

**Testimony in SUPPORT of SB 705**  
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Senate Finance Committee

February 21, 2024

Dear Honorable Chair Beidle, Vice Chair Klausmeier, and Members of the Committee,

We, the undersigned, are medical and allied health professional students from the Johns Hopkins University School of Medicine, Bloomberg School of Public Health, and University of Maryland School of Medicine. We strongly urge a favorable report on Senate Bill 705 - Access to Care Act. This testimony reflects the views of those who have signed, and not necessarily the views of our institutions.

SB 705 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders, regardless of their immigration status, by requiring MHBE to request a 1332 waiver to allow Maryland residents, regardless of immigration status, to purchase insurance on the Exchange. SB 705 represents an important milestone in our journey toward creating a resilient and equitable healthcare system for all.

The Affordable Care Act has allowed more than 28 million people across the country to gain access to affordable health care. In Maryland, since the establishment of the Maryland Health Benefit Exchange (MHBE) in 2011, which allows individuals and small businesses to purchase affordable health coverage, **our uninsured rate has almost halved from 12% to 6%.<sup>1</sup>**

Although Maryland has taken bold steps to decrease the uninsured rate, a staggering 30% of the uninsured are denied healthcare coverage solely because of their immigration status. This systematic and structural inability to access routine, comprehensive, affordable care has led uninsured Marylanders to seek out the most expensive type of care there is: emergency departments. When individuals have access to primary care, it results in higher rates of early detection and better long-term management of chronic diseases and serious illnesses, a decrease in mortality rates, and an increase in overall healthier and wealthier communities.

As future physicians, public health professionals, and healthcare workers of Maryland, we support this bill because we would like to practice in a world where patients do not have to sacrifice their right to healthcare to maintain basic life necessities. Please find below a collection of stories from students in support of this bill:

- **Ria Arora:** Prior to starting medical school, I lived in Maryland for four years while attending Johns Hopkins University for my undergraduate studies. While at Hopkins, I spent two years as a patient advocate at a pediatric clinic, connecting uninsured Latinx families to resources related to social determinants of health. Last year, I moved to

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<sup>1</sup> <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

Washington, DC and served as an AmeriCorps fellow at La Clínica del Pueblo in the Gender and Health Program. I connected Latina women who are survivors of gender-based violence to community-based resources, legal, and medical services. In returning to Johns Hopkins for medical school, I have continued to work with Latinx communities as part of the Refugee Health Program, providing support to asylum seekers in conjunction with the Asylee Women's Enterprise. This year marks my fourth year supporting Latinx communities in Maryland.

I have witnessed these disparities firsthand. As a patient advocate, I remember assisting a 45 year old uninsured female immigrant with making a dental appointment, having already had several teeth fall out. At La Clínica, I saw these disparities with my clients living in MD. I worked with a 26 year old uninsured female immigrant experiencing a high risk pregnancy. In a call with the hospital, I was told that because she has no health coverage, a surgery she might need would cost \$50,000 to \$60,000. Now, as a medical student in Maryland, I continue to see these gaps in access to care with the Refugee Health Partnership. I am currently working with a 33 year old uninsured female immigrant who is undergoing treatment for colon cancer. While she is fortunate to receive support from the Asylee Women's Enterprise, these organizations have limited funding, and many others are not in her shoes. My experiences have mobilized me to challenge the status quo and take action to promote access to care by testifying before you all.

- **Tihitina Aytenfisu:** A system with expanded health care access would be a step forward in the medical profession's ultimate goal: helping others. Undocumented immigrants face many barriers to healthcare and this bill would be really useful.
- **Kyle Patel:** As a future physician, I want to be able to provide the best care possible to all of my patients, without restriction based on ability to pay. Access to insurance and incorporation into the formal healthcare system is essential to ensuring that this is possible. The Access to Care act is the equitable, fiscally sustainable solution to our state's healthcare needs.
- **Howard Li:** Over the past year and a half as a medical student at the Johns Hopkins School of Medicine, I have volunteered to help out two asylum seekers with all of their health navigation. Through this process, I have witnessed the countless structural barriers that this patient population has to overcome in order to receive any care for their conditions; needless to say, financial barriers were a major challenge. This became abundantly clear when one of my clients was experiencing an acute medical emergency. Despite her instinct to call an ambulance, she hesitated and called me instead, inquiring about how she was going to be able to pay for the ambulance, the emergency room visit, as well as other financial expenditures. Not only did this founded fear of financial burden delay her care in an acute medical emergency, we are still finding ways to pay for these expenditures to this day, five months later. I have also witnessed the effects of the financial burden of healthcare on my other patient client. After a spinal mass was discovered last year, my client was unable to attend his follow-up appointments because he was unable to take time off of his work. This resulted in months of delayed care.

