

Dir. Adrianna Lee, GOIA Testimony SB705.pdf

Uploaded by: Adriana Lee

Position: FAV



February 21st, 2024
The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

Dear Chair Beidle,

I write this letter in strong support of the **“Health Insurance – Qualified Resident Enrollment Program” ACCESS TO CARE ACT SB705/HB728**

As Maryland’s Director of Immigrant Affairs, I recognize that this bill will generate an enormous positive impact on the quality of life of our inhabitants.

Our immigrant community is one of the most vulnerable groups in our state. Despite the fact that many immigrants pay into the state tax revenue system, they don’t receive the same benefits of other residents. In 2021 a total of 90,000 immigrants, who do not have a current legal residency, paid more than 93 million dollars in state and local taxes using an Individual Taxpayer Identification Number. They pay our sales tax when purchasing merchandise and some of them even paid a percentage of wages into Social Security that they will never use.

Their opportunities are very limited because of their legal status. They don’t qualify for several tax credits, some benefits, and even for local or federal loans. Because their income is very low, their challenges are very high and by not having the option to purchase affordable health insurance, their lives and their children are at risk.

A primary care basic visit can cost between \$170 and \$300 if you do not have health insurance. And if laboratory tests are required, it can increase up to \$600, which is the average weekly salary of an undocumented immigrant. Some facilities charge thousands. We know that due to their low salaries and high expenses, many immigrants will forgo a visit to the doctor unless it’s an extreme emergency.

Many health problems can be avoided by having health insurance, so that immigrants can receive preventive care for themselves and their children. This bill will save lives, it will reduce the number of severe health conditions, diseases or health problems such as diabetes, heart risks or cancer. Problems that can be attacked in the early stages and not when the body can no longer handle them.

The truth of the matter is that we have people who are here, who require services, and should be able to access the Maryland Health Benefit Exchange.

Page 2 of 2

This bill will help families, will help hospitals, and will help everyone in the state of Maryland.
That's our promise, that Maryland leaves no one behind.

Sincerely

A handwritten signature in black ink, appearing to read "Adriana", written in a cursive style.

Adriana Lee, Director of Immigrant Affairs

Governor's Office of Community Initiatives

ALA_MD_Access to Care Act_SB 705_2-20-24.pdf

Uploaded by: Aleks Casper

Position: FAV



American Lung Association Testimony Senate Bill 705

Senate Finance

February 20, 2024

Support

Chair Beidle, Vice-Chair Klausmeir and Members of the Committee:

Thank you for the opportunity to provide comments in support of Senate Bill 705 – Access to Care Act. The American Lung Association supports policies to ensure all people have access to quality and affordable health coverage.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association supports reforms to health insurance programs that ensure universal access to quality and affordable healthcare services, preventive care, and appropriate specialty care for all consistent with national guidelines. The American Lung Association opposes discriminatory barriers to healthcare coverage and firmly believes that all people living within the United States should have access to affordable, adequate, and accessible health care.

Noncitizens include lawfully present and undocumented immigrants. Many individuals live in mixed immigration status families that may include lawfully present immigrants, undocumented immigrants, and/or citizens. One in four children has an immigrant parent, and the majority of these children are citizens.¹

The Lung Association believes that every individual living in Maryland should have access to affordable and comprehensive health coverage. Senate Bill 705 would get us closer to that reality by allowing qualified residents to purchase coverage on the exchange, regardless of immigration status.

Many lawfully present immigrants who are eligible for coverage remain uninsured because immigrant families face a range of enrollment barriers, including fear, confusion about eligibility policies, difficulty navigating the enrollment process, and language and literacy challenges. Uninsured undocumented immigrants are ineligible for coverage options due to their immigration status. In the absence of coverage, they remain reliant on safety net clinics and hospitals for care and often go without needed care.¹

The Lung Association strongly supports this bill as a way of increasing access to healthcare for all individuals living in Maryland. The American Lung Association thanks you for the opportunity to provide comments and express our support of Senate Bill 705 to continue Maryland's commitment to a healthier community.

Sincerely,

A handwritten signature in black ink that reads "Aleks Casper". The signature is written in a cursive, flowing style.

Aleks Casper
Director of Advocacy, Maryland
202-719-2810

¹KFF, "Health Coverage and Care of Immigrants", December 2022, available at: <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>

SB705 - Access to Care.pdf

Uploaded by: Alicia Pereschuk

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of **District 43**. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Alicia Pereschuk
321 W. 28th St
Baltimore MD 21211
Showing Up for Racial Justice Baltimore

SB 705_Access to Care_Support.pdf

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 21, 2024

The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 705 – Support

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente is pleased to support SB 705, “Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

Undocumented immigrants are at high risk of being uninsured because they have limited access to coverage options. Their high uninsured rates reflect limited access to employer-sponsored insurance and eligibility restrictions that bar them from participating in Medicare, Medicaid, the Children’s Health Insurance Program, and the Affordable Care Act marketplaces. Additionally, certain lawfully present immigrants lack access to affordable health coverage, such as those who have been in the United States for less than five years.

Kaiser Permanente provides care and coverage to undocumented immigrants in California, Oregon, Washington, Colorado and the District of Columbia, and provides care to undocumented immigrants in Maryland and Virginia through two charitable care programs: the Community Health Access Program (CHAP) and Charitable Care for Kids Program (Kids Program). CHAP provides health care coverage to low-income individuals and families who don’t have access to other public or private health coverage. CHAP enrollees pay no monthly premium or out-of-pocket costs and have access to all health services offered by Permanente physicians or our contracted network. More than 11,000 individuals and families are enrolled in these programs and have access to the same facilities, providers and services as all paying members.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

Kaiser Permanente
Comments on SB 705
February 21, 2024

We support extending coverage through the Maryland Health Benefit Exchange for noncitizens who would otherwise be eligible for coverage but for their immigration status. We especially endorse this effort to expand coverage in response to the significant burden immigrants have faced during the pandemic. COVID-19 has taken a heavy toll on immigrants, who are disproportionately frontline workers, making them particularly vulnerable to the virus.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Permanente

Testimony.pdf

Uploaded by: Alvina Pan

Position: FAV

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

My name is Alvina Pan. I have lived in Maryland my entire life - I was born here in Annapolis, I went to the University of Maryland for college, and now I attend Johns Hopkins University as a medical student, hoping to one day, serve as a physician for my communities.

As a second generation Asian American, I haven't undergone the same cultural, financial, and linguistic difficulties often inherent in the immigrant experience. And yet, at each point in my life, whether it was volunteering in the emergency department at Howard county hospital or working with my patients in a primary care clinic, I have seen how undocumented immigrants have been barred from the medical field.

I worked as a medical assistant at a Federally Qualified Health Center in Montgomery county all 4 years throughout undergrad. A medical center dedicated to serving the uninsured and low income, we never ask our patients about their citizenship status, hoping to serve as a safe haven for those who feel like they have nowhere else to go. But it is not enough. I have seen a pregnant mother, having a first-trimester bleeding, refuse to go for an ultrasound in fear that immigration agents might be waiting. I have seen these members of our community forgo screenings, medications, and other essential medical care for the sake of cost, Insulin dependent patients who do not show up for appointments out of fear, forced to ration.

And I am sure as all of you know - the effects of deferred health care will be felt in many ways - cost being a major one. Hospitals and emergency departments are expensive, schools will feel the impact with sicker children.

SB705 addresses these critical health disparities faced by the immigrant community in Maryland in a very simple way - allowing Maryland residents, regardless of immigration status, to purchase insurance on the Exchange. There should be no additional cost to the state for this bill - it is a win- win. This common-sense legislation is uncontroversial and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. As a future physician in Maryland, it is my responsibility, as it is yours, to fight for our most vulnerable , to close this uninsured gap and to create a more equitable healthcare system

AP_SB705_FAV_TESTIMONY_ORAL.pdf

Uploaded by: Amy Parampil

Position: FAV

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 Amy Parampil and I am a first-year medical student at the Johns Hopkins University School of Medicine. I am testifying today in support of SB 705 - Access to Care Act. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

I have witnessed first-hand the adverse consequences and health disparities that stem from inaccessible healthcare. Earlier this year, I met a young man with a neck tumor who had held off on seeing a doctor until he could no longer swallow. When the physician asked him why, he said he was worried about not being able to afford it. He also couldn't afford to skip work for treatment. A choking episode which nearly killed him is what finally pushed him to seek help. In that moment, I felt helpless knowing that he and many patients like him are barred from receiving care, often until it is too late.

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. I think back to my time working in healthcare back in my home state of California, where undocumented immigrants of all ages have access to comprehensive medical care. As a future physician and current resident of Baltimore, I wish for this for the people of Maryland too. For all of the reasons above, I urge a favorable report of House Bill 705.

Thank you for your leadership and consideration.

Sincerely,

Amy Parampil

SB705_FAV_TESTIMONY_MCAP.pdf

Uploaded by: Angela Martin

Position: FAV



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 and Members of the Committee,

The Maryland Community Action Partnership is pleased to provide testimony in support SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

The Maryland Community Action Partnership (MCAP) is a statewide non-profit organization comprised of Maryland's 17, federally designated Community Action Agencies, which collectively serve every Maryland county. Together, we work toward eradicating homelessness and poverty to realize our vision of ensuring that **all** Maryland individuals and families are stable, economically secure, and live in safe and thriving communities. **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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

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

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill presents no fiscal burden on the state budget and involved actors in the process, including MHBE, have expressed that the waiver can be submitted and individuals enrolled with current resources. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120–170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care.

As the federally designated anti-poverty agencies in Maryland, our network of Community Action Agencies work tirelessly to address the causes and conditions of poverty – and equitable access to healthcare is critically important to that work. As noted in [Science Direct](#), 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. This disproportionate financial burden on Black and Hispanic patients in Maryland is a major barrier to achieving economic security and stability.

Additionally, in a 2016 study of Hispanic/Latino and Haitian immigrants in rural Maryland's Eastern Shore found that they had significant barriers to health care access, perceived limited health care resources, lack of health insurance coverage, high health expenditures, language barriers, and non-citizenship status as barriers to immigrants' access of health care. ([University of Maryland](#)). Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.

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, the Maryland Community Action Partnership urges a favorable report of Senate Bill 705.

If there is any additional information that I can provide for you as you consider this bill, I would be happy to help. You can contact me at amartin@maryland-cap.org, or by calling 205-757-0764.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Angela Martin', with a long horizontal flourish extending to the right.

Angela Martin, Executive Director

Testimony in SUPPORT of SB0705.pdf

Uploaded by: Anita Lampel

Position: FAV

Testimony in SUPPORT of SB0705
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,

I am Anita Lampel, Bethesda, MD, District 16. I am urging a favorable vote on SB0705-Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

SB0705 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 0705 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. 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**

But 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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB0705 is a crucial step in addressing access to care for all Marylanders.

I urge a favorable vote on SB0705 for everyone's health and wellbeing.

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

SENATE_ACA_AnnaRubin_FAV.pdf

Uploaded by: ANNA RUBIN

Position: FAV

February 21, 2024
Anna Rubin
Columbia, MD 21045



TESTIMONY ON SB0705- POSITION: SUPPORT

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee

FROM: Anna Rubin, on behalf of Jews United for Justice (JUFJ)

My name is Anna Rubin and I am a resident of District 13, in Columbia. On behalf of Jews United for Justice (JUFJ), I am submitting this testimony in support of SB0705- Health Insurance - Qualified Resident Enrollment Program (Access to Care Act). JUFJ organizes 6,000 Jews and allies from across the state in support of social, racial, and economic justice campaigns.

The issue of healthcare for people regardless of immigration status is personal to me. I'm the child of Jewish immigrants who fled persecution in Europe over a century ago. Our sacred texts insist that we turn our own historical experiences of being outsiders in a foreign land, something my own parents experienced, into compassion for those experiencing the same today. As Jews, we are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those of us who were.

I have seen firsthand how depriving healthcare to undocumented people causes harm. Within the past seven years, I've joined efforts to support two refugee families. In particular, I've been part of a team helping a woman, 'J,' and her son who sought asylum in the United States after fleeing persecution in Honduras four years ago. Friends of mine sheltered them during the period when this family had no resources or support.

It was very challenging to find medical care when J faced a miscarriage soon after she arrived, as a result of rape. Since she was uninsured, the medical costs were astronomical. Eventually, we were able to find a medical provider who would care for her at a reduced rate. I can't imagine what she or others like her would do, or what would happen to them, without the affordable care we were able to secure for her. Currently, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange, and J was one of the lucky few who, through the kindness of strangers, was able to find care.

No one should get sick or die because of their income or immigration status. Passing SB0705 would require the Maryland Health Benefit Exchange to establish and operate the Qualified Resident Enrollment Program, which would make qualified plans available to all Marylanders who meet the regular ACA eligibility criteria, regardless of immigration status. Including undocumented people in the ACA is humane, helps prevent the spread of diseases like COVID-19, maintains a healthy workforce, and saves money by reducing the reliance on emergency rooms. Further, it would reduce emergency room wait times, which are currently a significant problem across the state. Passing SB0705 would make our state a safer, healthier place for all.

On behalf of Jews United for Justice, I respectfully urge this committee to return a favorable report on SB0705.

SB 705 Testimony.pdf

Uploaded by: Antonio Hayes

Position: FAV

ANTONIO HAYES
Legislative District 40
Baltimore City

Finance Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 222
Annapolis, Maryland 21401
410-841-3656 • 301-858-3656
800-492-7122 Ext. 3656
Antonio.Hayes@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Wednesday, February 21, 2024

Testimony in Support of Senate Bill 705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Chairman Beidle and esteemed members of the Finance Committee,

Senate Bill 705 The Access to Care Act allows more people to purchase their own insurance through the Maryland Health Benefit Exchange. The legislation would simply lift the requirement that people must have documentation of their legal residency status.

There is no cost to the State or the Federal Government, as people would need to use their own earnings to purchase their insurance. Given the complexity of selecting insurance plans on the commercial market, residents who have limited knowledge about the market and for whom English may not be their first language are at a serious disadvantage and more vulnerable to fraud. The Maryland Health Benefit Exchange is a proven tool ready to help anyone navigating the process of purchasing insurance.

MHBE was founded in 2011 with the goal of offering health care options to individuals and small businesses. The group recognized that there were few health care options for low-income families, similar to Medicaid. This program requires eligibility for Medicare or other federally sponsored healthcare. This provides health care options not only for undocumented citizens, but also for low-income families who cannot afford healthcare but do not meet the eligibility requirements for Medicaid assistance.

Access to health care means equal healthcare opportunities for all, and compassion knows no

boundaries. I urge you to support this bill.

Respectfully,

A handwritten signature in blue ink, appearing to read "Antonio L. Hayes", with a stylized flourish at the end.

Senator Antonio L. Hayes
40th Legislative District – MD

SB705_ArielleJuberg-Fav.pdf

Uploaded by: Arielle Juberg

Position: FAV

Dear members of the Senate Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are working in collaboration with CASA de Maryland. I am a resident of District 8. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

Living without health insurance can bring significant debt, worse health outcomes, and costly emergency department care. I'd like my neighbors to have the security of health insurance – no matter their immigration status. Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, and are unable to purchase their own health coverage through the Maryland Health Exchange. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases;
- Reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful – and ultimately, expensive for all of us who cover ED costs and other emergency care.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely

,

Arielle Juberg
3411 Upton Road
Baltimore, MD 21234
Showing Up for Racial Justice Baltimore

Testimony SB 705- Access to Care- Favorable - UULM

Uploaded by: Ashley Egan

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of HB 728/SB 705 Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

To: Senator Pamela Beidle, Chair and Members of the Finance Committee
From: Jim Caldiero, Lead Advocate, Immigration,
Unitarian Universalist Legislative Ministry of Maryland
Date: February 21, 2024

Thank you for the opportunity to offer testimony In FAVOR of SB 705 Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

Please consider the story of Jeanette, a West African immigrant and a proud Prince George's County resident. She has suffered for years with serious long-term and painful health conditions including diabetes and blood clots that have led to restless days and sleepless nights. During last year's legislative session, when she spoke before the committee on a similar bill (SB 365), she shared that because she is undocumented "Google is my doctor." Immigrant families must rely on the internet or home remedies for medical help when it comes to life-or-death medical issues.¹ When one considers the spread of communicable diseases and our experiences with COVID-19, not having access to healthcare is unacceptable—both for individual Marylanders AND as a public health issue for all Marylanders.

Jeanette is one of more than 112,000 Marylanders who are uninsured and ineligible for coverage because of their immigration status. They account for about thirty percent of the state's remaining uninsured population. The implications of having so many Marylanders without access to affordable health care are obvious – as Jeanette has noted. We can fix this by passing HB 728 and taking advantage of the State Innovation Waiver program available in the Affordable Care Act (ACA, Obamacare), a Section 1332 Waiver.

As you know, Section 1332 of the ACA allows states to seek to waive certain provisions of the Act. Nineteen states have taken advantage of the State Innovation Waiver program, including Maryland in 2019. Maryland can amend its waiver to open the Maryland Health Benefit Exchange/Marketplace (ACA coverage) to all Marylanders regardless of immigration status. Undocumented residents would still be ineligible for Federal subsidies available through the Exchange. Moreover, applying for a Section 1332 waiver is not dependent on the availability of state funds. Maryland can apply for the waiver amendment to establish the program and allow qualified residents to enroll in Qualified Health Plans at **no cost to the state.**²

Despite the many contributions that undocumented residents and families have made to our state—working on the frontlines during the pandemic, paying millions of dollars in federal, state, and local taxes—still more than 100,000 are ineligible for care through the marketplace, forcing life or death decisions at disproportionately higher rates among this vulnerable population.³

The Kaiser Family Foundation found that non-citizens are more likely to be uninsured. Forty-six percent of immigrants were uninsured versus 9% among citizens. Citizen children with one non-citizen parent were twice as likely to be uninsured than children with two citizen parents.⁴

The Journal of the American Medical Association reported a study that found low-income immigrants healthcare use and cost remains low, refuting the widely held belief that providing insurance to immigrants imposes a heavy fiscal burden. The study found that providing insurance to immigrants costs the healthcare system less than half the corresponding cost for US-born adults (\$3800 vs \$9428 per person per year).⁵

We know that greater access to healthcare will lessen the costs and burdens on our emergency room infrastructure, will result in higher rates of early detection and better management of chronic diseases thus increasing the overall health of all Maryland communities.

I join the more than 4000 Maryland Unitarian Universalists whose faith calls us to promote and affirm justice, equity and compassion in human relations. Surely providing access to health care for our vulnerable neighbors is the moral, compassionate, right, smart, and safe thing to do for Maryland. I ask that you and the members of the committee vote favorably for HB 728.

Thank you for your consideration.

¹ CASA de Maryland,
<https://wearecasa.org/maryland/2022-legislative-agenda/access-to-care/>

² CASA de Maryland Fact Sheet

³ <https://immigrationforum.org/article/fact-sheet-undocumented-immigrants-and-federal-health-care-benefits/>

⁴ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>;

<https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

⁵ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2809604?resultClick=3>

AT_SB705_Testimony.pdf

Uploaded by: Ashley Tetens

Position: FAV

My name is Ashley Tetens, and I am a second-year medical student at the Johns Hopkins School of Medicine. I am here to speak in support of SB705. The views I'm sharing today are my own and do not necessarily represent those of my school or program.

I attended Johns Hopkins University for my undergraduate education where I majored in Africana Studies and Molecular Biology. Here, I was introduced to the ways in which immigrant communities are denied access to life saving care. Last year, during my first year in medical school, I had the opportunity to work with a client who was seeking asylum. This provided me with my first tangible exposure to the challenges immigrant populations face when they enter the United States and need access to medical care.

When my client arrived in the United States, he did not have much with him but his physical being. He had lost his family, his possessions, and his sense of the comfort of home. Unfortunately, my client was a survivor of torture and so the one thing he did have with him, his physical being, was failing him. He could not run, as he had once loved. He could barely eat. He had chronic pain. He had emotional and psychiatric challenges.

Fortunately for my client, he was part of an organization that used grant funding to support his medical care costs. He was able to get access to antidepressants. We were able to get an imaging study to find out why he was having difficulty eating and we were able to resolve an infection that, left untreated, frequently leads to cancer.

By the end of the term, our client was a whole new person. For the first time, I saw him have hope. I saw him develop dreams and get back into running. And I got to see a glimpse into how full of life he must have been before he endured what he did in his home country. I find it hard to imagine him making this transformation if he did not have access to care that was covered by the program he was a part of.

This bill will allow people to acquire health insurance and get access to life-changing healthcare. As a future physician, I'm here to advocate for the passing of SB 705 to ensure that all my future patients, whether immigrants or not, will be able to have as positive of a transformation as my client of this past year did.

Thank you for your consideration.

Sincerely,

Ashley Tetens

Children's National Testimony - SB 705 - Olanrewaj

Uploaded by: Austin Morris

Position: FAV



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Testimony of Olanrewaju Falusi, M.D., M.Ed., FAAP
Medical Director, Advocacy Education, Child Health Advocacy Institute
Associate Program Director, Pediatric Residency Program
Pediatrician, Goldberg Center for Community Pediatric Health
Children's National Hospital
before
Senate Finance Committee
IN SUPPORT OF
SB 705: Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

February 21, 2024

Chairwoman Beidle, Vice Chair Klausmeier and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 705. My name is Olanrewaju Falusi, M.D., M.Ed., FAAP, and I am a resident of Maryland and a pediatrician at Children's National Hospital. I also serve on the Executive Committee of a national pediatric organization providing education and advocacy for pediatricians who care for children in immigrant families. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers, and regional outpatient centers in Maryland.

I have spent the last 15 years of my career caring for children in immigrant families, defined as children who themselves, or at least one parent, were born outside of the United States. Pediatricians care about the health and well-being of all children, no matter where they or their parents were born. Currently 1 in 4 children in the United States lives in an immigrant family, and 9 out of 10 children in immigrant families are U.S. citizens.¹ As part of a multidisciplinary team of experts in immigrant health, I commonly see mixed-status families in which the child was born in the U.S. and the parents are undocumented, or otherwise not

¹ The Urban Institute: [Part of Us: A Data-Driven Look at Children of Immigrants | Urban Institute](#)

eligible for public insurance, and have jobs that do not offer private insurance plans. We also see children who have recently arrived in the U.S. and are considered undocumented (and therefore uninsured) as they pursue asylum and other forms of legal status.

Insurance coverage is an integral component of hospitals being able to deliver quality of care. An undocumented, uninsured child with an asthma attack in Maryland may end up in our Emergency Department at Children's National and admitted to the hospital for a lengthy stay. The child and family could be further impacted by missed school days and loss of pay from work, while also straining our healthcare system. Importantly, asthma attacks can often be prevented through regular primary care interventions. Unfortunately, we know that 350,000 Marylanders are not covered by insurance and therefore may not receive essential, routine preventive care as even our federally qualified health centers are stretched thin.² A portion of these uninsured individuals in Maryland do not have legal residency status, and under the Affordable Care Act, they do not have access to purchasing insurance, even unsubsidized, in our health benefit exchange. If these individuals could purchase their own insurance, they could routinely access preventive *and* subspecialty care for their children, resulting in better health outcomes, improved overall well-being, and healthier communities. Moreover, we anticipate long-term cost savings to our health care system and to participating families with the passage of this bill.

Senate Bill 705 would help to support the health of families in Maryland by removing immigration status as a barrier to purchasing insurance through the exchange. A critical component of this process is the access to navigators available in multiple languages to guide individuals and families toward appropriate plans, which research shows can increase the uptake of insurance for immigrant families.³ This is beneficial for our young patients, as children who have health insurance are more likely to get medical check-ups, attend more days at

² Maryland Health Benefit Exchange Report: [COVID_Uninsured_Analysis_Report.pdf \(marylandhbe.com\)](https://www.marylandhbe.com/COVID-Uninsured-Analysis-Report.pdf)

³ Ayalew B, Dawson-Hahn E, Cholera R, Falusi O, Haro TM, Montoya-Williams D, Linton JM. [The health of children in immigrant families: Key drivers and research gaps through an equity lens.](#) *Academic Pediatrics*. 2021;21(5):777-792.

school, graduate, and enter the workforce than their uninsured peers.⁴ Moreover, addressing health and development during childhood, from birth through adolescence, leads to improved life outcomes in many areas. Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers.

I applaud the Maryland General Assembly for introducing this important legislation, which is an essential step towards expanding equitable access to necessary and essential medical care and improving long term health and well-being for children, families, and the community. For those who can afford to do so, purchasing insurance on the health benefit exchange provides security and improved access to quality health care. As such, I request a favorable report on Senate Bill 705 and look forward to even bolder steps in the future toward expansion of insurance access for immigrant families in Maryland, many of whom have been members our communities for years. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

⁴ Linton JM, Green A, Council on Community Pediatrics. [Providing Care for Children in Immigrant Families.](#) *Pediatrics*. 2019 Sep;144(3):e20192077.

2024 Legislation MHCC - SB 705 - HI-Qualified Resi

Uploaded by: Ben Steffen

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 705

COMMITTEE: Finance Committee

POSITION: Support

TITLE: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

BILL ANALYSIS

SB 705 - Health Insurance – Qualified Resident Enrollment Program (Access to Care Act) requires the Maryland Health Benefit Exchange (MHBE) to establish and implement the Qualified Resident Enrollment Program (Program) to facilitate the enrollment of qualified residents in qualified health plans. It also requires MHBE to apply for a federal 1332 waiver to allow non-citizen residents to purchase and enroll in Qualified Health Plans. The bill allows MHBE to delegate certain functions to a third party. Lastly, *SB 705* provides that the implementation of the Program is contingent on approval of a certain waiver application amendment.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports *SB 705* and believes that everyone should have access to health care regardless of citizen and residency status.

The Maryland Health Care Commission believes that all Maryland residents should have access to health care. With the passage of the Affordable Healthcare Act and the expansion of Medicaid, the number of uninsured individuals in the state has gone down. However, about 350,000 Marylanders (approximately 6 percent) are uninsured and that number has remained relatively stable over the last several years. Estimates by State Health Access Data Assistance Center (SHADAC), a Robert Wood Johnson Foundation funded program at the University of Minnesota estimates that over 75 percent of Maryland's uninsured are non-citizens. These individuals are currently ineligible for most Medicaid coverage and for private insurance coverage through the Maryland Health Benefit Exchange (MHBE). One way to ensure access is by allowing all Maryland residents, regardless of their immigration status, the opportunity to purchase health coverage through the MHBE. To be clear, this bill does not establish a subsidy program or guarantee free health care assistance using any State funds.

This legislation gives individuals who work and pay taxes in Maryland the ability to purchase affordable health insurance. While it is difficult to predict the number of non-citizens who will purchase from the MHBE, any reduction in the number of uninsured individuals is a benefit to all Marylanders. The individuals who become eligible through *SB 705* would pay for their health insurance outright without a state subsidy. Lastly, evidence suggests that non-citizens are younger than the overall population. The more young healthy people enrolled in health plans, the better the actuarial risks for the entire population insured in the individual market, which lowers the premiums for everyone.

SB 705 requires MHBE to develop and apply for a State Innovation Waiver (also referred to as a 1332 Waiver). A 1332 waiver is the mechanism that Colorado and Washington state have used to expand insurance coverage, including federal premium support to residents without regard to immigration status. Maryland has previously used a 1332 waiver to establish its very successful reinsurance program that has stabilized premiums in the individual market. MHCC believes that a 1332 Waiver could be used again to expand coverage to all Marylanders without regard to immigration status.

For these reasons the Maryland Health Care Commission asks for a favorable report on *SB 705*.





mhcc.maryland.gov

Access to Care Act.pdf

Uploaded by: Bonnie Weissberg

Position: FAV

Bonnie Weissberg
Baltimore, MD 21209

TESTIMONY ON SB# 705 - POSITION: FAVORABLE

Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

TO: Senators Hayes and Lam Finance Committee

FROM: Bonnie Weissberg

OPENING: My name is Bonnie Weissberg. I am a resident of District 4I I am submitting this testimony in support of SB #705, The Access to Care Act.

I am a retired Medical Social Worker having worked in medical settings for 30 years in New York, California and Maryland. I feel committed to advocating for people who are disenfranchised and poor who are unable to get their own health insurance due to cost and/or circumstances. Health insurance is often linked to employment. There are many who can't get health insurance since they do not work for a company that provides health insurance or they do daily work. My values are also instilled in me as a Jewish woman. As Jewish people, we are obligated to treat others in our community as our own.

My mother and grandparents were from Russia and came to New York in 1927. My grandmother made and sold knishes. My grandfather did odd jobs. The immigrants today are here for the same reasons my family came. They are leaving untenable living situations and are trying to make successful lives for themselves and their children.

While working in health facilities, I met people who were uninsured with serious illness. The only option for them were to go to a hospital emergency room where emergency Medicaid would possibly pay for their medical emergency medical needs. If they had a chronic problem, there was no place to get care. One woman in particular, had no insurance. She had cancer and was told by the oncologist that she could get treatment to try to extend her life, but since she had no insurance, she, was destined for her life to be cut short without care. Too many immigrants are suffering from illnesses where treatment is available but only to those who can afford it or have insurance.

I believe that you should vote yes on this bill so that immigrants can have the same rights as others who are able to purchase insurance through the Maryland Health Benefit Exchange.

Thank you for your service and caring about Maryland residents.

MLU written testimony - SB705 Access to Care Act.p

Uploaded by: Carlos Orbe, Jr.

Position: FAV



February 20, 2024

Position: SUPPORT

SB705 Statement on House Bill 728

**Health Insurance Qualified Resident Enrollment Program (Access to Care Act)
House Health and Government Operations Committee**

Maryland Latinos Unidos (MLU) is a statewide network dedicated to supporting and empowering Latino and immigrant communities across Maryland. MLU comprises a diverse group of over 300 organizations, businesses, and individuals who share a common goal: to address disparities and inequities faced by Latino and immigrant communities and to find collaborative solutions that promote inclusivity and access to essential services. **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 requiring MHBE to request a 1332 waiver to allow Maryland residents, regardless of immigration status, to purchase insurance on the Exchange.** SB705 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. 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.

Multiple states across the country – including WA, CA, OR -have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders.

SB705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill presents no fiscal burden on the state budget and involved actors in the process, including MHBE, have expressed that the waiver can be submitted, and individuals enrolled with current resources. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates.

According to our hospitals, the State is spending between \$120—\$170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care.

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, **Maryland Latinos Unidos** urges a favorable report of Senate Bill 705.

Written testimony MDOA HB728_SB705 Access to Care

Uploaded by: Carmel Roques

Position: FAV



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: February 20, 2024

Bill Number: **SB705**

Bill Title: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Committee: Senate Finance

MDOA Position: FAVORABLE

The Department of Aging (MDOA) submits this letter of support for Senate Bill (SB) 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

The Maryland Department of Aging (MDOA) serves as Maryland's State Unit of Aging, administering federal funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides services, and planning for Maryland's older adult population. Pursuant to a recent Executive Order, in January 2024, MDOA launched the Longevity-Ready Maryland Initiative,¹ which will build upon existing efforts across state agencies, private and philanthropic sectors and other stakeholders to tackle real-life challenges throughout the lifespan, taking a whole-of-life and whole-of-government approach. Key goals of Longevity-Ready Maryland are for all Marylanders to afford their longer lives and enjoy increased access to healthcare and retirement needs.

This bill would give access to all people present in Maryland, regardless of their immigration status, to buy health insurance through the Maryland Health Benefit Exchange, a significant step forward for Maryland's collective public health. It is well-established that people with health coverage enjoy better access to care and health outcomes than those who do not. Providing this pathway for significant numbers of Maryland residents to access health insurance on the Health Benefit Exchange will put more Maryland residents on the path to longevity.

¹ More on Longevity-Ready MD Initiative available at: <https://aging.maryland.gov/Pages/LRM.aspx>



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

For these reasons, the Department of Aging respectfully urges a favorable report for SB705. If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.

Sincerely,

A handwritten signature in blue ink that reads "Carmel Roques".

Carmel Roques
Secretary
Maryland Department of Aging

SB0705_Carol Stern_FAV.pdf

Uploaded by: CAROL STERN

Position: FAV

**Carol Stern
4550 North Park Avenue, Apt T106
Chevy Chase, Maryland 20815**

**TESTIMONY ON SB0705- FAVORABLE
Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)**

TO: Chair Beidle and Vice Chair Klausmeier and members of the Finance Committee

FROM: Carol Stern

My name is Carol Stern, and I am testifying in favor of SB0705, as a resident of Montgomery County's District 16 and a member of Adat Shalom Reconstructionist Congregation in Bethesda.

Jewish tradition teaches that human life has infinite value and that the preservation of life supersedes almost all other considerations. We have seen that health inequities were exacerbated during the pandemic. We must use this teaching in developing health policy for Maryland to make sure that **every resident no matter what their immigration status is has access to the highest attainable standard of healthcare. No one should get sick or die because of their income or immigration status.**

SB0705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Everyone should have access to the highest attainable standard of health services. No one should get sick or die because of their income or immigration status. Since its establishment in 2010, the Affordable Care Act has granted 28 million people across the country access to affordable health care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant. This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. Opening up the Maryland Health Benefit Exchange to all Marylanders, regardless of immigration status, would reduce health inequities and prevent the spread of infectious diseases like COVID-19.

I respectfully urge this committee to return a favorable report on SB0705.

SB0705 Testimony.pdf

Uploaded by: Catherine Bergmann

Position: FAV

SB0705__Catherine Bergmann__FAV

Date of Hearing: 2/21/2024

Catherine Bergmann, PhD, MPH

Riverdale Park, MD20737

TESTIMONY ON SB-0705 POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Catherine Bergmann, PhD, MPH

My name is Catherine Bergmann. I have been a resident of District 22 for over 30 years. I submit this testimony in support of SB0705, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act.)

I write to you as a retired, licensed psychologist with a background in public health.

Passing this bill would allow more than 275,000 immigrants to access health insurance through the Maryland Health Benefit Exchange. If the recent pandemic taught us nothing else, we learned that our neighbor's health is important to our own. Maryland can only benefit by increasing access to health care. Improved access to health care would very likely reduce both morbidity and mortality in our state.

As a psychologist, I am well aware of the need for and benefits of mental health services. There is currently an epidemic of mental health problems among our youth. This bill would provide a sorely needed avenue for access to mental health care.

I also write from my own experience as the child of refugees. My German Jewish parents escaped from Nazi Germany just before the worst of the Holocaust. The fascists of Nazi Germany targeted immigrants early on. We see that happening in the United States right now, as some here blame all the problems in our country on immigrants. But I know that we're better than that in Maryland. Our humanity, compassion, and informed action can be an example to the rest of the country.

My hard-working immigrant neighbors are trying mightily to take care of their families. It is also simply the right thing to do to give them the same access to private health care on the Maryland Health Benefit Exchange that I have.

I respectfully urge this committee to return a favorable report on SB-0705.

Thank you.

SB705_CindyBrach_FAV.pdf

Uploaded by: Cecile Brach

Position: FAV

TESTIMONY ON HB#728/SB705 - POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Cindy (Cecile) Brach, Silver Spring MD 20910

Date of Hearing: February 20, 2024

My name is Cindy Brach. I am a resident of District 20. I am submitting this testimony in support of the Access to Care Act HB728/SB705.

I am a well-insured woman, which gives me access to good healthcare. This year I had a colonoscopy, a screening test for colorectal cancer. During two previous colonoscopies I had polyps, which can grow into cancer, removed. This time I had none.

My younger son has loved soccer since a young age. In high school, he was injured and needed three surgeries. Insurance paid for most of the costs. My older son has struggled with depression. Insurance helped pay for care that has kept him alive.

Now imagine that I am an undocumented resident who did not have insurance. I wouldn't have gotten those colonoscopies and perhaps those polyps would have turned cancerous. I probably would not have discovered the cancer until it was in the late stages and I went to the hospital because of the pain.

I might have forbidden my younger son from playing soccer, or any team sport because we couldn't risk injury. Or perhaps I would have let him play and then gone into deep medical debt when he was injured. As for my older son, I don't even want to think what might have happened had we not been insured and could afford good medical care.

Letting undocumented residents buy themselves insurance on Maryland Health Connections is a win-win proposition. First, undocumented residents get to buy insurance that gives them peace of mind and helps pay for preventive and other healthcare. Second, insured people tend to have better health, which increases productivity. Finally, it costs the State of Maryland nothing and saves hospitals from having to provide uncompensated care. Maryland hospitals reported spending between \$120 million and \$150 million in uncompensated care for undocumented immigrants in 2022.

