

LeadingAge Maryland - 2023 - SB 622 - medicaid wai

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Finance
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 622, Medicaid Waiver Programs – Waitlist and Registry Reduction
(End the Wait Act)
DATE: March 7, 2023
POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 622, Medicaid Waiver Programs – Waitlist and Registry Reduction (End the Wait Act).

LeadingAge Maryland is a community of more than 140 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year. Our mission is to be the trusted voice for aging in Maryland, and our vision is that Maryland is a state where older adults have access to the services they need, when they need them, in the place they call home. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

Under this bill, the remaining funding of the appropriation made for Medicaid waiver expansions may be used for the purpose of hiring and retaining providers among the waiver programs. For some time, LeadingAge Maryland has urged expanded access to the Home and Community-Based Waiver which provides community services and supports to enable older adults and people with disabilities to live in their own homes. Maryland residents age 18 and over who need assistance with activities of daily living, such as bathing, grooming, dressing and mobility can apply.

There are both financial and health benefits of receiving care in the community. In fact, a 2013 study examined the impacts the length of home and community-based services wait lists on a variety of factors. The study notes that older applicants in general were disproportionately impacted by longer wait list times, and that “those with short wait times (versus long) had a 48

percent lower risk of having a long-term nursing home stay in the three years after application and had lower average Medicaid spending on long-term stays of \$111 per person per month”. (2013, ASPE). According to the Kaiser Family Foundation, in the US, individuals on these wait lists wait an average of 30 months before gaining access to services and supports, although there is significant variation based on the type of care or support an individual is seeking – some waiting more than 66 months (2019, Kaiser Family Foundation).

The Maryland Medicaid Home and Community Based Services Options Waiver (HCBOW) program can provide the needed services to Marylanders with disabilities at home. Maryland has permission from the federal government to grant 6,348 waivers for home and community-based services, but it only enrolls 4,286 residents. More than 25,000 residents sit on wait lists to be approved. In 2019, HCBOW served less than 5,700 individuals. When the MDH readjusts HCBOW program availability every few years, it does not count eligible people on the 8-year, 25,000-person waiting list. As long as Marylanders are unable to live at home and bypass the lengthy waiting list, their only option is entering a nursing home. This is costly and unnecessary. Senate Bill 622 assists in ensuring that the workforce meets the needs of the individuals.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 622.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB622_Waitlist_KennedyKrieger_Support.pdf

Uploaded by: Emily Arneson

Position: FAV



DATE: March 7, 2023 **COMMITTEE:** Senate Budget and Taxation
BILL NO: Senate Bill 622
BILL TITLE: Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 622 - Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act).

Bill Summary:

Senate Bill 622 authorizes Medicaid funding to be used for hiring and retaining providers for the Community Pathways Waiver, Family Supports Waiver, The Brain Injury Waiver, the Home and Community Based Options Waiver, the Medical Day Care Services Waiver, the Model Waiver for Medically Fragile Children, and the Autism Waiver.

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.

Rationale:

During the 2022 legislative session, legislators passed an important bill requiring the Maryland Department of Health to develop plans to reduce the registries and waiting lists by 50% in fiscal year 2024. This legislation is a tremendous step forward in ensuring individuals with disabilities and their families are able to access important programs and services. Additionally, the fiscal year 2024 proposed budget has provider increases and other investments that will assist in this process.

However, by clarifying that \$10 million must be used to expand the Autism Waiver by 1350 slots, this bill takes those appropriations one step further. The additional \$20 million in this fund will be used to provide community services to individuals on the other waiting lists, grow provider capacity, increase rates and address other issues related to capacity.

Currently, close to 4,000 individuals with disabilities are on the waiting list for services through the Developmental Disabilities Administration (DDA). This number does not include individuals on the DDA "future request" list, a registry for those who have been found eligible for developmental disability services but are more than 3 years away from entering adult services. In addition, over 6,000 school-age children are on the autism registry waiting to go through the eligibility determination process. These children, who need services immediately, must wait years to have even the possibility of receiving services. Clearly, far too many Marylanders with disabilities and their families are waiting for the critical services and supports they need to live, work, and thrive in their communities.

