
SB705
Favorable

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Centro SOL

DATE: February 20, 2024

RE: SB705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Johns Hopkins University and Medicine urges a **FAVORABLE** report on **Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

This bill would expand coverage to on the Maryland Health Benefit Exchange to low-income residents of Maryland who do not otherwise qualify for coverage, including undocumented Marylanders.

Johns Hopkins strongly supports efforts to expand health care coverage, and is committed to promoting equity in health and providing high quality care to all of our patients. This includes the large, and growing Latino population in the State of Maryland. Our team at Centro SOL (Center for Salud/Health and Opportunity for Latinos at Johns Hopkins) as part of Johns Hopkins is committed to promoting equity in health and opportunity for Latinos by developing several patient/community-centered programs that focus on physical and mental health as well as clinical care innovations.

While uninsured rates decreased throughout the state, Hispanics continue to have the highest uninsured rates of any racial or ethnic group within the state of Maryland. In 2019, The Kaiser Family Foundation, using the American Community Survey, reported that in Maryland 21.4 percent of Hispanics were uninsured, as compared to 3.8 percent for non-Hispanic whites.¹

The Pew Hispanic Research Center estimates that 275,000 undocumented immigrants reside in the state of Maryland as of 2017, accounting for about 5% of Maryland's population.² Undocumented immigrants, regardless of meeting other basic eligibility requirements, are not eligible to buy health coverage from the State's Marketplace. Changing the state law to extend access to health care to immigrants who are not eligible due to status is needed to meet the health needs of the most

¹ Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

² Jens Manuel Krogstad, Jeffrey S. Passel, and D'Vera Cohn, 5 Facts About Illegal Immigration in the U.S., (Washington, DC: Pew Research Center, June 2019), <https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/>

vulnerable and marginalized populations and improve readiness to face health emergencies.³

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 to purchase insurance on the Exchange. SB 705 represents an important milestone in our journey toward creating a more resilient healthcare system.

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%.**⁴

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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not

³ Kaiser Family Foundation, Health Coverage and Care for Immigrants, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants>.

⁴ America's Health Rankings analysis of U.S. Census Bureau, American Community Survey, United Health Foundation, AmericasHealthRankings.org, accessed 2024 at <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

have insurance, and in some cases that is simply because they cannot easily purchase it.⁵

Access to routine yearly checkups will ensure that our vibrant and diverse undocumented immigrant children, youth, and adults live better, healthier, and more productive lives in our communities. The larger the number of healthy people in the plans on the Exchange market reduces the actuarial risk and therefore maintains—or even lowers—premiums for everyone in those plans. The MHBE’s own estimates project the subsidy program envisioned in SB 705 could result in reductions to individual market premiums of 2% to 4% per year.

For the reasons above, Johns Hopkins University & Medicine respectfully requests a **FAVORABLE** report for **SB705**.

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⁵ Report on Health Care and Dental Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status. December 2023. Available at <https://www.marylandhbe.com/wp-content/uploads/2023/12/Report-on-Health-Care-and-Dental-Coverage-for-Marylanders-Ineligible-for-Medicaid-and-Qualified-Health-Plans-Due-to-Immigration-Status.pdf>