
TESTIMONY IN SUPPORT OF SB 705

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) *Senate Finance Committee* February 21, 2024

Social Work Advocates for Social Change strongly supports SB 705, which would allow all Marylanders, regardless of immigration status, to access health insurance on the Maryland Health Benefit Exchange via the creation of a Qualified Resident Enrollment Program. As social work students and professionals, we are dedicated to protecting the rights and dignity of vulnerable populations. Immigrant communities need and deserve equitable access to healthcare. SB 705 would ensure that immigration status does not impact an individual's ability to access insurance through the exchange if they are able to pay for it. Expanding Maryland Health Benefit Exchange provisions to undocumented individuals would positively impact health outcomes for a marginalized population, address the ER wait time crisis, and reduce costs for all health insurance users.

SB 705 addresses inequity in healthcare access. Immigrants make up 6.4% of the state's workforce.¹ In 2018, they paid about \$373.5 million in federal taxes and \$242.3 million in state and local taxes.² Despite their contributions to federal, state, and local economies, about 50% of undocumented immigrants are uninsured.³ It is hard for them to find jobs that will provide access to health insurance. Consequently, they are more likely to skip or postpone necessary treatment, which can lead to further health complications and higher treatment costs.⁴ Some of our coalition members have worked in Baltimore City Public Schools in social work roles. They have seen students and families committed to their education and professional advancement be burdened by health issues because they did not have access to health insurance or healthcare. This bill seeks to improve health outcomes for children and adults by offering them crucial healthcare access.

SB 705 reduces emergency room wait times. Maryland has some of the highest ER wait times in the US.⁵ One reason for this phenomenon is that people without health insurance have few options other than to avoid seeking treatment until it becomes an emergency. Compared to about 80% of the overall adult population, only 56% of uninsured immigrant adults have a usual source of care other than the ER.⁶ Since ERs can receive patients who could have had their problems solved by a primary care

doctor, providing undocumented immigrants with the option to legally purchase preventative healthcare would reduce some strain on Maryland's ER wait time crisis.

SB 705 saves public and private money. In 2023, Maryland hospitals provided \$120-150 million in uncompensated care to undocumented immigrants. These economic costs are then paid by all of us – in public expenditures, in our health insurance premiums, or in the cost for healthcare.⁷ The Maryland Health Benefit Exchange has stated that expanding the eligibility requirements for its services could reduce individual market premiums by 4%.⁸ This is because, despite false stereotypes about immigrants straining the welfare system, undocumented immigrants tend to be younger and healthier than nonimmigrants, resulting in a larger and lower risk pool, and less overall health expenditures.⁹ This bill aligns with the reality that is more cost effective for many parties – undocumented people, hospitals, the state, all taxpayers, and all insurance users – to expand access to health insurance for a greater number of people, regardless of their immigration status.

SB 705 addresses the needs of a marginalized group while benefiting society at large. We thank Chair Beidle and the Finance Committee for their time and consideration of this bill. **Social Work Advocates for Social Change urges a favorable vote on SB 705.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

¹ Pew Research Center (February 2019). U.S. unauthorized immigrant population estimates by state, 2016. <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>

² American Immigration Council (August 2020). Immigrants in Maryland. <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

³ KFF (September 2017). Key Facts on Health Coverage of Immigrants. <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

⁴ KFF (2017)

⁵ Maryland Matters (January 2024). Lawmakers look to take wide-ranging approach to reducing Maryland's emergency room wait times. <https://www.marylandmatters.org/2024/01/18/lawmakers-look-to-take-wide-ranging-approach-to-reducing-marylands-emergency-room-wait-times/>

⁶ KFF (2017)

⁷ True (May 2023). Without insurance, undocumented Marylanders are all but shut out of health care. The Baltimore Banner. <https://www.thebaltimorebanner.com/community/public-health/health-insurance-undocumented-immigrants-maryland-7JBUTQC2WBHDFLGWYYMT25NXRU/>

⁸ Eberle (November 2021). Report on Costs, Feasibility, and a Review of Activity in Other States to Serve Individuals Ineligible for Medicaid or Qualified Health Plans with Advanced Premium Tax Credits. Maryland Health Benefit Exchange. https://dlslibrary.state.md.us/publications/JCR/2021/2021_44b_2021.pdf

⁹ Flavin et al. (2018). Medical expenditures on and by Immigrant Populations in the United States: A Systematic Review. https://www.pnhp.org/docs/ImmigrationStudy_IJHS2018.pdf