NATIONAL IMMIGRATION LAW CENTER

To: Chairwoman Del. Joseline A. Pena-Melnyk, Vice Chairwoman Del. Ariana B. Kelly, and Distinguished Members of the Health & Government Operations Committee
From: Matthew Lopas, National Immigration Law Center
Date: February 23, 2023
RE: H.B. 588/ S.B. 0365, Qualified Resident Enrollment Program (Access to Care Act) (**support**)

The National Immigration Law Center (NILC) supports H.B. 588/S.B. 0365, the Qualified Resident Enrollment Program (Access to Care Act) and appreciates the opportunity to submit testimony.

Founded in 1979, NILC is the leading advocacy organization in the United States exclusively dedicated to defending and advancing the rights and opportunities of low-income immigrants and their families. NILC is a nationally recognized expert in public benefits laws and policies affecting low-income immigrants, including the effects of public charge policies on this population. Our work is focused on issues that affect immigrant families' well-being and economic security: health care and safety net programs; education and training; workers' rights; and other federal and state policies affecting immigrants.

Support for Expanding Access is Growing

As the committee considers this bill, there is considerable momentum on state expansion of health coverage, in no small part due to the effects of the COVID-19 pandemic. Seventy-three percent of foreign-born residents now live in a state that offers or plans to offer health care coverage options to at least some residents regardless of their immigration status.[1] Forty states, including Maryland, have elected to adopt state options to cover lawfully present children and/or pregnant people in Medicaid and the Children's Health Insurance Program without any waiting periods using federal funding.[2]

Just these past 12 months have been monumental. In December, the federal government granted Washington state a waiver[3] to pursue a similar strategy to what H.B. 588/S.B. 365 contemplates, and they will cover individuals up to 250% of the FPL in their state's health insurance marketplace.[4] But they are not alone. Colorado's waiver was also approved,[5] creating

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a parallel marketplace that is providing 10,000 undocumented residents with health insurance coverage with subsidies up to 300 percent FPL.[6] Many states now cover older adults and children, regardless of immigration status, in their Medicaid program, and Oregon voters even enshrined access to affordable care for all residents as a fundamental right in their state constitution via a ballot measure. California this past year took the groundbreaking step of covering all low-income residents, regardless of immigration status, in their state Medicaid program—the result of a long-term campaign that has made incremental steps of bringing additional groups of immigrants into the program.[7]

Access to Health Coverage is Essential for Maryland

In Maryland, as throughout the U.S., undocumented immigrants participate in the workforce at higher rates than the U.S.-born.[8] Immigrant workers played a critical role in maintaining access to essential services, including health care, food production, and transportation during the peak of the COVID-19 pandemic and continue to do so.[9] Yet these essential members of our communities and their family members are often ineligible for health insurance options paid for by their tax dollars, including the Affordable Care Act and comprehensive Medicaid services, and are less likely to be offered health coverage by their employers.

In addition to working many of a community's most important jobs, immigrant workers are significant contributors to a state's economy and tax rolls. In Maryland, undocumented immigrants contributed more than $332 million in state and local taxes.[10] Providing access to affordable health care options for undocumented residents would support this significant driver for the state's economy.

The High Cost of Uninsurance

The impact of health care expansion is not just felt in economic numbers. Extensive research demonstrates that uninsured adults receive poorer quality of care, and experience worse health outcomes than those with insurance.[11] Among young adults, traumatic injury is the leading cause of death and disability.[12] Numerous studies have documented that uninsured trauma patients were more likely to die in the hospital and less likely to receive rehabilitative care than insured trauma patients, even after accounting for patient comorbidities and injury characteristics.[13]

Mortality from cancer is also higher among the uninsured. While cancer patients without insurance are typically diagnosed with more advanced disease, a recent study found that their mortality is higher at every stage of the disease than that of insured patients.[14]

Providing expanded eligibility to uninsured individuals would reduce the exposure to tragic health outcomes and unaffordable medical costs for those individuals and their families. It would also benefit the larger community.

When a state expands access to health coverage, health-related access and outcomes improve for both residents who were previously insured, as well as those who acquire coverage. This effect is not limited to improved treatment and control of communicable disease. Researchers have found that a higher community uninsurance rate leads to a higher probability of difficulty obtaining needed care for individuals with private insurance.[15] One study showed that the amount privately insured patients pay for emergency department services increased with the percentage of uninsured community members.[16] This effect may reflect a preference for physicians to practice in communities with fewer uninsured patients. Studies comparing states that did and did not expand Medicaid under the Affordable Care Act show that new internists preferred to practice in states that had expanded Medicaid.[17]

As the COVID-19 pandemic laid bare, we are all interconnected. Vital members of our communities should not be excluded from essential public services because of where they were born and how long they have been here.

Conclusion

With progress accelerating, advocates and policymakers across the country are looking eagerly at these developments, and my colleagues and I at NILC are constantly fielding questions about how their state can be the next Washington. This bill would provide an important opportunity in Maryland consistent with the values already followed by lawmakers in the state. The federal government approved Washington's waiver because it will "help Washington work towards its goals of improving health equity and reducing racial disparities" — these are worthwhile goals that this committee could uphold, while also supporting workers and the state's economy.

