in Maryland, as I have witnessed firsthand these adverse consequences. At Hopkins, I remember assisting a 45 year old uninsured female immigrant with making a dental appointment, having already had several teeth fall out. At La Clínica, I continue to see these disparities with my clients in Maryland who already deal with the effects of trauma given that they are survivors of gender-based violence. I am currently working with a 26-year-old uninsured female immigrant experiencing a high risk pregnancy. In a recent call with the hospital, I was told that because she has no health coverage, a surgery she might need would cost \$50,000 to \$60,000. Hearing these stories, especially with the potential of this bill, has mobilized me to challenge the status quo and take action by testifying before you all.

Today, I respectfully urge a favorable with amendment report of the SB365 Access to Care Act. As an incoming medical student and future physician, I want to practice in a world where patients do not have to sacrifice their right to healthcare to maintain their quality of life.

For the purposes of equity, La Clínica del Pueblo supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

Thank you for your consideration and your leadership!

Sincerely,  
Ria Arora

# **Ria Arora Written Testimony.pdf**

Uploaded by: Ria Arora

Position: FWA

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**Testimony in FAVORABLE WITH AMENDMENT of SB365**

**Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) Senate Finance  
Committee**

**February 15, 2023**

Dear Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee,

La Clínica del Pueblo is pleased to support SB 365 with amendments.

La Clínica del Pueblo is a FQHC that has offered health and community services since 1983 in the Washington Metropolitan area. Our Prince George's County clinic located in Hyattsville opened in 2016. Our mission is to build a healthy Latino community through culturally appropriate health services, especially for those most in need. SB365 represents an important milestone in our journey towards creating a resilient healthcare system, which impacted communities of color disproportionately.

My name is Ria Arora. Though raised in California, I lived in Maryland for four years while attending Johns Hopkins University. While at Hopkins, I spent two years as a patient advocate at a pediatric clinic, connecting uninsured Latino families to resources related to social determinants of health. Last year, I moved to Washington, DC and now serve as an AmeriCorps fellow at La Clínica del Pueblo in the Gender and Health Program. I connect Latina women who are survivors of gender-based violence to community-based resources, legal, and medical services. This year marks my third year supporting Latino communities in Maryland. After my fellowship, I will attend medical school this fall.

Today, we would like to speak about the lack of health care coverage for Latino immigrants in Maryland. I have witnessed firsthand these adverse consequences. At Hopkins, I remember assisting a 45-year-old uninsured female immigrant with making a dental appointment, having already had several teeth fall out. At La Clínica, I continue to see these disparities with my clients in Maryland who already deal with the effects of trauma given that they are survivors of gender-based violence. I am currently working with a 26-year-old uninsured female immigrant experiencing a high-risk pregnancy. In a recent call with the hospital, I was told that because she has no health coverage, a surgery she might need would cost \$50,000 to \$60,000. Hearing these stories, especially with the potential of this bill, has mobilized me to challenge the status quo and take action by testifying before you all.

Today, I respectfully urge a favorable with amendment report of the SB365 Access to Care Act. As an incoming medical student and future physician, I want to practice in a world where patients do not have to sacrifice their right to healthcare to maintain their quality of life.

For the purposes of equity, La Clínica del Pueblo supports an amendment that ensures newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.



3166 Mount Pleasant St NW • Washington DC 20010  
☎ (202) 507-4800 • [www.lcdp.org](http://www.lcdp.org)

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Thank you for your consideration and your leadership!

Sincerely,  
Ria Arora

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Our mission is to build a healthy Latino community through culturally appropriate health services, focusing on those most in need.

Nuestra misión es construir una comunidad Latina saludable por medio de servicios culturalmente apropiados, enfocándonos en los más necesitados.

# **Eckel SB365 Access to Care Act.pdf**

Uploaded by: Rianna Eckel

Position: FWA

Dear Finance Committee,

My name is Rianna Eckel, and I am submitting this testimony on behalf of Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA. I am a resident of the 43<sup>rd</sup> District, and as a self-employed Marylander, I am enrolled in health insurance through the Maryland Health Benefit Exchange. Being able to access affordable health care outside of employment has changed my life and opened so many doors for me. It is important to me that all Marylanders, regardless of immigration status, be able to access the benefits that I have been afforded through the Maryland Health Benefits Exchange. **I am testifying in support of passing SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,  
Rianna Eckel  
2300 Hunter St, Baltimore MD 21218  
978-835-6230 - rmeckel93@gmail.com  
Showing Up for Racial Justice Baltimore