Kennedy Krieger recognizes that dedicated financial resources are needed to: support onboarding and training of new provider agencies, address the staff recruitment and retention crisis of the direct support professionals' workforce, and increase the capacity of current provider agencies by offering critical funds to expand service offerings and operational infrastructure.

Kennedy Krieger Institute requests a favorable report on Senate Bill 622.

Emily Arneson – AVP Government Affairs – arneson@kennedykrieger.org or 443-631-2188
707 North Broadway Baltimore, Maryland 21205 (443) 923-9200/Telephone (443)923-9125/Facsimile

SB622_FAV_AlzheimersAssociationMD.pdf

Uploaded by: Eric Colchamiro

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 622 - Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)
Position: Favorable

Chair Guzzone and Vice Chair Rosapepe,

The Alzheimer's Association – representing the over 110,000 Marylanders with Alzheimer's and other forms of dementia, along with their caregivers – writes in support of SB 622. This legislation authorizes certain Medicaid funding to be used for hiring and retaining providers in certain waiver programs; and alters the uses of certain funding appropriated to the Dedicated Purpose Account in the fiscal year 2023 budget bill.

This legislation – including but not limited to the home and community-based services waiver – can help people with Alzheimer's and other forms of dementia, who need access to care so that they can age in place. The need, as this bill notes, is partially based on the lack of available providers.

We applaud this solution and encourage passage of this bill, as one aspect of helping seniors in need, and reducing the historic and unnecessary wait lists that Maryland has had.

HFAM Testimony SB 622.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE**

Senate Bill 622: Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)

March 7, 2023

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 622. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 622 authorizes certain Medicaid funding to be used for hiring and retaining providers in certain waiver programs, and alters the uses of certain funding appropriated to the Dedicated Purpose Account in the fiscal year 2023 budget bill.

We support moving Marylanders off waiver wait lists and into safe and appropriate care settings. In our settings, the Home- and Community- Based Options Waiver provides community services to older adults and people with disabilities such as assisted living, medical day care, family training, senior center plus, and accessibility adaptations.

In order to qualify for this waiver, people must need support with activities of daily living and meet the level of care required to qualify for nursing facility services. It is important to address ongoing concerns surrounding the Home- and Community-Based Options Waiver so that Marylanders can receive care in the clinically-appropriate setting of their choice.

It is critical that the Maryland Department of Health (MDH) does not cut long-term care Medicaid rates or utilization in other Medicaid programs to fund home- and community-based care.

Long-term care Medicaid provides access to quality care for Marylanders facing multiple chronic conditions who would likely otherwise require care in a hospital at higher cost. Medicaid funding in long-term care remains underfunded and new or expanded programs cannot be funded at the expense of Marylanders receiving care in other settings across the healthcare continuum.

HFAM has long advocated that Marylanders in need of post-acute and long-term care should receive that care in a clinically appropriate setting that meets both their medical and personal needs. HFAM has also long supported access to care and adequate funding across settings.

If a person can safely receive care at home, then they should have the opportunity to do so. However, the vast majority of people who receive care in Maryland's skilled nursing and rehabilitation centers are medically complex and require round-the-clock care that family members are unable to provide. Therefore, they are unable to safely receive care at home.

Medicare and Medicaid rate structures are designed to support quality long-term and post-acute care in skilled nursing and rehabilitation centers for these medically complex people who cannot live or receive rehabilitation safely at home.

We must continue to increase care capacity and adequate rates across multiple settings. We do need to build home- and community-based care capacity, just as we need to increase capacity in long-term and post-acute care.

In building capacity in any of these areas, we cannot cut rates in one setting at the expense of another, nor can we assume a reduction in the utilization of services in any particular setting. Ultimately our success in reducing utilization of long-term care services will come from our population health work to reach Marylanders at risk of chronic illness.

Again, it is critical that there are no cuts to long-term care Medicaid rates or utilization in other Medicaid programs to fund home- and community-based care.

