

****ORGANIZATION LOGO****

Testimony in SUPPORT of HB 728

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

House Health and Government Operations Committee

February 8, 2024

Dear Honorable Chair Peña-Melnyk, and Members of the Committee,

ORGANIZATION is pleased to provide testimony in support HB 728- Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

ORGANIZATION BACKGROUND. **HB 728 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.** HB 728 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

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

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. HB 728 is a crucial step in addressing access to care for all Marylanders. **<STORY OF IMPACTED COMMUNITY MEMBER(S)/ORGANIZATION TIE TO ISSUE>**

HB 728 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.

<INSERT OTHER REASONING FOR SUPPORT OF BILL, IF DESIRED, SEE BELOW FOR MORE EXAMPLES>

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, **ORGANIZATION** urges a favorable report of House Bill 728.

Other Data /Points to Consider & Possibly Use in Testimony:

- Medical Debt
 - 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 ([Science Direct](#)).
- Health Disparities
 - 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 ([Altarum Healthcare Value Hub](#)).
 - During the COVID-19 pandemic, Latinx residents made up 11% of Maryland's total population, yet accounted for 20% of all deaths in the state. (La Clinica del Pueblo)
 - 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](#))
- Benefit to the Consumer:
 - Under the Affordable Care Act, residents that do not have current legal residency status are not permitted to buy insurance on the Health Care Exchange. While they can purchase insurance in the commercial market, that is essentially an unsupported process and therefore is not user friendly or used very often.
 - 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 more vulnerable to fraud.
 - 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 on the Exchange.
 - 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.
 - Allowing folks to purchase health care on the Exchange allows them to take advantage of the competitive market. It also provides a sense of personal autonomy and self-responsibility.

- Benefits to the State:
 - 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.
 - These individuals are paying unsubsidized premiums plans on the Exchange, which helps 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.