

**families.usa.testimony.senate.finance.final.pdf**

Uploaded by: Dorn, Stan

Position: FAV



**TESTIMONY BEFORE THE  
SENATE FINANCE COMMITTEE**

**BY**

**STAN DORN, DIRECTOR OF THE NATIONAL CENTER FOR COVERAGE INNOVATION AT FAMILIES USA,  
IN SUPPORT OF SB 893 WITH AMENDMENT**

**MARCH 2, 2021**

Thank you, Madame Chair and Mr. Vice-Chairman, for allowing me to testify today. On behalf of Families USA, a national consumer advocacy group with a mission to ensure that everyone in this country obtains the health and health care they need to thrive, I am proud to express our strong support of Senator Jim Rosapepe's SB 893, legislation to strengthen the state's unemployment insurance (UI) program. My particular focus is on subsection (b) of proposed new Section 8-109 of the Labor and Employment article, which would let UI claimants check a box on the weekly claim certification form to initiate an application for free or low-cost health insurance. In addition to supporting the underlying legislation, we also support the amendment that would create a special enrollment period letting UI claimants enroll into comprehensive health insurance offered by the Maryland Health Benefits Exchange.

With this bill, Maryland is once again charging to the forefront of states working to help their residents obtain essential health care. Less than a month after introduction, the legislation is already the subject of intense conversation among leading national groups and members of Congress.

The reason is simple. With this legislation, Maryland is pioneering a promising approach to solving a longstanding and fundamental public policy problem: making sure that when people lose a job, they nevertheless retain health insurance.

Repeatedly, our country has failed to accomplish this goal. In 2002, the Trade Act's Health Coverage Tax Credit program provided 65% premium subsidies for workers displaced by international trade. Between 10% and 20% of eligible uninsured signed up for this assistance and obtained coverage.

A few years later, the 2009 Recovery Act provided similar, 65% subsidies to help laid-off workers purchase coverage offered by their former employers through the COBRA health insurance program. The official evaluation of this legislation found that it yielded no statistically significant increase in health coverage.

A key weakness of these two pieces of legislation was that many laid-off workers could not afford the remaining 35% share of premiums, which often ran to hundreds of dollars a month.

When Congress passed the Affordable Care Act (ACA), many laid-off workers qualified for substantially more generous assistance. Even so, only a minority of eligible workers enrolled. One study found that roughly 5% of unemployed, uninsured workers eligible for a special enrollment period under the ACA took advantage of the opportunity to enroll into coverage.

The root cause of this problem? Simple human nature. Whether we talk about publicly administered health coverage programs that provide assistance scaled to need or privately administered retirement savings programs offered to corporate employees, adding even modest amounts paperwork has a powerful impact limiting participation levels. When cognitive "bandwidth" is already stretched, by

background life stresses, by difficulties in understanding benefit programs, or by multiple steps required to apply, participation levels are affected especially deeply.

There are not many situations in life where people are more cognitively stretched than with unemployment. Job loss is often traumatizing, and health insurance rarely reaches the top of the priority list. Most laid-off workers are focused intensely on such core, survival needs as obtaining UI benefits, finding a new job, paying the rent or mortgage, and feeding their families. Very few laid-off workers have the bandwidth to master new and complex health care programs, then complete all the necessary paperwork.

The good news is that, in some times and places, smart leaders have overcome this challenge, and Maryland is poised to join their ranks. When overwhelmed, laid-off workers receive significant individual assistance, they can finally receive the health care that they and their families need.

With the Health Coverage Tax Credit program, in some parts of the country unions or state agencies played a strong hands-on role, completing paperwork for beneficiaries and proactively spotting and solving problems. Participation levels more than doubled in such cases, reaching 50% or even 90%.

A more recent example comes from Kentucky. Last Spring, that state's UI agency gave Kentucky's Medicaid program contact information for all UI claimants. Medicaid sent the claimants email messages explaining potential availability of free or low-cost health insurance and urging claimants to submit an application by clicking a link and completing a simple, five-question form.

As you would expect, given the circumstances facing most laid-off workers, few completed the form. But many opened their email messages, indicating potential interest in health coverage. Medicaid agency staff called each and every person who opened the email message but failed to complete an application for health coverage. More than 130,000 people received Medicaid in less than four months. This was the most successful Medicaid enrollment effort in the country.

SB 893 would let Maryland build on these past, one-time efforts and make them an ongoing feature of the state's approach to safeguarding health security for residents going through tough times. Precisely such an approach was recommended by Christen Linke Young last year, then of the Brookings Institution and now leading the Biden administration's health care team on the Domestic Policy Council.

For this bill to achieve its potential, two challenges must be mastered. First, policymakers should avoid placing financial or significant operational burdens on the Department of Labor. Maryland can borrow a page from other states' interagency efforts focused on health care, where the health agency provided the funding and did the heavy lifting.

The Kentucky example I mentioned earlier, for example, asked the UI agency to do nothing more than provide Medicaid with contact information for UI claimants. All the remaining work – communicating with claimants and helping them enroll into coverage – was shouldered by the Medicaid program. Officials report that the administrative burden was surprisingly modest, not requiring the Medicaid agency to hire additional staff or increase its contracting capacity.