These two asylum seekers represent some of the most medically-resourced asylum seekers in the country, as they are a part of a limited non-profit in Baltimore. Despite this, the financial barriers still pose an alarming challenge. As a future physician in Maryland, I believe the Access to Care Act is a step in the right direction for necessary, equitable healthcare for undocumented residents.

- **Naser Al-Fawakhiri:** As a first year medical student, I feel obligated to learn about the barriers to accessing care my patients may be facing. With this in mind, a new student group formed at Hopkins with the goal of helping patients who are at-risk of being lost to follow-up and losing connection with the medical system. Whenever we go into the After Care Clinic to meet patients, we see many patients scheduled to attend the clinic who are undocumented and marked as "self-pay" in their chart, meaning they do not have insurance. These patients already face so many barriers to accessing healthcare and are at high risk of being lost to the medical system, and making it hard for them to get insurance coverage could be the last barrier keeping them from being looped into the care they need. Passing the Access to Care Act would help to connect this vulnerable population into medical care and allow us to get them the medical care that they deserve.
- **Maria Scaff:** As someone who immigrated to the United States alone as a young teenager, I experienced first-hand the fear of navigating a foreign health care system that is not accessible or affordable to all. Now as a medical student, I hope to be able to serve my patients, providing them with the best medical care and support that I can, regardless of where they come from. I believe that no one in this country should experience the fear of getting sick because they may not be able to afford any medical assistance if they do. The Access to Care Act is a much needed next step for us to continue properly serving our communities and those who need us the most.
- **Philip Huang:** As a medical student at the Johns Hopkins University School of Medicine, I hope to practice medicine in a state where my patients can receive the healthcare they need in order to live their lives to the fullest. This act will encourage patients to address their health concerns before it is too late. Lack of health insurance is a deterrent from seeking basic health care services such as primary and preventive care, and failure to address one's health needs can lead to more devastating medical consequences in the long run, placing further strain on our patients' loved ones, their employers, our emergency departments, our hospitals, and our healthcare workers. Ultimately, the Access to Care Act will empower our immigrant patients to live healthier, happier, and more productive lives, which will reap dividends for all of us in Maryland.
- **Erica Lin:** I support the Access to Care Act because expanding access to insurance regardless of one's migratory status is fundamental to empowering all of our fellow neighbors with the social-health tools to be well. Having previously provided several years of direct social work care at a free clinic for folx with uncertain migratory statuses, I have seen firsthand how opening insurance access to all lifts the emotional and financial weights off the shoulders of families who are so integral to the sociocultural fabric of our community. Each clinic day, I heard how the urgent health needs of patients

and their families were reluctantly but inevitably relegated to emergency department visits due to the lack of accessible primary care. I felt the tears of people who were forced to choose between paying for their child's care or paying next month's rent. And, especially for mixed-status households, I saw the frustration in the eyes of folk for whom discrimination, harassment, and low quality of care was always the norm and never the exception. Passing the Access to Care Act and opening healthcare access to all people in Maryland is therefore a crucial step toward supporting the social-health wellbeing of our whole community.