Again, we appreciate the opportunity to provide testimony. Please reach out to me at lopas@nilc.org if I can provide additional information.

[1] "A Decade of State Immigrant Rights Victories: Moving Toward Health Care and Economic Justice for All," National Immigration Law Center (Dec. 2022), https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf (based on NILC analysis of Census and ACS data).

[2] *See* Tanya Broder, "Medical Assistance Programs for Immigrants in Various States," National Immigration Law Center (Jan. 2023), https://www.nilc.org/issues/health-care/medical-assistance-various-states/.

[3] Washington: State Innovation Waiver (Fact Sheet), Centers for Medicare and Medicaid Services (Dec. 9, 2022), https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf.

[4] Washington Section 1332 Waiver Application, Washington Health Plan Finder (Rev. Aug. 3, 2022), https://www.wahbexchange.org/content/dam/federal-guidance/WA%20Section%201332%20Waiver%20Application-updated%208-3.pdf.

[5] Colorado: State Innovation Waiver – Amendment (Fact Sheet), Centers for Medicare and Medicaid Services (June 23, 2022), https://www.cms.gov/files/document/1332-co-amendment-fact-sheet.pdf.

[6] *See* Colorado Section 1332 Innovation Waiver: Waiver Amendment Request, Colorado Option, Colorado Division of Insurance (Nov. 30, 2021), https://drive.google.com/file/d/1SUy-iNz3i7IIRTPTqy2OJgNYH1oyN5mX/view.

[7] *See* A Decade of State Immigrant Rights Victories: Moving Toward Health Care and Economic Justice for All," National Immigration Law Center (Dec. 2022), https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf (documenting progress during 2022 legislative sessions and over the past 10 years); *see also* Miranda Dietz et al., "California's biggest coverage expansion since the ACA: Extending Medi-Cal to all low-income adults," UC Berkeley Labor Center (Apr. 2022), *available at* https://laborcenter.berkeley.edu/wp-content/uploads/2022/04/Californias-biggest-coverage-expansion-since-the-ACA-FINAL.pdf (analyzing policy developments in California over time and impact on coverage rates).

[8] "State Immigration Data Profiles: Maryland," Migration Policy Institute, https://www.migrationpolicy.org/data/state-profiles/state/workforce/MD// (last visited Feb. 21, 2023).

[9] Julia Gelatt and Muzaffar Chishti, "COVID-19's Effects on U.S. Immigration and Immigrant Communities, Two Years On," Migration Policy Institute (2022), *available at* https://www.migrationpolicy.org/research/covid19-effects-us-immigration.

[10] Lisa Christensen Gee, et al., "Undocumented Immigrants' State & Local Tax Contributions," Institute on Taxation & Economic Policy (March 2017), *available at* https://itep.sfo2.digitaloceanspaces.com/immigration2017.pdf.

[11] *See, e.g.,* Steffie Woolhandler and David U. Himmelstein, "The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?," Annals of Internal Medicine (Sept. 19, 2017), *available at* https://www.acpjournals.org/doi/10.7326/m17-1403; J Michael McWilliams, "Health consequences of uninsurance among adults in the United States: recent evidence and implications," Milbank Q. (June 2009)87(2):443-94 *available at* https://pubmed.ncbi.nlm.nih.gov/19523125/.

[12] "Deaths and mortality, 2021," Centers for Disease Control and Prevention, National Center for Health Statistics, https://www.cdc.gov/nchs/fastats/deaths.htm

[13] *See, e.g.,* Gerry JM, Weiser TG, Spain DA, Staudenmayer KL, "Uninsured status may be more predictive of outcomes among the severely injured than minority race." Injury (Jan. 2016) 47(1):197-202, *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698055/; Sacks GD, Hill C, Rogers SO Jr. "Insurance status and hospital discharge disposition after trauma: inequities in access to postacute care," J Trauma (Oct. 2011) 71(4):1011-5, *available at* https://pubmed.ncbi.nlm.nih.gov/21399544/.

[14] Jingxuan Zhao, Xuesong Han, Leticia Nogueira, Stacey A. Fedewa, Ahmedin Jemal, Michael T. Halpern, K. Robin Yabroff, "Health insurance status and cancer stage at diagnosis and survival in the United States," CA: A Cancer Journal for Clinicians (Nov/Dec 2022) Volume 72, Issue 6, 542-560, *available at* https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21732.

[15] Carole Roan Gresenz , José J Escarce, "Spillover effects of community uninsurance on working-age adults and seniors: an instrumental variables analysis," Med Care (Sep. 2011) 49(9):e14-21., *available at* https://pubmed.ncbi.nlm.nih.gov/21865890/

[16] Kirby JB, Cohen JW, "Do People with Health Insurance Coverage Who Live in Areas with High Uninsurance Rates Pay More for Emergency Department Visits?" Health Serv Res. (Apr. 2018) 53(2):768-786., *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867177/.

[17] Escarce JJ, Wozniak GD, Tsipas S, Pane JD, Brotherton SE, Yu H., "Effects of the Affordable Care Act Medicaid Expansion on the Distribution of New General Internists Across States," Med Care (July 1, 2021) 59(7):653-660, *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8191468/.