

March 1, 2022

TO: Members of the House Health and Government Operations Committee

FROM: Edward W. Corty, MD, MPH

RE: House Bill 1035 – Qualified Resident State Subsidy Program

POSITION: SUPPORT

Chair Pendergrass, Vice Chair Pena-Melnyk, and members of the committee, I am in full support of House Bill 1035, The Access to Care Act, because this bill will both improve personal and population health simultaneously. For context, I am a resident in combined internal medicine and pediatrics at Johns Hopkins Hospital and care for mostly uninsured patients in my primary care clinic. I am representing myself with this testimony.

In Maryland today, someone without health insurance is forced to group every ailment into one of two categories—an afterthought or an emergency.¹

Consider my 50-year-old patient with diabetes who immigrated from Central America seven years ago. Since arriving, he has worked in local construction, repaving Baltimore's uneven roads. Because he lacks access to health insurance, he can't afford the medications that would optimize his care. While we tinker with available tools at every visit, his diabetes marches on. For now, pins and needles and blurry vision are afterthoughts to him, but his future health is easy to predict. Without a better regimen, his nerves will completely break down, leading to ulcer formation on his feet that become infected. This will be an undeniable emergency. If he remains without insurance, he will be hospitalized regularly and will likely require invasive surgical limb procedures that only a Fortune 500 CEO could afford out of pocket.

He will not be able to pay for these procedures, but someone will have to. And while those without insurance use less healthcare than similar insured persons, the cost of uncovered care is extraordinary. A recent analysis found that local and state government across the country pay for nearly \$12 billion of the \$33.6 billion in public funding for care for those without health insurance.²

¹ Emergency Medical Treatment & Labor Act (EMTALA). Center for Medicare and Medicaid Services. Available at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA>

² Coughlin TA, Samuel-Jakubos H, Garfield R. Sources of Payment for Uncompensated Care for the Uninsured. Kaiser Family Foundation. Available at: <https://www.kff.org/uninsured/issue-brief/sources-of-payment-for-uncompensated-care-for-the-uninsured/>

Along with individual health gains, this bill will improve the health of entire communities because the effects of lacking insurance are far reaching. Children of parents without health insurance are four times more likely to lack insurance themselves and eight times more likely to have no regular source of health care compared with children of parents with health insurance coverage.³ What's more, recent reports indicate that increased availability and affordability of Affordable Care Act plans in 2021 dramatically decreased premiums across the board, making health care more affordable for those who were already covered.⁴ Given the economic strain families have felt during the pandemic, cost savings for them should be at the top of our minds.

Maryland has led the way on health care innovation through a simultaneous focus on individual and population health. This bill would keep our state on that course and I cannot overstate my support.

³ Aragonés A, Zamore C, Moya EM, Cordero JI, Gany F, Bruno DM. The Impact of Restrictive Policies on Mexican Immigrant Parents and Their Children's Access to Health Care. *Health Equity*. 2021 Sep 14;5(1):612-618. doi: 10.1089/hecq.2020.0111. PMID: 34909528

⁴ Congress Can Expand Health Coverage and Lower Health Costs Now. Center for American Progress. Feb 2, 2022. Available at: <https://www.americanprogress.org/article/congress-can-expand-health-coverage-and-lower-health-costs-now/>