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before
Senate Finance Committee
IN SUPPORT OF
SB 705: Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

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Chairwoman Beidle, Vice Chair Klausmeier and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 705. My name is Olanrewaju Falusi, M.D., M.Ed., FAAP, and I am a resident of Maryland and a pediatrician at Children's National Hospital. I also serve on the Executive Committee of a national pediatric organization providing education and advocacy for pediatricians who care for children in immigrant families. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers, and regional outpatient centers in Maryland.

I have spent the last 15 years of my career caring for children in immigrant families, defined as children who themselves, or at least one parent, were born outside of the United States. Pediatricians care about the health and well-being of all children, no matter where they or their parents were born. Currently 1 in 4 children in the United States lives in an immigrant family, and 9 out of 10 children in immigrant families are U.S. citizens.¹ As part of a multidisciplinary team of experts in immigrant health, I commonly see mixed-status families in which the child was born in the U.S. and the parents are undocumented, or otherwise not

¹ The Urban Institute: [Part of Us: A Data-Driven Look at Children of Immigrants | Urban Institute](#)

eligible for public insurance, and have jobs that do not offer private insurance plans. We also see children who have recently arrived in the U.S. and are considered undocumented (and therefore uninsured) as they pursue asylum and other forms of legal status.

Insurance coverage is an integral component of hospitals being able to deliver quality of care. An undocumented, uninsured child with an asthma attack in Maryland may end up in our Emergency Department at Children's National and admitted to the hospital for a lengthy stay. The child and family could be further impacted by missed school days and loss of pay from work, while also straining our healthcare system. Importantly, asthma attacks can often be prevented through regular primary care interventions. Unfortunately, we know that 350,000 Marylanders are not covered by insurance and therefore may not receive essential, routine preventive care as even our federally qualified health centers are stretched thin.² A portion of these uninsured individuals in Maryland do not have legal residency status, and under the Affordable Care Act, they do not have access to purchasing insurance, even unsubsidized, in our health benefit exchange. If these individuals could purchase their own insurance, they could routinely access preventive *and* subspecialty care for their children, resulting in better health outcomes, improved overall well-being, and healthier communities. Moreover, we anticipate long-term cost savings to our health care system and to participating families with the passage of this bill.

Senate Bill 705 would help to support the health of families in Maryland by removing immigration status as a barrier to purchasing insurance through the exchange. A critical component of this process is the access to navigators available in multiple languages to guide individuals and families toward appropriate plans, which research shows can increase the uptake of insurance for immigrant families.³ This is beneficial for our young patients, as children who have health insurance are more likely to get medical check-ups, attend more days at

² Maryland Health Benefit Exchange Report: [COVID_Uninsured_Analysis_Report.pdf \(marylandhbe.com\)](https://www.marylandhbe.com/COVID-Uninsured-Analysis-Report.pdf)

³ Ayalew B, Dawson-Hahn E, Cholera R, Falusi O, Haro TM, Montoya-Williams D, Linton JM. [The health of children in immigrant families: Key drivers and research gaps through an equity lens.](#) *Academic Pediatrics*. 2021;21(5):777-792.

school, graduate, and enter the workforce than their uninsured peers.⁴ Moreover, addressing health and development during childhood, from birth through adolescence, leads to improved life outcomes in many areas. Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers.

I applaud the Maryland General Assembly for introducing this important legislation, which is an essential step towards expanding equitable access to necessary and essential medical care and improving long term health and well-being for children, families, and the community. For those who can afford to do so, purchasing insurance on the health benefit exchange provides security and improved access to quality health care. As such, I request a favorable report on Senate Bill 705 and look forward to even bolder steps in the future toward expansion of insurance access for immigrant families in Maryland, many of whom have been members our communities for years. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

⁴ Linton JM, Green A, Council on Community Pediatrics. [Providing Care for Children in Immigrant Families.](#) *Pediatrics*. 2019 Sep;144(3):e20192077.