

# All Marylanders Should Have Access to Affordable Health Coverage

## Position Statement Supporting House Bill 363

*Given before the House Health and Government Operations Committee*

Being able to access affordable health coverage is a critical step towards health and wellbeing. House Bill 363 would require the Maryland Health Benefit Exchange and the Maryland Department of Health to produce a report assessing the impact of extending Medicaid, the Maryland Children’s Health Program (MCHP), or qualified health plans (QHPs) to all Marylanders who meet the regular eligibility requirements, regardless of their immigration status. This report will provide essential data on the options for improving health accessibility and equity in the state. **The Maryland Center on Economic Policy supports House Bill 363 because it’s an important step in improving health equity for one of Maryland’s most vulnerable communities.**

While the extension of Medicaid through the Affordable Care Act (ACA) has enabled more Marylanders to get the medical attention they need, hundreds of thousands of residents are 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.

Gaining health coverage greatly improves access to health care and decreases the negative effects of being uninsured. Research shows that the expansion of Medicaid 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 for hospitals.<sup>iii</sup> It was also found that Medicaid expansion 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>

HB 363 is a step toward ending healthcare disparities for immigrant communities in Maryland. With the production of this report, the state would be better equipped to become a safer and healthier place for all its

residents. For these reasons, **the Maryland Center on Economic Policy respectfully requests the Health and Government Operations Committee to make a favorable report on House Bill 363.**

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## Equity Impact Analysis: House Bill 363

### *Bill Summary*

HB 363 would require the Maryland Health Benefit Exchange and the Maryland Department of Health to produce a report comparing options for offering affordable health care coverage to state residents that are ineligible for Medicaid, the Maryland Children’s Health Program (MCHP), or qualified health plans (QHPs) because of their immigration status.

### *Background*

Maryland’s decision to expand Medicaid under the Affordable Care Act is one of the reasons why the state’s uninsured rate is low (6%). Unfortunately, around 275,000 undocumented Marylanders are ineligible for care through Maryland’s Medical Assistance Program, MCHP, 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>vi</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>vii</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>viii</sup> especially for undocumented immigrants that are elderly or have recently arrived.<sup>ix</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.

### *Impact*

House Bill 363 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/>

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vi Ibid

vii Ibid

viii Ibid

ix 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>