- **Evelien van Gelderen:** As a future physician, I firmly believe all human beings should have access to healthcare. I have personally seen undocumented folks who have been faced immense burdens when they try to access critically needed medical care through my work with the Refugee Health Partnership and the Asylee Women's Enterprise in Baltimore. This bill is necessary to insure all Marylanders can access healthcare.
- **Elizabeth Vojvoda:** As a medical student, I am doing everything to become a compassionate, excellent doctor so that I can improve the health of my patients. However, I know that the overall wellbeing of my patients will be largely out of my control. Their health will be more impacted by public health policies and resources than my actions as an individual doctor. I implore you to expand access to healthcare to support a healthier Maryland.
- **Alok Shetty:** As someone who has spent time volunteering at a free clinic for undocumented immigrants in the greater Baltimore area, I feel very strongly about the impact of this bill. It would be a major step forward in ensuring that a large portion of immigrants in our community have access to quality and timely healthcare.
- **Charlyn Gomez:** As the number of immigrants choosing Maryland as their new home rises, we must intentionally protect the health of these individuals. This legislation would have greatly benefitted my Peruvian family as they navigated their initial years here. Ultimately, if the state chooses to mainly see this population as laborers, this would also be a great investment to reduce occupational health hazards and poor outcomes.
- **Sarah Bejo:** Over the past 7 years I volunteered at a community clinic in my hometown for members of my community who do not have access to health insurance. Conversations with patients revealed to me that the primary barrier preventing them from having health insurance was documentation status. I saw firsthand the impact of this on their health and quality of life. As a medical student, we receive many lectures on social determinants of health to educate us as future physicians on how patients' lives outside of appointments inevitably lead to disproportionate health outcomes. My classmates and I frequently discuss our frustrations in feeling powerless after learning about the injustices our patients face, but not being able to contribute to their resolution. I strongly and wholeheartedly support this bill. There are patients I frequently saw and built relationships with who would finally have access to quality healthcare because of this bill being passed.

- **Raphael Wertz:** Access to healthcare is in my opinion a basic human right and I believe this should be the case worldwide. Much of human suffering can be treated and prevented with adequate access to healthcare. Those who need healthcare the most are those who have access to it the least.
- **Fatima Nycole Hidalgo:** I immigrated to the US from Ecuador when I was 6 years old, and I've lived in Maryland ever since. Throughout my healthcare experiences I've witnessed the emotional and physical consequences of inadequate access to medical care in my Latinx community.

I worked at a COVID testing site in Frederick where I would meet cars full of immigrant families plagued with the fear of being denied a COVID test during a pandemic because they were uninsured. They waited in line for hours and when I assured them that testing was free, I would see the relief and gratitude in their eyes.

In the ER I met a man who came in with a painful rash on his foot. He had stepped on a nail at his construction job but couldn't afford to seek medical care because he was undocumented and uninsured. He continued to work through the pain until days later, this minor injury became a severe infection that ultimately resulted in the amputation of his foot. There was fear in his eyes when he heard the news and desperation when said "how am I supposed to support my family?" I later learned that the patient had diabetes, but because he could not afford insulin, he was at a higher risk for this complication. It was frustrating to know that this man's quality of life and ability to provide for his family was forever changed because of a complication that could've been avoided with medical care. I believe that nobody should have to live in constant fear that a minor injury or preventable illness will disable them and their families.

Through these experiences, I've witnessed the impact of accessible health care for Maryland's undocumented and uninsured residents and have committed to serving and advocating for their needs.

- **David Regenold:** As a medical student, I have seen undocumented Marylanders struggle and lose their lives because they do not qualify for health insurance, which ultimately strains entire communities and the whole state system. Organizations in Maryland like CASA do a great job at supporting the entire immigrant community, including undocumented persons, but there is a lack of adequate options for healthcare for undocumented persons nor a replacement for health insurance.
- **Kent Hardart:** Nobody should be denied access to health insurance due to their immigration status. As a medical student, I think a central responsibility of physicians is to serve all the people in our communities. If undocumented immigrants are unable to get health insurance, that will keep them from seeking out healthcare when appropriate, and thus limit physicians' ability to give them the most comprehensive care, especially when it comes to preventive care.

