

**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:

My name is Lydia Mazze and I am a medical student in my final year at the University of Maryland School of Medicine pursuing a career in primary care and preventative medicine. As a resident of District 8, I grew up in Rockville, attended Wootton High School, and graduated from the University of Maryland, College Park in 2020. I am also a bilingual Spanish speaker, as my mom is from Spain and works as an English-Spanish interpreter in Maryland. Having served at three free clinics for the uninsured over six years (Mercy in Gaithersburg, Esperanza in Baltimore City, and St. Clare in Timonium), I have seen first-hand why Maryland needs a platform for undocumented immigrants to access health insurance in order to protect all of its residents, encourage physicians to practice in Maryland, and build a more financially sustainable healthcare system. I hope to one day work in Maryland as a primary care physician serving all patients regardless of immigration status, which is why, since I am unavailable to attend today's hearing, I am submitting this written testimony in strong support of SB 705, the Access to Care Act.

If enacted, SB 705 would allow all Maryland residents, regardless of immigration status, to access the Maryland Health Benefit Exchange (MHBE) and purchase health insurance. This bill does not need state funding, as previous versions have, but rather simply requires the MHBE to request a 1332 federal waiver that would open the exchange to undocumented Maryland residents who are currently shut out. Since the MHBE was established in 2011, our state's uninsured rate has halved, from 12% to 6%<sup>1</sup>. SB 705 could be the next great step in expanding access, as 30% of the remaining uninsured—a staggering 275,000 residents—are denied access to the exchange due to their immigration status.

At the University of Maryland School of Medicine, I have learned that healthcare is a human right, so our Maryland hospital system cares for patients regardless of insurance status. However, from both personal experience and population health research, we know that the majority of uninsured patients avoid seeking care until medically necessary, which leads to dangerous late presentations of common medical conditions. For example, untreated Type 2 Diabetes often leads to kidney failure, which requires tri-weekly dialysis that typically falls under Medicare coverage. It also causes diabetic foot neuropathies that result not only in severe disability, but also in undetected wounds that lead to deadly infection requiring antibiotics or amputation. These conditions are more dangerous, more expensive, and—most importantly—entirely avoidable in a country and age with excellent diabetes medications and a clear understanding of the diabetic disease process.

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

Even in lower-acuity settings as a medical student, I have daily conversations with patients about building healthy lifestyles, which requires strong patient-doctor therapeutic relationships and regular interactions with the healthcare system in primary care settings that are currently very limited for undocumented immigrants. To prevent the extreme complications of diabetes, patients need to take medications consistently, create regular opportunities to move their bodies, have access to fresh fruits and vegetables, and form strong support systems. As a soon-to-be physician, which of these can I influence most?

Without a doubt, I will have the most say in when and how patients take their medications, but this becomes nearly impossible when patients cannot access the medications they desperately need. Last July, I rotated at UMB-affiliated St. Clare Medical Outreach, a free clinic for Spanish-speaking uninsured patients that functions via grant funding and charity care from St. Joseph hospital. The clinic structure and patients I saw are parallel to those I worked with at Mercy Clinic in Gaithersburg as a college student and at Esperanza Center in Baltimore City as a medical student. At these clinics, I witnessed how patients who required expensive diabetes medications, like Jardiance, to control their diabetes could only access them for 2-3 months at a time since they were relying on clinic samples and transitory grants, as they are otherwise financially astronomical for the uninsured patient. As a result, patients often changed diabetic medication regimens several times a year, which is frustrating at its best and life-threatening at its worst.

Having spent twenty years in Maryland, chosen to complete all my degrees of higher education in Maryland, and worked with Spanish-speakers and undocumented immigrants here my whole life, I am hopeful that our great state will allow the hard-working and tax-paying undocumented immigrants that serve and enrich our communities the right to healthcare—not only when they enter a hospital when necessary, but by allowing them to purchase affordable health insurance in the MHBE and broaden their access to healthcare.

As a future primary care doctor who aims to work in Maryland and with Spanish-speaking patients, I urge the state to pass SB 705 in order to expand access to health insurance and preventative care in ways that promote a more compassionate and financially sustainable Maryland healthcare system that all physicians will want to work in. Please help me care for my patients and do right by the 275,000 undocumented and insured residents of our great state.

Thank you for your leadership and for considering my testimony.

Sincerely,

A handwritten signature in black ink that reads "Lydia Mazze". The signature is written in a cursive, flowing style.

Lydia Mazze

Please note that the views expressed here are my own and do not necessarily reflect the policies or positions of the University of Maryland School of Medicine.