

# **SB572 Maryland Medical Assistance Program - Emplo**

Uploaded by: Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG  
Legislative District 3  
Frederick County

Committee on Education, Energy,  
and the Environment



James Senate Office Building  
11 Bladen Street, Room 302  
Annapolis, Maryland 21401  
410-841-3575 · 301-858-3575  
800-492-7122 Ext. 3575  
Karen.Young@senate.state.md.us

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

March 13, 2023

SB 572 – Maryland Medical Assistance Program - Employed Individuals With Disabilities

Chair Griffith, Vice-Chair Klausmeier, and Esteemed Members of the Finance Committee:

SB 572 is legislation concerning “Maryland Medical Assistance Program – Employed Individuals With Disabilities.” It ensures Marylanders with disabilities who wish to work and pursue marriage can do so without financial disincentives.

Individuals with disabilities have been historically recognized as one of the most underemployed populations throughout the country. Inflexible policy with archaic limitations has limited growth opportunities for these individuals.

The current regulations impacting Maryland’s Employed Individuals with Disabilities, known as the EID program, create strict limits on income, assets, and resources pertaining to applicants and spouses. Eligibility limits applicants who are not married to make less than 300% of the Federal poverty level and have assets and resources less than \$10,000. These limits create major barriers that negatively impact applicants and participants. Most applicants are forced to get divorced before enrollment or lose eligibility altogether.

SB572 will change the narrative and will empower workers with disabilities to work without excessive limits and to pursue marriage without being penalized. There are numerous stories of how participants have been negatively impacted and we will share some of them during our testimony.

Finally, I will be addressing a major flaw in the fiscal note during my verbal testimony.

Sincerely,

A handwritten signature in blue ink that reads "Karen Lewis Young".

Senator Karen Lewis Young

# **Megan Bunn\_ SB 568 Threats\_ verbal and written tes**

Uploaded by: Megan Bunn

Position: FAV

Date: March 14, 2023

To: Maryland Senate Judiciary Proceedings Committee 2021  
Miller Senate Office Building  
Bladen St., Annapolis, MD 21401

Re: SB 568 Criminal Law – Threat Against State or Local Official – First Responder  
Favorable written and virtual testimony

As an emergency nurse, who serves the citizens of Maryland, I am testifying IN FAVOR of this amendment to protect the sanction of proving care. Being an emergency nurse has proven to be dangerous and we must take threats seriously.<sup>1</sup>

I hold active peace orders against patients because they have threatened the safety of me and my family. One patient threatened to kill me and my son (the fact I am a mother is personal information that was not shared with them). After hearing the threat, I looked into their chart to find the patient lived a block away from me.

After being administratively discharged due to behavior issues, another patient of mine threatened to return to the hospital to “take care of this bitch.” This patient returned to the hospital later that day. Thankfully, he was denied access. It was later revealed that this patient had existing warrants for his arrest for violence against healthcare workers and peace order violations. This incident is proof that these threats are real and should be treated as such.

In a third incident, a patient punched me in the face and bruised my jaw. Another patient kicked me in the chest while I was transferring him to a stretcher. I am verbally harassed on a weekly basis by patients who are dissatisfied with their care. Violence towards me and my coworkers interferes with safe and effective care. It has also caused us to lose staff amidst a severe nursing shortage in Maryland and nationwide.

The process of obtaining a peace order is traumatizing. Like other nurses, I work at different ERs within a Baltimore health system and need to file my own peace orders so I am covered wherever I go. Attending weekly court visits only to discover the offender has not been served or is a no-show, takes time and wears on my mental health. Because the process is arduous and frustrating, many assaults against like colleagues go unreported allowing the perpetrator the opportunity to come back and threaten and hurt others.

I save lives for a living; mine deserves to be protected so I can continue to serve Maryland citizens. SB 568 will provide real time misdemeanor sanctions for threats that occur against first responders.