**2023 MCHS SB 365 Senate Side FWA.pdf**

Uploaded by: Robyn Elliott

Position: FWA



## Maryland Community Health System

**Committee:** Senate Finance Committee

**Bill Number:** SB 365 - Health Insurance - Qualified Resident State Subsidy Program

**Hearing Date:** February 15, 2022

**Position:** Support with Amendment

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Maryland Community Health System (MCHS) supports *Senate Bill 365 – Health Insurance – Qualified Resident State Subsidy Program*. The bill advances coverage for individuals who are low-income but not qualified for coverage programs because of factors such as immigration status. The Maryland Health Benefit Exchange would establish a subsidy program to support enrollment of these individuals into qualified health plans.

MCHS is a network of federally qualified health centers focused on providing somatic, behavioral, and dental health services to underserved communities. We have seen the impact of expansion of insurance options under the Affordable Care Act. The number of uninsured Marylanders has been reduced by half from about 12% to 6%.<sup>i</sup> To further reduce this number, we need to expand opportunities for individuals who are low-income but do not qualify for other state and federal programs. Therefore, we strongly support this legislation that will utilize a state subsidy to make qualified health plans more affordable for qualified applicants.

We would request an amendment to clarify that the program would also include adult dental plans:

On page 2 in line 9, insert “STAND ALONE DENTAL PLAN” after “QUALIFIED HEALTH PLAN”

On page 7 in lines 6 and 9, insert “STAND ALONE DENTAL PLANS” after “QUALIFIED HEALTH PLANS”

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).



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<sup>i</sup> <https://www.marylandhealthconnection.gov/10th-anniversary-of-the-affordable-care-act/>

**Conner\_BMNCBV\_FAV\_SB365.pdf**

Uploaded by: Sandra Conner

Position: FWA

**Baptist Ministers' Night Conference of  
Baltimore and Vicinity (BMNCBV)**  
5405 York Road, Baltimore, Maryland 21212, (443) 386.4739



**TESTIMONY IN FAVOR WITH AMENDMENT OF SENATE BILL 365  
BEFORE THE SENATE FINANCE COMMITTEE  
BY REV. DR. SANDRA CONNER, PRESIDENT, BMNCBV  
February 15, 2023**

Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, thank you for this opportunity to submit favorable testimony for SB 365. SB 365 would open up private health coverage through Maryland Health Benefit Exchange to all Marylanders who meet the regular ACA eligibility criteria, regardless of immigration status. We support this bill because we want to make sure there are no barriers to immigrants getting health coverage, and that subsidies exist to make sure coverage is affordable at the same level as for other Marylanders.

In Maryland, over 275,000 undocumented immigrants are ineligible for care through the Maryland Health Benefit Exchange. Multiple states have established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

We understand that CASA is supporting a proposed amendment, which we support as well: **Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."**

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates. We urge a favorable report for SB 365.

We thank you in advance for your actions towards SB 365.

Rev. Dr. Sandra Conner

443.695.2447 revdrconner@gmail.com

**SB0365 Access to Care Act.pdf**

Uploaded by: Sarah Johnson

Position: FWA

Dear Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with our accountability partner CASA de Maryland. I am a resident of District 41 in Baltimore. **I am testifying in support of SB0365, the Access to Care Act, with amendments.** This bill:



- Opens up the MD Health Benefits Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status
- Establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care
- Requires the state to submit a state innovation waiver (under 1332 of the Affordable Care Act) to allow MD to make this change to eligibility.
- Provides (as amended) that any newly qualified set of individuals get the same subsidy as anyone who is currently covered.

Unfortunately, over 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

It is for these reasons that I am encouraging you to vote **in support of passing SB0365 (Access to Care Act) with amendments.**

Thank you for your time, service, and consideration.

Sincerely,

Sarah Johnson  
1 Merryman Court  
Baltimore, MD 21210  
**Showing Up for Racial Justice Baltimore**

**SB365\_FWA\_Klapper\_MHCFA.pdf**

Uploaded by: Stephanie Klapper

Position: FWA



**TESTIMONY IN FAVOR WITH AMENDMENT OF HOUSE BILL 365  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**

Before the Senate Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Health Care for All! Coalition

February 15, 2023

Chair Griffith, Vice Chair Klausmeier and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 365 with amendment. We especially thank Senator Lam for sponsoring this critical legislation.