For these reasons and with these considerations, we respectfully request a favorable report from the Committee on Senate Bill 622.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 622_MACS_FAV_Howell.pdf

Uploaded by: Laura Howell

Position: FAV



MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

Senate Budget & Taxation Committee
SB 622: Medicaid Waiver Programs – Waitlist and Registry Reduction
(End the Wait Act)
March 7, 2023
Position: Support with Sponsor's Amendments



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**Maryland Developmental
Disabilities Council**

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The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for Marylanders with intellectual and developmental disabilities (IDD). As such, we strongly support this bill, with the sponsor's amendments that make sure the \$30 million is used to provide community services to people waiting for services and also allows the funds to be used to expand community capacity.

WHAT does this bill and the amendment do?

- Clarifies that the \$30 million in the dedicated purpose account must be used to expand *all* Medicaid waivers, with \$10 million specifically for the Autism Waiver.
- Allows a portion of the funds to be used to expand provider capacity, including hiring and retaining staff and providers, increasing provider rates, and addressing other issues that limit provider capacity.

WHY is this important?

- **Over 18,000 Marylanders with developmental disabilities rely ON services through the DDA Medicaid waivers, the community providers that provide those services, and the Department of Health, for the vital supports that enable them to live and work in their communities.** Their families are also reliant on DDA-funded services so that they can continue to work and support their families, while their loved ones with developmental disabilities have access to the supports they need and want.
- **There are long waits (many years) from the date an individual gets on a waiting list for waiver services until they are able to receive the service from the state.**

THE NEED: Almost 4,000 people stuck on the Developmental Disabilities Waiting List

- **There are over 3,800 people on the waiting list for DDA services. Those people need services now.**
- **There are over 4,000 additional people on the DDA "future request" list.** The "future request" list is for people who may not need services or supports now, but may need them in the future.
- The COVID-19 pandemic has exacerbated any already existing workforce crisis. **Direct support professionals play a critical role in people's lives.** As a result, service providers will not be able to provide the critical ongoing services and supports to Marylanders with developmental disabilities and their families. **Funds must be able to be used to build the capacity of providers, including the recruitment and retention of providers and direct support professionals, increasing provider rates, and addressing other issues that limit provider capacity.** The clarifying sponsor amendments ensure this happens.

The DD Coalition strongly supports SB 622 because it will help address the critical need for services and have a positive impact on thousands of Marylanders with IDD and their families.

Contact: Laura Howell, Executive Director; Maryland Association of Community Services:
Lhowell@macsonline.org, (443) 848-1384 (m)

SB622_DRM_Fav.pdf

Uploaded by: Randi Ames

Position: FAV

SUPPORT – SB 622

Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)

Budget and Taxation

March 07, 2023

Chair Guzzone and Members of the Committee,

Thank you for the opportunity to provide written and oral testimony in support of Senate Bill 622, on behalf of Disability Rights Maryland (DRM). Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities and live independently in their homes through access to high-quality health care and supports.

Maryland's Medicaid Waivers offer a wide array of home-based care to people with disabilities of all ages and varying needs. These programs also provide opportunities for people with disabilities to avoid having to be institutionalized in facilities such as nursing facility and Maryland's State Residential Centers, or imprisoned in correctional facilities. Maryland's Medicaid Waivers also support families that are caring for their loved ones with disabilities and people with disabilities are able to stay in their family home and community.

However, tens of thousands of Marylanders are currently on varying waiting lists to access the care they need under a Medicaid Waiver program.¹ SB 622 builds on SB 636, which passed last session, which requires the Maryland Department of Health to develop and implement a plan to reduce the waiting list for each of its waiver programs by 50% and requires the Governor to include enough funding in the Fiscal Year 2024 budget to reduce the waiting lists by 50%.

SB 636 also provided that \$30 million in the dedicated purpose account must be used to expand all Medicaid waivers, with \$10 million specifically for the Autism Waiver. SB 622 allows a portion of the funds to be used to expand provider capacity, including hiring and retaining staff and providers, increasing provider rates, and addressing other issues that limit provider capacity. Since funds are already earmarked to address Maryland Medicaid's Waiver waitlists we need SB 622 to develop a more strategic approach in how to allocate these funds to best meet the needs of people awaiting services.

