

Testimony in SUPPORT of SB 705
Health Insurance - Qualified Resident Enrollment Program (Access to
Care Act)
Senate Finance Committee

February 21, 2024

Dear Honorable Chair Beidle, Vice Chair Klausmeier, and Members of the Committee,

My name is Marcelina Kubica, and I am a medical student at the Johns Hopkins University School of Medicine. I have lived in Baltimore City for the past two and a half years. I am submitting this testimony in support of SB 705, the Access to Care Act.

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, by a simple act of requiring MHBE to request a 1332 waiver to allow Maryland residents, regardless of immigration status, to purchase insurance on the Exchange. SB 705 represents an important milestone in our journey toward creating a resilient healthcare system.

This bill is about making sure that hard-working, taxpaying Marylanders can have access to the Maryland Health Benefit Exchange and the opportunity to pay for health care insurance. This bill is a win-win. It is not only in the best interest of the individuals and families but also in the best interest of the state as reducing the uninsured population results in savings in ER care because people can access more affordable, preventative care.

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%.¹**

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.

Throughout the past two and a half years, I have worked closely with the migrant and asylum-seeking population through assisting with forensic medical evaluations in the HEAL clinic and working with a client of Asylee Women Enterprise as a health navigator. In these roles, I have worked with individuals who are in need of medical support ranging from managing chronic conditions such as hypertension to necessitating intensive

¹ <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

psychiatric support due to the trauma they experienced both in their home countries and during their migration to the United States. Unfortunately, we are often unable to secure immediate access to appropriate care for these individuals despite them being in uniquely vulnerable positions in our community.

As discussed above, the lack of proper health insurance also forces individuals necessitating acute care to seek it out in emergency departments, and the costs of these visits is tremendously burdensome to individuals who may not have access to employment and whose minimal incomes barely allow them to meet their cost-of-living. I recently worked intimately with an asylum seeker whose daughter's emergency department visit cost almost \$1,000. At the time, she was still waiting for her employment authorization and was largely subsisting on the generosity of donations and financial support of others, making this bill something she simply did not have the financial capability to pay off. Luckily, we were able to help her navigate a financial assistance application through the hospital, but the stress and worry it caused prevented her from presenting to the hospital when she herself was experiencing a life-threatening reaction to one of her medications a few months later. **The experience this asylum seeker had navigating the healthcare system without insurance prevented her from seeking care when she needed it the most.**

When we are speaking about costs in this bill, we are not speaking only about the economic burden of these emergency department visits but also the possible cost of lives lost due to inadequate healthcare access.

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. For all of the reasons above, I urge a favorable report of House Bill 728.

As a future physician, I believe that healthcare and equitable access is a human right that we cannot deny to our migrant neighbors, friends, family, and co-workers. Immigration status should not dictate who deserves care or who deserves to live or die. This bill is a first step in the right direction - one in which all humans living within our community have access to the healthcare they deserve and need.

The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University.

Thank you for your leadership and consideration!

Sincerely,

Marcelina Kubica