Along similar lines, when Louisiana provided uninsured children with health coverage based on their participation in the Supplemental Nutrition Assistance Program (SNAP), the SNAP agency wanted to send out the initial communication to its program beneficiaries. The Medicaid program drafted the notice and covered all the mailing costs. We can take a similar approach here in Maryland.

The second issue is follow-up. When claimants check a box asking to have their information shared with the Exchange to determine their eligibility for free or low-cost health insurance, it will not be enough to send them a standard notice that urges them to go on line and submit an application. Unfortunately,

only a minority will receive coverage under that traditional approach. Long experience teaches that, to enroll laid-off workers who want health coverage but are overwhelmed by the challenging circumstances they face, the Exchange will need to have someone contact those workers directly and takes their applications over the phone. This can be done by call-center staff, navigators, brokers, or others – but a proactive, person-to-person enrollment effort will prove essential for this legislation to accomplish its goals.

According to the U.S. Census Bureau, during the last half of January 2021, nearly 150,000 Maryland adults who relied on UI had no health insurance at all.<sup>1</sup> The UI program has found that these laid-off workers are unemployed, for no fault of their own, and they are actively looking for work. Recent national survey data about uninsured, UI recipients shows that:<sup>2</sup>

- Half are people of color;
- 75% are working-class people, with neither a 2-year nor a 4-year college degree;
- A third report not having enough food to eat the week before the survey; and
- Nearly half have no confidence or only slight confidence in their ability to pay the next month’s rent or mortgage.

Census Bureau data before the pandemic showed that UI claimants in rural America were 21% more likely to be uninsured than UI claimants in urban and rural areas.

Simply put, SB 892 would assist Marylanders who need and deserve your help.

The problem addressed by the bill is fundamental. High-quality, affordable health insurance is a necessity at any time. It lets people seek care before their medical conditions degenerate to the point where costly hospitalization may be necessary and treatment may become less effective, often with grim results. Good health insurance also prevents unaffordable health care bills from triggering medical bankruptcy.

And today – while a deadly pandemic continues sweeping through our state, and families struggle through the worst economic downturn since the 1930s – making sure that everyone eligible for health coverage receives must be a top state priority. We Marylanders are fortunate that leaders, across party lines, have come together again and again to make that aspiration a reality. This bill is one more important step in that direction, furnishing Maryland’s hard-pressed families with the health care they need to thrive while giving the rest of the country an example of what common-sense, pragmatic policymaking can accomplish.

I would be delighted to answer any questions you may have.

---

<sup>1</sup> U.S. Census Bureau, Household Pulse Survey data tables for January 20 – February 1, “Health Table 3. Current Health Insurance Status, by Select Characteristics: Maryland,” February 10, 2021.

[https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk23/health3\\_week23.xlsx](https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk23/health3_week23.xlsx)

<sup>2</sup> Stan Dorn and Rebecca Dorn. Congress Can Provide Millions Of Uninsured Workers With Health Care By Connecting Unemployment Insurance Beneficiaries With Health Insurance Premium Tax Credits. (Families USA, February 2021) [https://www.familiesusa.org/wp-content/uploads/2021/02/COV2021-32-Congress-Health-Care-Insurance-Beneficiaries-Tax-Credits\\_Analysis\\_LayoutB.pdf](https://www.familiesusa.org/wp-content/uploads/2021/02/COV2021-32-Congress-Health-Care-Insurance-Beneficiaries-Tax-Credits_Analysis_LayoutB.pdf)

# **Support-SB- 893- UNEMPLOYMENT INSURANCE – REVISION**

Uploaded by: Egan, Ashley

Position: FAV



## Unitarian Legislative Ministry of Maryland

### **SUPPORT FOR SB 893- UNEMPLOYMENT INSURANCE – REVISIONS AND REQUIRED STUDY**

To: Senator Delores G. Kelley and the Members of the Senate Finance Committee

From: Betty McGarvey Crowley and Christine Hager, Ph.D Co-Chairs, Health Task Force, Unitarian Universalist Legislative Ministry of Maryland

Date: March 2, 2021

The Unitarian Universalist Legislative Ministry of Maryland (UULM-MD) is an advocacy organization, with members in 23 UU congregations throughout the state. Since its founding in 2005, health care issues have been a priority and we are a member of the Health Care for All Coalition. Part of the provisions of this legislation is a policy we began supporting as a priority issue in 2020.

UULM-MD supports easy enrollment in health insurance. One provision in SB893 would help people applying for unemployment insurance get connected with healthcare coverage by implementing a system through which an individual who has filed a claim for benefits may consent to sharing relevant information with the Maryland Health Benefit Exchange and the Maryland Department of Health to determine whether the individual qualifies for free or low-cost health insurance and, if so, to help the individual enroll. As you consider passage of SB 893, we ask you to support these provisions.

The Maryland Health Insurance Easy Enrollment program launched Feb. 26, 2020 as the first of its kind in the nation. The Comptroller of Maryland asked state tax filers to check a box on their state tax return if they lacked health insurance and desired that information to be shared with the Maryland Health Benefit Exchange. Since February: More than 41,000 filers checked the box and more than 3,700 enrolled as of July 13, 2020.

It's heartbreaking to read about the enormous increase in people filing for unemployment during the pandemic. So many Marylanders are now struggling to pay for the basics of life. Many of the newly unemployed have also lost their work-based health insurance, adding new stress and uncertainty to their lives. Health insurance coverage is particularly important now.

**UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,**

[www.uulmmd.org](http://www.uulmmd.org) [info@uulmmd.org](mailto:info@uulmmd.org) [www.facebook.com/uulmmd](https://www.facebook.com/uulmmd) [www.Twitter.com/uulmmd](https://www.twitter.com/uulmmd)

We should do everything we can to make it easier for the unemployed to sign up for health insurance – to give them some security and make sure everyone has access to affordable health care in this public health crisis. Allowing people who are signing up for unemployment insurance to start the process of enrolling in health insurance through the state's insurance exchange would make it easier for people to learn about their insurance options. UULM-MD supports this easy idea to help those who are facing dire financial situations.

Thank you for considering our request for a favorable report

Betty McGarvie Crowley and Christine Hager, Ph.D., Co-Chairs, Health Task Force

**UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,**

[www.uulmmd.org](http://www.uulmmd.org) [info@uulmmd.org](mailto:info@uulmmd.org) [www.facebook.com/uulmmd](http://www.facebook.com/uulmmd) [www.Twitter.com/uulmmd](http://www.Twitter.com/uulmmd)

**2021-03-02 SB 893 (Support).pdf**

Uploaded by: Jung, Roy

Position: FAV



**BRIAN E. FROSH**  
*Attorney General*



**ELIZABETH F. HARRIS**  
*Chief Deputy Attorney General*

**CAROLYN QUATTROCKI**  
*Deputy Attorney General*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

FACSIMILE NO.  
410-576-7036

WRITER'S DIRECT DIAL NO.  
410-576-6584

March 2, 2021

**TO:** The Honorable Delores G. Kelley  
Chair, Finance Committee

**FROM:** Hannibal G. Williams II Kemerer  
Chief Counsel, Legislative Affairs, Office of the Attorney General

**RE:** SB 893 – Unemployment Insurance – Revisions and Required Study – **Support**

---

The Office of Attorney General (the “OAG”) urges this Committee to favorably report SB 893, Senator Rosapepe’s legislation to legislation requiring the Department of Labor (DOL) to implement user-friendly unemployment insurance practices.

The Attorney General’s COVID-19 Access to Justice Task Force issued a report in January in which it recommended legislation like SB 893 to “improve transparency in the unemployment insurance application system.”<sup>1</sup> The report noted that such reforms “should include establishing a system that enables applicants to track the status of their Unemployment Insurance claims through application, processing, and review.”<sup>2</sup> Senate Bill 893 tracks this recommendation by, among other things, requiring DOL to “establish systems, processes, and procedures that enable an applicant to track the status of a claim, including the anticipated timeline for the resolution of each particular claim[.]”<sup>3</sup>

Similarly, the Task Force urged DOL to:

build on early success with the Maryland Easy Enrollment Health Insurance Program and connect unemployed individuals who have lost health insurance coverage to health insurance options offered by the Maryland Health Benefit Exchange (MHBE). MDL should be directed to incorporate a health insurance

---

<sup>1</sup>See generally MD. ATT’Y GEN. BRIAN E. FROSH’S COVID-19 ACCESS TO JUST. TASK FORCE, CONFRONTING THE COVID-19 ACCESS TO JUSTICE CRISIS 34 (Jan. 2021), [https://www.marylandattorneygeneral.gov/A2JC%20Documents1/AG\\_Covid\\_A2J\\_TF\\_Report.pdf](https://www.marylandattorneygeneral.gov/A2JC%20Documents1/AG_Covid_A2J_TF_Report.pdf).

<sup>2</sup> *Id.*

<sup>3</sup> S.B. 893 at 3:21– 24, 2021 Leg., 422d Sess. (Md. 2021) (small caps omitted).

checkbox into applications for unemployment insurance, asking applicants whether they want information from their unemployment application shared with MHBE for follow up assistance in obtaining free or low-cost health insurance.<sup>4</sup>

Senate Bill 893 seeks to codify this requirement in Section 8-109(b)(1), which requires DOL to begin implementing a system through which an individual who has filed a claim for benefits may consent, as part of any weekly claim certification, to the sharing of relevant collected information by the [DOL] with the Maryland Health Benefit Exchange and the Maryland Department of Health to determine whether the individual qualifies for free or low-cost health insurance and, if so, to help the individual enroll.<sup>5</sup>

In short, SB 893 seeks to implement these and other recommendations of the Attorney General's COVID-19 Access to Justice Task Force that are designed to benefit Marylanders seeking to obtain unemployment benefits and health insurance in the wake of job losses.

For all of the foregoing reasons, the Office of Attorney General urges a favorable report on SB 893.

cc: Members of the Finance Committee

---

<sup>4</sup> MD. ATT'Y GEN. BRIAN E. FROSH'S COVID-19 ACCESS TO JUST. TASK FORCE, *supra* note 1, at 35–36.

<sup>5</sup> S.B. 893 at 5:3– 10 (small caps omitted).

