



**Testimony FAVORABLE WITH AMENDMENT for House Bill 588**  
Health Insurance - Qualified Resident - Access to Care Act  
Health and Government Operations Committee

February 23, 2023

Dear Chair Peña Melynk and Members of the Health and Government Operations 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 every day 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.

**HB 588 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. HB 588 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. HB 588 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 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

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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>

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 House Bill 588, and thanks Delegate Cullison for her sponsorship of this critical legislation.**