



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

The National Immigration Law Center (NILC) supports H.B. 728, the Health Insurance - Qualified Resident Enrollment Program (Access to Care Act), and appreciates the opportunity to submit written testimony.

NILC is the leading advocacy organization in the United States exclusively dedicated to defending and advancing the rights and opportunities of low-income immigrants and their families. For 45 years, NILC has been a nationally recognized expert in public benefits laws and policies affecting low-income immigrants, including the effects of public charge policies on this population. Our work is focused on issues that affect immigrant families' well-being and economic security: health care and safety net programs; education and training; workers' rights; and other federal and state policies affecting immigrants.

H.B. 728 would address critical health disparities by the simple act of requiring MHBE to request an Affordable Care Act (ACA) Sec. 1332 state innovation waiver to allow Maryland residents, regardless of their immigration status, to purchase insurance through Maryland Health Connection, the state's marketplace. As this testimony demonstrates, Maryland is not the first state to consider this kind of innovation, and we expect it will not be the last. Providing a path to accessing health insurance is an important investment in the health of Maryland's immigrant residents and their families, as well as an investment in the state's economic success.

Support for Expanding Access is Growing

As the committee considers this bill, there is considerable momentum on state expansion of health coverage, in no small part due to the effects of the COVID-19 pandemic.¹ As of now, five states and the District of Columbia offer or will offer public or private health coverage to their income-qualified residents regardless of their immigration status. These states are home to 28

percent of the nation's foreign-born residents. That number jumps to 74 percent of foreign-born residents who live in jurisdictions that offer or plan to offer health coverage options to certain populations, regardless of status (which includes Maryland for its coverage for pregnant people).² In addition, forty-four states, including Maryland, have elected to receive federal funding to cover lawfully present children and/or pregnant people in Medicaid and the Children's Health Insurance Program without any waiting periods.³

In addition to the growth in numbers, states and other jurisdictions have demonstrated considerable innovation in removing barriers for immigrant residents.⁴ The federal government has approved waivers related to undocumented residents under Section 1332 of the Affordable Care Act.⁵ Washington, the first state to be granted a waiver,⁶ launched its coverage in 2024, making roughly 100,000 residents eligible for comprehensive health coverage. Colorado launched a shadow Marketplace in 2023 under a program made possible due to the state's Sec. 1332 waiver.⁷

This momentum builds on the values and the progress brought by the Affordable Care Act, which has allowed more than 28 million people across the country to gain access to affordable health care. Since the establishment of the Maryland Health Benefit Exchange (MHBE) in 2011, the state's uninsured rate has almost halved, from 12% to 6%.⁸ H.B. 728 would continue Maryland down this path and continue delivering upon the promise of the Affordable Care Act.

Access to Health Coverage is Essential for Maryland

In Maryland, as throughout the U.S., undocumented immigrants participate in the workforce at higher rates than the U.S.-born.⁹ Immigrant workers played a critical role in maintaining access to essential services, including health care, food production, and transportation during the peak of the COVID-19 pandemic. They continue to do so.¹⁰ Yet these essential members of our communities and their family members are less likely than the US-born to be offered health coverage by their employers and are often ineligible for public health insurance options including the Affordable Care Act and comprehensive Medicaid services, although their tax dollars support these programs.

In addition to working many of the most important jobs, immigrant workers are significant contributors to the state's economy and tax revenues. In Maryland, undocumented immigrants contributed more than \$332 million in state and local taxes as of 2017.¹¹ Providing access to affordable health care options for undocumented residents would bolster this significant driver of the state's economy.

