

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 Sahithi Madireddy, and I am a resident of District 46. I am a medical student at the Johns Hopkins University School of Medicine. I have been a resident of Maryland since August. 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%.**

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. Additionally, Black and Hispanic patients in Maryland are more likely to be kept for observation after Emergency Department use than white, non-Hispanic patients independent of clinical presentation. Post-ED observation has been associated with higher incidence of catastrophic financial costs and has downstream effects on post-discharge clinical services. 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.

Given the complexity of selecting insurance plans on the commercial market, Marylanders without current legal residency who have limited knowledge about the market and for whom English may not be their first language are more vulnerable to fraud. If allowed to purchase a plan on the exchange, there is a great deal of navigational support that would enable them to compare insurance plans, usually in their own language, to find the one that meets the specific

needs of their families. They would also have access to the technology that helps to understand the actual cost of the plan. On the Exchange, these tax-paying residents would be able to purchase Value Plans that are offered by carriers, that are NOT available off Exchange.

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 want to make sure that I can give all of my patients the care that they deserve, so that I can use my training to its fullest extent to promote human health. That will not be possible so long as people are unable to access health insurance due to the status of their immigration.

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

Thank you for your leadership and consideration!

Sincerely,

Sahithi Madireddy