



SB 705 - Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)
Health and Government Operations Committee

March 21, 2024

SUPPORT

Chair Pena-Melnyk, Vice-Chair Cullison 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](#)