Supporting the Access to Care Act (ACA) makes sense. It's the right thing to help Maryland undocumented residents purchase health insurance for themselves. It's also the fiscally sound thing to do. Other states that have opened their insurance marketplaces to undocumented residents, and Maryland should follow suit. Please return a favorable report on the Access to Care Act HB728/SB705.

SB0705_Access_to_Care_Act_MLC_Fav.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0705
Health Insurance - Qualified Resident Enrollment Program
Access to Care Act

Bill Sponsors: Senators Hayes and Lam

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Aileen Alex, co-chair

Position: **FAVORABLE**

I am submitting this testimony in favor of SB0705 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

Everyone should have health care. The price for health care services and medications is outrageously high. Without having basic health care, simple illnesses go unchecked and because individuals without health care do not see a doctor except in emergencies, and those illnesses can force the individual into bankruptcy. In many cases, just getting lifesaving medicine is a choice between eating and paying rent and getting the medicine.

This bill would open up the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of immigration status. This bill would also create a subsidy program with the funds necessary to cover new enrollees. It is potentially lifesaving for many residents of the state.

We support this bill and recommend a **FAVORABLE** report in committee.

SB0705_CharlesKoplik_FAV.pdf

Uploaded by: Charles Koplik

Position: FAV

Date of Hearing February 21, 2024

Charles M. Koplik
Odenton, MD 21113

TESTIMONY ON SB0705 - POSITION: FAVORABLE
Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)

TO: Chair Senator Pamela Beidle, Vice Chair Katherine Klausmeier, and members of the Finance Committee

FROM: Charles M. Koplik

My name is Charles M. Koplik. I am a resident of District 21. I am submitting this testimony in support of SB0705, Access to Care Act.

I am a member of the Jewish Community Relations Council (JCRC) and chair its Anti-Racism Team. In addition, I serve as Vice Chair of the Jewish Federation of Howard County, and I am a member of Temple Isaiah of Fulton.

Our sacred texts insist that we turn our own historical experiences of being outsiders in many foreign lands into compassion for those experiencing the same today. As Jews and as human beings, we are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those of us who were.

As a descendent of immigrants, myself, I know how important certain basic rights are. Everyone should have access to the highest attainable standard of health services. No one should get sick or die because of their income or immigration status. More than 40% of undocumented residents are uninsured. Opening up the Maryland Health Benefit Exchange to all Marylanders, regardless of immigration status, would reduce health inequities.

Black and Latino residents become sicker, are hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion from programs such as the Affordable Care Act. Everyone in Maryland faces the consequences of undocumented residents being denied healthcare.

I respectfully urge this committee to return a favorable report on SB0705.

SB705 - Access to Care.docx (1).pdf

Uploaded by: Christina Nemphos

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of Maryland District 40 (Senator Hayes' district) - I live in the Medfield neighborhood of Baltimore. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. **This bill has zero economic costs to the state**, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. **These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange.** The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Christina Bell Nemphos
1301 W 42nd St., Baltimore, Md 21211
Showing Up for Racial Justice Baltimore

Testimony - SB 705 - Favorable - SEIU Local 500.pd

Uploaded by: Christopher Cano

Position: FAV

Testimony - SB 705, Access to Care Act - Favorable
Senate Finance Committee
February 21, 2024
Christopher C. Cano, MPA
Director of Political & Legislative Affairs on Behalf of SEIU Local 500

Chair Beidle & Members of the Senate Finance Committee:

SEIU Local 500 represents over 20,000 workers including members who come from immigrant families of mixed status. Access to healthcare remains a challenge for every resident in Maryland. Yet, those without insurance are often the most challenged. Preventive care is virtually non-existent for those without health insurance. Emergency rooms often become the primary point of care for the uninsured. Those without insurance are typically unable to afford the massive medical bills incurred out of pocket for an ER visit. This results in the State spending between \$120 - \$170 million dollars per year in uncompensated care for emergency department services for residents who do not have insurance. Higher insurance premiums, inflation of healthcare costs, and more tax dollars being spent on care that could go to fund other vital projects are the result of this situation that has a very simple fix: provide access for all residents, regardless of status, the ability to purchase health insurance on Maryland's existing marketplace.

The solutions of insurmountable problems are rarely simple, however, this is one of those moments in time where the simple solution can bring relief to so many families in Maryland.

We ask you to support SB 705 and provide a favorable report.

Thank you.

SB0705_JCRC_FAW.pdf

Uploaded by: Chuck Koplik

Position: FAV



Date of Hearing: February 21, 2024

Betsy Singer, Columbia, MD 21044, 443-812-2525
Laura Salganik, Columbia, MD 21044, 301-221-5143

TESTIMONY ON SB0705 - POSITION: FAVORABLE WITH AMENDMENTS
Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)

TO: Chair Senator Pamela Beidle, Vice Chair Senator Katherine Klausmeier, and members of the Finance Committee

FROM: Jewish Community Relations Council of the Jewish Federation of Howard County, Betsy Singer and Laura Salganik, Co-chairs

The JCRC is submitting this testimony in support of SB0705, Access to Care Act.

As Jews, we have known what it is to be an outsider, to be treated as second class citizens, and far, far worse. In the Bible, the following is repeated numerous times, “*When strangers reside with you in your land, you shall not wrong them. The sojourners who reside with you shall be to you as your citizens; you shall love them as yourself, for you were strangers in the land of Egypt.* — Leviticus 19:33-34. We know as descendants of immigrants and that it is unconscionable to deny health care access on account of immigration status (or non-status). Health care for all should mean health care for all.

Since its establishment in 2010, the Affordable Care Act has granted 28 million people across the country access to affordable care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange. This bill will right that wrong.

Greater access to healthcare would reduce emergency room visits and mortality rates, as well as increase rates of early detection and improve the long-term management of chronic diseases and serious illnesses. This legislation would make our state a safer, healthier place for all by reducing health inequities.

Black and Latino residents become sicker, are hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion from programs such as the Affordable Care Act. Everyone in Maryland faces the consequences of undocumented residents being denied healthcare.

We respectfully urge this committee to return a favorable report on SB0705.

SB705 - Access to Care.pdf

Uploaded by: Daryl Yoder

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of District 44A. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Daryl Yoder
309 Glenmore Ave.
Catonsville, MD 21228
Showing Up for Racial Justice Baltimore

SB0705_DavidFriedman_FAV.pdf

Uploaded by: David Friedman

Position: FAV

February 21, 2024
David M. Friedman
Silver Spring, MD 20905

TESTIMONY ON SB0705 - POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: David M. Friedman

My name is David Friedman. I am a resident of District 14 in Colesville/Cloverly. I am submitting this testimony in support of SB0705, Health Insurance - Qualified Resident Enrollment Program (Access to Care).

I am an active member of Oseh Shalom, a Jewish Reconstructionist congregation in Laurel, MD. As Jews and as human beings, we are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those who were. My synagogue has sponsored refugee families from Afghanistan in recent years and I have been impressed by how hard they work to make good lives here in the United States. As productive residents in Maryland, they should not be ineligible for insurance through the Maryland Health Benefit Exchange. Passing the Access to Care Act would go some ways toward addressing this situation.

I respectfully urge this committee to return a favorable report on SB0705.

SB 705 - Health Insurance - Access to Care Act.pdf

Uploaded by: deborah miller

Position: FAV



**Testimony in SUPPORT of *Senate Bill 705 –
Health Insurance – Qualified Resident Enrollment Program
(Access to Care Act)***
Senate Finance Committee
February 21, 2024

The Jewish Community Relations Council of Greater Washington (JCRC) serves as the public affairs and community relations arm of the Jewish community. We represent over 100 Jewish organizations and synagogues throughout Maryland, Virginia, and the District of Columbia. The JCRC is strongly committed to cultivating a society based on freedom, justice, and pluralism. We work tirelessly to advocate for our social service agencies that serve the most vulnerable residents and to campaign for important policy interests on behalf of the Jewish and broader community.

The JCRC has a long tradition of endorsing policy measures that provide support to immigrant communities. Jewish law and tradition have embraced the stranger and demanded that we help those in need. Senate Bill 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act) – is critical in providing accessible health care for all Marylanders, regardless of citizenship or employment status. SB 705 will require the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in qualified plans.

Not only do we have a moral imperative to treat immigrant communities with compassion and care, but the JCRC also recognizes that access to health benefits, regardless of immigration status, will create a community that is healthier and safer for all Marylanders. For these reasons, we urge a favorable vote on SB 705.

Advocacy Letter_FinalFriel_2.pdf

Uploaded by: Delia Friel

Position: FAV

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

My name is Delia Friel. I grew up in Montgomery County and I now live in Baltimore. I am currently a medical student at Johns Hopkins University. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

As a medical student, I am involved in the Johns Hopkins' Refugee Health Partnership and local Baltimore organizations, including Asylee Women's Enterprise, dedicated to connecting migrants to health care resources. I am submitting this testimony in support of SB 705, the Access to Care Act.

Through my coursework and Johns Hopkins Refugee Health Partnership, I have learned and seen first-hand the value of being able to access affordable and timely care. I remember listening to an undocumented middle-aged woman explain how frustrating and difficult it has been to look a provider to manage her chronic condition. Sitting with her in a Johns Hopkins classroom, I felt an immense disconnect between the well-resourced hospital next door and inability for my community members to access such resources. She described waiting until her condition deteriorates to a point she has to go to the emergency room for care. Her story motivates me to be here today and advocate for the Access to Care Act. This bill has the power to help this woman and many more access timely and affordable comprehensive care.

This bill is particularly important because 30% of those uninsured are denied healthcare coverage because of their immigration status. This bill allows more Marylanders to access the Maryland Health Benefit Exchange for the opportunity to buy health insurance. Furthermore, this bill would help expand access to primary care which we know results in better long-term management of chronic diseases and serious illnesses and ultimately in healthier and wealthier communities.

As a future physician, I aspire to practice medicine in a Maryland in which patients, regardless of their immigration status, have access to comprehensive healthcare and are treated with dignity and respect. In summary, I urge you to support SB 705.

Sincerely,
Delia Friel

SB 705_AFSCME3_FAV

Uploaded by: Denise Gilmore

Position: FAV



190 W. Ostend St., #101
Baltimore, MD 21230
Phone: 410-547-1515
Email: info@afscmemd.org

Patrick Moran – President

SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Finance Committee

FAVORABLE

AFSCME Council 3 supports SB 705. This legislation expands the Affordable Care Act to all Marylanders, regardless of their immigration status by requiring MHBE to request a 1332 waiver to allow Marylanders, regardless of their immigration status to purchase insurance on the Exchange. Immigrants work and pay taxes in Maryland, and they deserve access to health care too. Without adequate health care coverage, uninsured populations can add costs to ER care that we all absorb. It's in the best interest of the state to continue reducing the uninsured rate and this legislation will help more Marylanders receive access to affordable, preventative care. It's a win-win.

For these reasons, we urge a favorable recommendation on SB 705.

SB705_Access to Care Act_KennedyKrieger_support.pdf

Uploaded by: Emily Arneson

Position: FAV



Kennedy Krieger Institute

DATE: February 21, 2024 **COMMITTEE:** Senate Finance
BILL NO: Senate Bill 705
BILL TITLE: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Bill Summary:

Senate Bill 705 would require the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in qualified plans; providing that the operation and administration of the Program may include functions delegated by the Maryland Exchange to a third party; and providing that the implementation of the Program is contingent on approval of a certain waiver application amendment.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Maryland is now the most diverse state on the east coast.¹ In Maryland, undocumented immigrants represent 5% of the total state population including approximately 275,000 individuals² who are ineligible for care through the Maryland Health Benefit Exchange (MHBE) due to their immigration status. Distress due to immigration status is associated with the physical and mental health of undocumented immigrants, with difficulties in accessing healthcare underlying this relationship.³ One in four children in Maryland has at least one immigrant parent and though the vast majority of these children are U.S. citizens (86%),⁴ families with mixed documentation status often have multiple and chronic stressors to their health including history of trauma and limited opportunities.⁵ Lack of health insurance increases the risk of developing preventable conditions and undocumented immigrants are particularly vulnerable due language barriers and challenges with health care access. *This is important from a fiscal perspective because undocumented immigrants comprise 6% of the Maryland workforce as of 2016 and they paid an estimated \$373.5 million in federal taxes and \$242.3 million in state and local taxes in 2018.*²

In addition to the fiscal implications of a large segment of the population being uninsured, health-care providers have ethical obligations to provide care to all individuals regardless of “race, gender, socioeconomic status, ethnicity, religion, or any other social category.”^{6,7} There is also a public health imperative to improve undocumented immigrants’ ability to access vaccinations that benefits the community as a whole.⁸ Overall, we are in support of HB728 which would be a critical step towards health equity for all citizens in Maryland by expanding the Affordable Care Act to eligible individuals regardless of their immigration status.

Kennedy Krieger Institute requests a favorable report on Senate Bill 705.

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org

References

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8. Demeke J, McFadden SM, Dada D, et al. Strategies that Promote Equity in COVID-19 Vaccine Uptake for Undocumented Immigrants: A Review. *Journal of Community Health*. 2022;47(3):554-562. doi:10.1007/s10900-022-01063-x

SB705 - Access to Care.pdf

Uploaded by: Erica Palmisano

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of 12. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Erica Palmisano
5580 Vantage Point Rd, Apt 5, Columbia, MD
Showing Up for Racial Justice Baltimore

2024_0221_SB0705_EzraTowne_Favorable.pdf

Uploaded by: Ezra Towne

Position: FAV

Ezra Towne

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Favorable Testimony on Bill SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

February 20, 2024

Chair Senator Pamela Beidle, Vice Chair Senator Katherine Klausmeier, and esteemed members of the Finance Committee,

I write to you today as a concerned resident of District 18 in Wheaton, Maryland and a parent of two students who attend Montgomery County Public Schools. **My testimony on this bill is favorable, and I urge you to move SB0705, the Access to Care Act, promptly through the Finance Committee with a favorable report.**

SB0705 would allow the majority of undocumented, latine residents in the neighborhood of Wheaton Hills access to health care provided by the Maryland Health Benefit Exchange. Highland Elementary School, where my 11 year old is one of a handful of white children, has a minority enrollment of 93%, and 72% enrollment of economically disadvantaged students.¹ The same access to and affordability of health care would extend to the students and families of my 16 year old's school, Albert Einstein High School. Most of the minority children at these two schools are from spanish speaking homes, as are the majority of economically disadvantaged students.

The student body at Highland includes, primarily, Salvadoran, Guatemalan, and Ecuadorian children - many of which are undocumented residents of Maryland who are afraid to seek medical care due to one of two reasons - it's extremely expensive and fear of deportation.

While Highland Elementary is lucky enough to have a school based health center to help alleviate some of the stress caused to parents who work two or three jobs to pay the bills, don't have time to get medical care on their time away at work, or who don't have health insurance; this is NOT enough.

To be frank, I am worried about the health of my 11 year old's and 16 year old's school friends and their families. In most cases, a lack of health insurance directly correlates to the inability to seek and pay for both routine and critical medical care. This is simply not acceptable in any way.

As the students of Highland Elementary move through the pipeline to middle and high school, the demographics of the student body do not change much. Newport Middle school has a ratio of 82% minority students², and Albert Einstein High School has a ratio of 76.2% minority

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enrollment.³ The numbers seem to decrease slightly once the students from other elementary school districts are fed into Newport Mill Middle School and Albert Einstein High School - but the fact that the overwhelming majority of these students are from latine households does not change.

For the health and financial security of my neighbors and their families, and the friends of my two kids aged 16 and 11, I respectfully ask the Finance committee for a favorable report on SB0705, so that it moves forward for a vote within the full Senate.

Sincerely,



Ezra Towne
District 18

¹ U.S. News and World Report, Highland Elementary School 2024 report
<https://www.usnews.com/education/k12/maryland/highland-elementary-216226>

² U.S. News and World Report, Newport Mill Middle School 2024 report
<https://www.usnews.com/education/k12/maryland/newport-mill-middle-266389>

³ U.S. News and World Report, Albert Einstein High School 2024 report
<https://www.usnews.com/education/best-high-schools/maryland/districts/montgomery-county-public-schools/albert-einstein-high-school-9136>

SB705 - Access to Care - ACLU Testimony (Feb 2024)

Uploaded by: Frank Patinella

Position: FAV



**Testimony for the Senate Finance Committee
SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
February 21, 2024**

Written by: Elizabeth Chung, Executive Director of the Asian American Center of Frederick, Yewande Oladeinde, President of Nigerians in Frederick, and Frank Patinella, Senior Education Advocate for the ACLU of Maryland

FAVORABLE

The ACLU of Maryland, Asian American Center of Frederick (AACF), and Nigerians in Frederick support SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act), which seeks to address critical health disparities among undocumented individuals in Maryland. This bill would provide access to Maryland's Health Benefit Exchange program for individuals and families that meet the federal Affordable Care Act's (ACA) income eligibility criteria. The bill would require the state to apply for a waiver under the ACA to secure eligibility for undocumented individuals and families.

The Maryland legislature has made significant strides in expanding healthcare to residents throughout the state through a variety of programs over the past decade. Since the ACA passed, 28 million Marylanders have obtained affordable health insurance through the state's exchange. However, there are many people in Maryland — especially nearly 300,000 undocumented immigrants — who struggle to find resources for routine care due to the lack of access to healthcare insurance. Without this benefit, many undocumented immigrants have not had the option to receive regular monitoring and treatment for serious medical conditions.

Access to primary care and specialized services have been correlated with positive health outcomes.¹ Health insurance allows individuals to secure a regular source of care, which is critical for detecting and treating diseases, managing chronic illnesses, and overall preventive care. People without insurance oftentimes delay seeking care due to the high costs of paying out of pocket, which can eventually lead to costly emergency room visits and sometimes the outcomes are fatal.

For the past four years, AACF has been part of the Community Health Access Program (CHAP) with Kaiser Permanente (KP) to provide health insurance to thousands of Marylanders. For every person enrolled, there were approximately 2 people placed on the waiting list. Further, despite

¹ *Access to primary care.* Access to Primary Care - Healthy People 2030. (n.d.). Retrieved February 13, 2023, from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care>

KP's generosity, there was still an access issue because many of AACF's clients in communities from western Maryland lacked adequate transportation to access health care services in counties where KP providers are located. SB 705 would largely remove this barrier by allowing hundreds of thousands of residents to access healthcare services in their local communities.

Nevertheless, the CHAP insurance provision continues to save lives. Of the thousands of people that AACF served, one older gentleman's story is particularly compelling. This man came to America from Bangladesh more than 20 years ago and was undocumented since his arrival. He worked as a cook and did not have money for health insurance. But he paid his taxes, volunteered to serve the community, and made great contributions to the community. AACF was able to help him access care through KP and he was able to have an operation on his hernia, which progressed to a debilitating condition for him. This operation allowed him to continue working and he was finally able to visit his grandchildren whom he had not yet met in his home country. The CHAP insurance saved his life. Unfortunately, there are many more people like him who need access to healthcare in our community and throughout our state.

Nigerians in Frederick has also collaborated with AACF in seeking healthcare resources for their constituents that do not have access to affordable healthcare. One woman who attended an AACF health fair revealed that her prescription medications had to be sent to her by her family in Nigeria. After being connected with services through the health fair, medical professionals learned quickly that she was at high risk of going into a hypertensive crisis due to her excessively high blood pressure. Every time she reflects on her experience, she is filled with gratitude and gives credit to AACF, Nigerians in Frederick, and the healthcare she received for saving her life.

Another case happened during the COVID pandemic, when there were lots of uncertainties about getting the vaccine and misinformation being spread among the Nigerian community about the need to have health insurance to pay for the vaccines or that the vaccine was a way for the government to track those in the country illegally. The health fair with AACF and the educational outreach efforts helped to alleviate their concerns.

The immigrant community is one of the most vulnerable and underserved populations when it comes to healthcare access. Passing SB 705 would represent a big step forward to ensure that the basic human right of healthcare, regardless of immigration status, is more accessible for Maryland's immigrant communities.

For the foregoing reasons, we urge this committee to give SB 705 a favorable report.

Elizabeth Chung | Executive Director | Asian American Center of Frederick | echung@aacfmd.org
Yewande Oladeinde, Ph.D. | Nigerians in Frederick | info@associationofnigeriansinfrederick.com
Frank Patinella | Senior Education Advocate | ACLU of Maryland | patinella@aclu-md.org

Luminus - Written Testimony - Senate Bill 705.pdf

Uploaded by: Gabriel Moreno

Position: FAV



**Luminus Network for
New Americans**

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the following QR Code:



February 21, 2024

Gabriel Maximilian Moreno, Esq.
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**TESTIMONY ON (SB 705 – QUALIFIED RESIDENT ENROLLMENT
PROGRAM -ACCESS TO CARE ACT) – POSITION: FAVORABLE**

To: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

From: Gabriel Maximilian Moreno, Esq.

Honorable Members of the Maryland General Assembly, my name is Gabriel Maximilian Moreno, Esq. I am the CEO of the Luminus Network for New Americans headquartered in Columbia, Maryland and a resident of District 13. For more than 40 years, Luminus has empowered New Americans by offering legal, social, language, and employment services to help them achieve their goals. I am submitting this testimony **in support** of SB705, Qualified Resident Enrollment Program - Access to Care Act.

This bill is of paramount importance for the health and well-being of Maryland's immigrant community, which plays a vital role in the economic and social fabric of our state. As early as 2018, 915,200 immigrants (foreign-born individuals) comprised 15 percent of the population in Maryland and another almost 9% of Marylanders have at least one immigrant parent. That number has only grown since then.

Among these, a significant number come from countries such as El Salvador, India, China, Nigeria, the Philippines, and various other parts from around the world. Immigrants in Maryland are not only contributing members of society but also integral to the state's labor force, especially in critical sectors like healthcare, construction, food services, and a plethora of other sectors. Indeed, immigrants make up 20% of Maryland's workforce.

However, despite their substantial contributions, many immigrants in Maryland face barriers to accessing healthcare. These individuals often have limited access to health insurance and healthcare services, which can lead to adverse health outcomes and increased healthcare costs in the long run.



The Access to Care Act aims to address these challenges by establishing the Qualified Resident Enrollment Program. This program will facilitate the enrollment of qualified residents, including immigrants regardless of their immigration status, in health plans offered through the Maryland Health Benefit Exchange. By doing so, the bill ensures that all Maryland residents have access to affordable and quality healthcare, which is a fundamental human right.

Moreover, the implementation of the Qualified Resident Enrollment Program is contingent on the approval of a State Innovation Waiver application amendment under Section 1332 of the Affordable Care Act. This approach demonstrates a commitment to leveraging federal funding efficiently and responsibly to support the health and well-being of Maryland's residents.

In conclusion, Senate Bill 705 represents a critical step towards achieving health equity and ensuring that all Maryland residents, including the immigrant community, have access to the healthcare they need. I urge you to support this bill and help cement Maryland's position as a leader in providing inclusive and equitable healthcare for all.

I respectfully urge the Finance committee to return a favorable report on SB 705.

BaltimoreCounty_FAV_SB0705.pdf

Uploaded by: Giuliana Valencia-Banks

Position: FAV

JOHN A. OLSZEWSKI, JR.
County Executive



JENNIFER AIOSA
Director of Government Affairs

AMANDA KONTZ CARR
Legislative Officer

WILLIAM J. THORNE
Legislative Associate

BILL NO.: **SB 705**

TITLE: Health Insurance - Qualified Resident Enrollment Program
 (Access to Care Act)

SPONSOR: Senator Hayes

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: February 21, 2024

Baltimore County **SUPPORTS** SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act). This legislation would require that the Maryland Health Benefits Exchange (MHBE) request a 1332 waiver to allow Maryland residents who currently do not have lawful residency status to access the Exchange and allow these residents to pay for health care insurance. This bill would have minimal economic cost to the state.

Close to 350,000 Maryland residents do not have health care, more than 16,000 are Baltimore County residents. On the Exchange, tax-paying Maryland residents are able to access plans that are offered by carriers that are not available off the Exchange. Currently, uninsured Baltimore County residents must use Federally Qualified Health Clinics or emergency rooms for primary and preventive care. This can result in individuals waiting hours for treatment or being turned away due to limited capacity. Without access to primary care, undocumented immigrants may resort to emergency rooms for basic healthcare needs, exacerbating already excessive emergency room wait times.

SB705 will help address the many health disparities faced by immigrants residing in Maryland. Regular check-ups and early intervention can lead to better health outcomes and lower overall healthcare costs. Healthy residents are better able to work and contribute to their communities.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB705 from the Senate Finance Committee. For more information, please contact Jenn Aiosa, Director of Government Affairs, at jaiosa@baltimorecountymd.gov.

SB705_MD Youth Advisory Council_Fav.pdf

Uploaded by: Grace Minakowski

Position: FAV



Maryland Youth Advisory Council
c/o Governor's Office of Crime
Prevention, Youth, and Victim Services
100 Community Place,
Crownsville, MD 21032

Grace Minakowski, *Chair*
Will O'Donnell, *Vice-Chair*
Folashade Epebinu, *Secretary*

February 21, 2024

Re: SB 705 | Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Dear Chair Beidle and Members of the Senate Finance Committee,

The Maryland Youth Advisory Council prides itself on being a coalition of diverse young advocates and leaders who serve as a voice for youth in the state of Maryland. As leaders in our communities, and as appointees of the Governor, President of the Senate, Speaker of the House, Maryland Association of Student Councils, Maryland Higher Education Commission and the University System of Maryland, we take every opportunity to address relevant issues by influencing legislation, spreading public awareness and serving as a liaison between youth and policymakers regarding issues facing youth.

Affordable health care coverage is a basic need which should be extended to all Marylanders, regardless of immigration status. As of March 2023, there are an estimated 112,400 Marylanders who are uninsured and ineligible for healthcare coverage due to immigration status—accounting for 30% of Maryland's uninsured population¹. Immigrant children are also vulnerable to this disparity with a recent study revealing that, due to their uninsured status, 1 in 10 undocumented children have not been able to access health care in the past 12 months. Finally, if undocumented immigrants are able to secure healthcare, one in four report that they have been recipients of discrimination based on their financial situation, insurance provider, and even their background². Research indicates that by providing state-sponsored accessible and inclusive healthcare for all immigrants, health outcomes dramatically improve. Such positive health outcomes equate to a more productive society, something Maryland strives for.

SB 705 would remove immigration status as a factor that prevents undocumented families from obtaining health coverage. It would direct the Maryland Health Benefit Exchange to establish an enrollment program for populations who are currently ineligible to enroll in On-Exchange Qualified Health Plans. Affordable health coverage should be seen as a human right—a right that has been denied to immigrant populations for years. To block another human's access to medical services is to strip them of their dignity and likelihood of contributing to Maryland and the nation at large. The Council supports **SB 705**, as it aligns with the Council's Legislative Platform supporting:

- a. Providing equitable access to affordable healthcare (Article IV. Health And Social Issues; Clause N).

¹ "Home." *Maryland Health Benefit Exchange*, 17 Jan. 2024, www.marylandhbe.com/.

² Drishiti Pillai, Samantha Artiga. "Health and Health Care Experiences of Immigrants: The 2023 KFF/LA Times Survey of Immigrants." *KFF*, 17 Sept. 2023, www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/.



Maryland Youth Advisory Council
c/o Governor's Office of Crime
Prevention, Youth, and Victim Services
100 Community Place,
Crownsville, MD 21032

Grace Minakowski, *Chair*
Will O'Donnell, *Vice-Chair*
Folashade Epebinu, *Secretary*

SB 705 would mark a pivotal step towards ensuring the physical well-being of all Marylanders. The impacts of exclusionary health coverage policy are harrowing; undocumented immigrants are left to grapple with treatable diseases and a lower quality of life—but these results are preventable. For these reasons, the Council supports **SB 705** and respectfully requests a favorable report from the committee. We thank you for your consideration of our position.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Minakowski".

Grace Minakowski
Chair, Maryland Youth Advisory Council

SB705.LOS.OAG.hf.20240220.pdf

Uploaded by: Heather Forsyth

Position: FAV

CANDACE MCLAREN LANHAM
Chief Deputy Attorney General

CAROLYN A. QUATTROCKI
Deputy Attorney General

LEONARD HOWIE
Deputy Attorney General



ANTHONY G. BROWN
Attorney General

CHRISTIAN E. BARRERA
Chief Operating Officer

ZENITA WICKHAM HURLEY
Chief, Equity, Policy, and Engagement

PETER V. BERNS
General Counsel

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

February 20, 2024

TO: Pamela Beidle, Chair
Senate Finance Committee

FROM: Office of the Attorney General

RE: SB 705 – Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act): **Support**

The Office of the Attorney General continues to support the Access to Care Act which would allow qualified residents, as defined by the Act, to purchase plans on the Maryland Health Benefit Exchange regardless of immigration status. The Act requires the MHBE to apply for a State Innovation Waiver and if approved, establish and implement the program. We note the favorable report from HGO on the House version of the Act (HB 728), passed with an amendment clarifying that federal pass-through funds, if available, will not be used to subsidize the cost of coverage without additional action taken by the General Assembly. The OAG does not oppose this amendment.

The number of Marylanders without insurance coverage has reduced dramatically since the passage of the Affordable Care Act, but the estimated 222,000 undocumented immigrants (~168,000 in the workforce) who reside in Maryland and share our schools, workplaces, and neighborhoods are unable to obtain health care coverage due to current state and federal laws which lock them out of eligibility for even full-price coverage. Lack of quality, affordable health care places these friends, coworkers, and neighbors at risk of preventable illnesses which then impacts their opportunities for education, work,

and housing despite their contributions to the state's labor force and the millions of dollars they pay in state and federal taxes.¹

This Act would effectively provide qualified residents essential access to healthcare services, reduce inequities, decrease the uninsured rate, decrease emergency care costs, and ultimately improve public health and health outcomes for all Maryland residents.

Support of the Access to Care Act is consistent with the goals and priorities of the Office of the Attorney General to promote policies and initiatives that combat systemic inequities and protect the rights, responsibilities, and privileges of all Marylanders.

We urge the Committee's favorable report on SB 705, Access to Care Act.

1

https://map.americanimmigrationcouncil.org/locations/maryland/?_gl=1*_jbq7av*_ga*NTYxNDU2MjE4LjE3MDcxNTExMDU.*_ga_W0MSMD2GPV*MTcwNzE1MTEwNS4xLjAuMTcwNzE1MTEwNC4wLjAuMA..#

HB 728 - SUPP - HGO - ACCESS TO CARE - Feb 8 (2).p

Uploaded by: Heather Iliff

Position: FAV

February 8, 2024

Statement on House Bill 728
Health Insurance Qualified Resident Enrollment Program (Access to Care Act)
House Health and Government Operations Committee

Position: Support

Maryland Nonprofits is a statewide association of more than 1800 nonprofit organizations and institutions. We strongly urge you to support House Bill 728 to allow equitable access to health insurance and health care for undocumented immigrants in Maryland.

The Affordable Care Act has allowed 28 million people across the country to gain access to affordable 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 13% to 6%. However, that 6% represents about 350,000 residents, one-third of whom do not have legal residency status.

The Access to Care Bill simply requires that the MHBE request a 1332 waiver to allow Maryland residents, who do not have current legal residency status, to purchase insurance, unsubsidized, on the Exchange. This would allow them to benefit from 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 the Value Plans offered by carriers, that are NOT available off Exchange.

The premiums paid by these additional families and individuals would help to stabilize the rates for all who participate in Exchange market plans. The larger the number of healthy people in the plans on the Exchange market reduces the actuarial risk and therefore maintains—or even lowers—premiums for everyone in those plans.

According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Uncompensated care costs ultimately affect everyone's insurance rates. Our high emergency department wait times would also be reduced by making sure that as many of our residents as possible have access to preventive care.

House Bill 728 provides another example of how improving social justice and equity can benefit all of us. We urge you to give the Access to Care Act a favorable report.

HL_Oral_Written Testimony_ SB705.pdf

Uploaded by: Howard Li

Position: FAV

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

My name is Howard Li. I am a medical student at the Johns Hopkins University School of Medicine and have lived in Baltimore, Maryland over the last two years. The views expressed today are my own.

During my time at Hopkins, I have worked with the HEAL Refugee Health and Asylum Collaborative to help provide forensic evaluation services to asylum seekers. This has shown me the myriad of mental and physical health challenges that asylum seekers face. Perhaps most pertinently, I have also helped two asylum seekers with all of their health navigation through the Asylee Women Enterprise. It is from this specific first-hand experience that I come to emphasize how important passing the Access to Care Act is for necessary, equitable healthcare in the state of Maryland. There is one story I hope to highlight.

On a Sunday morning, I received an urgent phone call from one of my clients, a middle-aged mother and an asylum seeker. It was clear she was experiencing an acute medical emergency, with severe chest pain. However, instead of calling 9/11 like most of us would, she decided to call me to ask how she would pay for her ambulance and emergency room visit. While her very life was at risk, her concerns were financial, regarding her uninsured status. It is clear that this well-founded fear of financial burden delayed necessary healthcare, and threatened her life. She is still struggling to pay that bill half a year later.

I hope my story illustrates the importance of providing undocumented residents with the opportunity for health insurance coverage. It is my heartache associated with this story that brings me here to testify in support of Senate Bill 705: Access to Care Act. As a future physician, I believe it is imperative to safeguard the health of our most vulnerable populations and advance equity in Maryland's healthcare system, regardless of patients' documentation status.

Thank you.

Sincerely,
Howard Li

2024 ACNM SB 705 Senate Side.pdf

Uploaded by: Jan Krievs

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Hearing Date: February 21, 2024

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill would simply allow people who do not have legal status to purchase insurance on the Maryland Health Benefit Exchange with their own earnings. Maryland should take this step forward as it will allow us to improve health outcomes for pregnant and postpartum individuals as well as their newborns. The U.S. Department of Health and Human Services has set a goal to “increase the proportion of pregnant women who receive early and adequate prenatal care” in the Healthy People 2030 programⁱ. Increasing the number of families who are insured is a critical strategy in ensuring access to care.

This legislation has no cost to the State, as participants would be purchasing insurance with their own funds. In fact, the State of Maryland would realize savings in health care, social, and educational systems. If we can improve the health outcomes of newborns and their families, we reduce the need for higher-intensity services.

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

ⁱ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08>

SB 705 - FIN - MDH - Support.docx.pdf

Uploaded by: Jason Caplan

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 21, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Building
Annapolis, MD 21401-1991

RE: Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) - Support

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for Senate Bill (SB) 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act). The bill would require the Maryland Health Benefit Exchange to establish a Qualified Resident Enrollment Program and apply for a federal waiver to implement the program, which will allow qualified residents to purchase health coverage on the Maryland Health Benefit Exchange.

The Department supports this important legislation. According to the Maryland Health Benefit Exchange, the bill can be implemented within existing resources. The bill does not require or provide for subsidies for purchase of coverage. However, purchasing coverage on the Exchange provides many consumer benefits that are not currently available to qualified residents, including a simplified shopping experience, consumer support and translation, and allowing mixed-status families to enroll in the same plan through the Exchange.

There is ample evidence that lack of health coverage negatively impacts health, and that having health coverage is associated with improved access and outcomes. SB 705 will expand access to coverage and improve health in Maryland, and can be accomplished within existing resources.

The Department urges a favorable report on SB 705.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

SB0705_Jeffrey Rubin_FAV.pdf

Uploaded by: Jeffrey Rubin

Position: FAV

February 21, 2024

Jeffrey S. Rubin
Potomac, MD 20854

TESTIMONY ON SB0705 – FAVORABLE
Health Insurance – Qualified Resident Enrollment Program
(Access to Care)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Jeffrey S. Rubin

My name is Jeffrey S. Rubin. I am a resident of District 15. **I am submitting this Testimony in support of SB0705, Health Insurance – Qualified Resident Enrollment Program (Access to Care).**

As a physician and twice cancer patient, I have firsthand experience with the stressful nature of medical care and the critical importance of prompt attention to health problems. I emphatically attest to the problems that result when people defer medical care because they lack the insurance that would assist in covering their medical expenses. All too often, such delays result in more serious conditions that are more difficult and more costly to treat. The patient, the family, and society all suffer from such delays: all pay the price for a flawed system of medical care that discourages attention when it would contain the illness, minimize its spread, and limit the cost of treatment. Reduction in the cost of uncompensated care that is currently absorbed by medical institutions means that passage of SB0705 would likely result in a net savings for Marylanders.

