



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
Hearing Date:	February 21, 2024
Position:	Support

The Maryland Community Health System (MCHS) strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. This bill simply allows people, who do not have legal status, to purchase insurance on the Maryland Health Benefit Exchange with their own earnings. We do not have legal barriers that prevent people purchasing other basic goods and services, such as groceries, cars, and child care. We do not think our laws should prevent people from purchasing their own health insurance.

MCHS is a network of seven federally qualified health centers with 55 care delivery sites across the state of Maryland. Our mission is to ensure underserved communities have access to somatic, behavioral, and oral health care. Community health centers become federally qualified health centers with a special designation by the Health Services and Resources Administration under the Department of Health and Human Services. To qualify, federally qualified health centers must be located in health professional shortage areas and commit to never closing the door because a patient is uninsured or too low-income to pay for care. All federally qualified health centers provide services under a sliding fee scale. Most of our patients do pay for their health care services, although it may be a reduced rate for some.

We would far rather see our patients using their dollars to purchase health and dental insurance, rather than paying for healthcare services in a piecemeal fashion. Insurance coverage allows individuals and families to obtain preventative and specialty services, both are important to avoiding the impact of either long-term chronic disease or acute illnesses.

Among our seven health centers, we serve almost 250,000 individuals a year. Nearly 72,000 of those individuals prefer to use another language than English in our health centers. While the data does not show how many of those individuals lack coverage because of their immigration status, we do know it is a persistent problem. Our clinicians advise us that many undocumented individuals work, have families, and rent or own homes. Yet, obtaining health insurance is difficult. While it is true that they could purchase health insurance on the open market, it can be very difficult to navigate that process if you are not English-speaking. The Maryland Health Benefit Exchange is already set up and able to support non-

English speaking people. This bill would simply allow undocumented individuals to turn to the Exchange for help in navigating the health insurance market. There is no cost to the State, as individuals would have to pay all of their own premiums.

Please enact this legislation. Our health centers are already stretched to the limit in providing services to the uninsured. If people are in the position to purchase their own insurance, it does not serve them or the State to make it difficult for them. Our healthcare system is already overtaxed by the resources needed to manage care in the emergency rooms and hospitals. If someone can purchase their own health insurance, we need a system that facilitates that purchase.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.