

DATE: February 23, 2023 COMMITTEE: House Health and Government Operations

BILL NO: House Bill 588

BILL TITLE: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

POSITION: Support

Kennedy Krieger Institute supports House Bill 588 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Bill Summary:

HB588 would alter the purpose of the Maryland Health Benefit Exchange Fund to include the provision of funding for the establishment and operation of the Qualified Resident Enrollment Program; requiring the Maryland Health Benefit Exchange to establish and implement the Program to allow qualified residents to obtain coverage, facilitate the enrollment of qualified residents in qualified health plans, and, based on the availability of funds, provide premium assistance and cost-sharing reductions to qualified residents; etc.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Maryland is now the most diverse state on the east coast.¹ In Maryland, undocumented immigrants represent 5% of the total state population including approximately 275,000 individuals² who are ineligible for care through the Maryland Health Benefit Exchange (MHBE) due to their immigration status. Distress due to immigration status is associated with the physical and mental health of undocumented immigrants, with difficulties in accessing healthcare underlying this relationship.³ One in four children in Maryland has at least one immigrant parent and though the vast majority of these children are U.S. citizens (86%),⁴ families with mixed documentation status often have multiple and chronic stressors to their health including history of trauma and limited opportunities.⁵ Lack of health insurance increases the risk of developing preventable conditions and undocumented immigrants are particularly vulnerable due language barriers and challenges with health care access. *This is important from a fiscal perspective because undocumented immigrants comprise 6% of the Maryland workforce as of 2016 and they paid an estimated \$373.5 million in federal taxes and \$242.3 million in state and local taxes in 2018.²*

In addition to the fiscal implications of a large segment of the population being uninsured, health-care providers have ethical obligations to provide care to all individuals regardless of "race, gender, socioeconomic status, ethnicity, religion, or any other social category."^{6,7} There is a public health imperative to improve undocumented immigrants' ability to access vaccinations that benefits the community as a whole.⁸ Overall, we are in support of HB588 which would be a critical step towards health equity for all citizens in Maryland by expanding the Affordable Care Act to eligible individuals regardless of their immigration status.

Kennedy Krieger Institute requests a favorable report on House Bill 588.

References

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- 5. Garcini LM, Nguyen K, Lucas-Marinelli A, Moreno O, Cruz PL. "No one left behind": A social determinant of health lens to the wellbeing of undocumented immigrants. *Curr Opin Psychol*. Oct 2022;47:101455. doi:10.1016/j.copsyc.2022.101455
- 6. Medical Professionalism P. Medical professionalism in the new millennium: a physicians' charter. *Med J Aust*. Sep 2 2002;177(5):263-5. doi:10.5694/j.1326-5377.2002.tb04762.x
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