The Affordable Care Act has granted 28 million people across the country access to affordable health care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange. Passing SB0705 would require the Maryland Health Benefit Exchange to establish and operate the Qualified Resident Enrollment Program, which would make qualified health insurance plans available to all Marylanders who meet the regular ACA eligibility criteria, regardless of their immigration status.

Greater access to health care would reduce emergency room visits (cutting wait times and expenses) and decrease mortality rates, as well as increase rates of early detection and improve the long-term management of chronic diseases and serious illnesses. This legislation would make our state a safer, healthier place by decreasing health inequities and the spread of infectious diseases.

I respectfully urge this committee to issue a favorable report on SB0705.

Maryland Catholic Conference_FAV_SB705.pdf

Uploaded by: Jenny Kraska

Position: FAV



**MARYLAND
CATHOLIC
CONFERENCE**

February 21, 2024

**SB 705
Health Insurance – Qualified Resident Enrollment Program
(Access to Care Act)**

**Senate Finance Committee
Position: Favorable**

The Maryland Catholic Conference (MCC) offers this testimony in support of Senate Bill 705. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 705 would establish the Qualified Resident Enrollment Program within the Maryland Health Benefit Exchange. This initiative embodies our moral obligation to ensure access to affordable and quality healthcare for all residents of our state, regardless of their immigration status or financial circumstances.

In the Catholic tradition, we are called to recognize the inherent dignity of every human person and to uphold the principle of solidarity, which calls us to stand in solidarity with the marginalized and vulnerable members of our society. Healthcare is essential for the flourishing of individuals and communities, and it is incumbent upon us to ensure that all individuals have access to the care they need to live healthy and fulfilling lives.

The establishment of the Qualified Resident Enrollment Program will help bridge gaps in access to healthcare by facilitating the enrollment of qualified residents, including minors, in qualified health plans offered through the exchange. By removing barriers to enrollment based on immigration status and ensuring that all residents have access to affordable coverage, we can promote the well-being and dignity of immigrant families who contribute so much to the fabric of our communities.

The criteria for eligibility outlined in the legislation, such as residency in the state and ineligibility for certain government-sponsored healthcare programs, reflect a commitment to fairness and equity in the distribution of resources. By targeting individuals who do not qualify for federal premium tax credits or other public assistance programs, the Qualified Resident Enrollment Program will fill a crucial gap in our healthcare system and ensure that no one is left behind due to bureaucratic barriers or exclusions.

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 705.

Testimony in favor of SB705.pdf

Uploaded by: Jerry Kickenson

Position: FAV

Testimony in favor of SB705

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

To: Hon. Pamela Beidle, Chair, Hon. Katherine Klausmeier, Vice-chair and members of the Senate Finance Committee

From: Jerry Kickenson

Date: February 20, 2024

I am writing in **favor of Senate Bill 705**, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Since its establishment in 2010, the federal Affordable Care Act (ACA) has granted 28 million people across the country access to affordable health care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the ACA's Maryland Health Benefit Exchange.

Passing this legislation would require the Maryland Health Benefit Exchange to establish and operate the Qualified Resident Enrollment Program, which would make qualified health insurance plans available to all Marylanders who meet the regular ACA eligibility criteria, regardless of their immigration status.

Greater access to health care would reduce emergency room visits and mortality rates, as well as increase rates of early detection and improve the long-term management of chronic diseases and serious illnesses. This legislation would make our state a safer, healthier place for all by reducing health inequities and preventing the preventable spread of infectious diseases like COVID-19.

Everyone in Maryland deserves to live a healthy life, regardless of where they were born and what documents they have. We are obligated to make sure that those of us who were not born in our community are as safe, and as healthy, as those of us who were.

I respectfully urge you to reach a **favorable** report for SB705.

Respectfully yours,

Jerry Kickenson

1701 Ladd Street

Silver Spring, MD 20902

SB 705, FAV, FCG, OCE, JF LS24.pdf

Uploaded by: Jessica Fitzwater

Position: FAV



FREDERICK COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Jessica Fitzwater
County Executive

SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

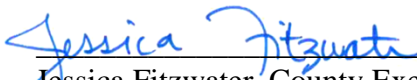
DATE: February 21, 2024
COMMITTEE: Senate Finance Committee
POSITION: Favorable
FROM: The Office of Frederick County Executive Jessica Fitzwater

As the County Executive of Frederick County, I urge the committee to give SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act) a favorable report.

This bill aims to remedy a gap in health insurance access by establishing the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in health insurance plans. Although Maryland has created numerous programs, such as the Maryland Health Benefit Exchange, 6% of residents are still uninsured. This leads to an additional burden on our emergency departments as these residents do not have access to primary care and must visit these facilities for basic health care services. This has led to between \$120 and \$170 million being spent by the State every year in uncompensated care for emergency department services.

SB 705 is important to not only ensuring that every Marylander has access to health insurance, but also saving the State millions in avoidable spending. The program established in this bill would have the capacity to reach out to the 350,000 residents who still do not have access to healthcare. A majority of these residents do not speak English as their primary language, leading to a greater need for support in navigating the process of enrolling in a health insurance plan. This bill would expand healthcare access and ensure that all emergency departments are not continued to be unnecessarily pushed past their capacity.

Thank you for your consideration of SB 705. I urge you to advance this bill with a favorable report.



Jessica Fitzwater, County Executive
Frederick County, MD

SB 705_JoShifrin_FAV (1).pdf

Uploaded by: Jo Shifrin

Position: FAV

SB 705_JoShifrin_FAV
Hearing Date: February 21, 2024
Jo Shifrin
Bethesda, MD 20817

Testimony for SB 705 - Position: FAVORABLE
Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)

To: Senator Will Smith, Chair, and Senator Jeff Waldstreicher, Vice Chair, and members of the Finance Committee

From: Jo Shifrin

My name is Jo Shifrin. I am a resident of District 16. I am submitting this testimony in support of SB0705, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

I am a retiree, a Jew, and a resident of Montgomery County for the past 10 years. My support for this legislation comes from my grounding in Jewish values and my training in public health:

- Judaism offers a moral framework: value life and health; make the world a more fair and equitable place; and help everyone receive what they need to live a safe and healthy life. The requirement that we behave with care, equity, and love toward "the stranger" is the most often repeated commandment in the Torah. As Jews, and as human beings, we are obligated to make sure that those of us who were not born in our community and may not be as privileged as we are, deserve to be as safe, and as healthy, as we are.
- From a public health perspective, medical care is a basic human right. Without affordable health insurance, people forgo immunizations and other preventative care, delay treatment when they are sick, and require hospitalization at a higher rate than those who have insurance.

In Maryland, there are more than 275,000 undocumented immigrants who are not currently eligible to purchase insurance through the Maryland Health Benefits Exchange, despite the fact that they pay more than \$240 million in federal, state, and local taxes.

The bill is sound policy for Maryland because in addition to helping the immigrant community it poses no financial burden on the State. When people have health insurance, they can access most of their care in the offices of primary care providers and specialists, freeing up overburdened emergency rooms.

This bill would enable all Marylanders –regardless of their immigration status– to access the routine, comprehensive and affordable care they need. It would make sure that hard working, tax paying residents have the ability to purchase the health insurance they need under the Affordable Care Act (ACA).

Without this legislation, those who become ill are forced to use high cost medical care in the emergency rooms of Maryland hospitals. Moreover, by having this insurance, all Marylanders could access immunizations and other preventive care. Having affordable medical insurance would allow them to work, pay taxes, and care for their families.

All people deserve access to quality healthcare. The Maryland Health Benefits Exchange, created by the Affordable Care Act, should be available to all Maryland residents regardless of their immigration status. SB 705 will reduce health disparities in our immigrant communities and will make Maryland a safer and healthier place for all of us by:

- Preventing the spread of Covid-19, RSV, influenza and other infectious diseases by providing access to vaccinations and medication,
- Helping workers and their families to access primary care, resulting in higher rates of early detection of disease and a higher cure rate, as well as better long term management of chronic diseases, and
- Reducing costly emergency room visits

I respectfully urge this committee to return a favorable report on SB 705.

WDC 2024 Testimony_SB705_FINAL.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)
Finance Committee – February 21, 2024
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the Montgomery County **Women's Democratic Club (WDC)** for the 2024 legislative session. WDC is one of the largest and most active Democratic clubs in Montgomery County with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB705 directing the Maryland Health Benefit Exchange to establish an enrollment program for those Maryland residents who are currently ineligible to enroll in on-exchange Qualified Health Plans due to their immigration status.

A [September 2022 report from the Kaiser Family Foundation](#) notes that under current law undocumented immigrants and immigrants without permanent residency status such as DACA recipients, Temporary Protected Status holders, and nonimmigrant visa holders are ineligible for most federal and state healthcare programs. One exception is the federal Emergency Medical Treatment and Labor Act which provides that every patient, regardless of immigration status, has access to emergency medical care. For those without options, the hospital emergency room is the place of last resort. Is it any wonder then that Maryland has the longest hospital emergency room waits in the country?

According to a [May 2022 report by La Clinica del Pueblo](#), approximately 225,000 to 275,000 Maryland residents are without access to health care due to their immigration status. This includes 27,500 Temporary Protected Status holders -- refugees from Ukraine, Syria, Afghanistan, Ethiopia, Sudan, El Salvador, Honduras, and Nicaragua who are fleeing war, civil strife, and persecution. Many of those currently without access to health care are front-line workers providing essential services in grocery stores, restaurants, retail stores, landscaping, and construction. They work low wage jobs where health insurance may not be available at all.

We understand the financial constraints the State of Maryland is facing, but we implore you to take the first steps necessary to resolve this situation. Our communities will thrive when every Maryland resident has their health care needs met in a timely manner.

We ask for your support for SB705 and strongly urge a favorable Committee report.

Tazeen Ahmad
WDC President

Sharon Cranford
WDC Health Subcommittee

Cynthia Rubenstein
Chair, WDC Advocacy

JAS Testimony in SUPPORT of SB 705.pdf

Uploaded by: John Spillane

Position: FAV

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 and Members of the
Committee,

My name is John Spillane and I live in Hyattsville. I am
testifying in support of SB 705.

We all benefit when all our residents have healthcare
coverage. We experienced the lack of coverage during the
COVID-19 pandemic, especially in Prince George's
County where infection numbers have been high,
sometimes the highest in the state.

This bill is about making sure that all hard-working,
taxpaying Marylanders can have access to the Maryland
Health Benefit Exchange and the opportunity to purchase
health care insurance. Reducing the state's uninsured
population benefits everyone. The more people who get
routine, preventive care, the more cost savings in
emergency room care, and the better the health of the
community at large.

Everyone, no matter their immigration status, should be able to have access to the Maryland Health Benefit Exchange and the opportunity to pay for health insurance.

John A. Spillane

6110 43rd St.

Hyattsville, MD

JK_SB705_FAV_TESTIMONY_ORAL.pdf

Uploaded by: Jonathan Kuo

Position: FAV

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 Jonathan Kuo and I am a first-year medical student at Johns Hopkins University. I am submitting this testimony in support of SB 705, the Access to Care Act. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

My testimony today comes from three years of experience as a certified enrollment counselor helping low-income, immigrant, and undocumented communities in the California Bay Area navigate their insurance options through California's Health Benefit Exchange, as well as my recent experience here working with similar populations at a Federally Qualified Health Center. In my brief time with you, I want to make three points:

My first point is that Maryland's immigrant populations face critical health disparities solely because of their insurance status. These populations are required to seek out the most expensive type of care there: 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 making our communities overall healthier and wealthier.

My second point is that SB 705 is backed by compelling financial and policy data that convincingly demonstrates that its passage will benefit both the State and the people of Maryland. We know that increasing access to health insurance reduces costs, because increasing the number of healthy people in the plans on the Exchange market reduces actuarial risk and therefore maintains—or even lowers—everyone's premiums. Now, we have a golden opportunity to increase access for free.

Last, I want to emphasize that from my years of experience working with patients, the most important thing I have learned is that even incremental change can dramatically impact people's experiences navigating health insurance systems. Health insurance is confusing. We all know this, and SB 705 alone will not make health insurance transparent in a day. But it will give patients access to plans that are a little less confusing than those on the commercial market. It will let them speak with navigators who can give them guidance tailored to their best interests. It will demonstrate that our great state of Maryland is dedicated to supporting the lives of some of the most vulnerable populations in the state and in the country, and it does so for the low price of \$0.

I whole-heartedly urge you to submit a favorable report of SB 705.

Thank you for your consideration and leadership.

Jonathan Kuo

MMCOA SB 705 - Comments in Support.pdf

Uploaded by: Joseph Winn

Position: FAV



Senate Bill 705 – Qualified Resident Enrollment Program (Access to Care Act)

SUPPORT

Senate Finance Committee

February 21, 2024

The Maryland Managed Care Organization Association (MMCOA) is grateful for the opportunity to submit these comments in support of Senate Bill 705 – Qualified Resident Enrollment Program (Access to Care Act).

Senate Bill 705 would create an opportunity for qualified residents to purchase individual qualified health plans through the Maryland Health Benefits Exchange. Qualified residents would not be eligible for federal tax credits or Medicare or Medicaid programs.

This bill would create a pathway for qualified residents to purchase unsubsidized coverage. MMCOA supports efforts to increase access to health care throughout the State.

This bill helps achieve those objectives by creating more options for people to have clinical relationships and preventive care.

MMCOA supports the passage of Senate Bill 705.

Please contact Joe Winn, Executive Director of MMCOA, with any questions regarding this testimony at jwinn@marylandmco.org.

2024 MASBHC SB 705 Senate Side.pdf

Uploaded by: Joy Twesigye

Position: FAV



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 Assembly on School-Based Health Centers (MASBHC) strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill will allow individuals who are undocumented to purchase insurance from the Maryland Health Benefit Exchange using their own earnings.

There are almost 90 school-based health centers serving underserved communities from Western Maryland to the Eastern Shore. School-based health centers provide primary, behavioral, and oral health services to children who are uninsured or enrolled in Medicaid.

Under the current law, the Maryland Health Benefit Exchange will only cover the portion of the family who have legal status:

Health Insurance for Immigrant Families in Maryland

“Marylanders who are present in the U.S. under certain immigration statuses or have applied for certain lawfully present statuses may be eligible to enroll in a private health plan through Maryland Health Connection.”ⁱ

As a result, many children live in families with fragmented insurance coverage. The children may have coverage through MCHP or a qualified health plan if they were born in the U.S., but the parents cannot even purchase an Exchange plan.

In our experience, children benefit when the parents have insurance coverage. In families with coverage, children are far more likely to have a medical home, obtain regular preventative services, and obtain the wellness visits and vaccinations needed for entry into school.

This legislation makes fiscal sense. Families will use their own earnings to purchase coverage, and all member, including the children, will benefit with greater access to preventative visits. We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.marylandhealthconnection.gov/health-coverage/immigrant-families/>

SB 705_MD Center on Economic Policy_FAV.pdf

Uploaded by: Kali Schumitz

Position: FAV

All Marylanders Should Have Access to Affordable Health Coverage

Position Statement Supporting Senate Bill 705

Given before the Senate Finance Committee

Everyone needs quality and timely access to healthcare. We can strengthen the health of Marylanders by providing affordable healthcare coverage to all, a barrier that often produces racial and ethnic health disparities and stems from socioeconomic inequality. Senate Bill 705 would open the Maryland Health Benefit Exchange to residents who meet the regular eligibility requirements, regardless of their immigration status. This opportunity will propel Maryland one step closer to improving health accessibility in the state. **The Maryland Center on Economic Policy supports Senate Bill 705 because it improves health equity for one of Maryland's most vulnerable communities.**

While the provisions in the Affordable Care Act (ACA) have enabled more Marylanders to get the medical attention they need, hundreds of thousands of residents are still without health insurance. The undocumented population, in particular, is at much greater risk of being uninsured. An estimated 112,400 undocumented Marylanders are uninsured, making up about 30% of the uninsured population in the state.ⁱ According to the Census Bureau, 24% of Latine Marylanders were uninsured in 2022, compared to 5% of Black and 3% of white residents.ⁱⁱ The disproportionate numbers are likely an indication of the large share of immigrants in the Latine community. When looking at non-citizen immigrants as a whole, we know that they accounted for 45% of the uninsured in Maryland despite accounting for only 8% of the state population.ⁱⁱ

Gaining health coverage greatly improves access to health care and decreases the negative effects of being uninsured. Research shows that the expansion of health insurance through the ACA improved access to care, affordability, financial security, and health outcomes.ⁱⁱⁱ We are all affected when people in our communities delay seeing a doctor due to financial or documentation status concerns associated with health coverage. Public or communal health is comprised as seen through the COVID-19 pandemic, in addition to possible uncompensated care provided at hospitals.^{iv} Although some worry about healthcare expansion costs to the state, the economic benefits on healthcare expansion efforts have shown to save millions of dollars in uncompensated care in the state.^v However, it's important to note that SB 705 as outlined has no economic costs to the state as the purpose is to open the marketplace for now. Moreover, research has shown that Medicaid expansion through the ACA reduced \$1,140 in medical debt per person, in addition to reducing evictions for lower-income households.^{iv}

Multiple states across the country have established comprehensive care programs to extend coverage to undocumented immigrants. Twelve states in addition to the District of Columbia provide some type of state-funded healthcare to income-eligible children regardless of immigration status; other states have passed

legislation that will do so in the next couple of years.^{vi} Two states in particular have expanded some form of market coverage to undocumented residents:

- The state of Washington came one step closer to expanding healthcare for all through the federal approval of their 1332 waiver application that will allow undocumented residents to purchase marketplace insurance through their state exchange starting in 2024.^{vii} Residents with incomes up to 250% of the federal poverty level would qualify for their state-based subsidy program even if they are not eligible for federal premium tax credits. Notably, the state allocated \$50 million for the subsidy program in their 2023 planning year. For approval, legislation also had to appropriate an additional \$5 million in state funding that would be available upon receipt of the waiver.^{viii}
- Colorado provides state-based subsidies to residents earning up to 300% of the federal poverty level for individual market enrollment outside of the ACA marketplace regardless of immigration status.^{vii} Residents are able to purchase insurance through Colorado Connect, a more secure platform separately from their exchange website.

SB 705 is a step toward ending healthcare disparities for immigrant communities in Maryland. Through this bill, the state would become a safer and healthier place for all its residents. For these reasons, **the Maryland Center on Economic Policy respectfully requests the Senate Finance Committee to make a favorable report on Senate Bill 705.**

Equity Impact Analysis: Senate Bill 705

Bill Summary

SB 705 would require the Maryland Health Benefit Exchange to submit a state innovation waiver application amendment under §1332 of the Affordable Care Act in order to establish a Qualified Resident Enrollment Program that will allow residents to obtain coverage through the exchange regardless of immigration status.

Background

Despite having an uninsured rate of 6%, many Maryland residents are still struggling to access and afford healthcare. Thousands of undocumented Marylanders are ineligible for care through Maryland's Medical Assistance Program, Maryland Children's Health Program, the Maryland Benefit Health Exchange or other government-funded programs except for emergency services, even if they meet all the criteria but for their immigration status. Multiple states across the country have established comprehensive care programs to extend coverage to immigrants regardless of their documentation status. In 2022, the Maryland General Assembly passed the Healthy Babies Equity Act, which expands Medicaid to cover prenatal and postpartum care up to 12 months for pregnant individuals regardless of their documentation status.

Equity Implications

Immigration status can be a social determinant of health for many people, particularly for undocumented immigrants. This community often bears one of the highest uninsured rates nationwide: 50% of undocumented immigrants were uninsured compared to 18% of lawfully present immigrants and 8% of U.S.-born citizens.^{vi} Employer-sponsored coverage is also an obstacle for undocumented immigrants as they tend to work in lower-wage occupations that do not offer health coverage.^{vi}

Not only does accessibility impact immigrant population’s health, so does affordability. Research shows that immigrants’ out-of-pocket healthcare expenses tend to be higher than those of citizens,^{vi} especially for undocumented immigrants who are elderly or have recently arrived.^{ix}

Impact

Senate Bill 705 will likely **improve racial, health and economic equity** in Maryland.

ⁱ Maryland Department of Health. (2023, December 8). Report on health care and dental coverage for Marylanders ineligible for Medicaid and Qualified Health Plans due to immigration status. *Maryland Health Benefit Exchange*. <https://www.marylandhbe.com/wp-content/uploads/2023/12/Report-on-Health-Care-and-Dental-Coverage-for-Marylanders-Ineligible-for-Medicaid-and-Qualified-Health-Plans-Due-to-Immigration-Status.pdf>

ⁱⁱ Source: Census Bureau, American Community Survey 1-year 2022 estimates

ⁱⁱⁱ Guth, M., & Ammula, M. (2021, May 6). Building on the evidence base: Studies on the effects of Medicaid expansion, February 2020 to March 2021. *Kaiser Family Foundation*. <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>

^{iv} Center on Budget and Policy Priorities. (2020, October 21). *The far-reaching benefits of the Affordable Care Act’s Medicaid expansion*. <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion>

^v Maryland Health Care for All. (2023). *Analysis of hospital uncompensated care, related hospital assessments, and health care expansion*. <https://healthcareforall.com/wp-content/uploads/2023/12/Analysis-of-HC-Expansion-and-Hospital-UC-120523.pdf>

^{vi} Kaiser Family Foundation. (2023, September 17). Key facts on health coverage of immigrants. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>

^{vii} “A Decade of State Immigrant Rights Victories: Moving Toward Health Care and Economic Justice for All,” National Immigration Law Center, (2022). https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf

^{viii} “Washington: State Innovation Waiver,” (2022). <https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf>

^{ix} Flavin, L., Zallman, L., McCormick, D., & Boyd, J.W. (2018). Medical expenditures on and by immigrant populations in the United States: A systematic review. *International Journal of Health Services*, 48(4), 601-621. <https://doi.org/10.1177/0020731418791963>

NASW Maryland - 2024 SB 705 FAV - Access to Care -

Uploaded by: Karessa Proctor

Position: FAV

**Finance Committee
February 21, 2024**

**Senate Bill 705: Health Insurance Qualified Resident Enrollment Program –
Access to Care Act**

****Support****

The National Association of Social Workers – Maryland Chapter is the professional organization representing over 3,000 social workers statewide. We strongly support Senate Bill 705: Health Insurance Qualified Resident Enrollment Program – Access to Care Act. This bill will ensure immigration status is not a barrier for Maryland residents to purchase health insurance and will cost the state no money.

It is a known fact that health outcomes for immigrants are very poor as they tend to not seek out care due to their fear of being asked about their immigration status. We want them to know and understand that in the state of Maryland that is not the case. They live in an open and welcoming state that cares about their well-being.

We ask the General Assembly to expand immigrants' access to care here in Maryland. We already have the infrastructure in place and expanding access to health coverage will result in a healthier Maryland. Implementing the Qualified Resident Enrollment Program will help in getting people into the appropriate health care program of their choosing by unlocking barriers.

We ask for a favorable report.

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

Philip A. Pratt, MSW, ACSW
Legislative Committee, Co-Chair

SB705_KateSugarman_FAV.pdf

Uploaded by: Kate Sugarman

Position: FAV

2/21/2024

Kate Sugarman
Potomac, MD 20854

TESTIMONY ON SB705 - POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, and Members of the Committee

FROM: Kate Sugarman

My name is Kate Sugarman. I am a resident of District 15. I am submitting this testimony in support of SB705, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

As a family physician who lives in Maryland I know all too well that my immigrant patients who live in MD often have to forgo life saving health care since they are denied affordable insurance. There is a stark difference for immigrant patients who live in DC. DC residents, regardless of their immigration status, qualify for affordable insurance while immigrant patients in MD largely do not.

On a real life basis that means that MD immigrant patients with deadly diseases like cancer and diabetes risk life long disability and death due to inability to afford treatment and care.

As a leader of the MD Chapter of Doctors for Camp Closure, **I respectfully urge this committee to return a favorable report on SB705.**

SB705 - MIA - FAV - FINAL.pdf

Uploaded by: Kathleen Birrane

Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



KATHLEEN A. BIRRANE
Commissioner

TAMMY R. J. LONGAN
Acting Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2215 Fax: 410-468-2204
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: February 21, 2024

Bill # / Title: Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 705.

Senate Bill 705 requires the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program (“the Program”) to allow qualified residents to obtain coverage and facilitate the enrollment of qualified residents in qualified health plans. Currently, all individuals residing in the state are allowed to purchase health insurance, regardless of immigration status. The Program will provide access to the unique purchasing tools and information available through the Exchange to all potential health insurance purchasers in the State. Specifically, the Program will allow consumers who were previously ineligible to purchase coverage through the Exchange due to their immigration status to buy health insurance using the Exchange.

Senate Bill 705 is a straightforward bill that addresses only where certain Marylanders can buy their health insurance, not whether they can purchase it. All Marylanders, regardless of immigration status, are currently able to purchase ACA compliant individual or family health insurance plans by working directly with insurance producers or by visiting carrier websites. However, Marylanders without a legal immigration status are currently prohibited from purchasing health insurance products on the Exchange, which has unique informational and comparative tools across all products sold by all carriers on the Exchange as well as customer support assistance in over 200 languages. The MIA believes that making the Exchange tools available to undocumented individuals may lead to a higher number of uninsured individuals purchasing health coverage and, thus, to a reduction in uncompensated care costs.

The MIA also believes that the Program established through Senate Bill 705 will provide an important consumer protection for the undocumented community in Maryland. This community is particularly vulnerable to fraud and unfair trade practices when attempting to purchase adequate health insurance through the means currently available to them. As mentioned, currently, Marylanders without a legal

immigration status are able to purchase a variety of health insurance products off-exchange, including both ACA-compliant coverage and less-inclusive options that are not ACA-compliant. However, this requires exploring these options independently through various websites or with producers, both of which may steer them to less comprehensive health coverage, unbeknownst to the purchaser. These options may appear to be more affordable, but may not provide the comprehensive coverage necessary or expected, and often, the consumer may not realize the limitations of their purchased coverage until they have a medical emergency. Allowing these individuals to purchase coverage through the Exchange provides not just tools to make the purchasing process more accessible, but it also provides necessary protections to ensure that they are purchasing adequate ACA-compliant coverage, with skilled navigators to thoroughly explain the product they are purchasing, the benefits it will provide, and the monthly premium amount that will be required. Thus, leading to more insured Marylanders who are able to fully utilize their health coverage.

For these reasons, the MIA urges a favorable committee report on Senate Bill 705, and thanks the Committee for the opportunity to share its support.

SB 705 - Access to Care Act.pdf

Uploaded by: Ken Phelps Jr

Position: FAV



THE EPISCOPAL DIOCESE
OF MARYLAND

The Maryland Episcopal
Public Policy
Network

TESTIMONY IN SUPPORT OF SB 705

**** FAVORABLE ****

**Health Insurance – Qualified Resident Enrollment Program
(Access to Care Act)**

TO: Senator Pamela Beidle, Chair; Senator Katherine Klausmeier, Vice-Chair; and the Members of the Finance Committee

FROM: Rev. Kenneth Phelps, Jr., The Episcopal Diocese of Maryland

DATE: February 21, 2024

The Episcopal Church teaches that access to quality and affordable health care is – along with nutrition and housing – a basic human right and the Church supports those efforts to provide universal and equitable access for all, including immigrants, undocumented or otherwise. Our General Convention urges all Episcopalians to advocate for just and adequate health care policies and views this as a mission of the Church and a vital component in the promotion of healthy American communities.

The Diocese of Maryland is pleased to offer a favorable testimony in support of the Maryland SB 705. Although Maryland has taken bold steps toward ensuring everyone has access to care, the immigrant community has been left behind. 275K+ undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange (MHBE) due to their immigration status.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable 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



THE EPISCOPAL DIOCESE OF MARYLAND

The Maryland Episcopal
Public Policy
Network

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 common-sense legislation is uncontentious and aligns Maryland with its values of protecting our communities and treating all people with dignity, respect, and care. Just what Jesus would do.

The Diocese of Maryland requests a Favorable report

SB 705_Horizon Foundation_fav.pdf

Uploaded by: Kerry Darragh

Position: FAV



BOARD OF TRUSTEES

February 21, 2024

COMMITTEE: Senate Finance Committee

BILL: SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act).

SB 705 would allow all Marylanders to access the Maryland Health Benefit Exchange (Maryland’s Affordable Care Act marketplace), regardless of their immigration status. Currently, across the state, over 275,000 undocumented immigrants are unable to access the state’s Health Benefit Exchange.

Undocumented workers often operate on the frontlines of our economy, holding positions critical to developing our infrastructure and keeping our small businesses afloat. These workers are often more vulnerable to illness, hospitalization and death – worsening health disparities among Black and Latino residents.

Health equity is central to the mission of the Horizon Foundation. Along with a broad coalition of health providers, grassroots advocacy organizations and health institutions, the Foundation pressed for the successful adoption of the Healthy Babies Equity Act (Chapter 28 of 2022), which will extend comprehensive medical care and other health care services to certain undocumented pregnant women and their children. Locally, we also convened the Howard County Health Justice Coalition, which successfully secured \$1.7 million in local funding last year to ensure vital prenatal and postpartum care is available and affordable for uninsured and underinsured women and children in Howard County and that together we work to increase the percentage of children born at a healthy weight.

SB 705 will ensure that immigration status is no longer a barrier for Maryland residents to purchase a health insurance plan. We believe that everyone in our state – regardless of immigration status –

Lisa M. Pearson
CHAIR

Christopher Fortune
VICE CHAIR

Gopi Suri
SECRETARY

Mark Cissell
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Sharon A. Hoover

Sekou Murphy

Yvette Rooks, M.D.

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D.

The Horizon Foundation of Howard County, Inc.

10221 Wincopin Circle, Suite 200, Columbia, MD 21044 P 410.715.0311 F 410.715.2973 • info@thehorizonfoundation.org

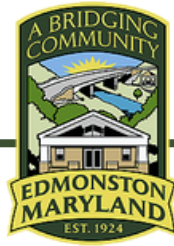
should have access to compassionate and affordable health care. For this reason, the Foundation **SUPPORTS SB 705 and urges a FAVORABLE report.**

Thank you for your consideration.

FAV_SB705.pdf

Uploaded by: Kony Serrano Portillo

Position: FAV



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

February 20, 2024

Dear Honorable Antonio Hayes, and Members of the Finance Committee,

I am pleased to provide testimony in support SB 705 Health Insurance - Qualified Resident Enrollment Program (Access to Care Act). As a Councilmember for the Town of Edmonston, a town that is home to many immigrants who lack resources and healthcare access, I know how crucial this piece of legislation is to Prince Georgians. 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. 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. Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.





Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders. As an immigrant myself who lacked healthcare from the time I was 9 years old until I was 23, I know how difficult finding affordable care is, and what the burden of medical debt is like.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill presents no fiscal burden on the state budget and involved actors in the process, including MHBE, have expressed that the waiver can be submitted and individuals enrolled with current resources. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120–170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant. 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 Senate Bill 705.

Sincerely,

Kony Serrano Portillo
Council Member
Town of Edmonston, Maryland



Montgomery County Community Action Board Testimony

Uploaded by: Leah Goldfine

Position: FAV



Montgomery County Community Action Board Testimony
SB705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
February 21, 2024

SUPPORT

TO: The Honorable Pamela Beidle, Chair; The Honorable Katherine Klausmeier, Vice Chair; and Members of the Finance Committee
FROM: Dr. Jeffery Johnson, Chair, Montgomery County Community Action Board

The Montgomery County Community Action Board (CAB), the County's local, state, and federally designated anti-poverty group, is in full support of SB705 and asks the Committee for a favorable report. SB705 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders, 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.

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. This bill will help to reduce health disparities along both economic and racial/ethnic lines. Increasing preventative care also reduces costs and eases the burdens placed on emergency rooms. This bill makes sense both from a human rights perspective and a fiscal perspective.

The Montgomery County Community Action Agency's mission is to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy using an equity lens. Many of the individuals served by our agency's programs cannot purchase insurance through the Exchange due to their immigration status. These programs include the Takoma-East Silver Spring (TESS) Community Action Center, Navigation program, Volunteer Income Tax Assistance (VITA) program, Contract and grant monitoring, and the Head Start program for which Community Action is the grantee. While this bill would reduce one barrier for uninsured Marylanders, our board recognizes that many people would still not be able to afford insurance through the Exchange due to the high cost. These same individuals are also ineligible for Medicaid due to immigration status. We therefore recommend that the Committee consider opportunities

to expand access to healthcare. This could include additional funding for nonprofits and free clinics that provide healthcare, subsidies to help Marylanders purchase insurance, and Medicaid expansion.

We also recognize that the high cost of living in Montgomery County and many parts of the state must be factored in. According to the Montgomery County Self-Sufficiency Standard, a household with two working adults, one preschooler, and one school-age child would need to earn \$122,943 annually to cover their basic necessities, over four times the federal poverty level.¹ The Self-Sufficiency Standard includes healthcare costs but assumes employer-sponsored insurance. Low-income workers, including undocumented Marylanders, may not have this option, and healthcare costs may be higher if they must turn to emergency rooms.

We ask the Committee for a favorable report and ask that you consider other policies that will make health insurance more affordable for lower-income Marylanders.

¹https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/MDMontCo2023_SSS.pdf

sb705- qualified resident enrollment, MD exchange-

Uploaded by: Lee Hudson

Position: FAV



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony Prepared for the
Finance Committee
on
Senate Bill 705
February 21, 2024
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to speak in favor of expanding access to health care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community of congregations in three judicatories all across our State.

Our community advocates access to appropriate, adequate, and affordable health care *for all people in the United States and its territories* (“Caring for Health,” ELCA, 2003).

Senate Bill 705 will expand access to appropriate health care by extending eligibility for insurance product on the Maryland Health Benefit Exchange to all qualified residents in the State. Those who may be in the midst of status procedures, living and working in the State; those, therefore, participating in the economy and paying their fair share, should not be denied access to health care. Doubtless they will need and seek medical services.

These can be people who struggle to afford health care and, lacking adequate insurance, will merely become excess health costs represented by uncompensated care, the hidden tax allocated to the medical care market.

The testimony of my community remains that denying access to care and treatment does not save money. It does not even save health care dollars because it ignores the cost of poor health outcomes. **Senate Bill 705** will admit more people to the cohort of the covered, appropriately distributing the real cost of care across an enlarged market. That benefits consumers, carriers, providers, and the State.

Maryland is home to a large immigrant population, making the need for this well-documented. Other states have had the wisdom to include their immigrant populations in their health care programs. The federal 1332 waiver authorizes the policy. And it is requisite for equitable access expansion.

Senate Bill 705 will reduce the medically uninsured population of Maryland significantly. Making sure that qualified residents can acquire the product for which they may be eligible will advance an aim of our advocacy of *appropriate care for all people in the United States*. We seek your favorable report.

Lee Hudson

SB705 Access to Care.docx.pdf

Uploaded by: Lindsay Keipper

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of **District 46**. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources. Last year, this Committee- and the House as a whole- passed this bill. I ask that you again forward the Access to Care Act to the floor.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, and are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

This bill is good for our community, good for our economy, and most importantly it is the right thing to do. It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,

Lindsay Keipper
2425 Fleet St.

Showing Up for Racial Justice Baltimore

SB0705 support 2024.pdf

Uploaded by: Linnie Girdner

Position: FAV

Dear Members of the Senate Finance Committee,

I am a resident of District 33A, and a member of Showing Up for Racial Justice Annapolis and Anne Arundel County (SURJ3A). I am writing to urge you to support SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

Research suggests that state coverage expansions for immigrants can reduce uninsurance rates, increase health care use, and improve health outcomes.

- California's 2016 expansion to cover low-income children regardless of immigration status was associated with a 34% decline in uninsurance rates.
- A study found that children who reside in states that have expanded coverage to all children regardless of immigration status were less likely to be uninsured, to forgo medical or dental care, and to go without a preventive health visit than children residing in states that have not expanded coverage. ([State-Funded Health Coverage for Immigrants as of July 2023 | KFF](#))

As of 2023, half (50%) of likely undocumented immigrant adults and one in five (18%) lawfully present immigrant adults report being uninsured compared to less than one in ten naturalized citizen (6%) and U.S.-born citizen (8%) adults.