SB 622 will have the following impact:

- Furthers Maryland's goals of and compliance with the *Olmstead* decision and the community integration mandate of the Americans with Disabilities Act (ADA).²
- Reduce wait times for accessing Waiver services.

¹ See: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0006/sb0636.pdf; The Home- and Community-Based Options Waiver alone has approximately 21,238 people on its waitlist.

² *Olmstead v. L.C.*, 527 U.S. 581 (1999); 42 U.S.C. § 12101.

- Ensures future Waiver applicants are more efficiently screened and directed to the appropriate Waiver program that will meet their needs.
- Address the provider shortages by building the capacity of providers, including the recruitment and retention of providers and direct support professionals, increasing provider rates, and addressing other issues that limit provider capacity.

For these reasons, DRM strongly supports Senate Bill 622, and urges the Committee to support the ability of working Marylanders with disabilities to access and maintain Medicaid coverage, and issue a favorable report on SB 622. Thank you for your consideration.

Please contact Randi Ames at 443-692-2506 or RandiA@DisabilityRightsMd.org with any questions.

SB 622 - SUPP - B&T - End the Wait - March 7.pdf

Uploaded by: Henry Bogdan

Position: FWA

March 7, 2023

Testimony on Senate Bill 622
“End the Wait Act”
Senate Budget and Taxation Committee

Position: Favorable with Amendments

Maryland Nonprofits is a statewide association of more than 1500 nonprofit organizations and institutions. We strongly urge you to support Senate Bill 622, with the sponsor’s amendments, to make sure the \$30 million is used to provide community services to people waiting for services and to also allow the funds to be used to expand community capacity.

Over 18,000 Marylanders with developmental disabilities rely on services through the DDA Medicaid waivers, the community providers that provide those services, and the Department of Health, for the vital supports that enable them to live and work in their communities. Their families are also reliant on DDA-funded services so that they can continue to work and support their families, while their loved ones with developmental disabilities have access to the supports they need and want.

There are long waits (many years) from the date an individual gets on a waiting list for waiver services until they are able to receive the service from the State.

There are over 3,800 people on the waiting list for DDA services. Those people need services now.

There are over 4,000 additional people on the DDA “future request” list. The “future request” list is for people who may not need services or supports now, but may need them in the future.

The ‘wait list’ issue now goes back well more than 30 years – more than 30 years of inaction or temporary inadequate solutions. **We strongly support the position of the Maryland Developmental Disabilities Coalition, and we urge you to give Senate Bill 622 a favorable report with the sponsor’s amendments.**

SB622_Zucker_FWA.pdf

Uploaded by: Senator Craig Zucker

Position: FWA

CRAIG J. ZUCKER
Legislative District 14
Montgomery County

Budget and Taxation Committee
Chair, Capital Budget Subcommittee

Chair, Senate Democratic Caucus



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony of Senator Craig J. Zucker
Senate Bill – 622 – Medicaid Waiver Programs – Waitlist and Registry Reduction
(End of Wait Act)
Budget & Taxation Committee
March 1, 2023
1:00PM
Position: Favorable with Amendments

Good afternoon, Chairman Guzzone, Vice Chairman Rosapepe, and distinguished members of the committee. It is my pleasure to testify today in **support** of **Senate Bill 622 – Medicaid Waiver Programs – Waitlist and Registry Reduction (End of Wait Act)**.

Senate Bill 622, as amended, opens other Medicaid waiver programs to access the Dedicated Purpose Account, which was always supposed to be available for these waiver programs.

The amendments offered for Senate Bill 622 also clarify that the portion of the Medicaid funds is for expanding provider capacity, which includes hiring and retaining providers, as well as increasing provider rates or any other issues that limit provider capacity.

SB622 and its amendments are vital to addressing the Maryland Department of Health's [report](#) that was submitted to the Maryland General Assembly to reduce the waitlists for these critical waiver programs.

