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House Bill 1035 – Health Insurance – Qualified Resident State Subsidy Program – (Access to Care Act)

Testimony of Delegate Joseline Peña-Melnyk (FAVORABLE)

Chairman Pendergrass and fellow members of the Committee, I am pleased to present House Bill (HB) 1035. This bill would expand eligibility for coverage through the Maryland Health Benefit Exchange to all Marylanders regardless of immigration status, using a combination of a federal 1332 waiver and a state-based premium and cost-sharing subsidy program that aligns with the federal subsidy program.

The COVID-19 pandemic has made it clear that our communities are healthier and stronger when everyone has the resources needed to be healthy and provide for their families. Maryland has made significant strides to offer affordable and comprehensive health coverage to more families living in the state. Since the adoption of the State Exchange in 2011, the uninsured rate has declined by half. Since the implementation of the State Reinsurance Program in 2019, individual market premiums have declined by more than 30% [1]. However, more than 300,000 individuals remain uninsured in Maryland [2]. We have expanded coverage and accessibility to multiple population. Now, it is time to address our largest uninsured population, the undocumented immigrant population. There are about 275,000 undocumented immigrants who call Maryland their home [3]. Half of these individuals are uninsured because they are not eligible for federal health insurance programs, including Medicaid, Medicare, ACA marketplaces and CHIP [4]. The federal government allows them coverage only for life-threatening conditions and emergency services under the Emergency Medical Treatment and Active Labor Act (EMTALA), and Emergency Medicaid. Maryland must step up to fill this coverage gap.

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Emergency care is expensive. By allowing a relatively healthy population to get preventive care and early diagnosis and treatment, we could avoid having these individuals show up repeatedly to the emergency room with serious and costly complications of neglected care. These are not just speculations. They are facts that are backed up by rigorous studies. As an example, a study published in a leading medical journal showed that giving undocumented immigrants access to routine, scheduled dialysis sessions, as opposed to emergency-only dialysis, led to reduced health care utilization and costs [5]. More importantly, it led to improved survival. This is life-saving policy. Undocumented immigrants pay sales taxes, property taxes and income taxes, like any other immigrant or US citizen. In 2018, undocumented immigrants in Maryland paid an estimated 375 million dollars in federal taxes and 242 million dollars in state and local taxes [6].

I have engaged in conversations with the Exchange to carefully examine and prepare a solution that provides these individuals with access to care and which also benefits the state. According to an analysis sponsored by the Exchange, this bill is expected to result in the enrollment of up to 52,000 newly eligible individuals per year and to reduce overall individual market premiums by almost 4% by 2028, while bringing down the uninsured rate in Maryland to 5.4% [7]. The lower overall premiums will lead to savings in federal subsidies for existing Exchange enrollees which Maryland could, in turn, capture in pass-through funding through a 1332 waiver.

Thank you for allowing me to present HB 1035. I respectfully request your support.

- [1] https://www.healthinsurance.org/health-insurance-marketplaces/maryland/
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