- Noncitizen immigrants are more likely to be uninsured than citizens because they have more limited access to private coverage due to working in jobs that are less likely to provide health benefits and they face eligibility restrictions for federally funded coverage options, including Medicaid, the Children's Health Insurance Program (CHIP), Affordable Care Act (ACA) Marketplace coverage, and Medicare. (<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>)
- This is despite undocumented immigrants paying federal taxes that support the programs mentioned above that they are not authorized to use. ([Most Taxpayers Needing a New ITIN Are Prohibited From Filing Electronically, Causing Unnecessary Refund Delays](#))
- As of 2016, according to the Maryland Center for Economic Policy: "Collectively, undocumented immigrants in Maryland pay an estimated \$308 million in state and local taxes per year." [Undocumented Immigrants Pay Hundreds of Millions in State Taxes; Full Citizenship Would Benefit the State Even More | Maryland Center on Economic Policy](#)

I want all Marylanders to have equitable access to the Maryland Health Benefit Exchange regardless of their immigration status. I am a Christian and I believe that this is consistent with Matthew 25.

This access could provide better preventative care for undocumented immigrants. In turn, this access would reduce the burden on emergency services, which tend to be the main way that undocumented immigrants access healthcare. (The Health of Undocumented Latinx Immigrants: What We Know and Future Directions: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9246400/>)

For the above reasons, I once again urge your support for SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

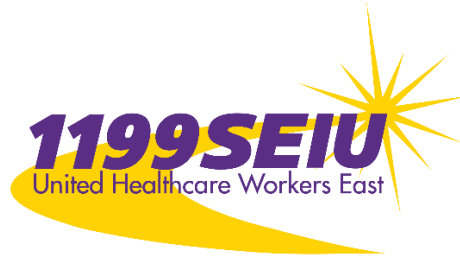
Thank you for your time, service, and consideration.

Linda Girdner, Ph.D.
941 Fall Ridge Way
Gambrills, MD 21054

HB278 SB705 Access to Care.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony on HB 278/SB 705
Health Insurance – Qualified Resident Enrollment Program
Access to Care Act
Position: Favorable

To Chair Beidle and Members of the Finance Committee;

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. Every Marylander needs to have the ability to access medical coverage when they need it. 1199SEIU supports SB365/HB588 to expand health coverage to the 350,000 Maryland residents who do not have healthcare.

This bill ensures that residents who are earning and paying taxes have access to the Maryland Health Benefit Exchange and the opportunity to pay for health care insurance. Although the Affordable Care Act allowed a monumental increase in terms of healthcare coverage for many Maryland families, this unfortunately did not apply to many immigrant families, including a third of those who do not have insurance and do not currently have legal residency status. The Access to Care Act would change this by ensuring that all income-eligible Marylanders can purchase coverage through the exchange, regardless of their citizenship status.

For 1199SEIU members, this bill is essential for two reasons. First, our members understand that increasing the number of insured individuals also means less of a burden on our short-staffed hospitals. When patients can afford primary care, they are less likely to end up in the hospital. Any step to provide individuals with healthcare coverage to alleviate this strain in short, staffed facilities would benefit both our hospital resources and improve patient care.

Second, many of our members come from immigrant families themselves. They know the benefits of what health insurance can do to change the lives of immigrant families and believe that without health insurance, it leaves many Marylanders at risk of serious health concerns. We ask this Committee to give a **favorable** report on HB 278/SB705.

In Unity,

Ricarra Jones, Political Director
1199SEIU United Healthcare Workers- East
ricarra.jones@1199.org

SB705 Testimony_Lydia Mazze.pdf

Uploaded by: Lydia Mazze

Position: FAV

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 Lydia Mazze and I am a medical student in my final year at the University of Maryland School of Medicine pursuing a career in primary care and preventative medicine. As a resident of District 8, I grew up in Rockville, attended Wootton High School, and graduated from the University of Maryland, College Park in 2020. I am also a bilingual Spanish speaker, as my mom is from Spain and works as an English-Spanish interpreter in Maryland. Having served at three free clinics for the uninsured over six years (Mercy in Gaithersburg, Esperanza in Baltimore City, and St. Clare in Timonium), I have seen first-hand why Maryland needs a platform for undocumented immigrants to access health insurance in order to protect all of its residents, encourage physicians to practice in Maryland, and build a more financially sustainable healthcare system. I hope to one day work in Maryland as a primary care physician serving all patients regardless of immigration status, which is why, since I am unavailable to attend today's hearing, I am submitting this written testimony in strong support of SB 705, the Access to Care Act.

If enacted, SB 705 would allow all Maryland residents, regardless of immigration status, to access the Maryland Health Benefit Exchange (MHBE) and purchase health insurance. This bill does not need state funding, as previous versions have, but rather simply requires the MHBE to request a 1332 federal waiver that would open the exchange to undocumented Maryland residents who are currently shut out. Since the MHBE was established in 2011, our state's uninsured rate has halved, from 12% to 6%¹. SB 705 could be the next great step in expanding access, as 30% of the remaining uninsured—a staggering 275,000 residents—are denied access to the exchange due to their immigration status.

At the University of Maryland School of Medicine, I have learned that healthcare is a human right, so our Maryland hospital system cares for patients regardless of insurance status. However, from both personal experience and population health research, we know that the majority of uninsured patients avoid seeking care until medically necessary, which leads to dangerous late presentations of common medical conditions. For example, untreated Type 2 Diabetes often leads to kidney failure, which requires tri-weekly dialysis that typically falls under Medicare coverage. It also causes diabetic foot neuropathies that result not only in severe disability, but also in undetected wounds that lead to deadly infection requiring antibiotics or amputation. These conditions are more dangerous, more expensive, and—most importantly—entirely avoidable in a country and age with excellent diabetes medications and a clear understanding of the diabetic disease process.

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

Even in lower-acuity settings as a medical student, I have daily conversations with patients about building healthy lifestyles, which requires strong patient-doctor therapeutic relationships and regular interactions with the healthcare system in primary care settings that are currently very limited for undocumented immigrants. To prevent the extreme complications of diabetes, patients need to take medications consistently, create regular opportunities to move their bodies, have access to fresh fruits and vegetables, and form strong support systems. As a soon-to-be physician, which of these can I influence most?

Without a doubt, I will have the most say in when and how patients take their medications, but this becomes nearly impossible when patients cannot access the medications they desperately need. Last July, I rotated at UMB-affiliated St. Clare Medical Outreach, a free clinic for Spanish-speaking uninsured patients that functions via grant funding and charity care from St. Joseph hospital. The clinic structure and patients I saw are parallel to those I worked with at Mercy Clinic in Gaithersburg as a college student and at Esperanza Center in Baltimore City as a medical student. At these clinics, I witnessed how patients who required expensive diabetes medications, like Jardiance, to control their diabetes could only access them for 2-3 months at a time since they were relying on clinic samples and transitory grants, as they are otherwise financially astronomical for the uninsured patient. As a result, patients often changed diabetic medication regimens several times a year, which is frustrating at its best and life-threatening at its worst.

Having spent twenty years in Maryland, chosen to complete all my degrees of higher education in Maryland, and worked with Spanish-speakers and undocumented immigrants here my whole life, I am hopeful that our great state will allow the hard-working and tax-paying undocumented immigrants that serve and enrich our communities the right to healthcare—not only when they enter a hospital when necessary, but by allowing them to purchase affordable health insurance in the MHBE and broaden their access to healthcare.

As a future primary care doctor who aims to work in Maryland and with Spanish-speaking patients, I urge the state to pass SB 705 in order to expand access to health insurance and preventative care in ways that promote a more compassionate and financially sustainable Maryland healthcare system that all physicians will want to work in. Please help me care for my patients and do right by the 275,000 undocumented and insured residents of our great state.

Thank you for your leadership and for considering my testimony.

Sincerely,

A handwritten signature in black ink that reads "Lydia Mazze". The signature is written in a cursive, flowing style.

Lydia Mazze

Please note that the views expressed here are my own and do not necessarily reflect the policies or positions of the University of Maryland School of Medicine.

Testimony for SB0705.pdf

Uploaded by: Lynda Davis

Position: FAV

February 20, 2024

Dear Members of the Senate Finance Committee,

I am a resident of District 12B, and a member of Showing Up for Racial Justice Annapolis and Anne Arundel County (SURJ3A). I am writing to urge you to **support SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

Research suggests that state coverage expansions for immigrants can reduce uninsurance rates, increase health care use, and improve health outcomes.

California's 2016 expansion to cover low-income children regardless of immigration status was associated with a [34%](#) decline in uninsurance rates; similarly, a [study](#) found that children who reside in states that have expanded coverage to all children regardless of immigration status were *less likely to be uninsured, to forgo medical or dental care, and to go without a preventive health visit than children residing in states that have not expanded coverage*. [Italics mine.]

(<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/state-funded-health-coverage-for-immigrants-as-of-july-2023/>)

As of 2023, half (50%) of likely undocumented immigrant adults and one in five (18%) lawfully present immigrant adults report being uninsured compared to less than one in ten naturalized citizen (6%) and U.S.-born citizen (8%) adults.

Noncitizen immigrants are more likely to be uninsured than citizens because they have more limited access to private coverage due to working in jobs that are less likely to provide health benefits and they face eligibility restrictions for federally funded coverage options, including Medicaid, the Children's Health Insurance Program (CHIP), Affordable Care Act (ACA) Marketplace coverage, and Medicare.

(<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>)

This is despite undocumented immigrants paying federal taxes that support the programs mentioned above that they are not authorized to use.

(<https://www.taxpayeradvocate.irs.gov/news/nta-blog/nta-blog-most-taxpayers-needing-a-new-itin-are-prohibited-from-filing-electronically-causing-unnecessary-refund-delays/2021/04/>)

I know there are arguments against providing undocumented immigrants access to healthcare, but that is without the context that undocumented workers pay state and local taxes in Maryland. **As of 2016**, according to the Maryland Center for Economic

Policy: “Collectively, **undocumented immigrants in Maryland pay an estimated \$308 million in state and local taxes per year.**”

<https://www.mdeconomy.org/undocumented-immigrants-pay-hundreds-of-millions-in-state-taxes-full-citizenship-would-benefit-the-state-even-more/>

I want all Marylanders to have equitable access to the Maryland Health Benefit Exchange regardless of their immigration status. This access could provide better preventative care for undocumented immigrants. In turn, this access would reduce the burden on emergency services, which tend to be the main way that undocumented immigrants access healthcare.

(The Health of Undocumented Latinx Immigrants: What We Know and Future Directions: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9246400/>)

For the above reasons, I once again urge your **support for SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

Thank you for your time, service, and consideration.

Lynda Davis,
Linthicum

2024 Written Testimony SB0705 PDF.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF SB0705

Access to Care Act

Requiring the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in qualified plans providing that the operation and administration of the Program may include functions delegated by the Maryland Exchange to a third party; and providing that the implementation of the Program is contingent on approval of a certain waiver application amendment

FAVORABLE

DATE February 20, 2024

TO: Chair Senator Pamela Beidle, Vice Chair Senator Katherine Klausmeier and members of the Finance Committee

FROM: Lynn Mortoro, Member of Maryland Episcopal Public Policy Network

DATE: February 20, 2024

Chair Senator Beidle, Vice Chair Klausmeier, and members of the Finance Committee

Thank you for allowing me to testify for this very important bill.

Per the Office of Government Relations June 3, 2021:

The Church has long committed itself to improving the health of people through a wide variety of ministries and means, from running hospitals and nursing facilities to engaging in advocacy on health policy.

The United States is the only wealthy, developed nation on the planet that does not provide health insurance. As one of the most wealthy states in the country, it is our obligation to assist in any way that we can

By simply allowing people to buy into insurance policies that already exist, we will be taking a step forward in helping to provide health insurance to our citizens, thereby improving the quality of life as well as helping our health care system.

The Diocese of Maryland requests a favorable report.

SB0705_CC_Martinez_FAV-ORAL.pdf

Uploaded by: Madelin Martinez

Position: FAV

Senate Bill 705
Qualified Resident Enrollment Program - Access to Care Act
Finance Committee
February 20, 2024
Support

Together with Catholic Charities, I am writing to request your support for Senate Bill 705. My name is Madelin Martinez and I currently serve as the Assistant Director of Advocacy for Catholic Charities, but my testimony is based in part upon my experience as a bilingual Human Services Assistant in the Baltimore County Department of Health who helped process Medicaid applications in the Maryland Health Connection website. As someone who came here with my family as a child from El Salvador, I believe I am particularly well-qualified to speak to the need for access to health care for undocumented residents who are currently prohibited under federal law from enrolling in health care plans administered by the Maryland Health Benefit Exchange.

There are approximately 112,400 uninsured Marylanders, accounting for roughly 30% of the state's remaining uninsured population.¹ In 2022, the State reported spending between \$120 and \$150 million in uncompensated care for undocumented immigrants, primarily treated in emergency rooms due to lack of access to primary or preventive healthcare, making this bill a substantial cost-saving benefit to the state's healthcare system.²

The passage of this bill will ensure that Maryland residents who are working and paying taxes can purchase insurance through Maryland Health Connection (MHC), which provides comprehensive services such as plan comparison, cost estimation, multilingual support, and exclusive Value Plans, making healthcare enrollment accessible and tailored to individual needs, with benefits extending to families and young adults through simplified processes and with potential savings.

In preparation for this testimony, I attempted to compare the prices of private commercial insurance plans with those offered through the Maryland Health Benefit Exchange.

Through the Maryland Health Connection website, using the plan cost estimator for a 35-year-old living in zip code 21224, I entered income information high enough to not qualify for subsidies to see unsubsidized plan pricing. Within seconds the system output a comprehensive list of health plans from multiple carriers. I then picked one of the health insurance companies and navigated to their website to compare prices directly. Unlike the Maryland Health Connection site, there was no translation drop down menu and the plan estimator tool was difficult to locate. After inputting identical information to get an estimate, the system provided a list of plans specific only to that company.

Searching plans from one company proved time-consuming. In order to evaluate different company plans without the help of the MHC website, one would have to submit separate applications for each insurance provider to compare prices and plan options. Had I wanted to

contrast pricing across different insurers, I would have needed to repeat the process for every health insurance provider under consideration.

Navigating the healthcare system poses challenges even for well-educated English speakers who often rely on brokers for assistance. It is unimaginable for those unfamiliar with the system or language to integrate and finance their healthcare costs without simplified processes to obtain insurance. Much like car insurance enrollment, the ability to access a health insurance exchange promotes fiscal responsibility and societal well-being.

Accessibility issues in healthcare coverage can create difficult situations even for families where some members qualify for health plans or Medicaid. From previous work experience, I often assisted Spanish speakers in their Maryland Health Connection applications. I recall a moment during a family's insurance renewal interview where the father was eligible for a qualified health plan, his children were eligible for Medicaid, while his wife, due to her immigration status, was not eligible for anything. Despite the husband's willingness to make financial sacrifices for his wife's insurance, the complexity of commercial insurance, coupled with the lack of options to meet with someone they trust in a language they are comfortable with, discouraged him from pursuing it.

Stories like this demonstrate why expanding access through the Maryland Health Connection is so valuable, even for those ineligible for subsidies. It empowers individuals to seek insurance with the guidance of navigators fluent in their language. This promotes understanding and active participation in obtaining healthcare coverage. Local health departments and social service offices that handle these applications already have strong ties and trust within immigrant communities. These become the familiar places families turn to not only after visiting the emergency room, but also when seeking to enroll children, relatives, or friends in health plans.

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and, ultimately, will improve population health. **For these reasons, I, together with Catholic Charities, urge the committee to issue a favorable report on Senate Bill 705.**

Submitted By: Madelin Martinez, Assistant Director of Advocacy

1. Source: MHBE analysis of American Community Survey data
2. Kurtz J. Health care bill for immigrants appears to be stalling in state Senate. Maryland Matters. Published April 6, 2023. <https://www.marylandmatters.org/2023/04/06/health-care-bill-for-immigrants-appears-to-be-stalling-in-state-senate/>

SB0705_MaraGreengrass_FAV.pdf

Uploaded by: Mara Greengrass

Position: FAV

February 21, 2024

Mara R. Greengrass
Rockville, MD 20852

TESTIMONY ON SB0705 - POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Mara Greengrass

My name is Mara Greengrass. I am a resident of District 18. I am submitting this testimony in support of SB0705, the Access to Care Act.

I urge you to extend affordable health insurance to everyone living in our state, no matter their residency status. As a lifelong Maryland resident, I want all our neighbors to be healthy. Every year during Passover, Jews remind each other that we were once strangers in Egypt and that experience tells us we must care for the visitors among us as if they were citizens.

Besides the moral and ethical reasons to provide health insurance to everyone, public health specialists tell us a healthier population is an economic and physical benefit to all, keeping down all health care costs and freeing up space in ERs. It would certainly help with the next pandemic!

My family has experience with the Affordable Care Act, which passed just before my husband lost his job. We have several pre-existing health conditions, but thanks to the Maryland exchange, we got insurance that was as good as any we'd received through an employer. We kept all our doctors, including the kids' pediatrician, and our health care was uninterrupted.

Before the health exchange was created, I looked into purchasing private insurance, which would have cost much more and covered much less. Maryland exchange plans got us through two rough patches, ensuring my daughter got physical therapy for her weak ankle, my son and I were treated for anxiety, and my husband kept his diabetes under control.

Everyone in Maryland—however they got here and whatever their legal status—deserves that same care, that same peace of mind. Opening up Maryland's health exchange to all would decrease health inequity and make all Marylanders safer and healthier.

Please expand the exchange to include all people currently residing in the state. **I respectfully urge this committee to return a favorable report on SB0705.**

SB 705 - MoCo_Elrich_FAV (GA 24).pdf

Uploaded by: Marc Elrich

Position: FAV



OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

February 20, 2024

TO: The Honorable Pam Beidle
Chair, Finance Committee

FROM: Marc Elrich
County Executive

RE: Senate Bill 705, *Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*

Senate Bill 705 requires the Maryland Health Benefit Exchange (MHBE) to submit a federal State Innovation Waiver application to the Centers for Medicare and Medicaid Services by July 1, 2025. The waiver application must seek to establish a Qualified Resident Enrollment Program and request federal pass-through funding to allow “qualified residents” to obtain coverage through MHBE. Under the bill, qualified residents are individuals, including minor children, regardless of immigration status, who at the time of enrollment: are seeking to enroll in a qualified health plan offered through the MHBE; are residing in the State; are not incarcerated, other than incarceration pending disposition of charges; and are not eligible for the federal premium tax credit, the Maryland Medical Assistance Program, Medicare, the Maryland Children’s Health Plan, or employer-sponsored minimum essential coverage.

Montgomery County believes that Maryland residents who would be served by Senate Bill 705 should have access to health care. Montgomery County has been providing County-funded health care services to low-income, uninsured County residents through our Montgomery Cares program, Maternity Partnership Program, and Care for Kids Program for decades. Through public-private partnerships, the County programs provide primary health care services for low-income uninsured, children, adults, pregnant women and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. Senate Bill 705 would enable access to similar medical care and other services to residents across the state, as well as offer the Marylanders identified in the bill the peace of mind that they are covered by health insurance.

Montgomery County Government has demonstrated its commitment to ensuring residents who are not eligible for Medicaid, Medicare, CHIP, or employer-sponsored coverage have access to health care through tremendous investment of County funds; we strongly encourage the State to make similar health care available to residents across the State. I respectfully urge the committee to issue a favorable report on Senate Bill 705.

cc: Members of the Finance Committee

Kubica Oral Testimony SB 705.pdf

Uploaded by: Marcelina Kubica

Position: FAV

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

My name is Marcelina Kubica. I am a third-year medical student at the Johns Hopkins University School of Medicine. The views I express are my own and do not necessarily reflect the policies or positions of Johns Hopkins University.

I have been living in Baltimore City for the past two and a half years. Since November of 2021, I have been working as part of the HEAL Refugee Health & Asylum Collaborative and, since June of 2022, I have been volunteering with the Baltimore non-profit Asylee Women Enterprise. In these roles, I have served as a clinic coordinator, assisted in medical forensic evaluations for individuals seeking asylum, and worked as a health navigator for a local asylum seeker in Baltimore. After medical school, I plan on pursuing a residency in Obstetrics & Gynecology with a focus on serving migrant populations.

I stand before you today to speak about the impact of inadequate healthcare coverage for migrants and asylum seekers in our state of Maryland. These individuals come to our country seeking safety and refuge, often having experienced incredible trauma in their home countries and during their journey to the United States. When they arrive, they are in need of both medical and psychological support. As such, they are in a particularly vulnerable position in our society. Unfortunately, as it stands, our healthcare system and eligibility for marketplace insurance bar affordable access to the care these individuals so desperately need.

I recently worked intimately with an asylum seeker who needed to pay for her daughter's emergency department visit. At the time, this asylum seeker was waiting for her employment authorization and was 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, a few months later, the stress and worry the ED bill caused prevented her from presenting to the hospital when she was experiencing a life-threatening reaction to one of her medications. **The experience this asylum seeker had navigating the healthcare system without insurance prevented her from seeking care when she needed it the most, nearly costing her her life.**

Our migrant friends and neighbors already face so many barriers to care – transportation, language, and healthcare literacy to name a few. Lets work to counteract these barriers, starting today with offering financially feasible options for insurance.

Today, I respectfully urge you to support SB705 Access to Care Act. As a soon-to-be practicing physician, I want to practice in a society where healthcare truly is a fundamental human right accessible to all, regardless of immigration status.

Thank you for your consideration and your leadership.

Sincerely,
Marcelina Kubica

Kubica Testimony in SUPPORT of SB 705.pdf

Uploaded by: Marcelina Kubica

Position: FAV

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

SB 705_MAP_FAV.pdf

Uploaded by: Mark Huffman

Position: FAV



TESTIMONY IN SUPPORT OF SB 705

Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

Senate Finance Committee
February 21, 2024 1pm

Submitted by Mark Huffman, Co-Chair

Member Agencies:

211 Maryland

Anne Arundel County Food Bank

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Energy Advocates

Episcopal Diocese of Maryland

Family League of Baltimore

Fuel Fund of Maryland

Job Opportunities Task Force

Laurel Advocacy & Referral Services,
Inc.

League of Women Voters of Maryland

Loyola University Maryland

Maryland Center on Economic Policy

Maryland Community Action
Partnership

Maryland Family Network

Maryland Food Bank

Maryland Hunger Solutions

Paul's Place

St. Vincent de Paul of Baltimore

Welfare Advocates

Marylanders Against Poverty

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: kschumitz@mdeconomy.org

Mark Huffman, Co-Chair

P: (301) 776-0442 x1033

E: MHuffman@laureladvocacy.org

Marylanders Against Poverty (MAP) strongly supports SB 705, which 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.

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

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 who will gain health insurance coverage but also in the best interest of the state. It reduces the uninsured population which will result in savings in emergency room care because people are instead able to 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. 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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. The state of Maryland has the fifth-

highest percentage of immigrant vs. total population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill creates no fiscal burden on the state budget. Involved actors in the process, including MHBE, have expressed that the waiver can be submitted, and individuals enrolled with current resources. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates – which are raised to cover these costs. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care which will keep them out of the emergency room.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.

This common-sense legislation aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care.

MAP appreciates your consideration and urges the committee to issue a favorable report for SB 705.

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

SB0705 - Health Insurance - Qualified Resident Enr

Uploaded by: Maryland Legislative Latino Caucus

Position: FAV



MARYLAND LEGISLATIVE LATINO CAUCUS

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DAVID FRASER-HIDALGO, CHAIR
JOSELINE A. PEÑA-MELNYK, VICE-CHAIR
GABRIEL ACEVERO, TREASURER
JESSE T. PIPPY, SECRETARY
JASON A. AVILA GARCIA, EXECUTIVE DIRECTOR

TO: Senator Pamela Beidle, Chair
Senator Katherine Klausmeier, Vice Chair
Finance Committee Members
FROM: Maryland Legislative Latino Caucus
DATE: 2/20/24
RE: SB0705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

The MLLC supports HB0728 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act), 2024

The MLLC is a bipartisan group of Senators and Delegates committed to supporting legislation that improves the lives of Latinos throughout our state. The MLLC is a crucial voice in the development of public policy that uplifts the Latino community and benefits the state of Maryland. Thank you for allowing us the opportunity to express our support of HB0728.

This bill will address the flaws and inequities in the State's healthcare system that bears financial costs for the State and Marylanders. In 2022, the State reported spending between \$120 and \$150 million in uncompensated care for undocumented immigrants.¹ Because these individuals do not have access to primary or preventative health care, a majority of their health needs are treated in emergency rooms. This bill would serve as a significant cost saving benefit to the state's health care system. Several sources find Maryland to be one of the top 10 states with the longest emergency room lines, with one study in 2023 finding that Maryland was the state with the longest emergency room wait times in the country. Ensuring that all residents have access to primary and preventative care could significantly decrease these wait times.

This bill will ensure that residents of Maryland that are working and paying taxes have the opportunity to access the Maryland Health Benefit Exchange (MHBE) and have a chance to pay for health care insurance. This bill benefits individuals, families, and is in the best interest of the state, as it requires no state subsidies. It will require that the MHBE request a 1332 waiver to allow Maryland residents to purchase insurance on the Exchange regardless of their immigration status. With access to the Exchange, individuals would have the opportunity to compare insurance plans in their own language using technology to help find a plan that best meets the needs of their family.

For these reasons, the Maryland Legislative Latino Caucus respectfully requests a favorable report on SB0705.

¹ [Health care bill for immigrants appears to be stalling in state Senate - Maryland Matters](#)

14d -SB 705 - FIN - MHCC - Support.pdf

Uploaded by: Maryland State of

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 705

COMMITTEE: Finance Committee

POSITION: Support

TITLE: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

BILL ANALYSIS

SB 705 - Health Insurance – Qualified Resident Enrollment Program (Access to Care Act) requires the Maryland Health Benefit Exchange (MHBE) to establish and implement the Qualified Resident Enrollment Program (Program) to facilitate the enrollment of qualified residents in qualified health plans. It also requires MHBE to apply for a federal 1332 waiver to allow non-citizen residents to purchase and enroll in Qualified Health Plans. The bill allows MHBE to delegate certain functions to a third party. Lastly, *SB 705* provides that the implementation of the Program is contingent on approval of a certain waiver application amendment.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports *SB 705* and believes that everyone should have access to health care regardless of citizen and residency status.

The Maryland Health Care Commission believes that all Maryland residents should have access to health care. With the passage of the Affordable Healthcare Act and the expansion of Medicaid, the number of uninsured individuals in the state has gone down. However, about 350,000 Marylanders (approximately 6 percent) are uninsured and that number has remained relatively stable over the last several years. Estimates by State Health Access Data Assistance Center (SHADAC), a Robert Wood Johnson Foundation funded program at the University of Minnesota estimates that over 75 percent of Maryland's uninsured are non-citizens. These individuals are currently ineligible for most Medicaid coverage and for private insurance coverage through the Maryland Health Benefit Exchange (MHBE). One way to ensure access is by allowing all Maryland residents, regardless of their immigration status, the opportunity to purchase health coverage through the MHBE. To be clear, this bill does not establish a subsidy program or guarantee free health care assistance using any State funds.

This legislation gives individuals who work and pay taxes in Maryland the ability to purchase affordable health insurance. While it is difficult to predict the number of non-citizens who will purchase from the MHBE, any reduction in the number of uninsured individuals is a benefit to all Marylanders. The individuals who become eligible through *SB 705* would pay for their health insurance outright without a state subsidy. Lastly, evidence suggests that non-citizens are younger than the overall population. The more young healthy people enrolled in health plans, the better the actuarial risks for the entire population insured in the individual market, which lowers the premiums for everyone.

SB 705 requires MHBE to develop and apply for a State Innovation Waiver (also referred to as a 1332 Waiver). A 1332 waiver is the mechanism that Colorado and Washington state have used to expand insurance coverage, including federal premium support to residents without regard to immigration status. Maryland has previously used a 1332 waiver to establish its very successful reinsurance program that has stabilized premiums in the individual market. MHCC believes that a 1332 Waiver could be used again to expand coverage to all Marylanders without regard to immigration status.

For these reasons the Maryland Health Care Commission asks for a favorable report on *SB 705*.





mhcc.maryland.gov

SB705 - Access to Care.pdf

Uploaded by: Melissa Badeker

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of District 8. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens the MD Health Benefits Exchange to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,

Melissa Badeker
3020 Linwood Avenue, Parkville MD 21234
443-977-7596
Showing Up for Racial Justice Baltimore

SB705 - Support Written Testimony.pdf

Uploaded by: Michael Huber

Position: FAV

SB705
Favorable

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Centro SOL

DATE: February 20, 2024

RE: SB705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Johns Hopkins University and Medicine urges a **FAVORABLE** report on **Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

This bill would expand coverage to on the Maryland Health Benefit Exchange to low-income residents of Maryland who do not otherwise qualify for coverage, including undocumented Marylanders.

Johns Hopkins strongly supports efforts to expand health care coverage, and is committed to promoting equity in health and providing high quality care to all of our patients. This includes the large, and growing Latino population in the State of Maryland. Our team at Centro SOL (Center for Salud/Health and Opportunity for Latinos at Johns Hopkins) as part of Johns Hopkins is committed to promoting equity in health and opportunity for Latinos by developing several patient/community-centered programs that focus on physical and mental health as well as clinical care innovations.

While uninsured rates decreased throughout the state, Hispanics continue to have the highest uninsured rates of any racial or ethnic group within the state of Maryland. In 2019, The Kaiser Family Foundation, using the American Community Survey, reported that in Maryland 21.4 percent of Hispanics were uninsured, as compared to 3.8 percent for non-Hispanic whites.¹

The Pew Hispanic Research Center estimates that 275,000 undocumented immigrants reside in the state of Maryland as of 2017, accounting for about 5% of Maryland's population.² Undocumented immigrants, regardless of meeting other basic eligibility requirements, are not eligible to buy health coverage from the State's Marketplace. Changing the state law to extend access to health care to immigrants who are not eligible due to status is needed to meet the health needs of the most

¹ Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22.%22sort%22:%22asc%22%7D>

² Jens Manuel Krogstad, Jeffrey S. Passel, and D'Vera Cohn, 5 Facts About Illegal Immigration in the U.S., (Washington, DC: Pew Research Center, June 2019), <https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/>

vulnerable and marginalized populations and improve readiness to face health emergencies.³

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 to purchase insurance on the Exchange. SB 705 represents an important milestone in our journey toward creating a more resilient healthcare system.

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%.**⁴

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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

We support SB705 because we know it will improve the lives of people like Maria and Julian.

Maria, 38, has lived in Baltimore for more than 15 years. She married Julian, 42. Maria and Julian both work full time, they purchased their home in Baltimore, and they file their taxes yearly. They do not qualify for health insurance. When they get sick, they pray they will not need to go to the doctor. They have heard stories about people paying thousands of dollars for care, and they are terrified about having to go to court just because they did not have health insurance to cover the cost of necessary health care. Their lack of health insurance has also limited their access to preventative care since they arrived in the US. Having access to health insurance would allow people like Maria and Julian to have access to preventative care, sick visits, and timely management of chronic conditions, ultimately allowing them to live healthier lives and continue making meaningful contributions to

³ Kaiser Family Foundation, Health Coverage and Care for Immigrants, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants>.

⁴ America's Health Rankings analysis of U.S. Census Bureau, American Community Survey, United Health Foundation, AmericasHealthRankings.org, accessed 2024 at <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

their vibrant communities.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state., Having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it.⁵

Access to routine yearly checkups will ensure that our vibrant and diverse undocumented immigrant children, youth, and adults live better, healthier, and more productive lives in our communities. The larger the number of healthy people in the plans on the Exchange market reduces the actuarial risk and therefore maintains—or even lowers—premiums for everyone in those plans. The MHBE's own estimates project the subsidy program envisioned in SB 705 could result in reductions to individual market premiums of 2% to 4% per year.

For the reasons above, Johns Hopkins University & Medicine respectfully requests a **FAVORABLE** report for **SB705**.

Signatures:

Monica Guerrero Vazquez, MS, MPH
Executive Director, Centro SOL
Johns Hopkins University School of Medicine

Sarah Polk, MD, ScM
Co-Director, Centro SOL
Associate Professor of Pediatrics, Johns Hopkins
University School of Medicine

Ellen Molino, MBA
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Rheanna Platt MD, MPH
Assistant Professor, Department of Psychiatry and Behavioral
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University/Johns Hopkins Bayview Medical Center

⁵ Report on Health Care and Dental Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status. December 2023. Available at <https://www.marylandhbe.com/wp-content/uploads/2023/12/Report-on-Health-Care-and-Dental-Coverage-for-Marylanders-Ineligible-for-Medicaid-and-Qualified-Health-Plans-Due-to-Immigration-Status.pdf>

SB0705_MichelleMazurek_FAV.pdf

Uploaded by: Michelle Mazurek

Position: FAV

February 21, 2024

Michelle Mazurek
Silver Spring, MD 20910

TESTIMONY ON SB 705 - POSITION: FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Michelle Mazurek

My name is Michelle Mazurek. I am a resident of District 20. I am submitting this testimony in support of SB 705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

I am a professor at the University of Maryland College Park, a member of congregation Temple Emanuel, and most importantly, the granddaughter of immigrants and refugees. SB 705 is a rare win-win: a moral imperative as well as a strategic step forward for public health in our state. Requiring the Maryland Health Benefits Exchange (MHBE) to request a 1332 waiver to allow all Maryland residents, regardless of immigration status, to purchase insurance on the exchange. Since its establishment in 2010, the Affordable Care Act has granted 28 million people across the country access to affordable health care; however, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange. Opening up the MHBE will benefit directly affected individuals and families while also reducing unnecessary ER care by allowing people to access preventive care.

This issue is deeply personal to me. All four of my grandparents immigrated to the U.S. in the 1930s and 1940s: as teenagers, my maternal grandmother survived the Nazi slave labor camp at Riga, and my paternal grandmother hid from the Nazis and then the Soviets in Poland, eventually escaping just before the Iron Curtain made travel impossible. They arrived in this country as refugees, with almost nothing. My grandmothers worked multiple jobs as housemaids, seamstresses, and secretaries; my grandfathers worked as a butcher and a chicken farmer. Through their hard work and dedication, my parents were able to go to college and build lives as professionals; now I have a PhD in computer engineering and work as a college professor. This was possible because the U.S. afforded my grandparents with opportunities, which they eagerly took advantage of.

At the university, I teach hundreds of students who have immigrant parents or are immigrants themselves; living and working in Montgomery and PG counties, I interact with

immigrant service workers nearly every day. I see firsthand how hard these immigrants work to build a better life, and how much they contribute to our community. I also know they contribute millions to the economy in federal, state, and local taxes. Like my grandparents, hard-working and tax-paying immigrants of today deserve opportunities to build better lives for themselves and their children, including the opportunity to access affordable, high-quality healthcare. No one should get sick or die because of their income or immigration status.

SB 705 is critical not only for the immigrant community, but for broader public health in Maryland. Access to insurance will boost routine and preventative care will decrease avoidable emergency room visits, reducing wait times as well as state expenditures for uncompensated care.

This bill is a rare win-win: it will critically improve outcomes for the most vulnerable as well as improving public health and improving ER availability. I respectfully urge this committee to return a favorable report on SB 705.

SB705 Access to Care for Immigrants Act 1B.pdf B.p

Uploaded by: Miner Brown

Position: FAV

SB #705 Access to Care Act

Miner L. Brown

Favorable

Sponsor: Senator Antonio Hayes

Submitted by: Miner L. (Moe) Brown, District 11B

CASA Ally & Member, Social Action Advocacy Committee

Chizuk Amuno Congregation, Pikesville, MD

This testimony is written in strong support of Bill 705, Access to Care Act. This bill solely focuses on opening access and submitting the waiver. **The passage of SB705 would allow immigrants, regardless of immigration status, to purchase health insurance plans through Maryland's insurance market.** There is **NO** expense to the State in this Bill! Thus, there is no reason that it should not to be passed this year.

The legislative leadership cannot swipe away the knowledge that there are approximately 112,400 members of our Maryland community who are uninsured for healthcare only because they are ineligible for qualified healthcare plans and Medicaid due only because they are undocumented immigrants living in Maryland. This now represents approximately 30 % of the state's total uninsured population. This is neither right or humane. At least, give those immigrants who are able to pay for health care insurance to opportunity.