This legislation remains critical to ensuring people with disabilities get the services we already have in place in a timely manner and to make sure we have a workforce that can provide these services. For these reasons, I urge a favorable report on Senate Bill 622. Thank you for your kind consideration.

2023 SB622 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB622

Medicaid Waiver Programs - Waitlist and Registry Reduction
(End the Wait Act)

Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB622

On behalf of our 200,000 followers across the state, we respectfully object to SB622. This bill will use taxpayer funds to subsidize the abortion industry by “authorizing certain Medicaid funding to be used for hiring and retaining providers in certain waiver programs.” We oppose funds for this program being used for abortion purposes. We oppose expanding the Maryland Medical Assistance Program without excluding funding for abortion.

The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother. With the advent of chemical abortion, those prescriptions are easily obtained via the internet.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry 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. Taxpayers should not be forced to fund the raises for abortion industry workers.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.



Opposition Statement SB622, page 2 of 2
Medicaid Waiver Programs - Waitlist and Registry
(End the Wait Act)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry 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 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 for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Funding restrictions 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.*"

Maryland urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this **SB622** in its entirety.

Copy of FY2022 Abortion Reasons and Spending.pdf

Uploaded by: Deborah Brocato

Position: UNF

Updates

1. 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 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.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget <u>Language</u>	Performed under 2019 State and Federal Budget <u>Language</u>	Performed under 2020 State and Federal Budget <u>Language</u>
Abortions	9,875	9,676	9,864
Total Cost (\$ in Millions)	\$6.3	\$6.1	\$6.5
Average Payment Per Abortion	\$636	\$626	\$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	\$434	\$433	\$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	\$982	\$972	\$986
Hospital Abortions – Outpatient	506	409	416
Average Payment	\$2,417	\$2,592	\$2,677
Hospital Abortions – Inpatient	**	**	0
Average Payment	\$13,228	\$6,443	\$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2020 State budget.)

1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5. Victim of rape, sexual offense, or incest.	*

Total Fiscal 2020 Claims Received Through November 2020	9,864
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* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

SB622_MoCo_Frey_INFO.pdf

Uploaded by: Leslie Frey

Position: INFO



Montgomery County

Office of Intergovernmental Relations

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ANNAPOLIS: 240-777-8270

SB 622

DATE: March 7, 2023

SPONSOR: Senators Zucker, Guzzone, and McCray

ASSIGNED TO: Budget & Taxation

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: INFORMATIONAL ONLY- Department of Health and Human Services

Medicaid Waiver Programs – Waitlist and Registry Reduction (End the Wait Act)

Beginning in fiscal year 2024, Senate Bill 622 permits funding in the annual budget for the Community Pathways Waiver, the Community Supports Waiver, the Family Supports Waiver, the Brain Injury Waiver, the Home- and Community-Based Options Waiver, the Medical Day Care Services Waiver, and the Model Waiver for Medically Fragile Children programs to be allocated for the purpose of hiring and retaining providers. The bill amends Supplemental Budget Number 5 of 2022 to reflect that the fiscal year 2023 budget for these waiver programs may also be used for the purpose of hiring and retaining providers.

Montgomery County Department of Health and Human Services (MCDHHS) submits this informational testimony to bring attention to the issue of whether Adult Evaluation and Review Services (AERS) nurses and the County's Local Health Department Nurse Monitoring Program qualify under the bill for funding to be used for hiring and retaining providers. MCDHHS employs AERS nurses to conduct assessments for all Montgomery County residents in the Home and Community Based Options waiver. MCDHHS is also home to the Local Health Department Nurse Monitoring Program which does the nurse monitoring for all HCBS program participants in the County (except for HCBS Options waiver clients who are in assisted living). Under Senate Bill 622, the funding may be allocated to certain waiver programs, including the Home and Community Based Options Waiver, for hiring and retaining providers.