The High Cost of Uninsurance

Being uninsured has human as well as economic costs. Extensive research demonstrates that uninsured adults receive poorer quality of care, and experience worse health outcomes than those with insurance.¹² Among young adults, traumatic injury is the leading cause of death and disability.¹³ Numerous studies have documented that uninsured trauma patients were more likely to die in the hospital and less likely to receive rehabilitative care than insured trauma patients, even after accounting for patient comorbidities and injury characteristics.¹⁴

Mortality from cancer is also higher among the uninsured. While cancer patients without insurance are typically diagnosed with more advanced disease, a recent study found that their mortality is higher at every stage of the disease than that of insured patients.¹⁵

Providing expanded eligibility to uninsured individuals would reduce the exposure to tragic health outcomes and unaffordable medical costs for those individuals and their families. It would also benefit the larger community.

When a state expands access to health coverage, health-related access and outcomes improve for both residents who were previously insured, as well as those who acquire coverage. This effect is not limited to improved treatment and control of communicable disease. Researchers have found that a higher community uninsurance rate leads to a higher probability of difficulty obtaining needed care for individuals with private insurance.¹⁶ One study showed that the amount privately insured patients pay for emergency department services increased with the percentage of uninsured community members.¹⁷ This effect may reflect a preference for physicians to practice in communities with fewer uninsured patients. Studies comparing states that did and did not expand Medicaid under the Affordable Care Act show that new internists preferred to practice in states that had expanded Medicaid.¹⁸

As the COVID-19 pandemic laid bare, we are all interconnected. Vital members of our communities should not be excluded from essential public services because of where they were born and how long they have been here.

Conclusion

With progress accelerating, advocates and policymakers across the country are looking eagerly at these developments, and my colleagues and I at NILC are constantly fielding questions about

how their state can be the next Washington or Colorado. This bill would provide an important opportunity in Maryland consistent with the values already followed by lawmakers in the state. The federal government approved Washington’s waiver because it will “help Washington work towards its goals of improving health equity and reducing racial disparities” — these are worthwhile goals that this committee could uphold, while also supporting workers and the state’s economy.

Again, we appreciate the opportunity to provide testimony on H.B. 728. Please reach out to me at lopas@nilc.org if I can provide additional information.

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¹ See Matthew Lopas, “On the Path Toward Health for All: A Winning Strategy,” National Immigration Law Center (Dec. 2023), https://www.nilc.org/wp-content/uploads/2023/12/1-NILC_OnthePath-WinningStrat_Final_.pdf; Phil Galewitz, “More states extend health coverage to immigrants even as issue inflames GOP,” National Public Radio (Dec. 29, 2023), available at <https://www.npr.org/sections/health-shots/2023/12/29/1221780712/more-states-extend-health-coverage-to-immigrants-even-as-issue-inflames-gop>.

² “States Continue to Invest in the Health and Well-Being of Immigrants: Highlights from 2023,” National Immigration Law Center (Jan. 2024), https://www.nilc.org/wp-content/uploads/2024/01/NILC_StateReport-2024.pdf (based on NILC analysis of Census and ACS data).

³ See Tanya Broder, “Medical Assistance Programs for Immigrants in Various States,” National Immigration Law Center (Updated Jan. 2024), <https://www.nilc.org/issues/health-care/medical-assistance-various-states/>; see also Gabrielle Lessard, “On the Path Toward Health for All: Opportunities for States to Expand Public Coverage to Immigrants Using Federal Funds,” National Immigration Law Center (Dec. 2023), https://www.nilc.org/wp-content/uploads/2023/12/2-NILC_FedFunded_Final-1.pdf.

⁴ See Claire Heyison and Shelby Gonzales, “States Are Providing Affordable Health Coverage to People Barred From Certain Health Programs Due to Immigration Status,” Center on Budget and Policy Priorities (Rev. Feb. 2024), <https://www.cbpp.org/research/immigration/states-are-providing-affordable-health-coverage-to-people-barred-from-certain>.

⁵ See Gabrielle Lessard, “On the Path Toward Health for All: Opportunities for States to Expand Access to Private Coverage through State Innovation Waivers (Dec. 2023), https://www.nilc.org/wp-content/uploads/2023/12/4-NILC_1332Waivers_Final.pdf (explaining the how these waivers work and what they can accomplish).

