

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 728 – Health Insurance - Qualified Resident State Subsidy Program  
(Access to Care Act)**

**House Health and Government Operations Committee  
March 2, 2022**



Health Care for the Homeless supports SB 728, which would 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 the Qualified Resident State Subsidy Program as part of the Exchange.

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>

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>

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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.

<sup>3</sup> Id.

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>

The inability to access health insurance has particularly dire consequences for people who are pregnant and their infants when they are born. As with other health care services, the lack of health insurance results in individuals receiving fewer preventive health care services, resulting in poorer reproductive health outcomes.<sup>5</sup> At Health Care for the Homeless, the problems from lack of health insurance for undocumented immigrants has not been more pronounced than for people who present pregnant or through pediatrics. While we are a federally qualified health center that provides care for all people regardless of immigration status, we are a primary care provider and do not provide most prenatal services in-house. Therefore, we must refer out for such services.

For people who cannot receive prenatal care, their rate of [childbirth-related hospitalization](#) is significantly higher as are birth complications, including neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures. Additionally, studies have shown that people who are undocumented [begin prenatal care later](#) and have fewer prenatal visits than the general population – and this disparity is linked to a lack of health care coverages. Unsurprisingly, when publicly funded prenatal programs are available, the use of prenatal care increases.<sup>6</sup> A baby born to a person who did not receive prenatal also face significantly higher poor health outcomes, including lower birthweight, infant mortality, prolonged hospital stays, and hospital transfers.<sup>7</sup>

Health Care for the Homeless Population Health Nurse, Shannon Riley, notes specific challenges when hospitals are presented with a person in labor who did not receive prenatal care: “When people come to the hospital and they have not received prenatal care, we don’t have documentation of when they became pregnant and can’t prepare for delivery specific to gestational age. Because of this uncertainty, decisions that mean to err on the side of caution can lead to unneeded intervention which both cost more money and carry their own risks to the mother-baby dyad. Those interventions can be anything along the continuum from unneeded antibiotics to major surgery.”

Shannon Riley describes a “2-pronged” problem with the lack of prenatal care, explaining that it can both lead to poor health outcomes or even death and also that there are missed opportunities to optimize health for even those deliveries that don’t end in catastrophe. As Ms. Riley says, it “doesn’t have to be a disaster” in order for it to take a toll on our health care system – any person presenting with a lack of prenatal care is a problem for all of us. When a person presents at the hospital in labor without having received medical care for the entirety of the pregnancy, the delivery is much more complicated and requires additional hospital resources for both the person in labor and the baby. Ms. Riley urges that we “need a mindset of prevention and optimization of health” and if we don’t have that, “everyone loses out.”

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

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<sup>4</sup>Id.

<sup>5</sup> [ACOG](#)

<sup>6</sup> Fuentes-Afflick E, Hessol NA, Bauer T, O’Sullivan MJ, Gomez-Lobo V, Holman S, et al. Use of prenatal care by Hispanic women after welfare reform. *Obstet Gynecol* 2006;107:151–60. See also [Birth complications](#).

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/books/NBK221019/>

rights, health insurance through the Exchange must be extended to all qualified residents regardless of immigration status.

We urge a favorable report on SB 728.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*