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January 28, 2025

To: The Honorable, Joseline A. Peña-Melnyk, Chair
From: Irnise F. Williams, Deputy Director, Health Education Advocacy Unit
Re: House Bill 0297- Maryland Health Benefit Exchange – State–Based Young Adult Health Insurance Subsidies Pilot Program – Sunset Repeal- **Support**

The Office of the Attorney General, Health Education and Advocacy Unit, writes to urge your support of House Bill 0297 which repeals the sunset provision of the Young Adult Subsidy (YAS) Pilot Program established by HB780/SB729 during the 2021 session of the General Assembly. The original bill authorized the young adult subsidy as a pilot program for calendar years 2022 and 2023 and was funded by a health insurance provider fee assessment.

“Young Invincibles,” adults ages 18-34, tend to be uninsured at a higher level than other populations, particularly among Black and Latino adults. According to MHBE data, over 60,000 young adults are currently benefiting from increased financial assistance through the YAS program, reducing household premiums for YAS recipients by an average of 30%. Since the launch of the program in 2022, Maryland Health Connection (MHC) has seen unprecedented growth in young adult enrollment, with young adult enrollees aged 18-34 increasing from a little over 45,000 in 2021, to over 62,000 as of January 2024. This equated to a 46% enrollment increase for young adults compared to an all-age MHC enrollment increase of 30% since the launch of the program in 2022. Young adults now account for 30% of total MHC enrollment, up from 27% of total enrollment prior to the program in 2021. These gains in enrollment were propelled by the additional financial help provided by the young adult subsidy. The increase in the number of younger, healthy adults improves the risk pool for the individual market and stabilizes health insurance premiums for all enrollees.

This bill makes the young adult subsidy program permanent beyond 2025, contingent on funding. The benefits of the program are evident, helping to insure Marylanders who are often marginalized and unable to afford the cost of comprehensive insurance, while helping to improve the broader risk pool.

We urge a favorable report on House Bill 0297.