Megan Bunn  
Address 101 N Ellwood Ave. Baltimore, MD, 21224  
Phone 720-369-6989

<sup>1</sup> See attached Workplace Violence Infographic from Emergency Nurses Association



# Workplace Violence in Emergency Departments

## Prevalence of Workplace Violence in Health Care/Emergency Departments

Workers in the **health care** sector make up about



**50%**  
of all victims of workplace assault.<sup>1</sup>

In 2018, the rate of **serious injuries** related to workplace violence was



**6x**

higher for hospital workers than for all other private sector workers in the U.S.<sup>2</sup>



Studies show that **emergency nurses** and other personnel in the ED experience a **violent event** about

**once every 2 months.**<sup>3</sup>

ED workers are exposed to **significant rates** of **physical** and **verbal abuse**. Under-reporting of workplace violence in the ED is common and contributes to the difficulty in accurately tracking violence.<sup>4,5</sup>

From 2011–2018, the rate of **nonfatal workplace violence** against health care workers **grew** by



**63%**<sup>2</sup>



**31%**

About 31 percent of hospital RNs said that they faced an increase in workplace violence during the pandemic.<sup>6</sup>



## Impact of Workplace Violence on Nurses, Patients and U.S. Health Care System

Emergency nurses are more likely to experience **acute stress** than other nurses.



**1/3** of emergency nurses reported they had considered **leaving** the profession **due to workplace violence**.<sup>7</sup>

The estimated **cost of workplace violence** in health care is

**\$4.2 billion** annually.<sup>8</sup>



1. Occupational Safety and Health Administration (OSHA), US Department of Labor [osha.gov](https://www.osha.gov)  
 2. U.S. Bureau of Labor Statistics. (n.d.). Fact sheet | workplace violence in healthcare, 2018 | April 2020. U.S. Bureau of Labor Statistics. Retrieved March 21, 2022, from <https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.html>  
 3. Kowalenko T et al. Prospective study of violence against ED workers. (2015). American Journal of Emergency Medicine - 21 (2), 197-205  
 4. Taylor & Rew, A systematic review of the literature: workplace violence in the emergency department (2010). Journal of Clinical Nursing  
 5. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration  
 6. National Nurses United Survey. NNJ unionized nurse members and non-union nurses in the U.S. and Puerto Rico (June 1-July 21, 2021).  
 7. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration  
 8. Gallant-Roman M. Strategies and Tools to reduce workplace violence (2008). AADHN Journal

ENA Government Relations: [gov@ena.org](mailto:gov@ena.org)

# **workplace-violence-infographic 2022.pdf**

Uploaded by: Megan Bunn

Position: FAV

# Workplace Violence in Emergency Departments

## Prevalence of Workplace Violence in Health Care/Emergency Departments

Workers in the **health care** sector make up about

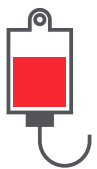


**50%**  
of all victims of  
workplace assault.<sup>1</sup>

In 2018, the rate of **serious injuries** related to workplace violence was



**6x**  
**higher for hospital workers** than for all other private sector workers in the U.S.<sup>2</sup>



Studies show that **emergency nurses** and other personnel in the ED experience a **violent event** about

**once every 2 months.**<sup>3</sup>



From 2011–2018, the rate of **nonfatal workplace violence** against health care workers **grew** by



**63%**<sup>2</sup>

ED workers are exposed to **significant rates of physical and verbal abuse**. Under-reporting of workplace violence in the ED is common and contributes to the difficulty in accurately tracking violence.<sup>4,5</sup>



**31%**

About 31 percent of hospital RNs said that they faced an increase in workplace violence during the pandemic.<sup>6</sup>



## Impact of Workplace Violence on Nurses, Patients and U.S. Health Care System

Emergency nurses are more likely to experience **acute stress** than other nurses.



