



Maryland
Hospital Association

March 2, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 893 – Unemployment Insurance – Revisions and Required Study

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 893. Broad based, affordable and comprehensive health insurance is integral to hospitals' ability to provide high-quality care. It also is key to the state's success under the Total Cost of Care Model, which pushes accountability for whole-person care, including population health. Maryland hospitals have been strong proponents of the state's efforts to expand health care coverage, supporting Medicaid expansion, offering subsidized individual and small group health plans through the Maryland Health Benefit Exchange (MHBE), and most recently the creation of the individual market reinsurance program.

Yet we know that nearly 400,000 Marylanders are uninsured, and even more are underinsured—which often prevents access to care and results in worse health outcomes. The proposal within SB 893 at page 5, lines 3 through 25, allows additional opportunities to outreach to individuals who may want to sign up for coverage and qualify for subsidies or Medicaid. As COVID-19 continues to be an immense public health threat, it is more critical than ever to ensure all Marylanders—regardless of employment status—can easily get access to health insurance. Creating an additional avenue for individuals to get covered via MHBE through linking unemployment applications to an “easy enrollment” process provides this access and provides added stability to the overall market to help decrease reliance on the reinsurance program. In addition to providing access to health care coverage, however, there remains a pressing need to address the underlying costs of coverage. This includes ensuring that benefit and cost-sharing structures are designed to provide access to robust preventive care, as well as to services needed to manage chronic conditions. It also means improving how we manage care of populations served by the individual insurance market to reduce costs and improve outcomes — all in line with the goals of the state's Total Cost of Care Model.

For more information, please contact:
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