There has been positive recognition of the overall benefits for noncitizen pregnant individuals and the babies for their 1st year of life to receive health care with passage of the Healthy Babies Equity Act of 2022. In addition, the Maryland Health Benefit Exchange (MHCE) and Md. Dept. of Health (MDH) were directed and have produced a Report comparing the cost of offering affordable health care for MMAP or qualified health care programs due to their immigrant status. These are good starts.

It should, however, be recognized that this above Study is incomplete as it lacks significant components of information developed and available from the organization Healthcare for All!, a Baltimore based non-for-profit organization, entitled, "Analysis of Hospital Uncompensated Care, Related Hospital Assessments, and Health Care Expansion" dealing with the unreimbursed expenses to hospitals and other health care facilities for care provided to immigrants ineligible to receive health insurance.

Once SB705/HB728 is enacted, the number of uninsured immigrants, will be reduced from the current uninsured previously ineligible for insurance at **NO** cost to the State of Maryland.

Thank you for the opportunity to submit this testimony as a concerned 83 year old voter with a professional career in hospital and long term care management.

SB705 - Support Written Testimony_MH.pdf

Uploaded by: Monica Guerrero Vazquez

Position: FAV

SB705
Favorable

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Centro SOL

DATE: February 20, 2024

RE: SB705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Johns Hopkins University and Medicine urges a **FAVORABLE** report on **Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

This bill would expand coverage to on the Maryland Health Benefit Exchange to low-income residents of Maryland who do not otherwise qualify for coverage, including undocumented Marylanders.

Johns Hopkins strongly supports efforts to expand health care coverage, and is committed to promoting equity in health and providing high quality care to all of our patients. This includes the large, and growing Latino population in the State of Maryland. Our team at Centro SOL (Center for Salud/Health and Opportunity for Latinos at Johns Hopkins) as part of Johns Hopkins is committed to promoting equity in health and opportunity for Latinos by developing several patient/community-centered programs that focus on physical and mental health as well as clinical care innovations.

While uninsured rates decreased throughout the state, Hispanics continue to have the highest uninsured rates of any racial or ethnic group within the state of Maryland. In 2019, The Kaiser Family Foundation, using the American Community Survey, reported that in Maryland 21.4 percent of Hispanics were uninsured, as compared to 3.8 percent for non-Hispanic whites.¹

The Pew Hispanic Research Center estimates that 275,000 undocumented immigrants reside in the state of Maryland as of 2017, accounting for about 5% of Maryland's population.² Undocumented immigrants, regardless of meeting other basic eligibility requirements, are not eligible to buy health coverage from the State's Marketplace. Changing the state law to extend access to health care to immigrants who are not eligible due to status is needed to meet the health needs of the most

¹ Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

² Jens Manuel Krogstad, Jeffrey S. Passel, and D'Vera Cohn, 5 Facts About Illegal Immigration in the U.S., (Washington, DC: Pew Research Center, June 2019), <https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/>

vulnerable and marginalized populations and improve readiness to face health emergencies.³

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 to purchase insurance on the Exchange. SB 705 represents an important milestone in our journey toward creating a more resilient healthcare system.

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%.**⁴

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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not

³ Kaiser Family Foundation, Health Coverage and Care for Immigrants, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants>.

⁴ America's Health Rankings analysis of U.S. Census Bureau, American Community Survey, United Health Foundation, AmericasHealthRankings.org, accessed 2024 at <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MD>

have insurance, and in some cases that is simply because they cannot easily purchase it.⁵

Access to routine yearly checkups will ensure that our vibrant and diverse undocumented immigrant children, youth, and adults live better, healthier, and more productive lives in our communities. The larger the number of healthy people in the plans on the Exchange market reduces the actuarial risk and therefore maintains—or even lowers—premiums for everyone in those plans. The MHBE’s own estimates project the subsidy program envisioned in SB 705 could result in reductions to individual market premiums of 2% to 4% per year.

For the reasons above, Johns Hopkins University & Medicine respectfully requests a **FAVORABLE** report for **SB705**.

Signatures:

Monica Guerrero Vazquez, MS, MPH
Executive Director, Centro SOL
Johns Hopkins University School of Medicine

Sarah Polk, MD, ScM
Co-Director, Centro SOL
Associate Professor of Pediatrics, Johns Hopkins
University School of Medicine

Ellen Molino, MBA
Research Program Manager, Centro SOL
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Daniela C. Rodríguez, DrPH MPH
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Health

Rheanna Platt MD, MPH
Assistant Professor, Department of Psychiatry and Behavioral
Sciences, Division of Child and Adolescent Psychiatry, Johns Hopkins
University/Johns Hopkins Bayview Medical Center

⁵ Report on Health Care and Dental Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status. December 2023. Available at <https://www.marylandhbe.com/wp-content/uploads/2023/12/Report-on-Health-Care-and-Dental-Coverage-for-Marylanders-Ineligible-for-Medicaid-and-Qualified-Health-Plans-Due-to-Immigration-Status.pdf>

SB705 FAV.pdf

Uploaded by: Morgan Mills

Position: FAV

February 21, 2024

Chairwoman Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

NAMI MD is pleased to provide testimony in support of SB705- Health Insurance- Qualified Resident Enrollment Program (Access to Care Act).

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

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. SB705 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. 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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB705 is a crucial step in addressing access to care for all Marylanders.

SB705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill presents no fiscal burden on the state budget and involved actors in the process, including MHBE, have expressed that the waiver can be submitted and individuals enrolled with current resources. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits that uninsured individuals with illnesses make, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.

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 these reasons, we urge a favorable report.

SB 705– Health Insurance - Qualified Resident Enro

Uploaded by: NaShona Kess

Position: FAV



NAACP

Maryland
STATE CONFERENCE

February 21, 2024

Senate Finance Committee
Maryland General Assembly
Annapolis, Maryland

Re: SB 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

Members of the Committee:

I am writing on behalf of the Maryland State Conference of the NAACP. We are in favor of Senate Bill 705, Health Insurance – Qualified Resident Enrollment Program (Access to Care Act). We ask that all members of the committee vote in favor of this legislation that seeks to require Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents in qualified plans; providing that the operation and administration of the Program may include functions delegated by the Maryland Exchange to a third party; and providing that the implementation of the Program is contingent on approval of a certain waiver application amendment.

This legislation introduced by Senators Hayes and Lam provides a pathway to critically address health coverage gap in our healthcare system by expanding the Affordable Care Act to all Marylanders, regardless of their immigration status, through the process of submitting a 1332 state innovation waiver.

Research demonstrates that Black and Hispanic patients are more likely to be kept for observation after an Emergency Department visit than a white, non-Hispanic patient. This results in higher costs associated with the visit. During the COVID 19 pandemic Latinx community accounted for 20% of all deaths although Latinx residents of Maryland only made up 11% of the population.

Allowing residents to purchase a health plan would enable them to compare costs and a plan that meets their needs. When more healthy people are enrolled in the plans on the Exchange market, it reduces the actuarial risk and therefore maintains – or even lowers – premiums for everyone in those plans. Access to routine yearly checkup will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant. It is also important to note that there should be no cost to the State for this bill.

We encourage the Committee to vote favorably for SB 705.

Thank you.

In Service,

NaShona Kess, Esq., MLS
Executive Director, NAACP Maryland State Conference

NaShonakess.mdnaacp@gmail.com

SB0705-FIN-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0705

February 21, 2024

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program Access to Care Act

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 705.

SB 705 seeks to ensure that uninsured residents working and contributing taxes in Maryland can purchase health insurance through the Maryland Health Benefit Exchange (MHBE). This bill is not only crucial for the well-being of families and individuals throughout Baltimore City and Maryland but also for the overall benefit of our state.

Currently, immigrant families and individuals without status or with mixed status face significant barriers in accessing healthcare, as they are unable to purchase insurance through MHBE. This leaves them vulnerable to fraud and without access to much-needed healthcare services. While some may attempt to purchase insurance through commercial markets, the complex application processes, often available only in English, leave many uninsured.

By allowing these tax-paying families and individuals to purchase insurance through MHBE, we can provide them with the means to compare insurance plans and find coverage that meets their specific needs in their language. It is important to clarify that this proposal is not about providing free healthcare but rather facilitating a fair process for families and individuals who pay Maryland and federal taxes yet are denied access to benefits such as healthcare on MHBE.

Moreover, the Access to Care Act has the potential to address the significant costs currently incurred by the state for uncompensated emergency care provided to uninsured individuals. By providing access to primary and preventive healthcare, we can reduce the strain on emergency departments for non-emergency care, subsequently decreasing wait times and improving overall healthcare efficiency.

SB 705 represents a crucial step towards ensuring equitable access to healthcare for all Maryland residents, promoting financial stability for the state, and improving the overall health and well-being of our communities. For those reasons, the BCA requests a **favorable** report for SB 705.

CASA_FAV_SB705.pdf

Uploaded by: Ninfa Amador

Position: FAV



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 and Members of the Committee,

CASA is pleased to offer favorable testimony in strong support of SB 705 - Health Insurance - Qualified Resident (Access to Care Act). CASA is a national powerhouse organization building power and improving the quality of life in working-class: Black, Latino/a/e, Afro-descendent, Indigenous, and Immigrant communities.

With a membership of over 155,000 members, CASA creates change with its power-building model blending human services, community organizing, and advocacy to serve the full spectrum of the needs, dreams, and aspirations of members. For nearly forty years, CASA has employed grassroots community organizing to bring our communities closer together and fight for justice, while simultaneously providing much-needed services, helping to ensure that low-income immigrants can live rich and full lives.

CASA operates a robust Health and Human Services Department, where our offices work closely with thousands of Marylanders who are uninsured, the majority of whom are undocumented and live in mixed-status households. The CASA health team helps thousands of families, including pregnant individuals, navigate city, state, and federal health programs. Most recently, our health team in coordination with our state's Medicaid program, has answered the call to support newly eligible pregnant immigrant individuals to enroll in Medicaid. The recent expansion is a result of the Healthy Babies Equity Act passed by this committee. SB 705 is another critical piece of legislation that seeks to expand immigrant healthcare.

SB 705 addresses critical health disparities faced by the immigrant community in Maryland by expanding the Affordable Care Act to all Marylanders who meet the regular eligibility, regardless of their immigration status. At no fiscal burden to the state, the bill allows the Maryland Department of Health to submit a state innovation waiver to change the immigration status eligibility requirement for coverage through the Maryland Health Connection. Despite the deep contributions to Maryland that undocumented families have made to our state,

there are over 250,000 immigrants who worked on the frontlines during the pandemic and who paid over \$240 million in federal, state, and local taxes. Yet, Black and Brown residents continue to become sicker, are hospitalized at higher rates, and die younger as they are forced to face life-or-death situations due to being excluded from programs such as the Affordable Care Act. The Institute of Medicine¹ estimates that 18,000 Americans died in one year because they were uninsured. Having access to healthcare affects an individual's health, well-being, and life expectancy. It can prevent diseases and disabilities, detect and treat illnesses, increase the quality of life, reduce the likelihood of premature death, and increase life expectancy.² Under the Biden Administration, Washington state has been the latest state to submit and be approved for such a waiver. With upcoming elections and uncertainty about who will lead our federal government, Maryland needs to act now.

In Maryland, there are approximately 8,000 DACA recipients, many of whom lack employer-sponsored health insurance and remain uninsured due to immigration-related limitations in the Affordable Care Act. Despite many of them having grown up in Maryland, graduated from its public schools and universities, and being integral members of our communities, they still encounter discrimination in the insurance market because of their immigration status. The successful passage of SB 706 would mean that DACA-mented individuals would have access to a more simplified shopping experience and technology to help them identify and decide on the best plan for their needs. Many immigrant parents have children who are U.S. citizens and are insured, the successful passage of SB 705 would allow individuals in mixed-status households to enroll in the same plans leading to cost savings on premiums for families. Currently, many individuals, including children, in mixed-status households may forego care because of the barriers their undocumented caretakers may face. Removing the immigration requirement will ensure that more people, regardless of their immigration status, get healthcare.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. SB 705 is a crucial step in addressing access to care for all Marylanders. CASA's membership, unfortunately, is overflowing with stories of families who due to their lack of access to care have foregone routine preventative care, and ended up receiving the most expensive type of care there is, emergency room care. This trend is unsustainable not only for families, who face mounting medical debt but also for our hospital system, which grapples with unprecedentedly long ER wait times and expends millions on uncompensated care annually.

Maryland can lead by being the first state to expand healthcare through the Affordable Care Act on the East Coast. In July 2023, as part of continued statewide efforts to improve

¹ <https://www.commonwealthfund.org/blog/2019/insurance-coverage-saves-lives>

² <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services>

maternal and child health, Maryland Medicaid began providing comprehensive coverage to non-citizen pregnant Marylanders, who would otherwise be eligible for Medicaid or Maryland Children's Health Program (MCHP) if not for their immigration status. The Maryland Medicaid team was awarded the National Association of Medicaid Directors Spotlight Award for their work in trying to improve population health via increased access to necessary care.³ **SB 705, a waiver submission legislation that does not have any impact on the budget**, will ensure that Maryland continues to be a national leader in healthcare expansion.

Several states have expanded coverage to undocumented immigrants. California, Massachusetts, Illinois, and the District of Columbia have established comprehensive programs to extend coverage to individuals regardless of immigration status. These programs take a wide range of forms, with significant differences in eligibility requirements, funding sources, administrative models, and service models. Despite this variety, a notable commonality is that these expansions have increased healthier communities throughout the entire state or jurisdiction when fully implemented. Maryland has the fifth-highest percentage of undocumented residents in their population - leaving one of the most significant percentages of residents left without care

While limited care exists for undocumented immigrants - it is not enough. Although there are an estimated 47 Federally Qualified Health Centers⁴ registered in the state providing limited care to the uninsured, the majority of care provided to the large undocumented population residing in Baltimore City, Montgomery, and Prince George's Counties falls to only a small subset of approximately 12 clinics. These clinics have long been over capacity and haven't been able to keep up with the high demand for affordable primary care, often requiring patients to endure months-long wait times to receive a basic primary care visit. In terms of private coverage, full-time workers are often employed in low-wage jobs and industries that do not offer employer-sponsored coverage. Lastly, Medicaid's Emergency Medicaid is available to undocumented immigrants in emergency rooms. However, it is a case-by-case scenario where it must be determined that the reason for the emergency visit turned out to be a life-threatening condition, if it is determined that it was not, the cost of the visit is entirely the individual's responsibility.

While CASA often refers uninsured individuals to FQHCs and works closely with many immigrant-serving clinics, our office continues to see cases of sick individuals being turned away due to long waiting times for an available appointment, resulting in delayed delivery of care and adding to the increased prevalence of preventable complications and comorbidities. These centers are a tremendous service to the immigration population at large, yet for various reasons

³ <https://medicaiddirectors.org/resource/maryland-medicare-honored-with-2023-spotlight-award/>

⁴ https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/md/

are not enough to provide the comprehensive care needed by the entire population of uninsured, undocumented individuals.

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care and addresses one of the most significant healthcare disparities experienced by Marylanders of color. **For all of the reasons above, CASA urges a favorable report of Senate Bill 705.**

SB 705- LWVMD- FAV- Access to Care Act.pdf

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE FINANCE COMMITTEE

SB0705: Health Insurance- Qualified Resident Enrollment Program (Access to Care Act)

POSITION: Support

BY: Linda Kohn, President

DATE: February 21, 2024

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. The League believes that **every U.S. resident should have access to affordable, equitable, quality health care**, and that increasing access to health insurance is an important step in preventing and reducing poverty.

Furthermore, the League believes, as public health crises increasingly reveal, that **health programs must protect the health of our most vulnerable in order to protect the health of everyone**. Better access to health care improves both individual and community health.

Thus, in order to expand healthcare access to a particularly vulnerable group of Marylanders-- those without health insurance-- the League of Women Voters supports Senate Bill 705, the Access to Care Act.

Per the Maryland Department of Health¹ "There are approximately **112,400 people who are uninsured in Maryland and ineligible for Medicaid or a Qualified Health Plan due to immigration status**. They account for 30% of Maryland's uninsured population."

Senate Bill 705 would require the Maryland Health Benefit Exchange to apply for a federal waiver establishing a Qualified Resident Enrollment Program which would enable undocumented Marylanders to obtain Qualified Health Plan coverage. Currently, undocumented residents are barred from buying health insurance through states' ACA (Affordable Care Act) marketplaces.

Maryland has already passed legislation enabling one group of undocumented residents to obtain health insurance coverage. In 2022, with passage of the Healthy Babies Act (HB 1080/ SB 778), pregnant women otherwise eligible for Medicaid but for

¹ <https://www.marylandmatters.org/2023/12/13/delegates-evaluate-estimated-costs-of-providing-health-care-coverage-for-undocumented-residents/>

their immigration status were allowed to enroll in the Maryland Medicaid program. Being able to access healthcare throughout the prenatal period lessens the likelihood that pregnant women will obtain medical care for the first time only after presenting already in labor to a hospital Emergency Department (ED). Avoiding this clearly improves health outcomes for both mothers and babies.

Reducing the number of Maryland residents without health insurance is also fiscally responsible, as it would help the state reduce uncompensated care costs that adversely affect all of us. Maryland's Medicaid program is required to cover costs when patients present to hospital EDs for emergency care. **It is far better- medically and fiscally- for patients to avoid expensive ED treatment by having access to appropriate, ongoing, cost-effective medical care from primary care providers.** This would also help reduce the pressure on our hospitals, as Maryland has the longest ED wait time of any state in the nation.

Undocumented immigrants contribute to Maryland's economy by paying taxes. In 2021 over 87% of undocumented immigrants in Maryland were of working age,² and paid \$350 million in federal taxes and \$257 million in state and local taxes. They contribute to our economy both as consumers and taxpayers, helping to fund programs such as Medicare and Social Security, despite being unable to benefit from them. Undocumented immigrants were also among the frontline workers hardest hit during the pandemic, as their work, housing, and transportation situations put them at very high risk for exposure.

Immigration status is not a barrier to many state benefits. Undocumented immigrants qualify for in-state tuition and financial assistance in state higher education institutions, and can obtain Maryland driver's licenses.

Maryland should do all it can to ensure that ALL its residents can access the health care they need. **For this reason, the League of Women Voters Maryland, representing 1,500+ concerned citizens throughout Maryland, strongly urges a favorable report on Senate Bill 705.**

² <https://map.americanimmigrationcouncil.org/locations/maryland/>

Written Testimony (SB705) - Olivia Ding.pdf

Uploaded by: Olivia Ding

Position: FAV

**Testimony in SUPPORT of SB705: Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)**

Senate Finance Committee

February 21, 2024

Dear Honorable Chair Beidle, and Members of the Committee,

I would first like to thank you for your time. My name is Olivia Ding, I'm a Junior at Poolesville High School and a resident of Legislative District 9A, located in Montgomery County. I am one of the core leaders of Students FAIR, a youth-led organization of students all across MCPS that support and fight for the rights of immigrants. I am testifying today to support SB705, which, if passed, would bridge the healthcare gaps and disparities faced primarily by the immigrant population in Maryland.

As the daughter of two immigrants, I have witnessed first-hand the struggles my parents have faced trying to access healthcare insurance. Both of them work long and hard hours as laborers, performing the work that others may choose to shield their eyes from. My parents represent the millions of immigrants who are the backbone of this country, and yet, receive very little in return. It is heartbreaking watching two people who care so deeply about their country grapple with the idea of going to work everyday unprotected, unsafe, and insecure from their dangerous work environments.

I am beyond honored to have access to healthcare insurance; it is a feeling of security that I am privileged enough to have blanket me. However, this is not a possibility for the 300,000 undocumented immigrants in Maryland. This is why it is absolutely crucial for the Maryland General Assembly to fight for and pass the Access to Care bill.

I implore the committee to please consider the great impacts SB705 will have on all Marylanders seeking access to healthcare insurance who are unable to, simply because of their immigration status. It is your job to protect every constituent in the state of Maryland; please do not fail us.

Sincerely,
Olivia Ding

SB0705_FAV_MedChi, MDAAP, MACHC_HI - Qual. Res. En

Uploaded by: Pam Kasemeyer

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Antonio Hayes

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone

DATE: February 21, 2024

RE: **SUPPORT** – Senate Bill 705 – *Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)*

On behalf of The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we **support** Senate Bill 705.

Senate Bill 705 requires the Maryland Health Benefit Exchange (MHBE), in consultation with the Insurance Commissioner and as approved by the MHBE Board, to submit a federal State Innovation Waiver application by July 1, 2025, to establish a Qualified Resident Enrollment Program and seek federal pass-through funding resulting from the implementation of the program. The Qualified Resident Enrollment Program would allow Maryland residents who do not have current legal residency status to purchase insurance on the Exchange.

While qualified residents can buy insurance in the commercial market, they do not have access to the many aspects of the Exchange that enable consumers to compare insurance plans, usually in their own language, understand the actual cost of the plan, and be able to purchase value plans that are offered by carriers only on the Exchange and not the regular commercial market.

Maryland has worked hard to provide health insurance coverage to its residents, resulting in an uninsured rate of approximately six percent. However, for those still without coverage, they face uncertainty and too often receive care in settings inappropriate for their condition, such as emergency departments, or only after their condition has worsened and more expensive and invasive treatment is necessary. Access to primary care and other health care services will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately help our communities.

For these reasons, we urge a favorable vote on Senate Bill 705.

For more information:

Pamela Metz Kasemeyer
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
(410) 244-7000

PM Testimony in SUPPORT of SB 705 Feb. 20 2024.pdf

Uploaded by: Patty Snee

Position: FAV



Testimony in SUPPORT of SB 705

Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)

Senate Finance Committee

February 20, 2024

Dear Honorable Chair Pamela Beidle, and Members of the Committee,

Progressive Maryland, a statewide non-profit grassroots organization with 20,000 individual members and supporters, 4 local chapters, and 21 affiliated labor, civil rights, health and environmental groups, is pleased to provide testimony in support of SB 705..

Our organization believes that healthcare is a human right and that everyone, no matter their immigration status, should be able to have access to the Maryland Health Benefit Exchange and be given the opportunity to pay for health insurance. We all benefit when our residents have health coverage. People live longer, children get the health services and care they need, and families don't have to face serious health and financial insecurity. This bill would be game changing for tens of thousands of our neighbors.

Reducing the state's uninsured population benefits all of us. It means we will spend less money as a state on ER care and uncompensated care. Most importantly, more people will get routine, preventive care; and more Maryland workers and families can lead healthier, less stressful lives.

Passing practical and valuable legislation aligns with our values and with the values that this Committee and that the Maryland General Assembly have consistently upheld: treating all people with dignity, supporting every Marylander's access to basic necessities and public goods, ensuring racial and gender equity in our healthcare system, and lowering the percentage of Marylanders without health coverage.

We hope that you will support this critical legislation and urge your colleagues in the Senate to do the same.

Thank you for your consideration.

Patty Snee

Progressive Maryland Healthcare Campaigns

On Behalf of the Progressive Maryland Health Care Task Force

District 20 Resident

SB705_AccessToCareAct_Support.pdf

Uploaded by: Pegeen Townsend

Position: FAV



Maryland
Hospital Association

Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Position: *Support*
February 21, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 705. Broad-based, affordable, and comprehensive health insurance is integral to hospitals' ability to deliver high-quality care. It also is key to the state's success under the Total Cost of Care Model and any future Model iterations.

Maryland hospitals are strong proponents of the state's efforts to expand health care coverage, including through Medicaid and individual and small group health plans through the Maryland Health Benefit Exchange (MHBE). Yet, we know many Marylanders remain uninsured.

MHBE estimates that as of 2019 approximately 357,000 individuals remain uninsured in Maryland, approximately 35% of whom are either ineligible for coverage through Medicaid or the individual market due to immigration status (about 115,900 individuals). These individuals are often forced to seek care in emergency departments when their medical conditions should have been addressed long before they experience an emergency. While Maryland's X02/X03 program covers emergency medical services for undocumented individuals, it is for a limited period. The program also requires the individual to be technically and financially eligible for Medicaid except for their citizenship status.

Maryland hospitals encourage policymakers to address any barriers to accessing meaningful and comprehensive health care coverage. Enhanced health insurance literacy efforts are critical considering growing consumer cost-sharing requirements in commercial health insurance plans.

Expanding affordability and access to care for qualified residents is critical to the state's population health and health equity goals. We look forward to working with MHBE and other stakeholders to develop the Qualified Resident Enrollment Program.

For these reasons, we urge a *favorable* report on SB 705.

For more information, please contact:
Pegeen Townsend, Consultant
Ptownsend@mhaonline.org

PPM--SB 705--FAV.pdf

Uploaded by: Rahula Strohl

Position: FAV

Planned Parenthood of Maryland

Committee: Finance Committee

Bill number: SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Hearing Date: February 21, 2024

Position: Support

Planned Parenthood of Maryland (PPM) strongly supports *SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill is a step toward creating true health equity in Maryland by allowing all Marylanders, regardless of immigration status, to purchase insurance on Maryland Health Benefit Exchange (MHBE) by having MHBE request a 1332 waiver.

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, the state uninsured rate has almost halved from 12% to 6%.ⁱ But nearly 30% of the uninsured in Maryland are denied health care coverage solely because of their immigration status.

Many uninsured patients find themselves at safety net providers like PPM. In FY 2023, nearly a third of PPM patients either paid for their health care out of pocket or needed to access care on a sliding fee scale. A 2016 study of Hispanic/Latino and Haitian immigrants on the Eastern Shore bears this out. Study participants cited significant barriers to health care, with insurance coverage and high cost of health care being cited as primary barriers.ⁱⁱ Allowing more people to shop on the exchange would reduce the number of patients who face the burden of paying for care out of pocket or negotiating the paperwork around a sliding fee scale.

As providers of sexual and reproductive health care for all Marylanders, regardless of their immigration status, we stand with our patients and ask for a favorable vote for SB 705. If we can provide any further information, please contact Erin Bradley at Erin.Bradley@ppm.care or (443) 604-3544.

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

ⁱⁱ https://anth.umd.edu/sites/anth.umd.edu/files/pubs/sangaramoorthy_jimh_2016.pdf

Ramdhan Ahmed SB705 Testimony .pdf

Uploaded by: Ramadhan Ahmed

Position: FAV

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

My name is Ramadhan Ahmed, I am a first year medical student at Johns Hopkins School of Medicine. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System. I am an immigrant hailing from Wajir, Kenya. I came to this country with my mother when I was 5 years old, and we settled in Anaheim California. Growing up in Anaheim, I had a lot of friends who were also immigrants like me, however, there was a slight difference between us. Some of my friends had family members who were undocumented. This past summer, I was the best man to my childhood best friend, and at his wedding there was a hole that could not be forgotten, the absence of his father. You see, my friend's father was an undocumented immigrant who lived for over two decades in this country. He raised three amazing sons and worked day and night to support his family. Unfortunately, he had a habit of delaying seeking medical care, not out of necessity, but out of the inability to afford health care and out of the fear of deportation. Out of the fear of putting his family in debt. Out of fear of being separated from his 3 sons. Unfortunately, he passed away one year before his son's wedding.

There are so many instances of families in Maryland facing similar problems, some are more fortunate than my friend's father, others are forced to brunt the full force of the Maryland Medical system on their own, and they suffer for it. According to a 2022 survey of Maryland residents, 52% of respondents of color went without care due to cost at some point within the prior year, including 53% of Hispanic/Latinx respondents, compared to 47% of white respondents.

The Access to Care Act (SB 705) will decrease some of that burden on undocumented immigrants living in Maryland. Instead of the private insurance market, where the lack of medical literacy fosters an environment where the most vulnerable people in our state are taken advantage of. The Access to Care Act would support undocumented immigrants to be part of a system that provides stability in access to healthcare. There should be no cost to the State for this bill. We have been told that the Exchange can request the waiver and accept the payments of all residents with its current resources.

I am future medical professional who will be providing care to Maryland residents. The value of SB 705 to the state of Maryland is indispensable and I urge you to vote favorably.

Sincerely,
Ramadhan Ahmed

SB0705_RanZeimer_FAV.pdf

Uploaded by: Ran Zeimer

Position: FAV

Hearing Date: 2/21

Ran Zeimer
Baltimore, MD 21231

**Full Bill Name: Health Insurance - Qualified Resident
Enrollment Program (Access to Care Act)**

**Bill Number: SB0705
Position: FAVORABLE**

**Committee Chair: Senator Pamela Beidle
Committee Vice Chair: Senator Katherine Klausmeier
Committee: Finance**

FROM: Ran Zeimer

OPENING: My name is Ran Zeimer, I am a resident of District (Your District Number). I am submitting this testimony in support of SB0705, Access to Care Act.

I care deeply about this issue because when I came to this country as an immigrant I had the privilege to access its high level medical system and also because through my career in the medical field I had the opportunity to witness the inefficient and costly care provided in emergency facilities for people without insurance.

Everyone should have access to the highest attainable standard of health services. No one should get sick or die because of their income or immigration status.

Since its establishment in 2010, the Affordable Care Act has granted 28 million people across the country access to affordable health care. However, more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange.

Opening up the Maryland Health Benefit Exchange to all Marylanders, regardless of immigration status, would reduce the skyrocketing cost of care provided by emergency rooms and prevent the spread of infectious diseases like COVID-19.

I respectfully urge this committee to return a favorable report on SB0705.

SB0705 - Support - 2024.pdf

Uploaded by: Rebecca Benzer

Position: FAV

Dear Members of the Senate Finance Committee,

I am a resident of District 31, and a member of Showing Up for Racial Justice Annapolis and Anne Arundel County (SURJ3A). I am writing to urge you to **support SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)**.

Research suggests that state coverage expansions for immigrants can reduce uninsurance rates, increase health care use, and improve health outcomes. California's 2016 expansion to cover low-income children regardless of immigration status was associated with a [34%](#) decline in uninsurance rates; similarly, a [study](#) found that children who reside in states that have expanded coverage to all children regardless of immigration status were *less likely to be uninsured, to forgo medical or dental care, and to go without a preventive health visit than children residing in states that have not expanded coverage.* [Italics mine.]
(<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/state-funded-health-coverage-for-immigrants-as-of-july-2023/>)

As of 2023, half (50%) of likely undocumented immigrant adults and one in five (18%) lawfully present immigrant adults report being uninsured compared to less than one in ten naturalized citizen (6%) and U.S.-born citizen (8%) adults. Noncitizen immigrants are more likely to be uninsured than citizens because they have more limited access to private coverage due to working in jobs that are less likely to provide health benefits and they face eligibility restrictions for federally funded coverage options, including Medicaid, the Children's Health Insurance Program (CHIP), Affordable Care Act (ACA) Marketplace coverage, and Medicare.
(<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>)

This is despite undocumented immigrants paying federal taxes that support the programs mentioned above that they are not authorized to use.
(<https://www.taxpayeradvocate.irs.gov/news/nta-blog/nta-blog-most-taxpayers-needing-a-new-itin-are-prohibited-from-filing-electronically-causing-unnecessary-refund-delays/2021/04/>)

I know there are arguments against providing undocumented immigrants access to healthcare, but that is without the context that undocumented workers pay state and local taxes in Maryland. **As of 2016**, according to the Maryland Center for Economic Policy: "Collectively, **undocumented immigrants in Maryland pay an estimated \$308 million in state and local taxes per year.**"
<https://www.mdeconomy.org/undocumented-immigrants-pay-hundreds-of-millions-in-state-taxes-full-citizenship-would-benefit-the-state-even-more/>

I want all Marylanders to have equitable access to the Maryland Health Benefit Exchange regardless of their immigration status. This access could provide better preventative care for undocumented immigrants. In turn, this access would reduce the burden on emergency services, which tend to be the main way that undocumented immigrants access healthcare.

(The Health of Undocumented Latinx Immigrants: What We Know and Future Directions:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9246400/>)

For the above reasons, I once again urge your support for SB0705: Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).

Thank you for your time, service, and consideration.

Rebecca Benzer
305 Bonheur Ave.
Gambrills, MD
Showing Up for Racial Justice Annapolis and Anne Arundel County (SURJ3A)

SB705 - Access to Care.pdf

Uploaded by: Rebecca Shillenn

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of **District 45**. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,

Rebecca Shillenn

5401 Elsrode Avenue Baltimore MD 21214

Showing Up for Racial Justice Baltimore

Collective Testimonial Letter.pdf

Uploaded by: Ria Arora

Position: FAV

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,

We, the undersigned, are medical and allied health professional students from the Johns Hopkins University School of Medicine, Bloomberg School of Public Health, and University of Maryland School of Medicine. We strongly urge a favorable report on Senate Bill 705 - Access to Care Act. This testimony reflects the views of those who have signed, and not necessarily the views of our institutions.

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 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 and equitable healthcare system for all.

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.

As future physicians, public health professionals, and healthcare workers of Maryland, we support this bill because we would like to practice in a world where patients do not have to sacrifice their right to healthcare to maintain basic life necessities. Please find below a collection of stories from students in support of this bill:

- **Ria Arora:** Prior to starting medical school, I lived in Maryland for four years while attending Johns Hopkins University for my undergraduate studies. While at Hopkins, I spent two years as a patient advocate at a pediatric clinic, connecting uninsured Latinx families to resources related to social determinants of health. Last year, I moved to

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

Washington, DC and served as an AmeriCorps fellow at La Clínica del Pueblo in the Gender and Health Program. I connected Latina women who are survivors of gender-based violence to community-based resources, legal, and medical services. In returning to Johns Hopkins for medical school, I have continued to work with Latinx communities as part of the Refugee Health Program, providing support to asylum seekers in conjunction with the Asylee Women's Enterprise. This year marks my fourth year supporting Latinx communities in Maryland.

I have witnessed these disparities firsthand. As a patient advocate, I remember assisting a 45 year old uninsured female immigrant with making a dental appointment, having already had several teeth fall out. At La Clínica, I saw these disparities with my clients living in MD. I worked with a 26 year old uninsured female immigrant experiencing a high risk pregnancy. In a call with the hospital, I was told that because she has no health coverage, a surgery she might need would cost \$50,000 to \$60,000. Now, as a medical student in Maryland, I continue to see these gaps in access to care with the Refugee Health Partnership. I am currently working with a 33 year old uninsured female immigrant who is undergoing treatment for colon cancer. While she is fortunate to receive support from the Asylee Women's Enterprise, these organizations have limited funding, and many others are not in her shoes. My experiences have mobilized me to challenge the status quo and take action to promote access to care by testifying before you all.

- **Tihitina Aytenfisu:** A system with expanded health care access would be a step forward in the medical profession's ultimate goal: helping others. Undocumented immigrants face many barriers to healthcare and this bill would be really useful.
- **Kyle Patel:** As a future physician, I want to be able to provide the best care possible to all of my patients, without restriction based on ability to pay. Access to insurance and incorporation into the formal healthcare system is essential to ensuring that this is possible. The Access to Care act is the equitable, fiscally sustainable solution to our state's healthcare needs.
- **Howard Li:** Over the past year and a half as a medical student at the Johns Hopkins School of Medicine, I have volunteered to help out two asylum seekers with all of their health navigation. Through this process, I have witnessed the countless structural barriers that this patient population has to overcome in order to receive any care for their conditions; needless to say, financial barriers were a major challenge. This became abundantly clear when one of my clients was experiencing an acute medical emergency. Despite her instinct to call an ambulance, she hesitated and called me instead, inquiring about how she was going to be able to pay for the ambulance, the emergency room visit, as well as other financial expenditures. Not only did this founded fear of financial burden delay her care in an acute medical emergency, we are still finding ways to pay for these expenditures to this day, five months later. I have also witnessed the effects of the financial burden of healthcare on my other patient client. After a spinal mass was discovered last year, my client was unable to attend his follow-up appointments because he was unable to take time off of his work. This resulted in months of delayed care.

These two asylum seekers represent some of the most medically-resourced asylum seekers in the country, as they are a part of a limited non-profit in Baltimore. Despite this, the financial barriers still pose an alarming challenge. As a future physician in Maryland, I believe the Access to Care Act is a step in the right direction for necessary, equitable healthcare for undocumented residents.