**1/3** of emergency nurses reported they had considered **leaving** the profession **due to workplace violence.**<sup>7</sup>

The estimated **cost of workplace violence** in health care is

**\$4.2 billion** annually.<sup>8</sup>



1. Occupational Safety and Health Administration (OSHA), US Department of Labor [osha.gov](https://www.osha-slc.gov)  
2. U.S. Bureau of Labor Statistics. (n.d.). Fact sheet | workplace violence in healthcare, 2018 | April 2020. U.S. Bureau of Labor Statistics. Retrieved March 21, 2022, from <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm#>  
3. Kowalenko T et al. Prospective study of violence against ED workers. (2013). American Journal of Emergency Medicine - 31 (1), 197-205  
4. Taylor & Rew, A systematic review of the literature: workplace violence in the emergency department (2011). Journal of Clinical Nursing  
5. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration  
6. National Nurses United Survey. NNU unionized nurse members and non-union nurses in the U.S. and Puerto Rico (June 1-July 21, 2021).  
7. Gacki-Smith et al. Violence against nurses working in US emergency departments (2009). Journal of Nursing Administration  
8. Gallant-Roman M. Strategies and Tools to reduce workplace violence (2008). AAOHN Journal

**SB572.DD Council.Support.pdf**

Uploaded by: Rachel London

Position: FAV





## Maryland Developmental Disabilities Council

CREATING CHANGE • IMPROVING LIVES

### Senate Finance Committee

March 14, 2023

### SB 572: Real Property – Maryland Medical Assistance Program – Employed Individuals with Disabilities

Position: Support

The Maryland Developmental Disabilities Council (Council) is an independent, public policy organization that creates changes to make it possible for people with developmental disabilities to live the lives they want with the support they need. Our vision is that people with and without disabilities in Maryland live, learn, work, and play together. SB 572 is an important step to ensure more people with disabilities can work and receive the support they need to do so.

#### WHAT does this legislation do?

- Removes income limits for people in the Employed Individuals with Disabilities (EID) program, and only applies the asset limit at the time of initial application to the program. .
- Allows EID program participants who become unemployed, through no fault of their own, to maintain their Medicaid coverage for up to one year.

#### WHY is this legislation important?

- **Removes barriers to competitive employment.** People with disabilities want real jobs with real wages, but face various barriers, including the lack of services and support to help them. Medicaid is an important source of coverage for services that support the ability of people with disabilities to work, such as personal assistant services, prescription drugs, and assistive technology.
- **Helps people with disabilities maintain access to these critical services.** The Employed Individuals with Disabilities program (EID) provides medically necessary services and supports to ensure people with disabilities can work.
- **Promotes real jobs with real wages.** By removing income limits, and only applying the asset limit at the time of initial application, people can keep their services while also advancing their careers, getting pay raises, and saving for retirement.

**It is critical that people with disabilities have full access to the services and support they need and want to be able to work and thrive in their communities.** HB 657 does just that by supporting the ability of working Marylanders with disabilities to access and maintain Medicaid coverage. For these reasons, the Council supports SB 572.

Contact: Rachel London, Executive Director: [RLondon@md-council.org](mailto:RLondon@md-council.org)

217 E. Redwood Street, Suite 1300 • Baltimore, MD 21202 • 410.767.3670 • [md-council.org](http://md-council.org)

Dee Sapp, *Chairperson* • Rachel London, Esq., *Executive Director*

**2023 MOTA SB 572 Senate Side FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



# Maryland Occupational Therapy Association

---

PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

**Committee:** Senate Finance Committee

**Bill:** Senate Bill 572 - Maryland Medical Assistance Program - Employed Individuals With Disabilities

**Hearing Date:** March 14, 2023

**Position:** Support

---

The Maryland Occupational Therapy Association (MOTA) support *Senate Bill 572 - Maryland Medical Assistance Program - Employed Individuals With Disabilities*. This bill amends the requirements for the Employed Individual with Disabilities Medicaid Buy-In Program (EID) eligibility under the Maryland Department of Health.