# **SB 893 – Unemployment Insurance – Revisions and Re**

Uploaded by: Raswant, Maansi

Position: FAV



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:  
Maansi Raswant, Vice President, Policy  
Mraswant@mhaonline.org

# **SB 893 - Sponsor Amendment #323229-01**

Uploaded by: Rosapepe, Jim

Position: FAV



SB0893/323229/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

18 FEB 21  
17:03:22

BY: Senator Rosapepe  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 893  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after “law;” insert “requiring the Maryland Department of Labor to provide certain information regarding certain unemployment insurance recipients to a chief elected official of a county on request and for certain purposes; authorizing a chief elected official of a county to share certain information with the governing body of the county and to request certain information on behalf of a certain political subdivision and provide the information to the political subdivision; authorizing the Maryland Department of Labor to adopt certain regulations;”.

On page 2, in line 13, after “8-109” insert “and 8-110”.

AMENDMENT NO. 2

On page 5, after line 29, insert:

“8-110.

(A) ON REQUEST AND FOR PURPOSES CONSISTENT WITH CHAPTERS \_\_\_\_\_ AND (S.B. 893 AND S.B. 894) OF THE ACTS OF THE GENERAL ASSEMBLY OF 2021, THE DEPARTMENT SHALL PROVIDE TO THE CHIEF ELECTED OFFICIAL OF A COUNTY DEMOGRAPHIC DATA AND THE ADDRESSES, OCCUPATIONS, AND LAST KNOWN EMPLOYERS OF UNEMPLOYMENT INSURANCE RECIPIENTS WHO LIVE IN THE COUNTY OF THE CHIEF ELECTED OFFICIAL.

(B) A CHIEF ELECTED OFFICIAL OF A COUNTY MAY:

(Over)

(1) SHARE THE INFORMATION PROVIDED TO THE CHIEF ELECTED OFFICIAL UNDER SUBSECTION (A) OF THIS SECTION WITH THE GOVERNING BODY OF THE COUNTY; AND

(2) REQUEST INFORMATION UNDER SUBSECTION (A) OF THIS SECTION ON BEHALF OF A POLITICAL SUBDIVISION WITHIN THE COUNTY AND PROVIDE THE INFORMATION TO THE POLITICAL SUBDIVISION.

(C) THE SECRETARY MAY ADOPT REGULATIONS TO CARRY OUT THIS SECTION, INCLUDING REGULATIONS THAT:

(1) ESTABLISH THE CIRCUMSTANCES UNDER WHICH THE NAMES OF UNEMPLOYMENT INSURANCE RECIPIENTS MAY BE INCLUDED IN THE INFORMATION PROVIDED UNDER SUBSECTION (A) OF THIS SECTION; AND

(2) ARE NECESSARY TO PROTECT THE PERSONALLY IDENTIFIABLE INFORMATION OF UNEMPLOYMENT INSURANCE RECIPIENTS.”

# **SB 893 - Sponsor Amendment #373622-01**

Uploaded by: Rosapepe, JIm

Position: FAV





SB0893/373622/1

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

23 FEB 21  
09:16:15

BY: Senator Rosapepe  
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 893  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “**Insurance** -” and substitute “- **Insurance**”; in the same line, after “**Study**” insert “**and Special Enrollment Period for Health Benefits**”; in line 3, after the first “of” insert “requiring the Maryland Health Benefit Exchange to open a certain enrollment period for an individual who consents to share information through a certain system; establishing certain requirements for a certain enrollment period; authorizing the Maryland Health Benefit Exchange to conduct outreach to a certain individual using certain methods;”; and in line 14, after “purpose;” insert “authorizing, for the purpose of implementing a certain system in a certain manner, the Maryland Department of Labor, the Maryland Health Benefit Exchange, and the Maryland Department of Health to take certain actions;”.

On page 2, in line 10, strike “insurance”; and after line 10, insert:

“BY adding to

Article - Insurance

Section 31-108(h)

Annotated Code of Maryland

(2017 Replacement Volume and 2020 Supplement)”.

AMENDMENT NO. 2

On page 2, after line 22, insert:

“Article – Insurance

31-108.

(Over)

(H) (1) THE EXCHANGE SHALL OPEN A SPECIAL OR OTHER ENROLLMENT PERIOD FOR AN INDIVIDUAL WHO CONSENTS TO SHARE INFORMATION THROUGH THE SYSTEM IMPLEMENTED IN ACCORDANCE WITH § 8-109(B)(1) OF THE LABOR AND EMPLOYMENT ARTICLE.

(2) THE ENROLLMENT PERIOD OPENED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) APPLY TO QUALIFIED HEALTH PLANS OFFERED THROUGH THE EXCHANGE IN THE INDIVIDUAL MARKET;

(II) BEGIN ON THE DATE THE EXCHANGE SENDS NOTICE TO THE INDIVIDUAL;

(III) LAST FOR A PERIOD OF TIME DETERMINED BY THE EXCHANGE AND THAT IS AT LEAST 30 DAYS; AND

(IV) BE AVAILABLE TO AN INDIVIDUAL DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION AND TO THE INDIVIDUAL'S DEPENDENT AS DEFINED IN 45 C.F.R. § 155.420.

(3) THE EXCHANGE MAY CONDUCT OUTREACH TO AN INDIVIDUAL DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION USING METHODS THAT INCLUDE:

(I) WRITTEN NOTICES;

(II) CONTACT THROUGH TELEPHONIC AND ELECTRONIC MEANS; AND

(III) THE PROVISION OF INDIVIDUALIZED ASSISTANCE BY INSURANCE AGENTS AND BROKERS, NAVIGATORS, AND EXCHANGE CONTRACTORS AND STAFF.”.