- **Alexis Vetaack:** As a passionate advocate for equitable healthcare access, I am proud to lend my support to Senate Bill 705 - Access to Care Act. My dedication to this cause has been shaped by six years of hands-on experience working with marginalized communities, including refugees and immigrants, through organizations like the Carolina Survivor Clinic (Columbia, SC), the Good Samaritan Clinic (Columbia SC), Soccer Without Borders (Baltimore, MD), and HEAL Refugee Health and Asylum Collaborative (Baltimore, MD). Furthermore, my commitment extends to research endeavors such as projects focused on screening for sickle cell disease in immigrant populations. This research was born out of a recognition of the significant gaps in healthcare access experienced by these communities. Our project was inspired by the story of a woman who, unbeknownst to her, lived with undiagnosed sickle cell disease until the age of 19. Her journey, marked by frequent visits to the emergency department and debilitating pain crises, underscores the urgent need for improved access to care for immigrant populations. Had she received better healthcare access and a consistent standard of care earlier in her life, her suffering could have been alleviated. Now, as I engage with middle schoolers through Soccer Without Borders in Baltimore, I hear firsthand the concerns of young individuals grappling with medical issues and financial constraints within their families. Teenagers age 11-14 should be focused on school and friendships not fiscal stress and early employment. These experiences reaffirm my belief that healthcare coverage is not merely a privilege but a fundamental human right. SB 705 represents a pivotal step towards addressing health disparities in Maryland by extending affordable healthcare access to all residents, regardless of immigration status. I urge a favorable report on SB 705 to ensure a more equitable and resilient healthcare system for all Marylanders.
- **Elisha Anne Barrientos:** As a first-generation immigrant, I experienced firsthand the difficulties of immigrating to America, but we were fortunate enough to have healthcare coverage through my mom's employer. However, when I volunteered at a free clinic assisting patients who were eligible for Medicaid, I met a Filipino family who had gone through decades without health insurance and had significant morbidities. Healthcare is a human right for my people and for every people group and should be prioritized for immigrants who start with nothing and have to build their whole lives all over again.
- **Valeria Hernandez Munoz, MPH:** Since arriving to the US in 2015, I have interacted with all kinds of migrants through ESL tutoring, medico-legal services, and providing primary healthcare, and I have consistently found healthcare access to be the biggest barrier to their well-being. I will always remember trying to connect a mother to specialty care for her son, who had been diagnosed with a rare condition that couldn't be treated in their country. She had traveled on foot all the way from Central America only to find that the medication was sold in US pharmacies, but it was expensive, and could not be sold to her without a prescription from an American provider. If only she had had access to the Exchange then, she could have purchased health insurance and expedited her son's already delayed treatment. As a future physician, I find nothing more heart breaking than being able to diagnose a patient, know the best treatment for them, yet not be able to deliver it.

- **Nellie Harvey:** I believe access to care is extremely important regardless of the person who is to be on the other side of that care and regardless of citizenship/immigration status, especially as it is not even a completely free service that is in question. Currently our Emergency Departments are continually used as primary care for many who are under insured and uninsured and people's health are suffering due to the delay in accessing care, which puts a bigger burden on everyone involved in the care process including patients themselves. This bill could significantly help make an impact on many levels including human rights levels, financial levels, staffing issues, among others.
- **Rachel De Armas:** As an immigrant, I understand the fear and insecurity that immigrants feel when dealing with healthcare costs. For my family, this fear led to us delaying medical care for my diabetic father, delaying necessary surgeries for myself, and spending years without an annual physical. As a medical student, I understand the importance of timely healthcare and the importance of routine medical exams. This bill will help countless individuals avoid healthcare complications that in turn limit their quality of life.
- **Ananya Dewan:** Passing this act would make a tremendous impact on furthering health equity in our community. This has ripple effects that impact the fundamental health of our population as well as the trust between public services and the members of our community.
- **Olivia Girvan, MSPH:** As a public health professional and now medical student, my education and work in the Baltimore community continue to demonstrate that barriers to accessing healthcare deepen existing health, social, and economic inequities. These barriers reinforce structural problems and systems of oppression that make it impossible for all people to lead healthy lives. This bill is a step toward health equity as it supports the notion that healthcare should be an option for all people - not just those who have the privilege to access it because of their birthplace.
- **Delia Friel:** Expanding access to health insurance and health care is critical for the health of our community. By allowing undocumented residents to access the Maryland Health exchange and the Young Adult Subsidies program, more of our community members will be able to seek comprehensive health services in a timely manner.
- **Kathleen Warner:** By providing health insurance to undocumented immigrants, these individuals will have the ability to seek care before health conditions become emergent. Given that ERs are required to provide care regardless of insured status, offering insurance is not only the humane thing to do. It's also a cost effective approach.
- **Akanksha Suresh:** Health care is a human right. People deserve to receive care and coverage for care, regardless of documentation status. People who are undocumented already face huge barriers to health care. Let's do better and treat people with dignity and equity.