- **Naser Al-Fawakhiri:** As a first year medical student, I feel obligated to learn about the barriers to accessing care my patients may be facing. With this in mind, a new student group formed at Hopkins with the goal of helping patients who are at-risk of being lost to follow-up and losing connection with the medical system. Whenever we go into the After Care Clinic to meet patients, we see many patients scheduled to attend the clinic who are undocumented and marked as "self-pay" in their chart, meaning they do not have insurance. These patients already face so many barriers to accessing healthcare and are at high risk of being lost to the medical system, and making it hard for them to get insurance coverage could be the last barrier keeping them from being looped into the care they need. Passing the Access to Care Act would help to connect this vulnerable population into medical care and allow us to get them the medical care that they deserve.
- **Maria Scaff:** As someone who immigrated to the United States alone as a young teenager, I experienced first-hand the fear of navigating a foreign health care system that is not accessible or affordable to all. Now as a medical student, I hope to be able to serve my patients, providing them with the best medical care and support that I can, regardless of where they come from. I believe that no one in this country should experience the fear of getting sick because they may not be able to afford any medical assistance if they do. The Access to Care Act is a much needed next step for us to continue properly serving our communities and those who need us the most.
- **Philip Huang:** As a medical student at the Johns Hopkins University School of Medicine, I hope to practice medicine in a state where my patients can receive the healthcare they need in order to live their lives to the fullest. This act will encourage patients to address their health concerns before it is too late. Lack of health insurance is a deterrent from seeking basic health care services such as primary and preventive care, and failure to address one's health needs can lead to more devastating medical consequences in the long run, placing further strain on our patients' loved ones, their employers, our emergency departments, our hospitals, and our healthcare workers. Ultimately, the Access to Care Act will empower our immigrant patients to live healthier, happier, and more productive lives, which will reap dividends for all of us in Maryland.
- **Erica Lin:** I support the Access to Care Act because expanding access to insurance regardless of one's migratory status is fundamental to empowering all of our fellow neighbors with the social-health tools to be well. Having previously provided several years of direct social work care at a free clinic for folx with uncertain migratory statuses, I have seen firsthand how opening insurance access to all lifts the emotional and financial weights off the shoulders of families who are so integral to the sociocultural fabric of our community. Each clinic day, I heard how the urgent health needs of patients

and their families were reluctantly but inevitably relegated to emergency department visits due to the lack of accessible primary care. I felt the tears of people who were forced to choose between paying for their child's care or paying next month's rent. And, especially for mixed-status households, I saw the frustration in the eyes of folk for whom discrimination, harassment, and low quality of care was always the norm and never the exception. Passing the Access to Care Act and opening healthcare access to all people in Maryland is therefore a crucial step toward supporting the social-health wellbeing of our whole community.

- **Evelien van Gelderen:** As a future physician, I firmly believe all human beings should have access to healthcare. I have personally seen undocumented folks who have been faced immense burdens when they try to access critically needed medical care through my work with the Refugee Health Partnership and the Asylee Women's Enterprise in Baltimore. This bill is necessary to insure all Marylanders can access healthcare.
- **Elizabeth Vojvoda:** As a medical student, I am doing everything to become a compassionate, excellent doctor so that I can improve the health of my patients. However, I know that the overall wellbeing of my patients will be largely out of my control. Their health will be more impacted by public health policies and resources than my actions as an individual doctor. I implore you to expand access to healthcare to support a healthier Maryland.
- **Alok Shetty:** As someone who has spent time volunteering at a free clinic for undocumented immigrants in the greater Baltimore area, I feel very strongly about the impact of this bill. It would be a major step forward in ensuring that a large portion of immigrants in our community have access to quality and timely healthcare.
- **Charlyn Gomez:** As the number of immigrants choosing Maryland as their new home rises, we must intentionally protect the health of these individuals. This legislation would have greatly benefitted my Peruvian family as they navigated their initial years here. Ultimately, if the state chooses to mainly see this population as laborers, this would also be a great investment to reduce occupational health hazards and poor outcomes.
- **Sarah Bejo:** Over the past 7 years I volunteered at a community clinic in my hometown for members of my community who do not have access to health insurance. Conversations with patients revealed to me that the primary barrier preventing them from having health insurance was documentation status. I saw firsthand the impact of this on their health and quality of life. As a medical student, we receive many lectures on social determinants of health to educate us as future physicians on how patients' lives outside of appointments inevitably lead to disproportionate health outcomes. My classmates and I frequently discuss our frustrations in feeling powerless after learning about the injustices our patients face, but not being able to contribute to their resolution. I strongly and wholeheartedly support this bill. There are patients I frequently saw and built relationships with who would finally have access to quality healthcare because of this bill being passed.

- **Raphael Wertz:** Access to healthcare is in my opinion a basic human right and I believe this should be the case worldwide. Much of human suffering can be treated and prevented with adequate access to healthcare. Those who need healthcare the most are those who have access to it the least.
- **Fatima Nycole Hidalgo:** I immigrated to the US from Ecuador when I was 6 years old, and I've lived in Maryland ever since. Throughout my healthcare experiences I've witnessed the emotional and physical consequences of inadequate access to medical care in my Latinx community.

I worked at a COVID testing site in Frederick where I would meet cars full of immigrant families plagued with the fear of being denied a COVID test during a pandemic because they were uninsured. They waited in line for hours and when I assured them that testing was free, I would see the relief and gratitude in their eyes.

In the ER I met a man who came in with a painful rash on his foot. He had stepped on a nail at his construction job but couldn't afford to seek medical care because he was undocumented and uninsured. He continued to work through the pain until days later, this minor injury became a severe infection that ultimately resulted in the amputation of his foot. There was fear in his eyes when he heard the news and desperation when said "how am I supposed to support my family?" I later learned that the patient had diabetes, but because he could not afford insulin, he was at a higher risk for this complication. It was frustrating to know that this man's quality of life and ability to provide for his family was forever changed because of a complication that could've been avoided with medical care. I believe that nobody should have to live in constant fear that a minor injury or preventable illness will disable them and their families.

Through these experiences, I've witnessed the impact of accessible health care for Maryland's undocumented and uninsured residents and have committed to serving and advocating for their needs.

- **David Regenold:** As a medical student, I have seen undocumented Marylanders struggle and lose their lives because they do not qualify for health insurance, which ultimately strains entire communities and the whole state system. Organizations in Maryland like CASA do a great job at supporting the entire immigrant community, including undocumented persons, but there is a lack of adequate options for healthcare for undocumented persons nor a replacement for health insurance.
- **Kent Hardart:** Nobody should be denied access to health insurance due to their immigration status. As a medical student, I think a central responsibility of physicians is to serve all the people in our communities. If undocumented immigrants are unable to get health insurance, that will keep them from seeking out healthcare when appropriate, and thus limit physicians' ability to give them the most comprehensive care, especially when it comes to preventive care.

- **Alexis Vetaack:** As a passionate advocate for equitable healthcare access, I am proud to lend my support to Senate Bill 705 - Access to Care Act. My dedication to this cause has been shaped by six years of hands-on experience working with marginalized communities, including refugees and immigrants, through organizations like the Carolina Survivor Clinic (Columbia, SC), the Good Samaritan Clinic (Columbia SC), Soccer Without Borders (Baltimore, MD), and HEAL Refugee Health and Asylum Collaborative (Baltimore, MD). Furthermore, my commitment extends to research endeavors such as projects focused on screening for sickle cell disease in immigrant populations. This research was born out of a recognition of the significant gaps in healthcare access experienced by these communities. Our project was inspired by the story of a woman who, unbeknownst to her, lived with undiagnosed sickle cell disease until the age of 19. Her journey, marked by frequent visits to the emergency department and debilitating pain crises, underscores the urgent need for improved access to care for immigrant populations. Had she received better healthcare access and a consistent standard of care earlier in her life, her suffering could have been alleviated. Now, as I engage with middle schoolers through Soccer Without Borders in Baltimore, I hear firsthand the concerns of young individuals grappling with medical issues and financial constraints within their families. Teenagers age 11-14 should be focused on school and friendships not fiscal stress and early employment. These experiences reaffirm my belief that healthcare coverage is not merely a privilege but a fundamental human right. SB 705 represents a pivotal step towards addressing health disparities in Maryland by extending affordable healthcare access to all residents, regardless of immigration status. I urge a favorable report on SB 705 to ensure a more equitable and resilient healthcare system for all Marylanders.
- **Elisha Anne Barrientos:** As a first-generation immigrant, I experienced firsthand the difficulties of immigrating to America, but we were fortunate enough to have healthcare coverage through my mom's employer. However, when I volunteered at a free clinic assisting patients who were eligible for Medicaid, I met a Filipino family who had gone through decades without health insurance and had significant morbidities. Healthcare is a human right for my people and for every people group and should be prioritized for immigrants who start with nothing and have to build their whole lives all over again.
- **Valeria Hernandez Munoz, MPH:** Since arriving to the US in 2015, I have interacted with all kinds of migrants through ESL tutoring, medico-legal services, and providing primary healthcare, and I have consistently found healthcare access to be the biggest barrier to their well-being. I will always remember trying to connect a mother to specialty care for her son, who had been diagnosed with a rare condition that couldn't be treated in their country. She had traveled on foot all the way from Central America only to find that the medication was sold in US pharmacies, but it was expensive, and could not be sold to her without a prescription from an American provider. If only she had had access to the Exchange then, she could have purchased health insurance and expedited her son's already delayed treatment. As a future physician, I find nothing more heart breaking than being able to diagnose a patient, know the best treatment for them, yet not be able to deliver it.

- **Nellie Harvey:** I believe access to care is extremely important regardless of the person who is to be on the other side of that care and regardless of citizenship/immigration status, especially as it is not even a completely free service that is in question. Currently our Emergency Departments are continually used as primary care for many who are under insured and uninsured and people's health are suffering due to the delay in accessing care, which puts a bigger burden on everyone involved in the care process including patients themselves. This bill could significantly help make an impact on many levels including human rights levels, financial levels, staffing issues, among others.
- **Rachel De Armas:** As an immigrant, I understand the fear and insecurity that immigrants feel when dealing with healthcare costs. For my family, this fear led to us delaying medical care for my diabetic father, delaying necessary surgeries for myself, and spending years without an annual physical. As a medical student, I understand the importance of timely healthcare and the importance of routine medical exams. This bill will help countless individuals avoid healthcare complications that in turn limit their quality of life.
- **Ananya Dewan:** Passing this act would make a tremendous impact on furthering health equity in our community. This has ripple effects that impact the fundamental health of our population as well as the trust between public services and the members of our community.
- **Olivia Girvan, MSPH:** As a public health professional and now medical student, my education and work in the Baltimore community continue to demonstrate that barriers to accessing healthcare deepen existing health, social, and economic inequities. These barriers reinforce structural problems and systems of oppression that make it impossible for all people to lead healthy lives. This bill is a step toward health equity as it supports the notion that healthcare should be an option for all people - not just those who have the privilege to access it because of their birthplace.
- **Delia Friel:** Expanding access to health insurance and health care is critical for the health of our community. By allowing undocumented residents to access the Maryland Health exchange and the Young Adult Subsidies program, more of our community members will be able to seek comprehensive health services in a timely manner.
- **Kathleen Warner:** By providing health insurance to undocumented immigrants, these individuals will have the ability to seek care before health conditions become emergent. Given that ERs are required to provide care regardless of insured status, offering insurance is not only the humane thing to do. It's also a cost effective approach.
- **Akanksha Suresh:** Health care is a human right. People deserve to receive care and coverage for care, regardless of documentation status. People who are undocumented already face huge barriers to health care. Let's do better and treat people with dignity and equity.

- **Francesca Giorgianni:** I have seen the devastating consequences that a lack of health insurance can bring onto patients and their families. Healthcare is a human right, and the state has a duty to ensure that all people living within it have access to good healthcare. This bill is a step in the right direction.
- **Ahmad Alnasser:** The SB705 Access to Care Act represents a necessary and important aspect of providing care to undocumented residents in Maryland. Undocumented refugees represent an often underperceived and over criminalized subset of the population. As an immigrant myself, and someone who grew up in New York City among many undocumented immigrants, I can personally attest to how much health-seeking is impacted by immigration status. This bill needs to pass, and lives are dependent on it. This should be a slam dunk approval.
- **Melanie Alfonzo:** As an American-born daughter of South American immigrants who had significant battles with the convoluted American legal system, I watched as my family members struggled without the benefits of full documentation. Regardless of navigating the system with extreme caution and precision, it was set up to disadvantage us, especially in the form of healthcare. Healthcare is a human right, and should be provided to individuals regardless of legal status. This part of my childhood is what motivated me to go into medicine and work with immigrant populations. For the past 6 years, I have worked in a clinic specifically for uninsured patients in Baltimore, many of them undocumented. These patients have chronic health conditions that require continuous care, or may suffer acute illnesses that require immediate attention, both affecting quality of life and mortality. Unfortunately, many are scared of the healthcare system and shy away from receiving proper care, or don't seek care due to assuming they don't possess sufficient resources. It is time we stop ignoring this subset of patients and provide them with health insurance to ease receiving medical care. Not only will accessing this care improve their physical health, but also their quality of life and mental health, providing them better socioeconomic opportunities for their families and within their community. As it did for me, allowing me to not worry about my own healthcare to such an extent, and focus on matriculating into medical school to improve access to care.

Thank you for your consideration and your leadership!

Sincerely,

1. Aishu Nag, Johns Hopkins Bloomberg School of Public Health
2. Aida Abou-Zamzam, Johns Hopkins University School of Medicine
3. Parth Agrawal, Johns Hopkins University School of Medicine
4. Kowsar Ahmed, Johns Hopkins University School of Medicine
5. Ramadhan Ahmed, Johns Hopkins University School of Medicine
6. Naser Al-Fawakhiri, Johns Hopkins University School of Medicine
7. Ahmad Alnasser, Johns Hopkins University School of Medicine
8. Melanie Alfonzo, Johns Hopkins University School of Medicine

9. Ria Arora, Johns Hopkins University School of Medicine
10. Tihitina Aytenfisu, Johns Hopkins University School of Medicine
11. Serin Baek, Johns Hopkins University School of Medicine
12. Maxwell Bannister, Johns Hopkins University School of Medicine
13. Shaan Bhandarkar, Johns Hopkins University School of Medicine
14. Maya Black, Johns Hopkins University School of Medicine
15. Noah Brookes, Johns Hopkins University School of Medicine
16. Connie Cai, Johns Hopkins University School of Medicine
17. Lucy Chen, Johns Hopkins University School of Medicine
18. Pei Ying Chen, Johns Hopkins University School of Medicine
19. Liam Cheng, Johns Hopkins University School of Medicine
20. Justin Choi, Johns Hopkins University School of Medicine
21. Danielle Collins, Johns Hopkins University School of Medicine
22. Victoria Collins, Johns Hopkins University School of Medicine
23. Shreya Daniel, Johns Hopkins University School of Medicine
24. Teddy Daniel, Johns Hopkins University School of Medicine
25. Oishika Das, Johns Hopkins University School of Medicine
26. Rachel De Armas, Johns Hopkins University School of Medicine
27. Ren DeBrosse, Johns Hopkins University School of Medicine
28. Ananya Dewan, Johns Hopkins University School of Medicine
29. Juliana Fan, Johns Hopkins University School of Medicine
30. Olivia Febles Simeon, Johns Hopkins University School of Medicine
31. Amy Feng, Johns Hopkins University School of Medicine
32. Delia Friel, Johns Hopkins University School of Medicine
33. Francesca Giorgianni, Johns Hopkins University School of Medicine
34. Leila Habib, Johns Hopkins University School of Medicine
35. Zoe Hahn, Johns Hopkins University School of Medicine
36. Binuri Hapuarachchy, Johns Hopkins University School of Medicine
37. Valeria Hernandez Munoz, MPH, Johns Hopkins University School of Medicine
38. Philip Huang, Johns Hopkins University School of Medicine
39. Sumrah Jilani, Johns Hopkins University School of Medicine
40. Ritvik Jillala, Johns Hopkins University School of Medicine
41. Lynn Kao, Johns Hopkins University School of Medicine
42. Sara Khoshniyati, Johns Hopkins University School of Medicine
43. Joon Soo Kim, Johns Hopkins University School of Medicine
44. Marcelina Kubica, Johns Hopkins University School of Medicine
45. Jonathan Kuo, Johns Hopkins University School of Medicine
46. Royce Lee, Johns Hopkins University School of Medicine
47. Howard Li, Johns Hopkins University School of Medicine
48. Elana Liebow-Feaser, Johns Hopkins University School of Medicine

49. Erica Lin, Johns Hopkins University School of Medicine
50. Bessie Liu, Johns Hopkins University School of Medicine
51. Sahithi Madireddy, Johns Hopkins University School of Medicine
52. Melika Marani, Johns Hopkins University School of Medicine
53. Jocelyn Mathew, Johns Hopkins University School of Medicine
54. Jay Maturi, Johns Hopkins University School of Medicine
55. Setu Mehta, Johns Hopkins University School of Medicine
56. Pallavi Menon, Johns Hopkins University School of Medicine
57. John Michel, Johns Hopkins University School of Medicine
58. Ethan Mondell, Johns Hopkins University School of Medicine
59. Sumil Nair, Johns Hopkins University School of Medicine
60. Alvina Pan, Johns Hopkins University School of Medicine
61. Amy Parampil, Johns Hopkins University School of Medicine
62. Kyle Patel, Johns Hopkins University School of Medicine
63. Karen Qi, Johns Hopkins University School of Medicine
64. Christina Ray, Johns Hopkins University School of Medicine
65. Amanda Reese, Johns Hopkins University School of Medicine
66. Emily Rodriguez, Johns Hopkins University School of Medicine
67. Carolina Rodriguez Steube, Johns Hopkins University School of Medicine
68. Lauren Russell, Johns Hopkins University School of Medicine
69. Maria Scaff, Johns Hopkins University School of Medicine
70. Scott Song, Johns Hopkins University School of Medicine
71. Tara Srinivas, Johns Hopkins University School of Medicine
72. Akanksha Suresh, Johns Hopkins University School of Medicine
73. Justin Sydloski, Johns Hopkins University School of Medicine
74. Linda Tang, Johns Hopkins University School of Medicine
75. Deepti Tantry, Johns Hopkins University School of Medicine
76. Samalya Thenuwara, Johns Hopkins University School of Medicine
77. Valerie Thompson, Johns Hopkins University School of Medicine
78. Luke Tomasovic, Johns Hopkins University School of Medicine
79. Emma Vail, Johns Hopkins University School of Medicine
80. Evelien van Gelderen, Johns Hopkins University School of Medicine
81. Pooja Vikraman, Johns Hopkins University School of Medicine
82. Elizabeth Vojvoda, Johns Hopkins University School of Medicine
83. Erin Wang, Johns Hopkins University School of Medicine
84. Kathleen Warner, Johns Hopkins University School of Medicine
85. Julie Xian, Johns Hopkins University School of Medicine
86. Claire Asenso, University of Maryland School of Medicine
87. Elisha Anne Barrientos, University of Maryland School of Medicine
88. Sarah Bejo, University of Maryland School of Medicine

89. Catherine Choi, University of Maryland School of Medicine
90. John Clifton, University of Maryland School of Medicine
91. Jenina David, University of Maryland School of Medicine
92. Ananya Devadiga, University of Maryland School of Medicine
93. Nicole Flegel, University of Maryland School of Medicine
94. Olivia Girvan, MSPH, University of Maryland School of Medicine
95. Charlyn Gomez, University of Maryland School of Medicine
96. Kent Hardart, University of Maryland School of Medicine
97. Nellie Harvey, University of Maryland School of Medicine
98. Fatima Nycole Hidalgo, University of Maryland School of Medicine
99. Indira Jetton, University of Maryland School of Medicine
100. William Kelley, University of Maryland School of Medicine
101. Njambi Kiguru, University of Maryland School of Medicine
102. Hima Konduru, University of Maryland School of Medicine
103. Rose Pagano, University of Maryland School of Medicine
104. Ryan Rambo, University of Maryland School of Medicine
105. David Regenold, University of Maryland School of Medicine
106. Sarah Sabet, University of Maryland School of Medicine
107. Natalia Sampaio Moura, University of Maryland School of Medicine
108. Blayne Schenk, University of Maryland School of Medicine
109. Juliana Sherchan, University of Maryland School of Medicine
110. Alok Shetty, University of Maryland School of Medicine
111. Melissa Sierra, University of Maryland School of Medicine
112. Julian Starks, University of Maryland School of Medicine
113. Ananda Thomas, University of Maryland School of Medicine
114. Mariela Trejo, University of Maryland School of Medicine
115. Ishan Vaish, University of Maryland School of Medicine
116. Maria Vera Alvarez, University of Maryland School of Medicine
117. Alexis Vetack, University of Maryland School of Medicine
118. Raphael Wertz, University of Maryland School of Medicine
119. Gisselle Zuniga, University of Maryland School of Medicine

RA_SB705_FAV_TESTIMONY_ORAL.pdf

Uploaded by: Ria Arora

Position: FAV

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,

Good afternoon. My name is Ria Arora and I am a first-year medical student at the Johns Hopkins University School of Medicine. I am testifying today in support of SB 705 - Access to Care Act. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

SB 705 addresses critical health disparities faced by the immigrant community in Maryland. My testimony today will make three points.

First, I have seen with my own eyes the need for this legislation. Prior to starting medical school, I lived in Maryland for four years while attending Johns Hopkins University as an undergraduate. I was a patient advocate at a pediatric clinic, connecting uninsured Latino families to resources related to social determinants of health. After college, I served as an AmeriCorps fellow in Washington, D.C. at La Clínica del Pueblo.

Seeing the disparities in access to care between my clients in D.C. and Maryland with accessing health insurance mobilized me to testify last year in support of this bill. Last year, I worked with a client in MD who experienced a high risk pregnancy. In a call with the hospital, I was told that because she has no health coverage, a surgery she would need would cost \$50,000 to \$60,000, and there might not be enough charity care funding to cover the costs. I felt heartbroken knowing I couldn't do more to help her.

Second, the policy argument for this bill is strong. The legislation does not cost money. But it does make it more likely that more people will hear about insurance from exchange navigators. In addition, more families will benefit from the ease of access and the protections of purchasing insurance on the exchange.

That's why other states have moved forward to do exactly what this bill calls for.

Third, my fellow students want their voices to be heard.

Enclosed in my hand is written testimony from more than 100 medical and public health students at Johns Hopkins and the University of Maryland in support of this bill. It includes specific stories from 30 students. I hope you will all read what we have to say regarding the importance of ensuring equitable care. These are our experiences that have led us to choose working in healthcare.

We are your future physicians, public health professionals, and healthcare workers. We strive to practice in a state that supports access to care for all residents, regardless of immigration

status. We urge a favorable report of SB 705.

Thank you for your consideration and leadership.

Sincerely,
Ria Arora

Eckel support SB705 - Access to Care.pdf

Uploaded by: Rianna Eckel

Position: FAV

Dear Members of the Finance Committee,

My name is Rianna Eckel, and I am a resident of the 43rd District. I get my healthcare through the Maryland Health Benefit Exchange. I am submitting this testimony as a member of Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

As someone who gets my health insurance through the exchange, it is horrifying to me that other Marylanders – who contribute to our communities – cannot access health care because of their immigration status. By not allowing people to have healthcare, we are continuing to marginalize and discriminate against immigrants. If immigrants don't have insurance, they have to choose between their health and money. This could literally be a death sentence. How can you live with that?

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Rianna Eckel
2300 Hunter St, Baltimore 21218
Showing Up for Racial Justice Baltimore

Testimony in support of SB0705.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0705_RichardKaplowitz_FAV

2/21//2024

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0705 – FAVORABLE

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

TO: Chair Beidle, Vice Chair Klausmeier and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard K. Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#0705, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

I urge your support to ensure that newly qualified individuals will receive the same subsidy rate as all other individuals covered under the Affordable Care Act.

I want to thank my District 3 Delegates who were each co-sponsors of this bill. I approach the aims of this bill from my Jewish religious belief's framework. Leviticus 19:33-34 commands us "When strangers reside with you in your land, you shall not wrong them. **The strangers who reside with you shall be to you as your citizens**".

This view of how we should and must treat each other with compassion and justice as equal children of a loving G-d should be the principle for a favorable report on this bill.

It is also a fact that we do have undocumented residents living, working, paying taxes, and contributing to the life of our communities. Health care should and must be a human right and keeping one another healthy is the best way to practice preventative medicine. Allowing persons who are sick to avoid treatment because of cost and discrimination harms not only them but the communities in which they live and the people they will interact with in that community. I have worked with persons who failed to get treatment when they were sick simply because they had no insurance and were unable to afford to take measures to treat their conditions. Our economy loses when workers in critical occupations are absent due to health outcomes that proper treatment could have ameliorated or prevented outright from occurring if insurance to pay for that was made available.

This bill addresses a commonsense approach to the overall health of every resident in this state regardless of their citizenship status. Everyone who lives in a community is responsible for ethical and moral treatment of everyone else regardless of their status.

I respectfully urge this committee to return a favorable report and pass SB0705.

TESTIMONY ON SB0705 -- POSITION - FAVORABLE - Robe

Uploaded by: Robert Cullen

Position: FAV

Date of Hearing - February 21, 2024

Robert Cullen
Baltimore, MD 21214

TESTIMONY ON SB0705 - POSITION: FAVORABLE

Access to Care Act

TO: Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Robert Cullen

My name is Robert Cullen. I am a resident of District 45 and a parishioner of the racially diverse Blessed Sacrament Catholic Church in Baltimore. In addition, I have been an active member of the Latino Racial Justice Circle in the Baltimore region for four years now. I am submitting to all of you today this testimony in support of SB0705 - Access to Care Act.

As a lifelong Marylander and a longtime resident of Baltimore – and also someone staunchly dedicated to the pursuit of social justice priorities here in our state – I strongly support the Access to Care Act (SB0705). This bill is a critically needed measure that, if passed by the General Assembly and signed into law by the governor, would open up the Maryland Health Benefit Exchange to all Marylanders regardless of their immigration status.

Everyone living here in the Free State should have access to the highest attainable standard of medical services. I want to underscore that no one should fall sick or even die as a result of their income or immigration status. At this time, however, over 275,000 undocumented immigrants in our state are ineligible for insurance available via the Maryland Health Benefit Exchange.

Maryland can do better, must do better, to ensure that the rights of immigrants among us are not trampled on and that these individuals are likewise given the access to equitable health care treatment that many of us already enjoy and that we all deserve. As far as this social justice priority is concerned, SB0705 is indeed a vital, needed step towards pushing aside existing medical care inequities and stemming the tide of infectious diseases throughout our home state.

With this in mind, I ask all of you to please search your hearts, embrace the public good, and give this crucial bill your fullest and fairest consideration. I respectfully urge this committee to return a favorable report on SB0705. Thank you.

SB 705 - Health Insurance - Qualified Resident Enr

Uploaded by: Robin McKinney

Position: FAV



SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
Finance Committee
February 21, 2024
SUPPORT

Chair Beidle, Vice-Chair Klausmeier and members of the committee, thank you for the opportunity to submit testimony in support of Senate Bill 705. This bill will expand 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 to purchase insurance on the Exchange.

The CASH Campaign of Maryland promotes economic advancement for low-to-moderate income individuals and families in Baltimore and across Maryland. CASH accomplishes its mission through operating a portfolio of direct service programs, building organizational and field capacity, and leading policy and advocacy initiatives to strengthen family economic stability. CASH and its partners across the state achieve this by providing free tax preparation services through the IRS program 'VITA', offering free financial education and coaching, and engaging in policy research and advocacy. **Almost 4,000 of CASH's tax preparation clients earn less than \$10,000 annually. More than half earn less than \$20,000.**

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.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders.

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. 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.¹ SB 705 will greatly reduce the financial burden of medical costs that are impacting Maryland's immigrant community.

Thus, we encourage you to return a favorable report for SB 705.

¹ [Racial and ethnic disparities in hospital observation in Maryland - ScienceDirect](#)

2024 LCPCM SB 705 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



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 Licensed Clinical Professional Counselors of Maryland (LCPCM) strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. Under the legislation, the Maryland Health Benefit Exchange would allow individuals who are undocumented to purchase insurance using their own monies.

If families can purchase coverage, they will be far more likely to access behavioral health services.ⁱ We cannot afford to deny people the opportunity to purchase health insurance. The cost of untreated mental illness is staggering because of the downstream health, educational, and social costs.ⁱⁱ This legislation can only yield positive results. It requires no state investment yet will result in more people being able to obtain the coverage they need to ensure their families wellbeing.

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

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6477535/>

ⁱⁱ <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2810448>

2024 MNA SB 705 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Hearing Date: February 21, 2024

Position: Support

The Maryland Nurses Association strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill proposes to remove a barrier to purchasing health insurance on the Maryland Health Benefit Exchange. Under current policies, an individual must be a legal U.S. resident to purchase health insurance. The bill removes the residency requirement; and this will allow more individuals to purchase health insurance.

As nurses, we see too many uninsured people in waiting rooms, emergency departments, and hospital beds. People without insurance have difficulty accessing preventative and specialty services and are at higher risk for serious chronic and acute illnesses. We know that health insurance is a strategy that works. With the implementation of the Affordable Care Act, we saw an increase in the number of people with primary care providers, thus, demonstrating that insurance coverage leads to greater access to care.ⁱ

This legislation has no fiscal note. Individuals who are undocumented will use their own earnings to purchase insurance for themselves and their family. However, there is an economic impact on the State, and it will be positive. With more people having insurance, there will be fewer downstream costs to our health facilities in uncompensated care; and healthier people can make more contributions to our economy.

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

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6146333/>

2024 MOTA SB 705 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

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

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill establishes a pathway for people to get access to health insurance through the Maryland Health Benefit Exchange who currently do not meet the criteria to enroll in a qualified health plan because of immigration status.

Occupational therapists understand the importance of accessible healthcare for all individuals, regardless of their immigration status. Occupational therapists recognize the need to support and advocate for the rights of these individuals to purchase health insurance. By allowing qualified individuals to access health insurance on the Maryland Health Benefit Exchange, occupational therapists believe that it will lead to better health outcomes for this population. Access to healthcare services enables individuals to receive necessary medical treatments and preventive care, improving their overall well-being and quality of life. Occupational therapists understand that everyone deserves the opportunity to live a healthy and productive life, and supporting the inclusion of qualified individuals in the health insurance system is a step towards achieving this goal.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

2024 Moveable SB 705 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Hearing Date: February 21, 2024

Position: Support

Moveable Feast strongly supports *Senate Bill 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*. The bill would allow people who are undocumented to purchase health insurance from the Maryland Health Benefit Exchange. They would be required to use their own earnings.

Moveable Feast supports removing barriers to obtaining health insurance. It is likely a more daunting process for people who are not English-speaking or who have not been able to purchase insurance before. The Maryland Health Benefit Exchange is already set-up to support people navigating the process of purchasing insurance. The bill would allow people who are not documented to benefit from the expertise of navigators on the Exchange.

There is no fiscal note for the bill, yet there are significant upsides for Maryland’s health care system. People who can access health care services are more likely to get preventative care and avoid serious illnesses.

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

Testimony.pdf

Uploaded by: Sahithi Madireddy

Position: FAV

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

2024 MCHS SB 705 Senate Side.pdf

Uploaded by: Salliann Alborn

Position: FAV



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.

Conner_BMNCBV_FAV_SB705.pdf

Uploaded by: Sandra Conner

Position: FAV

**Baptist Ministers' Night Conference of
Baltimore and Vicinity (BMNCBV)**
5405 York Road, Baltimore, Maryland 21212, (443) 386.4739



**TESTIMONY IN FAVOR OF SENATE BILL 705 BEFORE THE SENATE FINANCE
COMMITTEE**

**BY REV. DR. SANDRA CONNER, PRESIDENT, BMNCBV
FEBRUARY 21, 2024**

Chair Beidle, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in favor of SB 705, which would allow Marylanders to purchase private health coverage from Maryland Health Connection regardless of immigration status. Special thank you to Senator Hayes and Senator Lam for sponsoring this legislation.

Maryland has made major progress in creating access to quality, affordable health care since the passage of the Patient Protection and Affordable Care Act, cutting the rate of uninsured in our state from 13% to 6%. Now we must go from 6% to 0%. It is a public health issue when uninsured Marylanders cannot access to the health care they need. Often uninsured Marylanders have to wait until their health issues bring them to the emergency room, which increases hospital wait times and also increases uncompensated care. Uncompensated care drives up health insurance premiums for everyone. The Access to Care Act will help ensure Marylanders can purchase coverage, regardless of immigration status, and also help stabilize premiums and improve hospital wait times for ALL Marylanders.

We thank you in advance for your actions towards SB 705.

Rev. Dr. Sandra Conner

443.695.2447 revdrconner@gmail.com

SB705 - Access to Care .pdf

Uploaded by: Sarah Johnson

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of District 41. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Sarah Johnson
1 Merryman Court
Baltimore, MD 21210
Showing Up for Racial Justice Baltimore

240220_SBSB705_Health Insurance - Qualified Reside

Uploaded by: Sarah Roth

Position: FAV



February 20, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

The Honorable Katherine Klausmeier
Vice Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Beidle and Vice Chair Klausmeier,

I would like to express my full support for *Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)*.

Since the passage of the Affordable Care Act, Maryland has stepped up as a national leader in working towards the goal that all residents have access to affordable healthcare. Maryland has successfully set up the Maryland Health Benefit Exchange (MHBE), and created a number of programs to make access easy for Marylanders to purchase the right healthcare plan for themselves and their families. While these programs have led to the percentage of Marylanders who are uninsured to decline from 13% to 6%, there is still more work to be done.

The State of Maryland spends between \$120 and \$170 million every year in uncompensated care for emergency department services for residents who do not have insurance. In many cases, these Marylanders are uninsured because the commercial market for insurance can be extremely confusing and burdensome to navigate, particularly for residents whose first language may not be English. Instead, they must resort to using emergency departments for basic healthcare needs as they do not have an established relationship with a primary care physician.

Ultimately, that \$120 to \$170 million in uncompensated care costs has an even larger price tag as it negatively impacts the insurance rates for all Marylanders. That cost, plus the fact that Maryland emergency department wait times are among the highest in the country, indicates that there is a large portion of the population that still has an issue with accessing affordable health insurance.

The Access to Care Act will help to rectify this issue by establishing an additional program to reach out to the 350,000 residents who still do not have access to healthcare, a third of which are undocumented and many of whom do not speak English as their primary language.

The Access to Care Act will help decrease costs over all and expand healthcare access to some of our most vulnerable populations. This bill would require that the MHBE request a 1332 waiver to allow Maryland residents who are undocumented to purchase insurance on the Exchange. Once the waiver is accepted, undocumented Marylanders would have, for the first time, access to the Exchange in order to more easily search for health insurance for them and their families. The Exchange has the support resources, often in a variety of languages, that will allow them to more easily search for and purchase health insurance, including Value Plans that are more cost effective.

There are additional benefits to Marylanders as a whole in making this change, as the more health insurance beneficiaries who use the Exchange, the more stabilized the rates on the Exchange become for all who use it. And the more Marylanders who are insured and establish preventative care with a primary care physician, the less our emergency departments will be overused and put under strain.

Now more than ever as we continue to move forward from the pandemic and learn how to live with COVID-19, it is imperative that we continue to invest in our healthcare infrastructure and increase access, especially for our most vulnerable populations.

I strongly urge this committee to give *Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)* the highest consideration.

Sincerely,



David Trone
Member of Congress

14c - SB 705- FIN-MHBE - LOS.docx (1).pdf

Uploaded by: State of Maryland

Position: FAV

February 21, 2024

The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
Senate Office Building, 3 East
11 Bladen St.
Annapolis, MD 21401

Re: Letter of Support – SB 705 - Health Insurance – Qualified Resident Enrollment Program (Access to Care Act)

Dear Chair Beidle and Members of the Senate Finance Committee,

The Maryland Health Benefit Exchange (MHBE) respectfully submits this letter of support on Senate Bill (SB) 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act). SB 705 would establish an enrollment program for populations who are currently ineligible for coverage through existing programs. MHBE would apply for a federal 1332 innovation waiver amendment to allow these populations to enroll in Qualified Health Plans (QHPs) through Maryland Health Connection (MHC). MHBE would be able to carry out the tasks associated with establishing this new program within MHBE’s current operating budget and personnel and therefore anticipates no additional cost to implement this program.

In the last ten years, Maryland’s uninsured rate has fallen in half and stands at about six (6) percent. Maryland has been a national leader in working to reduce the uninsured rate, including by implementing a state-based health insurance marketplace, launching the State Reinsurance Program which has reduced individual market premiums by more than 20 percent since 2019, enacting the Easy Enrollment Program to allow uninsured individuals to get connected to health coverage by checking a box on their state tax return or unemployment claim, and instituting state premium assistance for young adults.