On page 5, after line 25, insert:

“(5) TO FACILITATE THE MOST EFFICIENT IMPLEMENTATION OF THE SYSTEM DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION, THE DEPARTMENT, THE MARYLAND HEALTH BENEFIT EXCHANGE, AND THE MARYLAND DEPARTMENT OF HEALTH MAY:

(I) ENTER INTO AGREEMENTS;

(II) ADOPT REGULATIONS;

(III) ADOPT GUIDELINES;

(IV) ESTABLISH ACCOUNTS;

(V) CONDUCT TRAININGS;

(VI) PROVIDE PUBLIC INFORMATION; AND

(VII) TAKE ANY OTHER STEPS AS MAY BE NECESSARY TO ACCOMPLISH THE PURPOSE OF THE SYSTEM DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION.”.

**MdPHA-testimony\_SB 893\_SUPPORT.pdf**

Uploaded by: Weiss, Erica

Position: FAV



**Mission:** *To improve public health in Maryland through education and advocacy*

**Vision:** *Healthy Marylanders living in Healthy Communities*

---

**SB 893 – Unemployment Insurance -  
Revisions and Required Study**

Hearing Date: 3/2/21 at 1pm

Committee: Finance

Position: SUPPORT WITH AMENDMENT

Thank you, Chairman Kelley, Vice-Chair Feldman and members of the Senate Finance Committee. A special thank you to Senator Rosapepe for sponsoring this legislation. We submit this testimony on behalf of the Maryland Public Health Association to express our support for SB 893, which would help unemployed Marylanders get connected with health coverage.

With the Maryland General Assembly's leadership, Maryland has created important and innovative public health programs, such as the Easy Enrollment Health Insurance Program, which has helped Marylanders gain access to health coverage when they fill out their state tax returns. MdPHA strongly supported this legislation, and thousands of Marylanders have already used the Easy Enrollment program during a time when access to health coverage is more important than ever given the challenges of the COVID-19 pandemic.

Maryland should build on this progress by passing SB 893 to create a similar program through the unemployment insurance system. Unemployment has risen during the COVID-19 pandemic, with stark disparities by race, ethnicity, and disability.<sup>1,2</sup> Two evident and disturbing trends are: (1) many who are unemployed have lost their health coverage,<sup>3</sup> and (2) Black and Brown communities and individuals with disabilities are at higher risk of dying of COVID-19.<sup>4,5</sup> Connecting unemployed Marylanders with health coverage is a logical

---

<sup>1</sup> Smith, Allen (2020). "A Million People with Disabilities Have Lost Jobs During the Pandemic." SHRM. <https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/coronavirus-unemployment-people-with-disabilities.aspx#:~:text=Unemployment%20has%20risen%20sharply%20as%20a%20result%20of,to%20the%20New%20Hampshire%20University%20Institute%20on%20Disability>

<sup>2</sup> Parker, K., Minkin, R., Bennett, J. (2020). "Economic Fallout From COVID-19 Continues To Hit Lower-Income Americans the Hardest." Pew Research Center. <https://www.pewresearch.org/social-trends/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/>

<sup>3</sup> Dorn, S. (2020). "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History." Families USA. <https://familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>

<sup>4</sup> CDC (2020). "COVID-19 Racial and Ethnic Health Disparities." <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>

<sup>5</sup> Shapiro, J. (2020). "COVID-19 Infections and Deaths are Higher Among Those With Intellectual Disabilities." NPR. <https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>

---

**Maryland Public Health Association (MdPHA)**

PO Box 7045 • 6801 Oak Hall Ln • Columbia, MD 21045-9998

GetInfo@MdPHA.org [www.mdpha.org](http://www.mdpha.org) 443.475.0242

strategy to reduce the rate of uninsured who are also overburdened with health and economic challenges, while serving as a smart tactic to support health equity.

As public health professionals, we see, first hand, how uninsured Marylanders need guidance to access health coverage. For example, one of our members is a contact tracer who regularly encounters uninsured Marylanders who do not know about the Maryland Health Connection. From our perspective, connecting Marylanders to the Maryland Health Connection through the unemployment insurance system will clearly help prevent uninsured Marylanders from falling through the cracks.

This legislation will be even stronger if the Committee accepts the amendment proposed by Delegate Charkoudian and Senator Rosapepe which would create a special enrollment period for people who connect with the Health Exchange through their filing for unemployment insurance. Similar special enrollment periods played a major role in the success of the Easy Enrollment program.

Thank for your support to ensure access to quality, affordable health coverage for Marylanders. We urge a favorable report on SB 893 with the amendment.