- **Francesca Giorgianni:** I have seen the devastating consequences that a lack of health insurance can bring onto patients and their families. Healthcare is a human right, and the state has a duty to ensure that all people living within it have access to good healthcare. This bill is a step in the right direction.
- **Ahmad Alnasser:** The SB705 Access to Care Act represents a necessary and important aspect of providing care to undocumented residents in Maryland. Undocumented refugees represent an often underperceived and over criminalized subset of the population. As an immigrant myself, and someone who grew up in New York City among many undocumented immigrants, I can personally attest to how much health-seeking is impacted by immigration status. This bill needs to pass, and lives are dependent on it. This should be a slam dunk approval.
- **Melanie Alfonzo:** As an American-born daughter of South American immigrants who had significant battles with the convoluted American legal system, I watched as my family members struggled without the benefits of full documentation. Regardless of navigating the system with extreme caution and precision, it was set up to disadvantage us, especially in the form of healthcare. Healthcare is a human right, and should be provided to individuals regardless of legal status. This part of my childhood is what motivated me to go into medicine and work with immigrant populations. For the past 6 years, I have worked in a clinic specifically for uninsured patients in Baltimore, many of them undocumented. These patients have chronic health conditions that require continuous care, or may suffer acute illnesses that require immediate attention, both affecting quality of life and mortality. Unfortunately, many are scared of the healthcare system and shy away from receiving proper care, or don't seek care due to assuming they don't possess sufficient resources. It is time we stop ignoring this subset of patients and provide them with health insurance to ease receiving medical care. Not only will accessing this care improve their physical health, but also their quality of life and mental health, providing them better socioeconomic opportunities for their families and within their community. As it did for me, allowing me to not worry about my own healthcare to such an extent, and focus on matriculating into medical school to improve access to care.

Thank you for your consideration and your leadership!

Sincerely,

1. Aishu Nag, Johns Hopkins Bloomberg School of Public Health
2. Aida Abou-Zamzam, Johns Hopkins University School of Medicine
3. Parth Agrawal, Johns Hopkins University School of Medicine
4. Kowsar Ahmed, Johns Hopkins University School of Medicine
5. Ramadhan Ahmed, Johns Hopkins University School of Medicine
6. Naser Al-Fawakhiri, Johns Hopkins University School of Medicine
7. Ahmad Alnasser, Johns Hopkins University School of Medicine
8. Melanie Alfonzo, Johns Hopkins University School of Medicine



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63. Karen Qi, Johns Hopkins University School of Medicine
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72. Akanksha Suresh, Johns Hopkins University School of Medicine
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76. Samalya Thenuwara, Johns Hopkins University School of Medicine
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96. Kent Hardart, University of Maryland School of Medicine
97. Nellie Harvey, University of Maryland School of Medicine
98. Fatima Nycole Hidalgo, University of Maryland School of Medicine
99. Indira Jetton, University of Maryland School of Medicine
100. William Kelley, University of Maryland School of Medicine
101. Njambi Kiguru, University of Maryland School of Medicine
102. Hima Konduru, University of Maryland School of Medicine
103. Rose Pagano, University of Maryland School of Medicine
104. Ryan Rambo, University of Maryland School of Medicine
105. David Regenold, University of Maryland School of Medicine
106. Sarah Sabet, University of Maryland School of Medicine
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109. Juliana Sherchan, University of Maryland School of Medicine
110. Alok Shetty, University of Maryland School of Medicine
111. Melissa Sierra, University of Maryland School of Medicine
112. Julian Starks, University of Maryland School of Medicine
113. Ananda Thomas, University of Maryland School of Medicine
114. Mariela Trejo, University of Maryland School of Medicine
115. Ishan Vaish, University of Maryland School of Medicine
116. Maria Vera Alvarez, University of Maryland School of Medicine
117. Alexis Vetack, University of Maryland School of Medicine
118. Raphael Wertz, University of Maryland School of Medicine
119. Gisselle Zuniga, University of Maryland School of Medicine