⁶ Washington: State Innovation Waiver (Fact Sheet), Centers for Medicare and Medicaid Services (Dec. 9, 2022), <https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf>.

⁷ Colorado: State Innovation Waiver – Amendment (Fact Sheet), Centers for Medicare and Medicaid Services (June 23, 2022), <https://www.cms.gov/files/document/1332-co-amendment-fact-sheet.pdf>.

⁸ Uninsured in Maryland, America's Health Rankings (Last Accessed Feb. 6, 2024), <https://www.americashealthrankings.org/explore/measures/HealthInsurance/MD>.

⁹ "State Immigration Data Profiles: Maryland," Migration Policy Institute, <https://www.migrationpolicy.org/data/state-profiles/state/workforce/MD/> (last visited Feb. 21, 2023).

¹⁰ Julia Gelatt and Muzaffar Chishti, "COVID-19's Effects on U.S. Immigration and Immigrant Communities, Two Years On," Migration Policy Institute (2022), available at <https://www.migrationpolicy.org/research/covid19-effects-us-immigration>.

¹¹ Lisa Christensen Gee, et al., "Undocumented Immigrants' State & Local Tax Contributions," Institute on Taxation & Economic Policy (March 2017), available at <https://itep.sfo2.digitaloceanspaces.com/immigration2017.pdf>.

¹² See, e.g., Steffie Woolhandler and David U. Himmelstein, "The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?," *Annals of Internal Medicine* (Sept. 19, 2017), available at <https://www.acpjournals.org/doi/10.7326/m17-1403>; J Michael McWilliams, "Health consequences of uninsurance among adults in the United States: recent evidence and implications," *Milbank Q.* (June 2009)87(2):443-94 available at <https://pubmed.ncbi.nlm.nih.gov/19523125/>.

¹³ "Deaths and mortality, 2021," Centers for Disease Control and Prevention, National Center for Health Statistics, <https://www.cdc.gov/nchs/fastats/deaths.htm>

¹⁴ See, e.g., Gerry JM, Weiser TG, Spain DA, Staudenmayer KL, "Uninsured status may be more predictive of outcomes among the severely injured than minority race." *Injury* (Jan. 2016) 47(1):197-202, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698055/>; Sacks GD, Hill C, Rogers SO Jr. "Insurance status and hospital discharge disposition after trauma: inequities in access to postacute care," *J Trauma* (Oct. 2011) 71(4):1011-5, available at <https://pubmed.ncbi.nlm.nih.gov/21399544/>.

¹⁵ Jingxuan Zhao, Xuesong Han, Leticia Nogueira, Stacey A. Fedewa, Ahmedin Jemal, Michael T. Halpern, K. Robin Yabroff, "Health insurance status and cancer stage at diagnosis and survival in the United States," *CA: A Cancer Journal for Clinicians* (Nov/Dec 2022) Volume 72, Issue 6, 542-560, available at <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21732>.

¹⁶ Carole Roan Gresenz, José J Escarce, "Spillover effects of community uninsurance on working-age adults and seniors: an instrumental variables analysis," *Med Care* (Sep. 2011) 49(9):e14-21., available at <https://pubmed.ncbi.nlm.nih.gov/21865890/>

¹⁷ Kirby JB, Cohen JW, "Do People with Health Insurance Coverage Who Live in Areas with High Uninsurance Rates Pay More for Emergency Department Visits?" *Health Serv Res.* (Apr. 2018) 53(2):768-786., available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867177/>.

¹⁸ Escarce JJ, Wozniak GD, Tsipas S, Pane JD, Brotherton SE, Yu H., "Effects of the Affordable Care Act Medicaid Expansion on the Distribution of New General Internists Across States," *Med Care* (July 1, 2021) 59(7):653-660, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8191468/>.