*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education and advocacy for public health policies consistent with our vision of healthy Marylanders living in healthy communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

**SB 893\_Support With Amendment\_MCHI\_WithMemo.pdf**

Uploaded by: DeMarco, Vincent

Position: FWA



MARYLAND CITIZENS' HEALTH INITIATIVE

2600 ST. PAUL STREET BALTIMORE, MD 21218

P: (410) 235-9000

F: (410) 235-8963

WWW.HEALTHCAREFORALL.COM

**TESTIMONY BEFORE THE  
SENATE FINANCE COMMITTEE  
BY VINCENT DEMARCO, MARYLAND CITIZENS' HEALTH INITIATIVE  
IN SUPPORT OF SB 893 WITH AMENDMENT  
March 2, 2021**

Thank you Madam Chair and Mr. Vice Chairman for allowing me to testify today in support of Senator Jim Rosapepe's SB 893 unemployment insurance legislation. On behalf of the Maryland Health Care For All! Coalition, I am writing to strongly urge you to pass in particular the section of SB 893 which would require the Department of Labor to create a checkbox so that applicants for unemployment insurance could be readily directed to the Maryland Health Benefit Exchange to obtain health insurance coverage if they need that also. This would be modeled on the very successful first in the nation Maryland Easy Enrollment Health Insurance Program which you established in 2019 to allow Marylanders to check a box at tax time to help them obtain health care coverage.

Thanks to the great work of the Maryland Health Benefit Exchange, the Easy Enrollment program has enrolled thousands of Marylanders in health care coverage who were eligible for free or very low-cost health care coverage but did not enroll. We believe that many more Marylanders would enroll in health care coverage if there was a connection made for them once people file for unemployment insurance.

During focus groups which we commissioned about the Easy Enrollment program, we heard loud and clear from people who were not enrolled in health care but eligible for free or low-cost health care that one of the best times to reach them would be when they filed for unemployment insurance. Attached for you is a memo describing these responses from Steve Raabe of Opinion Works who conducted the focus groups.

Connecting unemployed Marylanders with health coverage is a matter of health equity. Unemployment among people with disabilities has risen sharply as a result of the COVID-19 crisis.<sup>1</sup> The gap between white unemployment and Black and Latino unemployment has widened.<sup>2</sup> At the same time, these populations are at higher risk of death from COVID-19<sup>3,4</sup> and

---

<sup>1</sup> Smith, Allen (2020). "A Million People with Disabilities Have Lost Jobs During the Pandemic." SHRM. <https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/coronavirus-unemployment-people-with-disabilities.aspx#:~:text=Unemployment%20has%20risen%20sharply%20as%20a%20result%20of,to%20the%20New%20Hampshire%20University%20Institute%20on%20Disability>

<sup>2</sup> Saenz, R., Sparks, C. (2020). "The Inequities of Job Loss and Recovery Amid the COVID-19 Pandemic. University of New Hampshire Carsey School of Public Health. <https://carsey.unh.edu/publication/inequities-job-loss-recovery-amid-COVID-pandemic>



**MARYLAND CITIZENS' HEALTH INITIATIVE**

need access to health coverage. As such, Attorney General Brian Frosh's COVID-19 Access to Justice Task Force recently endorsed this proposal as part of their recommendations to ensure equity, fairness, and access to justice for all Marylanders.<sup>5</sup>

In order to make this program as successful as possible, we urge the Committee to accept the amendment proposed by Senator Jim Rosapepe's SB 893 which would create a special enrollment period for people who connect with the Health Exchange through their filing for unemployment insurance. Similar special enrollment periods played a major role in the success of the Easy Enrollment program.

Maryland's Easy Enrollment program has been a great success in our state and has become a model for the nation. One other state, Colorado, has already enacted an Easy Enrollment program, and several others are considering it. And, Senator Chris Van Hollen is planning to introduce legislation to make Maryland style Easy Enrollment national. With the enactment of SB 893, Maryland can once again lead the way by creating another effective way to find and get enrolled Marylanders who are eligible for free or low-cost health care but do not now know how to get access to it.

---

<sup>3</sup> Shapiro, J. (2020). "COVID=19 Infections and Deaths are Higher Among Those With Intellectual Disabilities." NPR. <https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>

<sup>4</sup> CDC (2021). "Hospitalization and Death by Race/Ethnicity." <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

<sup>5</sup> Maryland Attorney General Brian E. Frosh's COVID-19 Access to Justice Task Force (2021). "Confronting the COVID-19 Access to Justice Crisis." [https://www.marylandattorneygeneral.gov/A2JC%20Documents1/AG\\_Covid\\_A2J\\_TF\\_Report.pdf](https://www.marylandattorneygeneral.gov/A2JC%20Documents1/AG_Covid_A2J_TF_Report.pdf) pp. 12, 35-36.

**To: Vincent DeMarco, President  
Maryland Citizens' Health Initiative, Inc.**

**From: Steve Raabe, President  
OpinionWorks LLC**

**Date: February 1, 2021**

**Subject: Potential for Maryland's Unemployment Insurance Program to Prompt  
New Enrollment in Health Insurance Coverage**

---

### **Overview**

Our recent focus group study among low-income uninsured Marylanders who file taxes, examining their response to Maryland's new Easy Enrollment Health Insurance Program, sheds light on the roll that the State's Unemployment Insurance program could play in enabling people to enroll in health insurance coverage.

**In short, participants across our four focus groups of uninsured Marylanders were very enthusiastic about the possibility of Maryland's Unemployment Insurance program connecting them with the Maryland Health Connection to seek health coverage. They felt it was a natural fit.**

### **Project Background**

This focus group project was designed to explore why people remain uninsured and what motivators would encourage them to enroll in coverage, and what adjustments are needed in Easy Enrollment messaging, forms, and follow-up to better engage the audience. As one point of discussion, we explored whether focus group participants would be open to receiving information through the Unemployment Insurance process about enrollment in health coverage.

