



Testimony in SUPPORT of [SB 705](#)

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

Dear Dear Honorable Chair Beidle and Members of the Committee,

[Church World Service](#) (CWS) writes in strong support of [SB 705](#) - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act.) **The bill addresses a critical healthcare coverage gap by expanding the Affordable Care Act to all Marylanders, regardless of their immigration status.**

Church World Service is a faith-based global humanitarian organization representing 37 Protestant, Anglican, and Orthodox communions, as well as resettlement offices and affiliates, home study and post release services, and asylum seeker case management services. In Maryland CWS provides home study and post release services - trauma-informed case management to help ensure unaccompanied children have a safe and stable place to call home where they can learn, grow, and thrive. Additionally, CWS supported community partners in resettling Afghans in Bel-Air and Salisbury after the fall of Kabul.

The *Access to Care Act* requires the Maryland Health Benefit Exchange (MHBE) to submit a [Section 1332](#) State Innovation Waiver to establish a Qualified Resident Enrollment Program and seek federal pass-through funding for the program, allowing Marylanders to access health care under the Affordable Care Act regardless of their immigration status. The bill represents a cost-effective strategy to increase access to insurance, which would benefit Maryland families, children, and communities. Higher rates of insurance are linked to greater access to primary and preventative care, reducing reliance on costly emergency treatment.

The inability to access routine, affordable care has led uninsured Marylanders with no choice but to seek expensive emergency care, contributing to long emergency room wait times and to high uncompensated care costs – which cost the State between \$120-170 million each year. Access to primary care results in higher rates of early detection and better long-term management of chronic diseases and serious illnesses, decreased mortality rates, and an increase in community-wide health and economic stability.

Since the establishment of the MHBE in 2011, which allows individuals and small businesses in Maryland to purchase affordable health coverage, the uninsured rate in the State has [decreased dramatically](#) from 12% to 6%. Although Maryland has taken bold steps to increase access to insurance, a staggering 30% of the uninsured are denied healthcare coverage solely because of their immigration status.

Multiple states across the country have established programs to extend coverage to immigrants regardless of their immigration status, and the need for coverage has long been a priority for Maryland's immigrant communities. Undocumented immigrants play an essential role in the Maryland workforce and [contribute millions](#) to the state's economy through federal, state, and local taxes, but remain ineligible for the Affordable Care Act.

The bill typifies fiscally responsible policy – obtaining federal pass-through funds would not impact the state budget, and increasing insurance rates would reduce the financial burden of uncompensated care costs. Further, key stakeholders, including MHBE, the Maryland Insurance Administration (MIA), and the Maryland Hospital Association (MHA) have expressed strong support for the measure.

As a faith-based organization committed to promoting the thriving of newcomers and the communities that welcome them, Church World Service urges the Senate Finance Committee to issue a favorable report of the *Access to Care Act*.