



**To: The Honorable Melony Griffith (Chair), and Members Senate Finance Committee**  
**From: Richard C. Bohrer, Chair, External Affairs Committee, Primary Care Coalition**  
**Date: February 23, 2023**  
**Subject: Support (with amendments) – HB588 Access to Care Act**

In 2005, the Montgomery County Council and a coalition of safety-net health centers, hospitals and individual health care providers came together to establish Montgomery Cares. In doing so, they made Montgomery County the first county in Maryland to invest in an expansive health care safety-net that offers high quality, culturally sensitive health services to low-income, ethnically diverse residents regardless of their immigration status.

The Primary Care Coalition (PCC) administers a variety of programs including Montgomery Cares and Care for Kids—Montgomery County's principal health safety-net programs—which provided primary care, specialty care referrals, behavioral health, and access to medications to nearly 22,000 adults and 8,000 children in FY2022. The PCC strongly supports the intent of the Access to Care Act. Our following testimony emphasizes our experience operating the Montgomery Cares because the enrollment structure and eligibility discussions we have had most similarly resemble the details of the Access to Care Act.

Montgomery Cares is a publicly funded, privately managed partnership among 10 independent safety-net health centers, four hospital systems, individual specialty care providers, and the Montgomery County Department of Health and Human Services. From the time of its inception, Montgomery Cares grew steadily and saw only a small dip (5 percent) in the number of participants receiving services between Fiscal Year 2013 and Fiscal Year 2014—when the Affordable Care Act extended coverage to previously uninsured residents. This pattern of utilization illustrates the ongoing demand for health services for uninsured residents even after the Affordable Care Act (ACA) was first introduced. Thousands of Maryland residents have remained uninsured for a variety of reasons, including:

- They are legally present in the United States but do not meet the 5-year residency requirement to qualify for Medicaid.
- They have complicated immigration statuses, such as asylum seekers with pending immigration cases.
- They earn too much to qualify for Medicaid but cannot afford to pay the monthly premiums associated with even the least expensive Qualified Health Plan or could not afford the deductible if health care is accessed.
- They are undocumented and ineligible for Medicaid or Qualified Health Plan Subsidies.

Importantly, improving access to affordable health coverage helps to reduce the costs of healthcare provided in hospital emergency departments by providing a reasonable community-based alternative. In addition to reducing strain on already overwhelmed hospital emergency departments, the economic return on investing in primary and preventive health care for our uninsured neighbors has been impressive. Improving access to care improves resident's participation in economic life. Absenteeism, lost productivity while at work for the employed population, exit from the workforce due to disease-related disability, and lost productivity due to mortality can all be reduced by investing in appropriate primary and

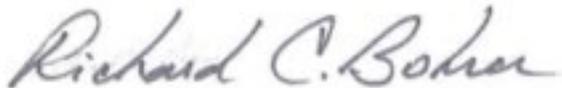
preventive care. For example, PCC's analysis of expectant value return on investment<sup>1</sup> for diabetes control for Montgomery Cares diabetic population in FY22 saw a return of \$11.56 and a \$3.45 return was realized for every dollar invested in hypertension control for our patients.

Based on our years of experience operating healthcare access initiatives for residents historically excluded from health benefits programs due to their immigration status, we recommend amendments to ensure the goal of achieving access to affordable health care for all of our neighbors is achieved.

- 1) Designate funds within Maryland Medicaid program to expand coverage to undocumented immigrants below 138% FPL. While any improved access to coverage is of benefit, a structure that requires immigrants of low-income to pay any premium amount (even if subsidized) institutionalizes economic inequity between those who are currently Medicaid eligible and those who are not.
- 2) Evaluate approaches for providing premium assistance and cost sharing reductions for "Qualified Residents" if a federal 1332 waiver is not approved.
- 3) Codify involvement of trusted community based organizations in program implementation and allocate resources to provide patient application assistance to address linguistic and cultural barriers to navigating the U.S. healthcare system for "Qualified Residents;" and consider measures to assure consumer protection for participating "Qualified Residents" who may be wary of participating in government run programs either as a result of their experiences in countries of origin or due to concern that use of such a program would impact their future immigration proceedings.

The Primary Care Coalition is strongly supportive of the intent of this legislation and is more than happy to share information and perspectives based on our years of experience administering health care access programming for our immigrant neighbors.

Sincerely,



Richard C. Bohrer  
Chair, External Affairs Committee  
Primary Care Coalition

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<sup>1</sup> The anticipated average value for the investment at an anticipated future date based on the economic value of quality adjusted life years for the population.