These focus groups were conducted virtually using the Zoom platform between October 18 and November 1, 2020, among four segments of uninsured Marylanders:

1. African-American residents of Baltimore City
2. Suburban residents
3. Rural residents
4. Latina/o residents, conducted in Spanish

### **A Very Positive Reaction to the UI Program Connecting Them with Health Coverage**

The focus groups included significant numbers of people who had lost work and employer-provided health coverage during 2020 due to the pandemic. Such people were often unaware of the types of assistance that is available to them. Other participants had been unemployed or economically vulnerable for a significant period of time and were accustomed to going without health coverage

## Potential for Maryland's Unemployment Insurance Program to Prompt New Enrollment in Health Insurance Coverage

February 1, 2021

Page 2

intermittently or permanently and seeking various forms of assistance. Both of these groups had experience dealing with Unemployment Insurance.

Focus group participants uniformly said they liked the idea of applying for health coverage when they filed for unemployment benefits.

*"I like that, I like that, I like that."*

*"...as soon as you walk in Unemployment, as you do paperwork... Have the flyers right there that you can take, or even like rip a piece off. And that to me is pretty powerful way to hit the people. I guess the State needs to look at where are people that need health insurance. Where are they hanging out? They're hanging out at the Unemployment office."*

*– Suburban Participants*

### Why It is Important for the Unemployment Insurance Program to Help Make This Connection

Our focus groups explored reasons why people lack health insurance coverage, beyond the issue of cost. A major barrier, we discovered, is that many uninsured Marylanders do not know the process of seeking coverage, and do not even know where to begin. Two of our participants illustrated this:

- **Don't know the process:** A young Latina explained that although health coverage had never been important to her in the past, it had become very important to her lately because, "Now I want to start creating a family and have children (but) having a child is not affordable." She feels frustrated because, though she is aware that low-cost coverage is available through Obamacare, no one has explained to her how to sign up.

*"The truth is that... I heard about Obamacare. I knew that Obamacare exists, but I don't know if you need to apply or what are the requirements to apply. When I didn't have insurance, I wanted to apply and I should have done research to find out more about it. But I really don't know if we have to apply or you have to meet certain requirements. I really don't know that part."* – Latina Participant

- **No Plan of Attack:** A suburban resident said he is "trying not to worry" about lacking coverage after losing his job earlier in the year. At the time of the focus group, he remained on COBRA, which proved invaluable to him given an August hospital stay. But the end of his COBRA period was looming, and he felt worried, and did not have a plan of attack for finding new coverage.

*"I was lucky enough to not have to worry about any of my hospital bills or anything like that. ...(But) it is temporary, so I'm scared once it runs out what I'm going to do next. And I'm trying to look into the programs or hopefully find another job that will afford me the coverage. But it is also like, I'm just lucky enough to have it right now and so I don't have astronomical bills...but also it's like, I have this ax hanging over my head because when it ends I don't know what I'm going to do."* – Suburban Participant

### Urgency to Find Health Coverage

Healthcare is an emotional topic for people today. Anxiety about COVID-19 as a health concern was palpable among the people we interviewed, and that is compounded by the economic strain that the pandemic has added to the lives of so many of the focus group participants.

Study participants argued that the priority of health insurance coverage is extremely important, and would make a big difference for people. They urged Maryland Health Connection and its partners to

**Potential for Maryland’s Unemployment Insurance Program to Prompt New Enrollment  
in Health Insurance Coverage**

**February 1, 2021**

**Page 3**

spread the message far and wide, and give people as many access points as possible to enroll in coverage.

*“They have to go big with this, because people need this.” – Baltimore Participant*

*“2020 has taken a lot from all of us. I think the messaging with this program needs to be how Maryland, this Maryland department, is giving something back. We are going to get something that a lot of people have lost this year... in addition to the low-cost or the no-cost, the getting something back that was taken from you for your COVID or this pandemic is something that I think people would connect with.”*

*– Suburban Participant*

Being connected through the Unemployment Insurance program to the ability to enroll in health insurance coverage is a natural fit. Based on our research, uninsured Marylanders would welcome and value that additional point of access.

**sb893, exchange, enrollment, unemployment, 3-2-21.**

Uploaded by: Hudson, Lee

Position: FWA



**Delaware-Maryland Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

Testimony Prepared for the  
**Finance Committee**  
on  
**Senate Bill 893**  
March 2, 2021  
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to speak in favor of expanding access to health care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations in three synods in every part of our State.

Our community has advocated for access to appropriate and adequate health care for all people in the United States and its territories since 2003. Expanding access by expanding entry points to the Maryland Health Benefit Exchange will further the General Assembly's diligent efforts to insure the uninsured.

**Senate Bill 893** would add an access point for Marylanders to enroll in healthcare coverage by permitting those filing for unemployment to be connected to the Maryland Health Benefit Exchange. This is particularly important as the pandemic has imposed job loss on many.

Loss of employment can be accompanied with loss of employer-sponsored health insurance; or financially compromising clients out of their coverage. Everyone needs and should have affordable health insurance. We note with distress that people with disabilities, and African-American and Hispanic workers have been subject to greater job losses than others. Health disparities are widening because of the pandemic through no fault of workers.

