

**Senate Bill 705**  
**Qualified Resident Enrollment Program - Access to Care Act**  
Finance Committee  
February 20, 2024  
**Support**

**Together with Catholic Charities, I am writing to request your support for Senate Bill 705.** My name is Madelin Martinez and I currently serve as the Assistant Director of Advocacy for Catholic Charities, but my testimony is based in part upon my experience as a bilingual Human Services Assistant in the Baltimore County Department of Health who helped process Medicaid applications in the Maryland Health Connection website. As someone who came here with my family as a child from El Salvador, I believe I am particularly well-qualified to speak to the need for access to health care for undocumented residents who are currently prohibited under federal law from enrolling in health care plans administered by the Maryland Health Benefit Exchange.

There are approximately 112,400 uninsured Marylanders, accounting for roughly 30% of the state's remaining uninsured population.<sup>1</sup> In 2022, the State reported spending between \$120 and \$150 million in uncompensated care for undocumented immigrants, primarily treated in emergency rooms due to lack of access to primary or preventive healthcare, making this bill a substantial cost-saving benefit to the state's healthcare system.<sup>2</sup>

The passage of this bill will ensure that Maryland residents who are working and paying taxes can purchase insurance through Maryland Health Connection (MHC), which provides comprehensive services such as plan comparison, cost estimation, multilingual support, and exclusive Value Plans, making healthcare enrollment accessible and tailored to individual needs, with benefits extending to families and young adults through simplified processes and with potential savings.

**In preparation for this testimony, I attempted to compare the prices of private commercial insurance plans with those offered through the Maryland Health Benefit Exchange.**

Through the Maryland Health Connection website, using the plan cost estimator for a 35-year-old living in zip code 21224, I entered income information high enough to not qualify for subsidies to see unsubsidized plan pricing. Within seconds the system output a comprehensive list of health plans from multiple carriers. I then picked one of the health insurance companies and navigated to their website to compare prices directly. Unlike the Maryland Health Connection site, there was no translation drop down menu and the plan estimator tool was difficult to locate. After inputting identical information to get an estimate, the system provided a list of plans specific only to that company.

**Searching plans from one company proved time-consuming.** In order to evaluate different company plans without the help of the MHC website, one would have to submit separate applications for each insurance provider to compare prices and plan options. Had I wanted to

contrast pricing across different insurers, I would have needed to repeat the process for every health insurance provider under consideration.

**Navigating the healthcare system poses challenges even for well-educated English speakers who often rely on brokers for assistance.** It is unimaginable for those unfamiliar with the system or language to integrate and finance their healthcare costs without simplified processes to obtain insurance. Much like car insurance enrollment, the ability to access a health insurance exchange promotes fiscal responsibility and societal well-being.

**Accessibility issues in healthcare coverage can create difficult situations even for families where some members qualify for health plans or Medicaid.** From previous work experience, I often assisted Spanish speakers in their Maryland Health Connection applications. I recall a moment during a family's insurance renewal interview where the father was eligible for a qualified health plan, his children were eligible for Medicaid, while his wife, due to her immigration status, was not eligible for anything. Despite the husband's willingness to make financial sacrifices for his wife's insurance, the complexity of commercial insurance, coupled with the lack of options to meet with someone they trust in a language they are comfortable with, discouraged him from pursuing it.

**Stories like this demonstrate why expanding access through the Maryland Health Connection is so valuable, even for those ineligible for subsidies.** It empowers individuals to seek insurance with the guidance of navigators fluent in their language. This promotes understanding and active participation in obtaining healthcare coverage. Local health departments and social service offices that handle these applications already have strong ties and trust within immigrant communities. These become the familiar places families turn to not only after visiting the emergency room, but also when seeking to enroll children, relatives, or friends in health plans.

**The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland.** It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and, ultimately, will improve population health. **For these reasons, I, together with Catholic Charities, urge the committee to issue a favorable report on Senate Bill 705.**

Submitted By: Madelin Martinez, Assistant Director of Advocacy

1. Source: MHBE analysis of American Community Survey data
2. Kurtz J. Health care bill for immigrants appears to be stalling in state Senate. Maryland Matters. Published April 6, 2023. <https://www.marylandmatters.org/2023/04/06/health-care-bill-for-immigrants-appears-to-be-stalling-in-state-senate/>