People with disabilities face barriers to full inclusion into the community including lacking the tools and resources they need to engage with and maintain competitive employment. EID provides a much-needed resource to ensure that people with disabilities can work. We support the bill's provision which would provide greater flexibility in eligibility criteria.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

# Written Testimony – Joshua Basile.pdf

Uploaded by: Josh Basile

Position: FWA

Written Testimony – SB 572 – Maryland Medical Assistance Program - Employed Individuals With Disabilities (EID)

Please favorably support SB 572

This written testimony was provided by Joshua Basile. Joshua is a C4-5 Quadriplegic paralyzed below the shoulders and a power wheelchair user. Joshua has been enrolled in the EID program since 2013. The current EID program has limited his ability to pursue a career of his choice and to get married. The EID program has 850 enrollees with disabilities. The current rules have made it difficult for enrollment and have punished enrollees for earning income, saving for the future, and getting married. It is essential that we pass SB 572 and HB 6572 help Maryland workers with disabilities and those with disabilities wishing to pursue employment to not be punished. Majority of the EID enrollees with disabilities rely on Medicaid to survive. The EID program is the only option to maintain Medicaid and maintain employment.

An amendment was made to SB 572 and HB 657. The amendment in SB 572:

15-138 (D) (2) - Change [THE DEPARTMENT MAY NOT LIMIT ELIGIBILITY TO RECEIVE EID PROGRAM SERVICES BASED ON:] "ANY ASSETS OR RESOURCES OF THE APPLICANT OR THE APPLICANT'S SPOUSE." to "ANY ASSETS OR RESOURCES OF THE APPLICANT'S SPOUSE."

**This amendment would keep an asset and resource limit test on an applicant.** MDH sole objection to the bill "MDH advises that, in combination with removing the income limit (as required in the bill and included in MDH's proposal), elimination of the asset test for applicants creates a substantial fiscal impact on Medicaid by significantly expanding eligibility for the EID program. Thus, Medicaid expenditures (50% general funds, 50% federal funds) increase by a significant amount beginning in fiscal 2024 due to anticipated increased enrollment in the EID program." (Fiscal note)

MDH provides that thousands of new enrollees will be joining the EID program because of the removal of an asset and resource limit on an applicant. The fiscal note provides: "Individuals receiving federal Social Security Disability Income (SSDI) cannot earn more than \$1,260 per month (\$2,110 for a blind person) without being considered engaging in SGA. After a specified period in which income is permitted to exceed the SGA amount, SSDI benefits are terminated. MDH advises that an estimated 1,200 individuals who have lost SSDI coverage due to SGA will join the EID program under changes to the program already in progress. However, by eliminating the asset test for applicants under the bill, MDH estimates that an additional 10,897 individuals who have lost SSDI benefits due to SGA would become eligible for EID."

**As such, by amending the asset and resource limit on an applicant, the fiscal note should be minor given the fact that the projected enrollees in the fiscal note will no longer be eligible to join the EID program.**

**Please favorably support SB 572.**

**2 - X - SB 572 - FIN - MDH - LOC.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF



## DEPARTMENT OF HEALTH

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

March 14, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 572 – Maryland Medical Assistance Program – Employed Individuals with Disabilities – Letter of Concern**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of concern for Senate Bill (SB) 572 – Maryland Medical Assistance Program – Employed Individuals with Disabilities (EID).

MDH is in the process of making updates to its EID program, many of which are included in the bill's language. The proposed changes to the State plan are currently under review by the Centers for Medicare and Medicaid Services (CMS) and stakeholders. MDH anticipates its changes will be implemented by August 2024. These proposed changes include eliminating income limits, lowering the minimum age to 16, disregarding all retirement accounts, establishing new premium tiers for applicants at or above 300 of the federal poverty level (FPL), and establishing Independence Accounts in order to disregard consideration of an applicant's earned income at renewal. The existing asset test for individuals would be retained at both application and renewal. The spousal asset test will be removed.

MDH is concerned about the impact of eliminating the asset test for participants entirely, as required by SB 572. MDH has received inquiries about the impact of receiving large monetary gifts, such as a \$1 million gift, on eligibility for EID. If the provisions with respect to elimination of the asset test in SB 572 are enacted, all gifts, including large monetary gifts of \$1 million or more would be disregarded. MDH remains committed to working with its stakeholders to continue to improve the EID program as permitted by federal statute and CMS.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,

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