**We also support Sen. Rosapepe's amendment** to provide a special enrollment period for those who qualify and get connected to the Health Benefit Exchange through unemployment filing. This will build on Maryland's healthcare success story.

We ask the Committee's favorable report to continue insuring the uninsured.

Thank you for this hearing.

Lee Hudson

**SB 893 Health access UI.pdf**

Uploaded by: Young, Lauren

Position: FWA



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

[www.DisabilityRightsMD.org](http://www.DisabilityRightsMD.org)

**Senate Finance Committee  
IN SUPPORT OF SB 893 WITH AMENDMENT  
March 2, 2021**

Disability Rights Maryland (DRM) is the state-designated Protection and Advocacy agency authorized to advocate for the rights of individuals with disabilities. DRM is dedicated to advancing the civil rights of people with disabilities. This legislation is significant to people with whom we work as it impacts access to health care. Linking unemployment applications to health care information and assistance is a practical measure necessary to ensure health coverage. Consider:

Unemployment among people with disabilities has risen sharply as a result of the COVID-19 crisis.

- Approximately 1 million U.S. workers with disabilities have lost their jobs since the World Health Organization proclaimed the outbreak a pandemic, according to the New Hampshire University Institute on Disability.
- 1 in 5 workers with disabilities have been dismissed from employment since the pandemic, compared with 1 in 7 in the general population, according to the U.S. Bureau of Labor Statistics.
- "People with disabilities have been disproportionately affected by the coronavirus and its economic consequences," said National Organization on Disability (NOD) President Carol Glazer.

During this public health crisis, it is especially important that the maximum possible number of Marylanders retain health coverage.

- Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes or cancer.
- People of color and people with disabilities make-up a disproportionate share of COVID-19 cases, hospitalizations and deaths.
- People with developmental disorders or intellectual disabilities present with important risk factors for COVID-19 mortality, lung cancer, leukemia and lymphomas.
- By reducing barriers to health care and assisting with insurance options, more people will retain coverage allowing more access to care in appropriate primary care settings without burdening already overcrowded emergency rooms. Preventative care will be better utilized, saving health costs and consequences.

A diagnosis of a disability does not define individuals, their talents and abilities, or health behaviors. However, individuals with disabilities do experience serious health disparities.



Disparities in health care outcomes stem from structural and systemic barriers across many sectors, influenced by racism and disability discrimination.

Targeting health care access to those filing unemployment claims will help increase health care to the many groups who disproportionately experience the dual burdens of unemployment and COVID-19, especially persons of color and persons with disabilities. We urge the support of the amendment proposed by Senator Rosapepe which would create a special enrollment period for people who connect with the Health Exchange through their filing for unemployment insurance.

Access to health care is a matter of health equity.

Thank you for your consideration of this vital issues.  
Respectfully submitted,

A handwritten signature in blue ink that reads "Lauren Young". The signature is written in a cursive, flowing style.

Lauren Young  
Director of Litigation  
Disability Rights Maryland  
410-7272-6352 ext 2498  
[laureny@disabilityrightsmd.org](mailto:laureny@disabilityrightsmd.org)

Citations for assertions in testimony available upon request.

**6 - FIN - SB 893 - MHBE - LOI.pdf**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



March 2, 2021

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401

**Re: Letter of Information – SB 893– Unemployment Insurance – Revisions and Required Study**

Dear Chair Kelley,

The Maryland Health Benefit Exchange (MHBE) respectfully submits this letter of information on Senate Bill (SB) 893 – Unemployment Insurance – Revisions and Required Study. SB 893 would direct the MHBE to implement a system for the Department of Labor to share information with MHBE to determine eligibility for health insurance. MHBE supports the opportunity to provide coverage for as many individuals as possible but would like to take the opportunity to provide additional information regarding implementation.

MHBE has previously implemented a program similar to the one outlined in SB 893 with the Comptroller’s Office of Maryland and the Maryland Department of Health. The Maryland Easy Enrollment Health Insurance Program (MEEHP) was signed into law in 2019 and utilizes the State tax filing process to help enroll uninsured individuals into health coverage offered through Medicaid or private health insurance carriers.

The MEEHP has demonstrated its ability to effectively reach the uninsured, particularly individuals who are eligible for Medicaid and young adults. In 2020, more than 53,000 individuals used the Easy Enrollment Program to express interest in enrolling in health care coverage and were determined eligible for the SEP. Of that number, more than 9,000 (17.2 percent) applied for coverage, and more than 4,000 (7.6 percent) enrolled.

MHBE anticipates similar success regarding the proposed program in SB 893, but has identified an opportunity to amend the bill to better align the proposal with MEEHP and simplify implementation. Statute currently states that loss of health insurance coverage triggers a special enrollment period; however, loss of employment does not trigger a special enrollment period. As a result, an individual who is filing for unemployment but did not have insurance under their previous job would not currently be eligible to enroll in coverage. An amendment to create a special enrollment period for individuals applying for health coverage through this avenue would address this gap in eligibility.

MHBE is willing to work with the bill sponsors and Department of Labor to implement this facilitated enrollment pathway and can be contacted for further discussions or questions on SB 893.

Sincerely,

A handwritten signature in black ink that reads "Michele Eberle".

Michele Eberle  
Executive Director