



primary care coalition

making
health care
happen

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To: The Honorable Pamela Beidle (Chair), and Members Senate Finance Committee

From: Leslie Graham, President & CEO, Primary Care Coalition

Date: February 20, 2024

Subject: Support - SB705 Access to Care Act

The Primary Care Coalition (PCC) administers a variety of programs including Montgomery Cares and Care for Kids—Montgomery County's principal health safety-net programs—which provide primary care, specialty care, behavioral health, and access to medications uninsured adults and children. The PCC strongly supports the intent of the Access to Care Act based on our experience operating access to care programs for low-income, uninsured residents of Montgomery County.

Maryland's percentage of uninsured residents has decreased from 10.2% in 2013—just prior to Affordable Care Act coverage expansions—to 6.0% in 2022, according to KFF analysis of American Community Survey data. Despite that progress, KFF estimated that more than 350,000 Marylanders remained uninsured in 2022. The reasons for being uninsured vary, but for many thousands of Maryland residents, those reasons are linked to immigration status. Some are legally present in the United States but do not meet the 5-year residency requirement to qualify for Medicaid, some have complicated statuses, such as asylum seekers with pending immigration cases. Others are undocumented and ineligible for Medicaid or Qualified Health Plan Subsidies. All need healthcare.

In fiscal year 2023, the Montgomery Cares program served 22,963 adults and the Care for Kids program served 8,648 children, all low-income, uninsured residents of Montgomery County, mostly immigrants, from over 75 countries. These individuals and families reflect the range of immigration barriers to accessing affordable health care. These programs are publicly subsidized with county general funds, privately managed by a 501c3 nonprofit (Primary Care Coalition) and run in partnership with independent safety-net health centers, four hospital systems, individual specialty care providers, and the Montgomery County Department of Health and Human Services.

Improving access to care for these neighbors is not just about doing the morally right thing. It is also a choice with broad community benefits. These individuals and families and the overall healthcare system are best served through early prevention and treatment, preferably in primary care settings. Yet, low-income uninsured residents will delay preventative treatment due to cost and often delay treatment for potentially more serious illness as well, hoping the issue will resolve itself. Access to health insurance provides access to primary care.

Indeed, when PCC, local hospital emergency departments, and the Montgomery County Department of Health and Human Services partnered on the Emergency Department (ED) to Primary Care Connect program from 2009 to 2011, referring and connecting uninsured ED patients to safety-net primary care clinics reduced potentially avoidable future utilization. In an era of very long ED wait times statewide, avoiding unnecessary visits is imperative to make space for patients who need emergency care.

PCC has also invested in the analysis of the expected value return on investment¹ associated with improved access to care for uninsured patients. The results suggest improved participation in economic life associated with access to primary and preventive health care for our uninsured neighbors. Diabetes control alone was associated with a return of \$11.56 for every dollar invested in Montgomery Cares in FY22, while hypertension control saw an estimated return of \$3.45 per dollar spent. Those returns reflect savings from anticipated decreases in absenteeism, lost productivity while at work for the employed population, early workforce exits due to disease-related disability, and lost productivity due to mortality.

The proposed legislation is not enough to solve the uninsurance problem in our state. But it is an important step in recognizing the role all Marylanders play in realizing health and prosperity goals for our state. Future legislative efforts should designate funding within the Maryland Medicaid program to expand coverage to undocumented immigrants below 138% FPL.

Based on our experience serving immigrant populations in Montgomery County, we recommend the following amendments to ensure access to care for all of our “Qualified Resident” neighbors:

1. Evaluate approaches for providing premium assistance and cost sharing reductions for “Qualified Residents” with or without a federal 1332 waiver.
2. Codify involvement of trusted community-based organizations in program implementation and allocate resources to provide patient application assistance to address linguistic and cultural barriers to navigating the healthcare system for “Qualified Residents;” and consider measures to assure consumer protection for participating “Qualified Residents” who may be wary of participating in government-run programs either as a result of their experiences in countries of origin or due to concern that use of such a program would impact their future immigration proceedings.

The Primary Care Coalition is strongly supportive of the intent of this legislation and is more than happy to share information and perspectives based on our years of experience administering health care access programming for our immigrant neighbors.

Sincerely,



Leslie Graham
President and CEO
Primary Care Coalition