MCDHHS supports increasing the number of individuals in the State served by Home and Community-Based Services (HCBS). Maryland maintains one of the largest waiting lists for HCBS in the country¹, and MCDHHS wholeheartedly supports the legislative efforts in recent years to increase the number of Marylanders served by the waivers covered by Senate Bill 622. However, as more Marylanders receive services through the Home- and Community-Based Options waiver, the workload for the AERS and nurse monitoring programs in MCDHHS will increase concomitantly. MCDHHS would appreciate clarification that funding under the bill will also be directed to AERS and Local Health Department Nurse Monitoring Programs so they can be adequately staffed to ensure people are able to enter waiver services in a timely and effective manner.

¹ <https://files.kff.org/attachment/Issue-Brief-Key-State-Policy-Choices-About-Medicaid-Home-and-Community-Based-Services>

2 - X - SB 622 - B_T - MDH - LOI.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



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

March 7, 2023

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 622 – Medicaid Waiver Programs – Waitlist and Registry Reduction (End the Wait Act) – Letter of Information

Dear Chair Guzzone and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 622 – *Medicaid Waiver Programs – Waitlist and Registry Reduction (End the Wait Act)*. SB 622 requires MDH to use some of the funding appropriated to the Dedicated Purpose Account for Waiver expansion in the Fiscal Year (FY) 2023 budget bill to hire and retain providers in the following waiver programs:

- The Community Pathways Waiver;
- The Community Supports Waiver;
- The Family Supports Waiver;
- The Brain Injury Waiver;
- The Home and Community-Based Options Waiver (CO Waiver);
- The Medical Day Care Services Waiver;
- The Model Waiver for Medically Fragile Children (Model Waiver); and
- Home and Community-Based Services (HCBS) Waiver for Children with Autism Spectrum Disorder (Autism Waiver).

MDH estimates that implementing SB 622 and reducing the waitlists, as required by SB 636 (Chapter 464 of the Acts of 2022), will have a fiscal impact of approximately \$1 billion in total funds, with a 50% federal match from Fiscal Year (FY) 2023 through FY 2028. These costs are not incorporated in the FY24 budget; therefore, MDH assumes additional funding will be required to implement SB 622.

Pursuant to the requirements of SB 636, MDH submitted a report to the General Assembly detailing its plans and the funding required to reduce the waitlists for the majority of its waivers by 50% by FY 2028.¹ The estimated costs noted above have been updated to reflect the 8% increase in providers' reimbursement rates included in the Governor's proposed budget as well as the 4% increase as part of the *Minimum Wage Act*.² The fiscal estimate to reduce the waitlists are driven by several assumptions:

¹ SB 636 (Chapter 464 of the Acts of 2022) - Waiver Programs - Waitlist and Registry Reduction (End the Wait Act), accessible at [https://dlslibrary.state.md.us/publications/Exec/MDH/HG15-150\(b\)_2022.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/HG15-150(b)_2022.pdf)

² HB 166/SB 280 Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen) Chs 10 and 11 of 2019 Acts)

- **Service Costs:** Annual service costs will increase each year as enrollment continues to grow. From FY 2024 through FY 2028, the estimated fiscal impact, based on projected enrollment and cost carries from year to year, is \$967 million in total funds.
- **Staffing:** MDH estimates needing to hire a total of 88 additional employees to handle the anticipated volume of applications as a result of waitlist reduction. The estimated staffing cost from FY 2024 through FY 2028, is \$45.8 million in total funds.
- **Administrative Expenditures:** MDH estimates a fiscal impact of \$13.7 million in total funds due to administrative expenditures from FY 2023 through FY 2028. These costs include the development of a tracking system for the Autism Waiver waitlist, an emergency procurement to conduct plan of service reviews, a one-time rate study for the Autism Waiver, and LTSS *Maryland* enhancements for the Model/ Technology waiver.

MDH assumes that the current provider networks may not have the capacity to deliver services to the additional participants for each waiver program. MDH intends to implement additional provider recruitment strategies, which could include organizing provider information fairs to recruit new providers as well as conducting provider surveys to better understand the needs of the provider community and improve retention.

MDH is currently assessing the impact of delaying implementation of some of the components to allow time for recruitment of needed staffing. While costs are not expected to decrease, this may shift certain costs from being realized until the second quarter of FY24 and extending completion of the waitlist reductions through the end of FY 2029.

If you need more information, please contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



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