

# Maryland Medical Assistance Program - Employed Individuals with Disabilities

## Testimony on HB 822

Position: **FAVORABLE**

To Chair Pena Melnyk and the Health and Government Operations Committee:

My name is Michael Dalto, and I'm a resident of Harford County. I own a small consulting business and am a disability advocate. When I was formerly employed by the Maryland Department of Disabilities, I directed a project that conducted outreach for the Employed Individuals with Disabilities (EID) Program and helped Marylanders with disabilities enroll.

EID, a Medicaid Buy-In Program, should provide a very powerful incentive for Marylanders with disabilities to work or increase their earnings. Unfortunately, a number of obstacles in the enrollment process has greatly limited the number of residents who have been able to take advantage of the program. To put EID's limited enrollment in perspective, here is how it compares with Medicaid Buy-In enrollments in the states of New Jersey and Washington, both of which have enacted improvements to their programs similar to those proposed by HB 822.

	Medicaid Buy-In (MBI) Enrollment	State Population	MBI Enrollment as % of State Population
New Jersey	9,530 (in 2013)	8.857 million (in 2013)	0.108%
Washington	1,700 (in 2021)	7.767 million (in 2021)	0.022%
Maryland	850 (in 2021)	6.17 million (in 2021)	0.014%

HB 822 would improve the Employed Individuals with Disabilities (EID) program in several key ways that would directly benefit individuals I have assisted and enable more Marylanders to enroll in (or remain enrolled in) EID:

1. Eliminating the upper age limit of 64 will provide equity to older Marylanders with disabilities. Many citizens continue working beyond age 64. Social Security's full retirement age will be increasing to 67 for people born after 1959, and the average life expectancy in Maryland was 78.6 years in 2020. Medicaid covers essential services to enable workers with disabilities to live in the community, including personal attendance services and community psychiatric rehabilitation; Medicare does not cover these services. Current EID rules discriminate against older workers with disabilities, who often need Medicaid even more than younger workers with disabilities, due to health problems that increase with age.

2. Not counting spousal income in determining EID premium amounts will enable more people to marry or increase earnings. Under current rules, EID participants who marry often face dramatic increases in their EID premium amounts.
3. Facilitating a smooth transition from other Medicaid eligibility groups to EID is vital for many Marylanders who, due to work earnings and/or savings from those earnings, lose eligibility for other eligibility groups, and can only retain Medicaid through EID. Currently, individuals must be terminated from their current Medicaid eligibility groups before they can enroll in EID, which is a huge disincentive to work. The federal Centers for Medicare and Medicaid Services has advised the Maryland Department of Health that they can provide for a smoother transition, within federal Medicaid rules.
4. If a person acquires assets while enrolled in EID, then later loses eligibility for EID (e.g., due to retirement) and needs to enroll in another Medicaid eligibility group, they need to be able to keep the assets they saved during EID enrollment without losing Medicaid eligibility. Under current rules, such a person must spend these assets in order to maintain Medicaid eligibility, which penalizes responsible saving practices.
5. The current EID application and enrollment process has been repeatedly cited as an obstacle to enrollment by many Marylanders with disabilities. Onerous documentation requirements, inadequate instructions and poorly-designed eligibility notices have contributed greatly to low EID enrollment. HB 822 would improve these processes, making EID easier to navigate.

HB 822 would eliminate key barriers to EID enrollment and provide for increased productivity and independence for Marylanders with disabilities. I respectfully urge this committee to issue a favorable report on HB 822.

Sincerely,

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