However, as of 2021 approximately **112,400 individuals** who are ineligible for coverage through Medicaid or the individual market due to immigration status are uninsured, accounting for almost **one third** of the state’s remaining uninsured population.¹

Although this population can enroll in plans outside the exchange, MHC provides a host of extensive consumer benefits that are not currently available to this population, including:

- **Simplified shopping experience**, allowing consumers to compare plans from all individual market insurers in one place. Consumers can easily compare plan costs, check if plans include their providers and prescription drugs, and use tools available on MHC to estimate total health care costs in order to help find the right plan tailored to their needs;

¹ Source: Analysis of 2021 American Community Survey data. Pursuant to SB 806 Report: [Health Care and Dental Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status](#) (December 2023)

- **Extensive consumer support** through MHCs Call Center, which provides consumer support 6 days a week in more than 200 languages, and in-person assistance through the Navigator Program and MHC authorized brokers;
- **Allowing mixed-status families to enroll in the same plan** through the Exchange, which provides continuity of coverage and care coordination, saves families money by allowing individuals in the family to share a single plan deductible and out-of-pocket maximum, and reduces the burden of managing multiple plans.

To the extent that these benefits of access to MHC draw new enrollees from this population into the individual market, it's possible that the program could reduce individual market premiums. Increased enrollment and lower uninsured rates can have a cascade of other net positive impacts, including improving the overall health of the State's population, and decreasing costs of uncompensated care. In fiscal year 2021 Maryland hospitals provided over **\$780 million** in uncompensated care, with some hospitals paying upward of **10 percent** of their total allocated budget towards uncompensated care.²

As of January 2024, Washington state has also expanded Marketplace coverage to undocumented populations through a mechanism similar to the one proposed in SB 705.³ MHBE supports continued initiatives that aim to further reduce the uninsured rate, and that promote health equity and access to care in Maryland.

For further discussions or questions on SB 705, please contact Johanna Fabian-Marks, Director of Policy and Plan Management at johanna.fabian-marks@maryland.gov.

Sincerely,



Michele Eberle
Executive Director

² Health Services Cost Review Commission (HSCRC): [Rate Year 2023 Uncompensated Care Report](#) (June 2022).

³ Kaiser Family Foundation: [Key Facts on Health Coverage of Immigrants](#) (Published September 2023).

14b - SB 705 - FIN - HSCRC - LOS.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV

February 14, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act) – Letter of Support

Dear Chair Beidle and Committee Members:

The Health Services Cost Review Commission (HSCRC) requests that the Committee favorably report Senate Bill 705, “Health Insurance - Qualified Resident Enrollment Program (Access to Care Act).”

Expanding opportunities for Maryland residents to purchase health insurance is crucial to improving health care access. Increasing the percentage of Maryland residents with comprehensive health insurance will allow individuals and families to get preventive care and disease management for chronic conditions. This care will improve the health of the population, which is an important goal of Maryland’s Total Cost of Care Model. Population health is also a focus of the AHEAD Model, which is the likely successor to the Total Cost of Care Model. Increased preventive care and disease management may also prevent costly visits to Maryland’s overburdened emergency departments.

Reductions in the uninsured rate will help protect the finances of Maryland families. In addition, reductions in the uninsured rate will reduce hospital uncompensated care, which is made up of hospital financial assistance and bad debt. Maryland’s unique hospital rate-setting system funds hospital uncompensated care through hospital rates paid by Medicaid, Medicare, commercial insurance, and individuals. Reductions in hospital uncompensated care helps to control costs for these payers.

Joshua Sharfstein, MD
Chairman

Joseph Antos, PhD
Vice-Chairman

James N. Elliott, MD

Ricardo R. Johnson

Maulik Joshi, DrPH

Adam Kane, Esq

Nicki McCann, JD

Jonathan Kromm, PhD *****
Executive Director

William Henderson
Director
Medical Economics & Data Analytics

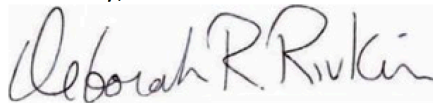
Allan Pack
Director
Population-Based Methodologies

Gerard J. Schmith
Director
Revenue & Regulation Compliance

Claudine Williams
Director
Healthcare Data Management & Integrity

The Commission urges a favorable report on SB 705. Thank you for your consideration of the information in this letter. If you have any questions or if I may provide you with any further information, please do not hesitate to contact me at 410-991-7422 or deborah.rivkin@maryland.gov, or Jon Kromm, Executive Director, at jon.kromm@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Deborah R. Rivkin". The signature is written in a cursive style and is placed on a light gray rectangular background.

Deborah Rivkin
Director, Government Affairs



Anne Arundel County _FAV_SB705.pdf

Uploaded by: Steuart Pittman

Position: FAV



February 21, 2024

Senate Bill 705

**Health Insurance - Qualified Resident Enrollment Program
(Access to Care Act)**

Senate Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 705 – Health Insurance – Qualified Resident Enrollment Program (Access to Care Act). This Bill would require the Maryland Health Benefit Exchange to establish and implement the Qualified Resident Enrollment Program to facilitate the enrollment of qualified residents - who are working and paying taxes in Maryland - to access the Maryland Health Benefit Exchange (MHBE) and the opportunity to pay for health care insurance.

The Affordable Care Act does not permit residents that are undocumented to buy insurance on the Health Care Exchange. In Maryland, there are almost 90,000 residents who are working, with an Individual Tax Identification Number (ITIN), who are earning money, paying Maryland and federal taxes, but are denied the benefits that their taxes are paying for. These benefits include access to affordable health care on the Exchange. Individuals that do not have access to affordable healthcare are frequently forced to forgo routine and preventative health care options, and instead seek treatment only when an emergency arises. Our hospital emergency department wait times are already among the highest in the country, and ensuring more residents have access to affordable health care coverage will reduce this burden on our health care system. Furthermore, allowing more residents to purchase health care coverage through the Exchange market will reduce the actuarial risk and therefore maintain – or even lower – premiums in those plans.

Over the last several years, the General Assembly has passed several different programs to reduce the number of uninsured residents, which has cut the percentage of uninsured Marylanders in half since 2008. This Bill is another program that will help achieve the goal of 100% health care coverage for our residents. Maryland can be a leader in ensuring all residents have access to affordable health care. For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 705.

A handwritten signature in blue ink, appearing to read "Stuart Pittman".

Stuart Pittman
County Executive

SB0705_Susan Tafler_FAV.pdf

Uploaded by: Susan Tafler

Position: FAV

Hearing Date Wednesday February 21, 2024

Susan Tafler, Odenton, Maryland 21113

TESTIMONY ON SB0705 - POSITION: FAVORABLE--- Access to Care Act (Health Insurance—Qualified Resident Enrollment Program)

TO: Chair Pamela Beidle, Vice Chair Katherine Klausmeier, and members of the Finance Committee

FROM: Susan Tafler

My name is Susan Tafler. I am a resident of Odenton (District 21). I am submitting this testimony in support of SB0705, Access to Care Act (Health Insurance—Qualified Resident Enrollment Program), sponsored by Senators Hayes and Lam.

As a Jew guided by our sacred texts, I am mindful that we have been commanded: “When strangers reside with you in your land, you shall not wrong them. The sojourners who reside with you shall be to you as your citizens; you shall love them as yourself, for you were strangers in the land of Egypt” (*Leviticus 19: 33-34*). As Jews and as human beings, we are obligated to make sure that those of us who were not born in our community are as safe and as healthy as those of us who were.

I am also the granddaughter of four immigrants from Eastern Europe who came to America for freedom from forced conscription and freedom from arrest for unionizing activities as well as better economic opportunities and safety from antisemitic pogroms. Unfortunately, my paternal grandmother died giving birth to what would have been her fifth son, leaving a devastated husband as well as her four American-born sons (including my eight-year-old father) to be raised in the foster care system. I was named for this grandmother.

Perhaps with modern medicine, my grandmother could have survived to raise her sons, although they were a very poor family and modern medical care has become very expensive. And today people in Maryland face obstacles to accessing health care because of their immigration status. I can't help but think about the children who might survive the death of an immigrant mother who dies due to the lack of proper medical attention, and I remember the story of my grandmother. That is why I care passionately about the Access to Care Act. Although the Affordable Care Act has granted millions of people in the United States access to affordable health care, it is estimated that more than 275,000 undocumented immigrants in Maryland are ineligible for insurance through the Maryland Health Benefit Exchange. Passing the Access to Care Act would require the Maryland Health Benefit Exchange to establish and operate the Qualified Resident Enrollment Program, which would make quality health insurance available to all Marylanders who meet the regular ACA eligibility criteria, regardless of immigration status. Greater access to health care would reduce emergency room visits and mortality rates, as well as increase rates of early detection and improve the long-term management of chronic diseases and chronic illnesses. Everyone in Maryland deserves to live a healthy life, regardless of where they were born and what documents they have.

I respectfully urge this committee to return a favorable report on SB0705.

La Clinica del Pueblo SB 705 final.pdf

Uploaded by: Suyanna Linhales Barker

Position: FAV

**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, and Members of the Committee,

My name is Suyanna Linahles Barker, and I hold the position of Chief of Programs and Community Services at La Clínica del Pueblo. La Clínica is a Federally Qualified Health Center (FQHC) providing comprehensive health and community services to primarily Latino immigrants in the Washington metropolitan region. We were founded in 1983 in response to the waves of Central American refugees arriving to the District in the 1980s, and as our community has grown and moved into Prince George's County, we too have established services in Maryland. Today we operate a clinical site in Hyattsville, provide mental health services to unaccompanied minors at Northwestern High School, and provide a range of community health education and linkage to care activities throughout Prince George's County.

La Clínica del Pueblo is pleased to provide testimony in favor of **SB 705- Health Insurance- Qualified Resident Enrollment Program (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 the Maryland Health Benefits Exchange (MHBE) to request a 1332 waiver to allow Maryland residents, regardless of immigration status, to purchase insurance on the Exchange.

La Clínica has always operated under the conviction that health is a human right, and that health is produced not only within the four walls of a clinic, but in the environments in which we live, work, and play. We also understand that it is not possible to achieve high quality health outcomes without addressing the inequities in health access related to race, class, and immigration status. Over sixty percent of our patients in Maryland are uninsured and ineligible for health insurance and were heavily affected as essential workers during the COVID pandemic. These same patients are just a fraction of the 350,000 residents who do not have healthcare in the state.

We strongly believe that the Access to Care Act (SB 705) is a crucial measure toward achieving health equity in Maryland. The bill will allow consumers to receive adequate support in their native language and navigation support to select adequate plans in the insurance market. Most importantly, extending the opportunity to purchase insurance can ensure that many patients who receive services at La Clinica, other FQHC's, and Primary Care providers are incentivized to get regular checkups and preventive screenings.

Primary care should serve as the cornerstone of healthcare delivery, offering preventive services, early disease detection, and management of chronic conditions. By investing in primary care, we prioritize patient-centered approaches that emphasize continuity of care, patient education, and holistic well-being. By opening the exchange to previously excluded populations, the bill will help increase the financial sustainability of primary care providers, improve health outcomes, mitigate healthcare costs, give consumers options of where to receive care, and reduce

costs by minimizing the need for expensive specialized treatments and avoidable hospitalizations. Ultimately the bill can help the State save between \$120 to \$170 million annually in uncompensated care for emergency department services for uninsured residents. This bill presents no fiscal burden on the state budget and involved actors in the process, including the Maryland Benefit Exchange (MHBE), have expressed that the waiver can be submitted, and individuals enrolled with current resources.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population - leaving one of the most significant percentages of residents left without care. SB 705 is a crucial step in addressing access to care for all Marylanders.

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 the reasons above, La Clínica del Pueblo urges a favorable report of Senate Bill 705.

Thank you for your consideration,

Suyanna Linahles Barker

SB705 Testimony.pdf

Uploaded by: Tara McCaffrey

Position: FAV

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 Tara McCaffrey. I was born and raised in New York, but I moved to Maryland in 2022 to attend the Johns Hopkins University School of Medicine and have remained a resident of Baltimore since. I am submitting this testimony in support of SB 705, the Access to Care Act.

Over the past year, I have witnessed firsthand the transformative power of comprehensive healthcare access. As a first-year medical student at the Johns Hopkins School of Medicine, I had the opportunity to work with an asylum seeker only a few months after their arrival in the US. They arrived alone, without any known relatives here or any remaining family members in their home country. Additionally, they faced an immense amount of health issues resulting from the violence and torture unjustly inflicted upon them in their previous residence. These health issues made tasks such as sleeping, eating, and commuting almost impossible. Coming here alone as an asylum seeker, they had to start from square one in terms of integrating into their new local society, and they had no physical ability to do so.

Through the incredible staff at the Esperanza Center and resources supported by the Johns Hopkins Healthcare System, we were able to connect the patient to basic diagnostic tests. We identified health problems that were the root of the patient's physical distress and were ultimately able to resolve many of these problems through treatments supported by The Access Partnership Program (TAP), a Hopkins program that provides free healthcare access to uninsured patients living near Johns Hopkins Hospital and Bayview Medical Center. Through ongoing medical care and support services, this individual has made remarkable strides in their journey toward recovery and resilience. Their physical health has improved significantly, and they have experienced profound enhancements in their mental well-being. Access to consistent healthcare has not only alleviated their immediate health concerns but has also empowered them to pursue their aspirations and contribute positively to their community.

The 2024 Access to Care Act represents a pivotal opportunity to extend similar transformative experiences to all undocumented residents in Maryland. By opening access to the Maryland Health Exchange and the Young Adult Subsidies Program, this legislation will provide vital pathways for individuals like the asylum seeker I worked with to obtain the healthcare coverage they desperately need. It is a crucial step towards fostering a more inclusive and equitable healthcare system that recognizes the inherent dignity and worth of every individual, regardless of their immigration status.

I deeply urge support of the SB 705 Access to Care Act, recognizing that it not only promotes public health but also upholds basic values of compassion, justice, and humanity. My signature

and testimony stand as a testament to the urgent need for action in ensuring that all residents of Maryland have the opportunity to access the care they deserve.

The views expressed here are my own and do not necessarily reflect the policies or positions of (Johns Hopkins University/Johns Hopkins Health System/University of Maryland/University of Maryland Health System).

Thank you for your leadership and consideration!
Sincerely,

Tara McCaffrey

Church World Service Testimony_ Support SB 705 - A

Uploaded by: Thea Holcomb

Position: FAV



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*.

SB705 - Access to Care.docx.pdf

Uploaded by: Theresa Columbus

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of **43-A**. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,

Theresa Columbus

712 Gorsuch Apt. 1

Baltimore, MD 21218

Showing Up for Racial Justice Baltimore

TA_SB705_FAV_TESTIMONY_ORAL.pdf

Uploaded by: Tihitina Aytenfisu

Position: FAV

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,

Good afternoon. My name is Tihitina Aytenfisu and I am a first-year medical student at the Johns Hopkins University School of Medicine. We serve the residents of Baltimore and greater Maryland area. I am testifying today in support of SB 705 - Access to Care Act. The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

I have been a resident of Maryland for the last fifteen years. My family immigrated from Addis Ababa, Ethiopia in 2009 to Rockville, Maryland seeking political asylum. As a first generation immigrant myself, and the daughter of refugees, I have encountered firsthand how difficult it can be to navigate the health care system. Even when I had reached English language proficiency, it was difficult to connect with the right healthcare providers and understand the billing system. Giving undocumented immigrants the access to subsidized insurance would be extremely valuable in helping bridge this difficult gap, which is why I am testifying here today.

Growing up in Maryland and training to be a physician in Maryland, I want to be in a state that allows all members of my community to receive affordable healthcare. The Access to Care Act would be a big step forward in realizing this ideal.

Sincerely,
Tihitina Aytenfisu

SWASC_Favorable Report for SB 705.pdf

Uploaded by: UM SWASC

Position: FAV

TESTIMONY IN SUPPORT OF SB 705

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

Social Work Advocates for Social Change strongly supports SB 705, which would allow all Marylanders, regardless of immigration status, to access health insurance on the Maryland Health Benefit Exchange via the creation of a Qualified Resident Enrollment Program. As social work students and professionals, we are dedicated to protecting the rights and dignity of vulnerable populations. Immigrant communities need and deserve equitable access to healthcare. SB 705 would ensure that immigration status does not impact an individual's ability to access insurance through the exchange if they are able to pay for it. Expanding Maryland Health Benefit Exchange provisions to undocumented individuals would positively impact health outcomes for a marginalized population, address the ER wait time crisis, and reduce costs for all health insurance users.

SB 705 addresses inequity in healthcare access. Immigrants make up 6.4% of the state's workforce.¹ In 2018, they paid about \$373.5 million in federal taxes and \$242.3 million in state and local taxes.² Despite their contributions to federal, state, and local economies, about 50% of undocumented immigrants are uninsured.³ It is hard for them to find jobs that will provide access to health insurance. Consequently, they are more likely to skip or postpone necessary treatment, which can lead to further health complications and higher treatment costs.⁴ Some of our coalition members have worked in Baltimore City Public Schools in social work roles. They have seen students and families committed to their education and professional advancement be burdened by health issues because they did not have access to health insurance or healthcare. This bill seeks to improve health outcomes for children and adults by offering them crucial healthcare access.

SB 705 reduces emergency room wait times. Maryland has some of the highest ER wait times in the US.⁵ One reason for this phenomenon is that people without health insurance have few options other than to avoid seeking treatment until it becomes an emergency. Compared to about 80% of the overall adult population, only 56% of uninsured immigrant adults have a usual source of care other than the ER.⁶ Since ERs can receive patients who could have had their problems solved by a primary care

doctor, providing undocumented immigrants with the option to legally purchase preventative healthcare would reduce some strain on Maryland's ER wait time crisis.

SB 705 saves public and private money. In 2023, Maryland hospitals provided \$120-150 million in uncompensated care to undocumented immigrants. These economic costs are then paid by all of us – in public expenditures, in our health insurance premiums, or in the cost for healthcare.⁷ The Maryland Health Benefit Exchange has stated that expanding the eligibility requirements for its services could reduce individual market premiums by 4%.⁸ This is because, despite false stereotypes about immigrants straining the welfare system, undocumented immigrants tend to be younger and healthier than nonimmigrants, resulting in a larger and lower risk pool, and less overall health expenditures.⁹ This bill aligns with the reality that is more cost effective for many parties – undocumented people, hospitals, the state, all taxpayers, and all insurance users – to expand access to health insurance for a greater number of people, regardless of their immigration status.

SB 705 addresses the needs of a marginalized group while benefiting society at large. We thank Chair Beidle and the Finance Committee for their time and consideration of this bill. **Social Work Advocates for Social Change urges a favorable vote on SB 705.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

¹ Pew Research Center (February 2019). U.S. unauthorized immigrant population estimates by state, 2016. <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>

² American Immigration Council (August 2020). Immigrants in Maryland. <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

³ KFF (September 2017). Key Facts on Health Coverage of Immigrants. <https://www.americanimmigrationcouncil.org/research/immigrants-in-maryland>

⁴ KFF (2017)

⁵ Maryland Matters (January 2024). Lawmakers look to take wide-ranging approach to reducing Maryland's emergency room wait times. <https://www.marylandmatters.org/2024/01/18/lawmakers-look-to-take-wide-ranging-approach-to-reducing-marylands-emergency-room-wait-times/>

⁶ KFF (2017)

⁷ True (May 2023). Without insurance, undocumented Marylanders are all but shut out of health care. The Baltimore Banner. <https://www.thebaltimorebanner.com/community/public-health/health-insurance-undocumented-immigrants-maryland-7JBUTQC2WBHDFLGWYYMT25NXRU/>

⁸ Eberle (November 2021). Report on Costs, Feasibility, and a Review of Activity in Other States to Serve Individuals Ineligible for Medicaid or Qualified Health Plans with Advanced Premium Tax Credits. Maryland Health Benefit Exchange. https://dlslibrary.state.md.us/publications/JCR/2021/2021_44b_2021.pdf

⁹ Flavin et al. (2018). Medical expenditures on and by Immigrant Populations in the United States: A Systematic Review. https://www.pnhp.org/docs/ImmigrationStudy_IJHS2018.pdf

SB0705_CC_Twanmoh_FAV Final.pdf

Uploaded by: Valerie Twanmoh

Position: FAV

Senate Bill 705
Health Insurance- Qualified Resident Enrollment Program (Access to Care Act)
Finance Committee
February 21, 2024
Support

Catholic Charities of Baltimore supports SB 705. Catholic Charities' Esperanza Center has been providing comprehensive services to immigrants in the Baltimore region and across the State for over 60 years. The Center is a trusted community partner, with a bi/multi-lingual staff, where immigrant families and their children receive immigration legal services, English language instruction, information and resources, assistance with translations, and assistance with reunification of unaccompanied children. Esperanza's Health Clinic offers free medical and dental care to primarily undocumented immigrants who are unable to obtain health insurance and other services due to their immigration status.

The Esperanza Center Health Clinic operates out of the second floor of Esperanza 3-story building on Broadway in the neighborhood of Fells Point in Baltimore City (D46). Over the years, it has typically been staffed by one or two nurse practitioners, a half-time physician subsidized by Johns Hopkins Medical Systems, and several physicians and other health professionals who volunteer their time. The clinic is open 4-5 days a week, and while it offered walk-in services for many years, following the pandemic, patients now are only seen by appointment. Staffing shortages further limit their ability to see higher volumes of patients, and they have also had to limit service to patients whose household income falls below 200% of the federal poverty line, namely around \$62,000 for a family of 4.

Esperanza's Health Clinic serves as the primary healthcare provider for the vast majority of undocumented immigrants in the Baltimore region and beyond, offering a crucial alternative to emergency room care. Most patients come with non-emergent conditions (chronic hypertension, diabetes, asthma), but if they can't be seen at Esperanza, their medical conditions either go untreated or they must visit the ER in order to obtain the medications or checkups that they need. The average cost of an average ER visit in Maryland, without insurance was \$623.¹ Health coverage under one of the more affordable plans through Maryland's Health Benefit Exchange averages around \$3,000 annually for a 35-year-old residing in the 21224 area, according to Maryland's Health Benefit Exchange cost estimator without subsidy. By enabling access to health coverage through the Exchange, thousands of families currently unable to afford care and treatment would be empowered to manage their health without resorting to costly emergency room visits or enduring year-long waits for primary care appointments. In 2019, the last year for which Esperanza was able to track data from its walk-in patients, over 2,500 individuals indicated that they would have had to seek care at an emergency room if Esperanza's clinic had not been available. Passing this Health Care Access bill would mark the initial stride towards bolstering the number of insured Marylanders and fostering equity and fiscal responsibility within our healthcare system. **For these reasons, Catholic Charities urges the committee to issue a favorable report on Senate Bill 705.**

1. Ellington VB. How Much is an Emergency Room Visit Without Insurance? Crush Medical Debt. Published February 17, 2024. Accessed February 20, 2024. <https://crushmedicaldebt.com/how-much-is-an-er-visit-without-insurance/#:~:text=How%20Much%20Does%20an%20Uninsured>
2. Maryland's Health Benefit Exchange cost estimator

Submitted by: Val Twanmoh Senior Advisor for Advocacy and Policy

Health Care for the Homeless - SB 705 FAV - Access

Uploaded by: Vicky Stewart

Position: FAV



HEALTH CARE FOR THE HOMELESS TESTIMONY
FAVORABLE
SB 705 – Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

House Health and Government Operations Committee
February 21, 2024

Health Care for the Homeless strongly supports SB 705, which opens up the Maryland Health Benefit Exchange (Affordable Care Act Coverage or “ACA”) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status. Among other things, the bill also establishes a State Subsidy Program to ensure newly covered individuals have the funding to receive care. Health Care for the Homeless has long supported efforts to ensure everyone has access to health care regardless of immigration status. SB 705 is crucial to ensuring health care for all. For Health Care for the Homeless, *health care is a human right*.

While the Affordable Care Act has shown transformative health outcomes for people across the country, this lifesaving policy has been categorically denied to Marylanders who are undocumented. Health care is a human right and should never depend on a person’s immigration status.

As a federal qualified health center, treating all people regardless of immigration status, at Health Care for the Homeless we seen firsthand that denial of health insurance coverage due to immigration status has tremendously negative consequences. Over the past two years, we have seen an exponential increase in the number of clients present who are undocumented – oftentimes we see these clients through our pediatrics department. For our clients, access to this oftentimes life-saving care is both critical to public health and is also an issue of fundamental human rights. Health coverage must be made accessible for everyone regardless of immigration status.

Generally, denial of health coverage leads to [poorer health outcomes](#). Barriers to health coverage, and outright exclusions, have far-reaching implications — from missed early cancer diagnoses to reduced medication adherence for treatable conditions — that causes unnecessary suffering in families.

People without health insurance are more likely to skip preventive services and are less likely to obtain regular health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional’s office or clinic in the past 12 months.¹ People who are uninsured are also less likely to seek medical care when they have a health problem. One in five (20%) uninsured adults say that they went without needed care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.²

Because uninsured people are less likely than those with insurance to obtain regular medical care, they are more likely to have negative health consequences. This can include having an increased risk of being

¹ [The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act – How does lack of insurance affect access to care? – 7451-14 | KFF](#)

² Id.

diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance.³

While safety net providers, like Health Care for the Homeless, are crucial in providing care to people who are uninsured, and particularly people who are undocumented, the safety net system does not nearly close the gap in care for the uninsured.⁴

No one should get sick or die because they are poor or undocumented. Health care is a human right. A person's immigration status should never, under any circumstances, determine the ability to receive affordable and high-quality health care. As a matter of public health and a matter of fundamental human rights, health insurance through the Exchange must be extended to all qualified residents regardless of immigration status.

We urge a favorable report on SB 705.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

³ Id.

⁴ Id.

DEMARCO_MHCFA_FAV_SB705_FINAL.pdf

Uploaded by: Vincent DeMarco

Position: FAV



TESTIMONY IN SUPPORT OF SENATE BILL 705

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
Before the Senate Finance Committee
By Vincent DeMarco, President, Maryland Citizens' Health Initiative
February 21, 2024

Chair Beidle, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, on behalf of the over 400 faith, community, labor, business and health care organizations which are part of our Maryland Health Care For All! Coalition, we strongly urge you to support SB 705. Special thank you to Senator Hayes and Senator Lam for sponsoring this life-saving legislation.

Under your leadership Maryland has made major progress in creating access to quality, affordable health care under the Affordable Care Act. Through innovative programs like the Easy Enrollment Program, Young Adult Subsidy Program, and Healthy Babies Equity Act the rate of uninsured in our state has gone from 13% to 6%. Now we must continue to make progress to go from 6% to 0% uninsured.

This legislation would require that the Maryland Health Benefit Exchange request a 1332 waiver to allow Maryland residents, who do not have current legal residency status, to purchase health insurance through Maryland Health Connection. This legislation would have no cost to the state, while helping more Marylanders receive navigational support from Maryland Health Connection to compare insurance plans, including easier-to-compare Value Plans not available off-Exchange.

The Access to Care Act is a step toward ending healthcare disparities for immigrant communities in Maryland. It would ensure access to primary care, resulting in higher early detection rates and better long-term management of chronic diseases and serious illnesses. It would decrease the amount of costly emergency room visits and mortality rates. Often uninsured Marylanders have to wait until their health issues bring them to the emergency room, which increases hospital wait times and also increases uncompensated care. According to our hospitals, the State is spending between \$120—170M per year in uncompensated care for emergency department services for Marylanders who do not have insurance. Uncompensated care drives up health insurance premiums for everyone.

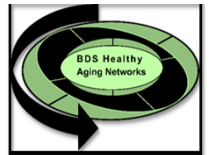
When Marylanders can access coverage, they can access preventive care, which allows them to stay healthier and have fewer visits to the emergency room. We recently released a report

showing that past health care expansion in Maryland reduced uncompensated care by [at least \\$460 million](#), making coverage more affordable for everyone else. The Access to Care Act would help ensure more Marylanders can purchase coverage, and would therefore also help stabilize premiums and improve hospital wait times for ALL Marylanders.

While the state has recently made historic gains in health insurance coverage, Black, Latino, and Asian American Marylanders remain disproportionately represented among the [uninsured](#). Immigration status can be a significant barrier to coverage. Removing immigration status as a barrier to health insurance coverage is a matter of health equity and will establish a more fair and just health benefit exchange.

Thank you for your commitment to ensuring access to quality, affordable health care for ALL Marylanders. We urge a favorable report for SB 705.

Maryland Health Care for All! Coalition



SB705_ZackaryBerger_FAV.pdf

Uploaded by: Zackary Berger

Position: FAV

SB705_ZackaryBerger_FAV

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Senate Finance Committee

February 21, 2024

To: Honorable Chair Senator Pamela Beidle, and Members of the Committee

From: Zackary Berger, MD, PhD

As a Baltimore resident, primary care physician, and Interim Medical Director of the Esperanza Center Health Clinic, I am pleased to provide testimony in support of SB705 Health Insurance - Qualified Resident Enrollment Program (Access to Care Act). I am also a supporter of CASA.

Esperanza Center sees uninsured patients in Baltimore. Almost a third of all uninsured people in Maryland are undocumented. These are people who have come here for a better life; it is indefensible from a moral or public-health perspective to deny them insurance. I see patients who are not eligible for organ transplants, effective care for diabetes, or treatment of their cancer. I have to look these people in their face and tell them that our system thinks their lives are less worthy. Maryland can do better. Let's be as good as other states of the Union who understand that immigrants are people we need, live with, and value. They are Marylanders like us.

There are nativist tendencies in this state and nation. We must resist them with everything we have, and support all the residents of our state. We can't keep people healthy, we can't keep our state healthy, if we cut off a third of all residents from insurance. What would you do for your family? Let's do the same for our Maryland family. I respectfully urge this committee to return a favorable report on SB705.

Zackary Berger, MD, PhD

SB705 Written Testimony - Access to Care Act 2024.

Uploaded by: Zoe Gallagher

Position: FAV



Testimony in SUPPORT of SB 705
Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
Position: Favorable

Senate Finance Committee

February 21, 2024

Dear Honorable Chair Beidle, and Members of the Committee,

Economic Action Maryland is pleased to provide testimony in support SB 705- Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Economic Action Maryland (formerly the Maryland Consumer Rights Coalition) is a people-centered movement to expand economic rights, housing justice, and community reinvestment for working families, low-income communities, and communities of color. Economic Action Maryland provides direct assistance today while passing legislation and regulations to create systemic change in the future.

SB 705 addresses a critical healthcare coverage gap in our healthcare system by expanding the Affordable Care Act to all Marylanders, regardless of their immigration status, through the process of submitting a 1332 state innovation waiver. SB 705 represents an important milestone in our journey toward creating a more resilient healthcare system for all hard-working, taxpaying Marylanders.

This bill is about making sure that these hard-working, taxpaying Marylanders can have access to the Maryland Health Benefit Exchange and the opportunity to purchase health care insurance. This bill is a win-win. Reducing the number of uninsured individuals and families benefits not only their well-being but also the state as a whole. This is because it leads to cost savings in emergency room care, as people can afford more accessible preventive 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 decreased dramatically from 12% to 6%.¹**

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



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.

Multiple states across the country have established comprehensive programs to extend coverage to immigrants regardless of their immigration status, and despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society and the economy through federal, state, and local taxes - they are still ineligible for the Affordable Care Act.

Over the last several decades, the need for healthcare coverage has been a consistent priority for Maryland's immigrant community. Maryland has the fifth-highest percentage of the immigrant population and is home to the fourth-largest population of African immigrants. SB 705 is a crucial step in addressing access to care for all Marylanders.

SB 705 is not only critical legislation for our undocumented community, but it is also sound policy for the state. Firstly, this bill presents no fiscal burden on the state budget, and involved actors in the process, including MHBE, the Maryland Insurance Administration (MIA), the Maryland Hospital Association (MHA) have expressed strong support for the 1332 state innovation waiver and SB 705. MHBE has further expressed that the bill can be submitted and individuals enrolled with current resources, presenting no costs burdens to the state. Furthermore, having access to the individual marketplace and therefore, easier access to routine, primary care will result in a decrease in the number of emergency room visits by uninsured individuals, and would decrease uncompensated care costs. Uncompensated care costs ultimately affect everyone's insurance rates. The State is spending between \$120—170M per year in uncompensated care for emergency department services for residents who do not have insurance, and in some cases that is simply because they cannot easily purchase it. They end up in the emergency departments because they do not have access to primary or preventive health care. Lastly, our emergency department wait times are among the highest in the country—these could be significantly decreased by making sure that ALL our residents have access to preventive care.

Access to routine yearly checkups will ensure that our undocumented immigrant children, youth, and adults live better, healthier, and more productive lifestyles that ultimately make our communities more vibrant.



**ECONOMIC
ACTION MD**

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, Economic Action Maryland urges a favorable report of Senate Bill 705.

Sincerely,
Zoe Gallagher, Policy Associate

SB705 - Access to Care.pdf

Uploaded by: Zosia Zaks

Position: FAV

Dear Members of the Finance Committee,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of District 41. **I am testifying in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**



Showing Up for Racial Justice

This bill opens up the MD Health Benefits Exchange (aka ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigration status, allowing all Maryland residents the ability to purchase health insurance. This bill has zero economic costs to the state, and the Maryland Health Benefit Exchange (MHBE) can submit the waiver application with existing resources.

Over 275,000 undocumented immigrants in Maryland are currently ineligible for care through the Maryland Health Exchange. These Marylanders live and work in our state, contribute to our local economy and the fabric of our communities, but are unable to purchase their own health coverage through the Maryland Health Exchange. The Access to Care Act would open the Maryland Health Benefit Exchange (ACA Coverage) to all Marylanders who meet the regular ACA eligibility, regardless of their immigrant status, allowing them to use their hard earned money to purchase health insurance.

Our state and communities become stronger and more resilient when we expand health care coverage. Benefits of expanded coverage include:

- Increased access to primary care physicians that results in earlier detection of health problems and more stable long-term management of chronic diseases; this decreases the number of people who die at earlier ages from preventable causes.
- Greater access to primary care clinics and medical practices that results in reduced use of emergency departments (ED); this decreases the number seeking care at EDs and reduces the cost of ED care for all of us.

Living without health insurance coverage can be incredibly stressful. Imagine worrying that a routine, treatable injury or condition could leave you in significant medical debt. Imagine worrying that something like a work accident, appendectomy or other urgent surgery would lead to an overwhelming level of medical debt that you and your family may never recover from financially. Imagine choosing between seeking preventative care and meeting your family's basic needs. This bill allows all Marylanders the ability to purchase coverage regardless of their immigration status.

It is for these reasons that I am encouraging you to vote **in support of SB705, Qualified Resident Enrollment Program (Access to Care Act).**

Thank you for your time, service, and consideration.

Sincerely,
Zosia Zaks
2104 South Road
Baltimore, MD 21209
Showing Up for Racial Justice Baltimore

SB705 Testimony Access to Care.pdf

Uploaded by: Stephanie Narayanan

Position: FWA



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

SB 705 Health Care for undocumented immigrants .pd

Uploaded by: Brigitta MULLICAN

Position: UNF

Brigitta Mullican

1947 Lewis Ave.

Rockville, MD 20851 LD-17 (Montgomery County)

February 20, 2024

OPPOSE SB 705, Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

Please oppose this Bill 705. We have a moral obligation and responsibility to take care of our **citizens first**. My parents came to America when I was 7 years old. They did not have health insurance or any free government services. They worked hard like most Americans. They were lucky to have had six children in good health and little medical needs. Both parents paid social security all their working years.

As a Montgomery County taxpayer since 1968 and continuing to pay Maryland, County, and City of Rockville taxes, I object to legislators approving the use of taxpayer's money for undocumented people, especially illegal aliens. We have American citizens who need more support. There are too many more pressing needs in our local communities.

With continuing free services by our government, it encourages the rest of the world to come here and take our hard-earned money. It is unfair!

Is it true that anyone can come to Maryland to get health care without residence verification and that anyone can use a friend's address to qualify? What kind of control is there for this?

Is it true you want to provide funds to 400,00 undocumented immigrants to purchase health insurance on the Maryland exchange? How many free services will you continue to approve encouraging people to drain our Maryland budgets? Please consider the taxpayers who disagree with this legislation.

Thank you for your service and please listen to your constituents who pay your salary.