I am testifying on behalf of the [Maryland Health Care for All! Coalition](#) which is made up of over 300 faith, business, labor, community, and health care organizations across the state, and our mission is quality, affordable health care for all Marylanders. While the state has recently made historic gains in [health insurance coverage](#), Black or Latino consumers remain disproportionately represented among the [uninsured](#). Immigration status can be a significant barrier to coverage. In Maryland, CASA estimates that over 275,000 undocumented immigrants are ineligible for care through Maryland Health Connection. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger due to their exclusion from safety net programs such as the Affordable Care Act and Medicaid.

The Access to Care Act calls on the state to create a subsidy program and to apply for a waiver from CMS to allow all Marylanders who meet regular ACA eligibility to enroll into health insurance coverage, regardless of immigration status. We support this bill because we want to make sure there are no barriers to immigrants getting health coverage, and that the subsidy support exists to make sure the coverage is affordable at the same level as for other Marylanders. We understand that CASA is supporting a proposed amendment, which we support as well:

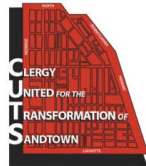
**Section V - add a number A (5): "That provides State premium assistance and cost-sharing reduction subsidies for Qualified Residents that seek to attain the same level of health plan affordability and limit on out of pocket costs experienced by all other health plan purchasers on the exchange."**



The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates. Further, removing immigration status as a barrier to health insurance coverage would establish a more fair and just health benefit exchange.

We urge a favorable report with amendment for Senate Bill 365.





**SB0365 - MIA - LOI - FINAL.pdf**

Uploaded by: Andrew Tress

Position: INFO

WES MOORE  
Governor

ARUNA MILLER  
Lt. Governor



**Maryland**  
INSURANCE ADMINISTRATION

KATHLEEN A. BIRrane  
Commissioner

TAMMY R. J. LONGAN  
Acting Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202  
Direct Dial: 410-468-2215 Fax: 410-468-2204  
1-800-492-6116 TTY: 1-800-735-2258  
[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

**Date:** February 15, 2023

**Bill # / Title:** Senate Bill 365 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

**Committee:** Senate Finance Committee

**Position:** Letter of Information (LOI)

The Maryland Insurance Administration (MIA) appreciates the opportunity to provide information regarding Senate Bill 365.

Senate Bill 365 requires the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program (“the Program”) to allow qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and, based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents. The Program will allow consumers who were previously ineligible to purchase coverage through the Exchange due to their immigration status, to have the opportunity to enroll in coverage through the Exchange.

The MIA understands that the Program established through Senate Bill 365 has the potential to decrease the uninsured population in the State. The MIA, however, has noted a technical issue regarding the funding sources identified in the bill as drafted that can be addressed with a technical amendment.

Maryland applied for and was granted a waiver under Section 1332 of the Patient Protection and Affordable Care Act (“ACA”) to implement a state reinsurance fund in an effort to lower premiums and increase enrollment in the State. Under the waiver, Maryland began receiving federal pass-through funds to supplement state funding for the state reinsurance program in 2019. In 2022, this body amended § 31-107 (g)(4)(i) of the Insurance Article to require that federal pass-through funding received through the 1332 waiver only be used for the reinsurance program.

**As currently drafted, Senate Bill 365 conflicts with the funding use limitation set forth in § 31-107(g)(4)(i).** Senate Bill 365 would enact a new § 31-124(D)(1), which includes “any pass-through funds received from the federal government under a waiver approved under § 1332 of the Affordable Care Act” as a funding source for the Program.

The MIA notes that legislation to create the Program was introduced during the 2022 legislative session. At that time, it was envisioned that Maryland would apply for a separate 1332 waiver to support the proposed Program. CMS has since advised that two separate 1332 waivers are not permissible; there can only be one 1332 waiver per state per marketplace. So, in order to establish the Program, the State will be required to amend the existing 1332 waiver to include the Program. When CMS approves the amendment, there will still only be a single 1332 waiver for the Maryland Individual market, with a single source of pass-through funding that the federal government would permit to be used for all programs under the waiver. However, at present Maryland law only allows the federal pass-through funding to be used for one of those programs: the state reinsurance program.

This conflict can be resolved either by amending § 31-107 to allow federal pass-through funding received through a waiver approved under § 1332 of the ACA to be used for the Program, or any program approved under the waiver or, alternative, § 31-124(D)(1) be removed from the proposed bill.

Thank you for the opportunity to provide this letter of information. The MIA is available to provide additional information and assistance to the Committee.