UNFAVORABLE.SB705.HB728.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE SB705/HB728
Access to Care Act
Laura Bogley, JD
Executive Director, Maryland Right to Life

We Strongly Oppose Abortion Funding - On behalf of our Board of Directors and members across the state, we strongly object to this bill as it would appropriate public funds for the purposes of abortion. Taxpayers should not be held financially responsible to pay for abortions, particularly for women or girls who are citizens of other states or other nations and are likely trafficked to Maryland for free and late term abortions. We seek your amendment to exclude abortion funding or urge your unfavorable report.

Maryland Right to Life supports policy that recognizes the equal value of each human being from conception and reminds policymakers that abortion is not a medical treatment and is never medically necessary. This bill would require taxpayers to fund abortions for non-citizens, including minors, through the Maryland Health Benefit Exchange by establishing a Qualified Resident Enrollment Program.

Under the new program abortion providers would be eligible for reimbursement for committing abortions, as they currently qualify under the Maryland Medical Assistance Program and the Maryland Children's Health Program. The bill would require a federal waiver to fund abortions with pass-through federal funds in violation of the intent of Congress. It also authorizes the state to contract out program management to third parties, which may include Planned Parenthood and their network.

Subsidizing Corporate Abortion - Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy and programs include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Public Funding through Maryland Medicaid - The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs currently used for publicly funded reimbursements to abortion providers in Maryland. This bill would add a third program for public funding of abortion procedures and providers.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2024 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2022, we spent at least \$7.6 million for 11,567 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is medically necessary. But abortion is never medically necessary. Similar language has been attached to the appropriation for **MCHP** since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Abortion is NOT Healthcare - The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion is NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. No state has a law prohibiting medical intervention in the case of life of the mother, including treatment for miscarriage or ectopic pregnancy.

Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved as early as 21 weeks gestation.

MDH is Failing Pregnant Women - The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Majority Oppose Funding for Abortion - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

Majority Favor Funding for Life – 80% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Abortion Funding Prohibitions are Constitutional - The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

The Supreme Court has held that the alleged constitutional “right” to an abortion “implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “no other procedure involves the purposeful termination of a potential life” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

Abortion Violates Civil Rights - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. People of color have long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org.

For these reasons, we respectfully urge you to vote against this bill and any and all measures to allocate public funds to abortion providers, services, education, training or promotion. Taxpayers should not be held financially responsible to pay for abortions, particularly for women or girls who are likely trafficked to Maryland for free and late term abortions.

We appeal to you to prioritize the state’s interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Bill SB0705 February 20^LLLJ 2024-Dr. M. HALE.pdf

Uploaded by: Martha Hale

Position: UNF

I would like to ask how is this bill, SB0705, going to be funded? We do know the answer to that question because it will be the hard working Maryland Taxpayers. While I am for helping all persons, Maryland citizens will be at an extreme disadvantage by this legislation. Some of my neighbors are working two or three jobs just to make ends meet and they do not have the luxury of free medical care. They have to spend a good portion of their income on medical care. Our seniors are on a fixed income and many find it hard to pay for the medications they need. If you have a money tree and can pay for this service without costing the Maryland Taxpayers anything, then that would be palatable. However, we know who will end up paying for this and it is not by someone finding a pot of gold at the end of a rainbow. This legislation will hurt the taxpaying citizens, which you are supposed to represent and help.

The other serious problem is that there is no accountability. One could rent a post office Box Under an assumed name and then apply for this free medical care. That person would be able to have free medical care as well. The only ones who profit from this type of scam would be health clinics (walk-in clinics or hospitals, which are mostly For-Profit LLC); the patients get substandard care, the taxpayer foots the bill but the “for-profit health facilities get the money.

Thank you for your service and please consider the taxpayers who are your constituents and who pay your salary.

SB 705 LOI Steve Ports Consulting1.pdf

Uploaded by: Steve Ports

Position: INFO

February 21, 2024

The Honorable Pamela Beidle
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 705
Letter of Information

Dear Senator Beidle:

I am writing to share the results of a study Steve Ports Consulting conducted on behalf of the Health Care for All Coalition to assess the impact that previous major coverage expansions had on hospital uncompensated care while factoring in related hospital assessments to support those expansions.

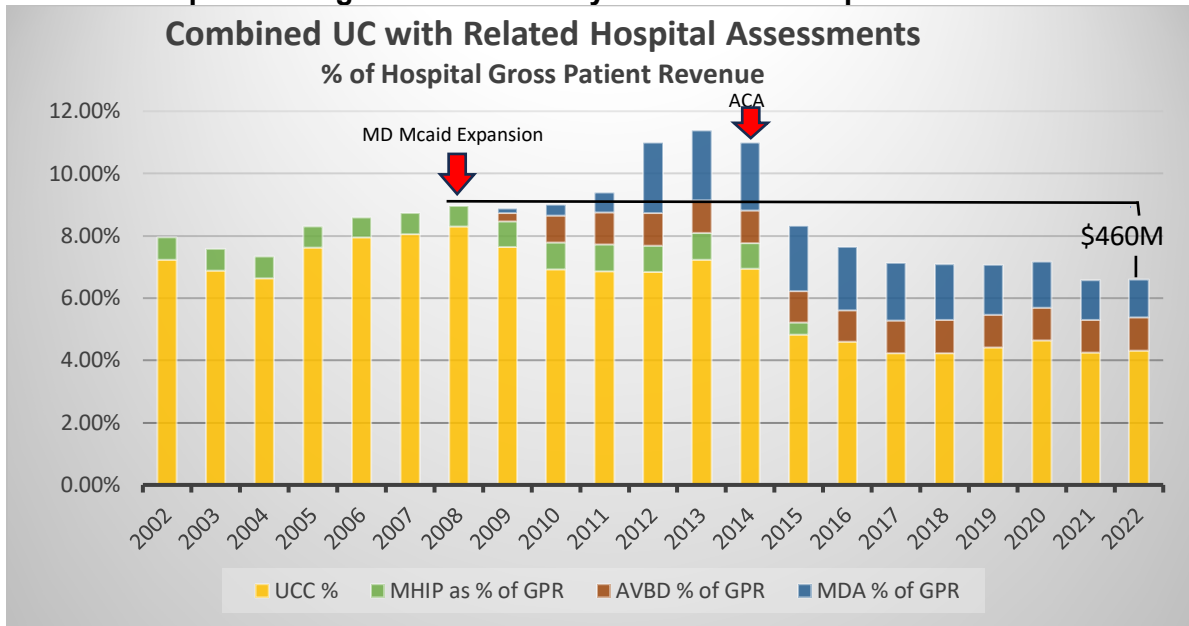
In short, the study found that there was at least \$460 million in savings to hospital rates since the 2007 Medicaid expansion was adopted by the Maryland General Assembly. Those savings accrue to purchasers of hospital care such as public and private payers, consumers, and businesses, and provided the potential to reduce the growth in health insurance premiums and tax liability related to public payers.

As shown in Chart 1 below, it had been clear that hospital uncompensated care had declined since the 2007 Medicaid expansion and the Affordable Care Act, it was not as clear as to whether there were net savings to the system after considering the hospital assessments that were put in place to support these expansions. Our study found that there were net savings resulting from these expansions.

In chart 1, the yellow portion of the bars represents hospital uncompensated care which has declined significantly (from 8.29% of hospital revenue to 4.31%) since the 2007 Medicaid expansion. The other portions of the bars represent the former Maryland Health Insurance Plan

hospital assessment (MHIP in green), the Averted Bad Debt hospital assessment (AVBD in rust), and the Medicaid Deficit Assessment (MDA in blue).

Chart 1. Hospital Savings Since 2007 Maryland Medicaid Expansion



The savings found in this study represent a conservative estimate since it is possible that the Governor and the General Assembly would have considered a more limited Medicaid Deficit Assessment following the 2009 recession to support Medicaid through increased enrollment and reduced State revenues, even without the expansion policies.

The Health Care for All Coalition asked Steve Ports Consulting to conduct this analysis to understand the impact that prior health care expansions has had on hospital costs to answer the question as to whether such strategies can work to both improve access to a full array of health care services for individuals who do not have coverage and at the same time provide savings to the system. The findings of this study found that it has worked in the past to accomplish both of those goals.

Attached please find a copy of the full study. I will be happy to discuss the findings of the study at your convenience.

Sincerely,

Stephen M. Ports

Steve Ports
Steve Ports Consulting

Analysis of Hospital Uncompensated Care, Related Hospital Assessments, and Health Care Expansion

Steve Ports Consulting, December 2023

Executive Summary

The purpose of this study is to examine the trends in hospital uncompensated care in Maryland over the past 20 years to assess the impact that several health coverage expansion policies have had on those trends, and to determine whether there have been savings for purchasers of hospital care through a reduction in hospital uncompensated care inclusive of related hospital assessments.

Maryland's unique hospital payment system is predicated on meeting the total cost of care requirements of an agreement with Medicare by achieving cost savings to Medicare and improved quality outcomes. Assessments in hospital rates increase hospital costs to all payers/purchasers of hospital care in Maryland, which can negatively impact Maryland's performance on the total cost of care requirements. However, if those assessments ultimately result in net savings to Medicare and all payers/purchasers, it can help to achieve the goals of the system and at the same time allow for the availability of comprehensive health care coverage to more Marylanders rather than those individuals depending on emergency care in a hospital.

An analysis of trends since Maryland's expansion of Medicaid coverage in 2007 found that the combined percentage of uncompensated care in Maryland hospital rates and related hospital rate assessments has been reduced equating to at least \$460 million in savings. These savings have provided the potential to reduce the growth in premiums to premium payers, out-of-pocket costs to consumers, as well as provide fiscal benefits to public payers that are supported by their respective tax bases.

Methodology

This study uses the Health Services Cost Review Commission's (HSCRC) annual disclosure reports for each fiscal year 2002-2020 to determine the actual amount of uncompensated care reported by all Maryland hospitals each year and the percentage of gross patient revenue for regulated and unregulated services that uncompensated care represents. We then reviewed legislation and annual reports of the HSCRC to determine the dollar amount of health care coverage and expansion related hospital assessments that were in hospital rates each year during the same period.

In **Chart 2** we summed the total amount of uncompensated care in each fiscal year of the study and added the amount of related coverage/expansion assessments in rates for each year. That total is the combined uncompensated care and related assessments amount. This amount was divided by total hospital revenue in each year to determine the percentage of hospital revenue that UCC and related assessments represented in those years. The last year prior to

implementation of the 2007 Medicaid expansion legislation was 2008. In 2008, hospital uncompensated care and related assessments (only the Maryland Health Insurance Plan assessment was applicable at that time) represented 8.96% of gross patient revenue. The last year of available HSCRC disclosure data available is FY 2022. The combined amount of hospital uncompensated care plus assessments in FY 2022 represented 6.6% of gross patient revenue. The difference between FY 2008 and FY 2022 is -2.36%.

To ensure that hospital inflation (cost, utilization, demographic changes, etc.) and the growth of related hospital assessments is considered in determining the amount of savings, we applied the 2.36% combined uncompensated care and related assessment percentage difference to FY 2022 revenue – \$19.5 billion x 2.36% = \$460 million. The result shows that if the combined uncompensated care and related assessments remained at 8.96% in FY 2022, the amount in hospital rates would have been \$460 million more.

Hospital Uncompensated Care in Maryland

Under Maryland's unique all-payer total cost of care model, the Health Services Cost Review Commission sets rates for services provided by Maryland hospitals and all payers pay the same rates for the same service at a Maryland hospital. The rates, of course, differ by hospital for the same service to recognize the uniqueness and reasonable cost related to each hospital.

To recognize the burden of hospitals to cover the costs of care for patients who cannot or do not pay for their services, the Commission includes an amount in rates to cover all or a portion of the costs associated with uncompensated care. As a result, there are no public hospitals in Maryland and there is no incentive for hospitals to deny care based on a patient's ability to pay.

Uncompensated Care (UCC) is hospital care provided for which no compensation is received, typically a combination of charity care and bad debt. Charity care services are those Commission regulated services rendered for which payment is not anticipated. Charity care is provided to patients who lack health care coverage or whose health care coverage does not pay the full cost of the hospital bill.

There are two types of charity care: (1) free care and (2) reduced-cost care. State law and regulation dictate the minimum eligibility requirements of hospitals for both free and reduced-cost care. Specifically:

1. Free care is care for which the patient is not responsible for any out-of-pocket expenses for hospital care. Hospitals are required statutorily to provide free care to patients with a household income less than 200% of the federal poverty level (FPL).
2. Reduced-cost care is care for which the patient is only responsible for a portion of out-of-pocket expenses and is required for patients with household income between 200 and 300% of the FPL. Reduced-cost care is also required for patients that have a financial hardship, as defined in law, and have household incomes below 500% of the FPL.

The other type of hospital uncompensated care is bad debt, which is for Commission regulated services rendered for which payment is anticipated and credit is extended to the patient, but the payment is not made. There are various exceptions to this definition such as denials from payers are not considered bad debt for the purposes of HSCRC's uncompensated care policy.

The Commission's uncompensated care methodology in determining the amount of uncompensated care to include in rates also incentivizes hospitals to responsibly collect payments from patients and payers who can afford to pay. This prevents the cost of uncompensated care from rising too quickly and increasing hospital costs to consumers.

Table 1 below identifies the various payers/purchasers of hospitals services, the percentage of charges that each payer/purchaser represents, and how those payers/purchasers derive the resources to make those payments. Medicare is the largest payer of hospital services in Maryland representing 42% of hospital charges.

Table 1. Payer Breakdown, % of Hospital Charges, and Source of Revenue to Make Hospital Payments

Payer/Purchaser of Hospital Care in Maryland	% of Total Hospital Charges	Who Pays and the Source of Revenue
Medicare	42%	Federal Gov't derived from Federal tax base, out of pocket costs
Medicaid	20%	State General Funds and Federal Gov't (generally shared 50/50) derived from each tax base, hospital assessments
Commercial	35%	Commercial Insurers derived from premiums on employers and individuals, out of pocket costs
Self Pay/Miscellaneous	2%	Patients, e.g., international medical tourists, that do not have traditional medical coverage

Source: HSCRC Annual Reporting Schedule RE

Table 2 shows that In FY 2022, hospital uncompensated care represented 4.3% of hospital revenue. This means that in FY 2022 hospital rates were increased to all payers by 4.3% to pay for the cost of hospital uncompensated care in the State. The largest source of hospital uncompensated care results from charity care provided to patients. This population typically does not have health care coverage and meets the State and hospital income requirements to be eligible for free or reduced cost care. The remaining uncompensated results from bad debt associated with individuals with commercial insurance, Medicare, or Medicaid coverage.

Table 2. Share of Uncompensated Care by Payer

Bad Debt or Charity Care Associated with Payer/Purchaser	UCC as a Share of Total Hospital Charges	% of Total UCC
Medicare	0.63%	15%
Medicaid	0.60%	14%
Commercial	1.08%	25%
Charity Care/Self Pay	2.02%	47%
Total	4.33%	100%

Source: HSCRC case-mix write-off data set

Major Health Care Expansions in Maryland and US over the Past 20 Years

This study is intended to determine whether two major health insurance reform initiatives implemented in Maryland had an impact on hospital uncompensated care in Maryland. While there are many factors that impact uncompensated care, general trends can help understand whether those reform provisions altered uncompensated care trends. We will examine two major reforms, one of which was Maryland specific and the other represented a broad-based national reform.

Maryland Medicaid Expansion - Chapter 7 of 2007

In 2007, the Governor and the Maryland General Assembly enacted Chapter 7, The Working Families and Small Business Health Coverage Act (The 2007 Act), which expanded access to health care coverage for Maryland residents in the following ways:

- Beginning in FY 2009, expanded Medicaid eligibility to parents and caretaker relatives with household income up to 116% of the FPL, an increase from 46% of the FPL;
- Contingent on available funding, incrementally expanded the Primary Adult Care (PAC) program benefit over three years, to be phased in from FY 2010 through FY 2013. PAC offered limited benefits to childless adults with household income up to 116% of the FPL.

- Established a Small Employer Health Insurance Premium Subsidy Program, to be administered by the Maryland Health Care Commission.

The legislation also required the Commission to implement a uniform assessment on hospital rates that reflects the aggregate reduction in hospital uncompensated care realized from the expansion of the Medicaid/PAC programs under the Act.

Another means of funding the State costs associated with the Medicaid expansion was the revenue generated through the Transportation and State Investment Act of 2007 which increased the cigarette tax from \$1.00 to \$2.00 per pack of 11-20 cigarettes. This Act was passed in conjunction with Chapter 7 with the intent of supporting the expansion and generated between \$70 and \$130 million for the State General Fund. According to an Abell Foundation study “following the \$1.00 per pack cigarette tax increase in 2008, smoking by Maryland adults decreased by 26 percent among current smokers between 2011 and 2016. Among Maryland high school students there was a 47 percent reduction in students who reported smoking a cigarette in the preceding 30 days, as well as a decline in frequent smoking between 2007 and 2015.”¹

The Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, referred to as the Affordable Care Act (ACA) is the comprehensive health care reform law enacted in March 2010, although its major provisions went into effect in 2014. By 2016, the uninsured share of the population nationally had roughly halved, with estimates ranging from 20 to 24 million additional people covered.

One of the primary goals of the legislation was to make affordable health insurance available to more people in the United States. As such the law provides consumers with subsidies that lower costs for households with incomes between 100% and 400% of the federal poverty level and expands the Medicaid program to cover all adults with income below 138% of the federal poverty level. Not all states have expanded their Medicaid programs.

The provisions of the law that are relevant to this study include:

- Guaranteed issue - prohibits insurers from denying coverage to individuals due to preexisting conditions.
- Medicaid Expansion - expanded Medicaid eligibility starting in 2014. All U.S. citizens and legal residents with income up to 138% of the federal poverty level, including adults without dependent children, would qualify for coverage in any state that participated in the Medicaid program. The federal government was to pay 100% of the increased cost

¹ *Public Health Policy in Maryland: Lessons from Recent Alcohol and Cigarette Tax Policies*, The Abell Foundation, February 2018, Volume 31, Number 2.

in 2014, 2015 and 2016; 95% in 2017, 94% in 2018, and phasing out to 90% in subsequent years.

- Created Health Insurance Exchanges - mandated that health insurance exchanges be provided for each state. The exchanges are regulated, largely online marketplaces, administered by either federal or state governments, where individuals, families and small businesses can purchase private insurance plans. Exchanges first offered insurance for 2014.
- Employer Mandate - businesses that employ 50 or more people but do not offer health insurance to their full-time employees are assessed an additional tax if the government has subsidized a full-time employee's healthcare through tax deductions or other means.
- Premium Subsidies - individuals whose household incomes are between 100% and 400% of the FPL are eligible to receive federal subsidies for premiums for policies purchased on an ACA exchange, provided they are not eligible for Medicare, Medicaid, the Children's Health Insurance Program, or other forms of public assistance health coverage, and do not have access to affordable coverage

Analysis

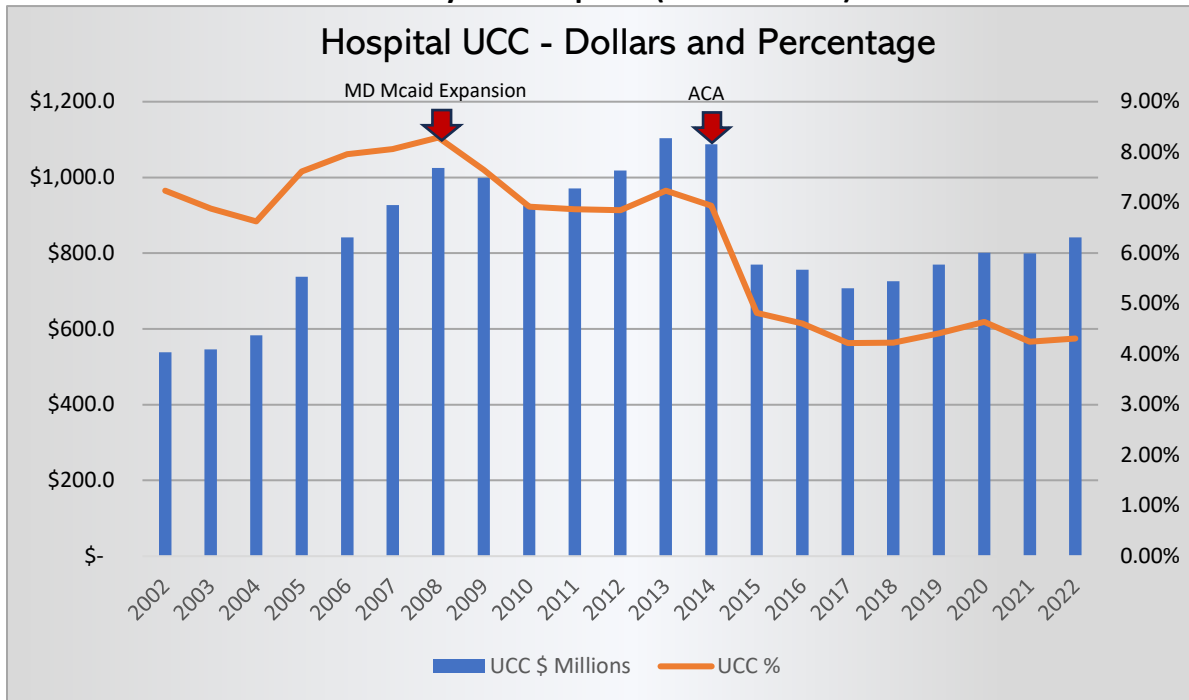
Hospital UCC Amount in Maryland and Percentage of Hospital Gross Patient Revenue

For the purposes of this study, we have obtained the actual amount of uncompensated care and the percentage of revenue that hospital uncompensated care represented beginning in FY 2002. It is important, however, to distinguish between experienced uncompensated care and the amount placed in rates. While these percentages will be similar, Commission policies have changed over the years that can slightly alter the amount put in rates from the actual uncompensated care experienced by all hospitals.

In addition, these percentages may also differ slightly from other HSCRC reports in that this study includes uncompensated care at freestanding medical facilities such as University of Maryland – Bowie, Laurel, and Queen Anne's.

Chart 1 below shows the amount of UCC that hospitals have experienced in millions of dollars, and the percentage of patient revenue that it represents, dating back to 2002.

Chart 1. Total Actual UCC at Maryland Hospitals (FY 2002-2022)



Source: HSCRC Disclosure Reports 2002-2022

Chart 1 shows that, following the major health care reforms reviewed in the study, the total amount of uncompensated care experienced by Maryland hospitals declined from \$1.025 billion in 2008 to \$707 million in 2017 and \$842 million in 2022. Following the implementation periods of each reform, uncompensated care resumed growth due to many factors including growth in hospital revenues, hospital utilization, population changes, and the impact of the economy on employment and coverage.

To better understand the impact of uncompensated care on rates in the context of normal revenue growth, HSCRC typically considers uncompensated care as a percentage of hospital regulated gross patient revenue. **Chart 1** also shows a clear decline in hospital uncompensated care from a high of 8.29% in FY 2008, prior to the first reform, to a low of 4.25% in 2021. HSCRC has indicated that the slight uptick in the percent of uncompensated care between 2021 and 2022 was driven by the increase in Emergency Department utilization as the COVID-19 Pandemic gradually phased out. It is possible that uncompensated care could increase in FY 2024 as Medicaid has not made redeterminations over the course of the pandemic and has now begun to “unwind” the prior determinations.

As for the impact of the pandemic, HSCRC has indicated that the downward trend in uncompensated care in 2021 was driven in part by significant statewide declines in hospital utilization, with declines in ED utilization being the largest driver.

UCC Analysis Inclusive of Related Assessments

It is important to note that some of the major coverage expansions in Maryland over the past 20 years have been partially supported by offsets in hospital uncompensated care in the form of hospital rate assessments. They have also been supported by a federal match on Medicaid expansion and subsidies for some of the coverage obtained through the Maryland Health Benefit Exchange. To determine the true savings from the expansions it is important to take the rate offsets or hospital assessments into account. For the Medicaid-related expansions, these assessments partially reduced the financial pressure on Medicaid to provide more services to more enrollees.

To recognize the expected shift from uncompensated care that results from coverage expansion, the General Assembly passed several laws to create hospital assessments to be implemented through the HSCRC that is paid primarily by purchasers of hospital care (i.e., insurers, the State and federal government, out of pocket costs to consumers, etc.). These assessments apply to all payers and are transferred to Medicaid to pay for services to Medicaid enrollees. Below are those assessments.

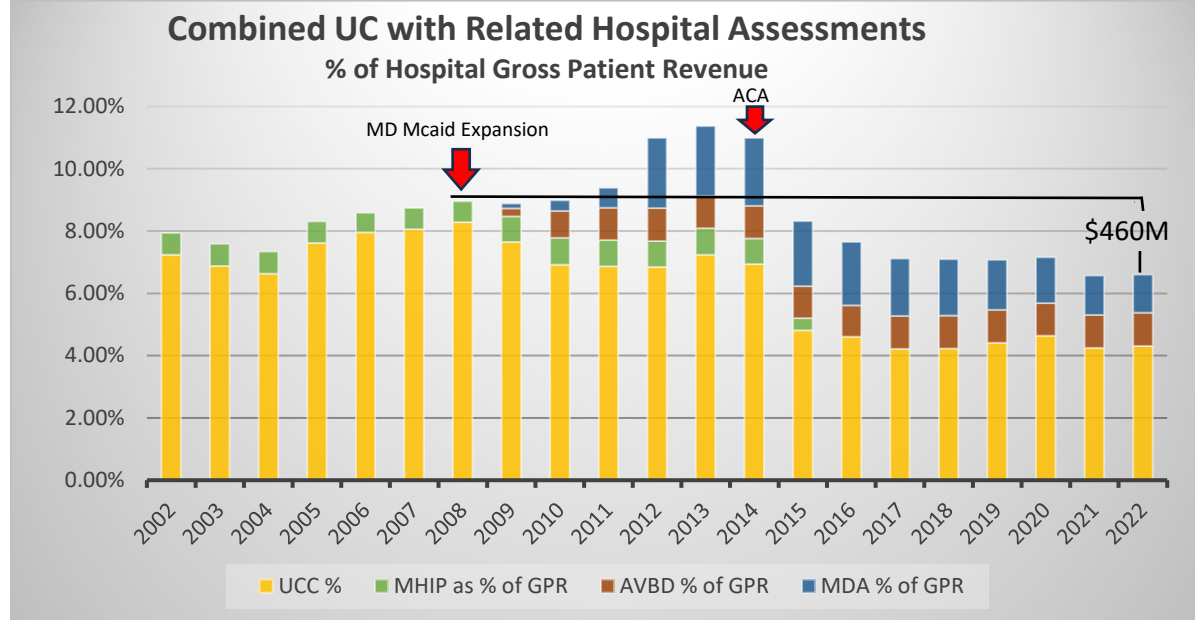
- *Maryland Health Insurance Program (MHIP) and Substantial, Accessible, and Affordable Coverage Program (SAAC)* – For decades the HSCRC provided a subsidy to commercial insurers known as SAAC to provide open enrollment to the “uninsurable” population as a mechanism to expand coverage throughout the State with the goal of reducing hospital uncompensated care. Following the passage of Chapter 153 of the Laws of 2002, the SAAC program was replaced by the Maryland Health Insurance Program (MHIP) in 2003. The initial assessment was equivalent to the value of the SAAC subsidies or 0.8128%. Chapter 397 of the Laws of 2011 changed the assessment to the amount need to support the operations of MHIP but was to be established at no less than 0.8128% of hospital patient revenue. MHIP expired when the Health Benefit Exchange began. A portion of the balance of the assessment was transferred to the Exchange and the remaining balance was transferred to the HSCRC to support infrastructure for care transformation (Maryland Health Information Exchange - CRISP, etc.).
- *Averted Bad Debt (AVBD) Assessment* – As indicated above, Chapter 7 of the Laws of 2007 established an offset in rates for the amount that the Maryland Medicaid expansion reduced uncompensated care in rates. Under Chapter 7, new Medicaid enrollees would receive full coverage rather than receiving free or reduced cost care at the time of hospital or ED visit, resulting in hospital uncompensated care. The averted bad debt assessment increases hospital rates to all payers proportionately, and the yield for the assessment is transferred to the Medicaid program to pay for care for services for Medicaid enrollees which is typically matched 50% by the federal government.

- *Medicaid Deficit Assessment* - Following the 2009 “Great Recession”, small assessments were added to hospital rates to reduce deficits in the Medicaid budget. In 2011, the Maryland General Assembly through the Budget Reconciliation and Financing Act (BRFA) initiated the Medicaid Deficit Assessment as we know it today. At the time, the State faced a significant gap between ongoing general fund spending and revenues. Federal stimulus funds provided through the American Recovery and Reinvestment Act of 2009 had been integral to the State’s ability to meet its health care obligations during the two years following the 2009 economic downturn, but those funds went away in FY 2012. The federal funds covered \$670 million of the Medicaid budget shortfall through a temporary enhancement in the federal Medicaid match. The loss of these funds in FY 2012, coupled with a sluggish recovery from the national recession, left a sizable gap between ongoing general fund spending and revenues. Thus, the General Assembly adopted a Budget Reconciliation and Financing Act (BRFA) provision to require the HSCRC to include policies to support Medicaid in the amount of \$389.8 million beginning in FY 2012. Subsequent BRFAs have reduced that amount over time. The Commission set a policy that the first \$56 million of the Medicaid Deficit Assessment amount will be paid directly from the profit margins of hospitals and the remaining will be included in the rates paid by purchasers of hospital care.

All payers pay this assessment which is transferred to the Medicaid program. When those funds are expended for care, Medicaid receives a federal match of 50% of eligible costs.

The primary purpose of this study is to determine whether there have been savings for purchasers of hospital care through a reduction in uncompensated care in rates inclusive of related assessments since the implementation of the major health care reform initiatives. To take into account the growth in hospital revenue, one must look at the trends in uncompensated care and related assessments on a percentage of hospital revenue basis.

Chart 2. Combined Uncompensated care (UCC) and Related Assessments as % of Hospital Revenue (Includes MHIP, Averted Bad Debt, and Medicaid Deficit Assessment % in Rates)



Note: This chart shows the Medicaid Deficit Assessment (MDA) amount in rates paid by all payers. Hospitals pay an additional \$56 million each year on top of this amount for the total amount transferred to Medicaid.
 Source: HSCRC Disclosure Reports and HSCRC Annual Reports 2002-2022

Chart 2 demonstrates that the percentage of hospital revenue the combination of uncompensated care in rates plus the MHIP, AVBD and Medicaid Deficit Assessments has declined since the implementation of the 2007 Maryland Medicaid expansion. The combination of uncompensated care and assessments has declined from its highest of 11.38% of hospital gross patient revenue in FY 2013 (prior to the ACA) to 6.6% in FY 2022. There was a slight uptick in FY2020 which could represent a byproduct of utilization changes caused by the pandemic.

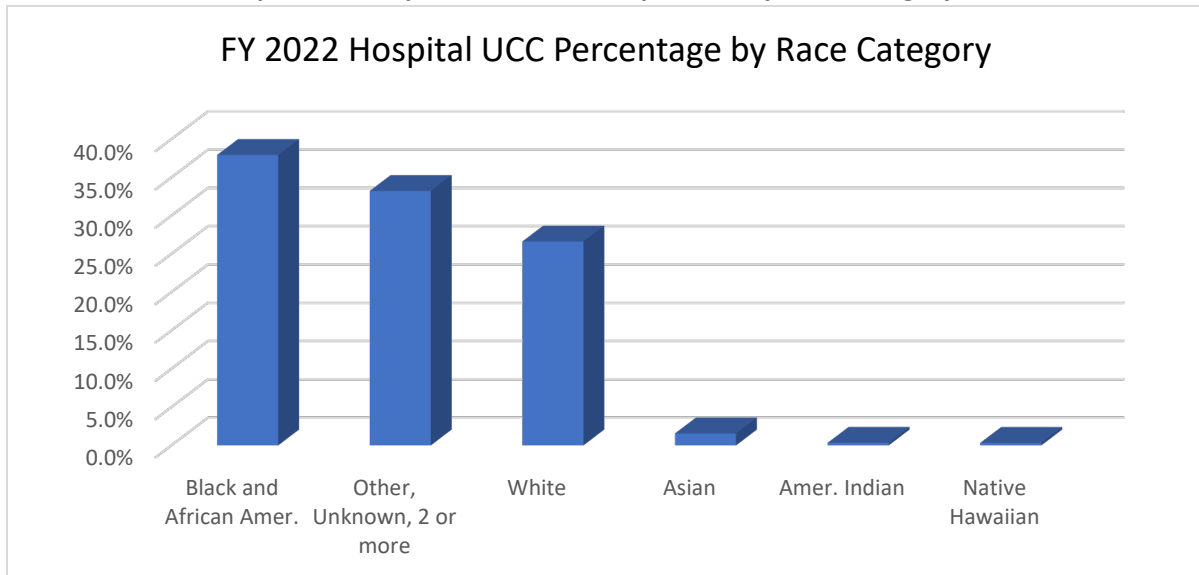
However, immediately following the 2007 Maryland Medicaid expansion, while the uncompensated care percentage of hospital gross patient revenue declined, the total percentage with related assessments increased significantly. This was primarily due to the use of the Medicaid Deficit Assessment as a budget mechanism to assist the State and Medicaid navigate through the difficult budget revenue situation caused by the recession of 2009. The sum of the percentage of UCC and assessments increased from 8.96% in FY2008, prior to the assessments, to the high of 11.38% in FY2013 prior to the ACA. Since that time, the combined percentage has declined.

As shown in **Chart 2**, if the combined uncompensated care and related assessment percentage remained at 8.96%, the percentage prior to the expansion policies, the combined percentage would have been \$1.749 billion rather than \$1.288 billion – a reduction of over \$460 million.

Composition of Hospital Uncompensated Care by Race

The analysis above has led us to the question of what is the composition of the remaining hospital uncompensated care in Maryland? As part of its case-mix data set, the HSCRC has been collecting write-off or uncompensated care data regarding the race and ethnicity of patients.

Chart 3. FY 2022 Hospital Uncompensated Care Composition by Race Category



Source: HSCRC case-mix write-off data set

As indicated in **Chart 3**, in FY 2022, 38% of hospital charity care or bad debt patients have identified themselves as Black or African American; 33% have identified as other, unknown, or two or more races; and 26.6% as White. Those identifying themselves as Asian, American Indian, and Native Hawaiian combined represent under 3% of hospital charity care and bad debt.

Conclusion

While we cannot assume that the major health care reforms outlined in the study are the only factors impacting hospital uncompensated care, the trends above show that they certainly represent an impact. The estimated savings from this report is a conservative estimate since it is possible that the Governor and the General Assembly would have considered a more limited Medicaid Deficit Assessment following the 2009 recession to support Medicaid through increased enrollment and reduced State revenues, even without the expansion policies discussed in this paper.

Many studies have shown how better access to health care and the availability of full coverage can help improve the health care outcomes of individuals as well as the health of the population. To the extent that these reforms have done that, it is a clear benefit to those who were previously unable to obtain coverage. This study poses the question as to whether the

amount purchasers of hospital care pay for uncompensated care through hospital rates inclusive or related assessments has been impacted from these policies as well. This study shows that the combination of the reduced hospital uncompensated care from expanded coverage and rate increases from related assessments on all payers to financially support Medicaid initially increased hospital rates, but since the implementation of the ACA has declined precipitously. It is important to note that any increase in hospital rates today could negatively impact HSCRC's Total Cost of Care Model savings requirements if such policies do not accrue net savings.

As shown in **Chart 2** above, when looking at total percentage of uncompensated care in hospital rates and associated assessments between 2008, before the Maryland Medicaid expansion, and 2022 there is a savings of at least \$460 million during that period. This represents savings to purchasers of hospital care such as public and private payers, consumers, and businesses. These savings provided the potential to reduce the growth in premiums to premium payers, and out-of-pocket costs to consumers, as well as provide fiscal benefits to public payers that are supported by their respective tax bases.

This study also provides a cursory look at the racial composition of the remaining uncompensated care. We found that those patients identifying themselves as Black or African American make up the largest portion of hospital uncompensated care (38%). However, the second largest category are those who have reported as other, unknown, or two or more races. To better understand the racial and ethnic composition of hospital uncompensated care, further analysis would be necessary regarding the reliability and usability of the data.