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Legislative District 20
Montgomery County

Economic Matters Committee

Subcommittees

Public Utilities

Chair, Unemployment Insurance



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THE MARYLAND HOUSE OF DELEGATES
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HB 111- MARYLAND MEDICAL ASSISTANCE PROGRAM, MARYLAND CHILDREN'S HEALTH PROGRAM, AND SOCIAL SERVICES PROGRAMS- ELIGIBILITY AND ENROLLMENT

TESTIMONY OF DELEGATE LORIG CHARKOUDIAN

FEBRUARY 7, 2023

Chair Peña-Melnyk, Vice Chair Kelly, and Members of the Health and Government Operations Committee,

The current process for safety net services in Maryland is administratively burdensome for applicants and inefficient from a state agency perspective. Individuals who are eligible for safety net services currently have to complete multiple applications which are reviewed by different agencies. Most of these applications require similar documents. Many of these applications must also be resubmitted annually in order to prevent loss of coverage. Because of this complicated process, many Marylanders are not receiving or renewing Medicaid or utilizing energy assistance programs even though they meet the eligibility requirements.

This bill implements Express Lane Eligibility (ELE) to automatically grant Medicaid eligibility to children and adults whom SNAP has already found to have very low income. It automatically enrolls someone for utility assistance if they qualify for SNAP, TANF, SSI or means-tested veteran's benefits. It supports seniors by automatically enrolling someone for SNAP if they qualify for Supplemental Security Income. Lastly, it increases the EUSP eligibility income limit to 200% FPL, matching other basic assistance programs offered by the Department of Human Services for low-income families.

Many other states already enable Express Lane Eligibility automatic processing for Medicaid enrollment including Alabama, Colorado, Georgia, Louisiana, Massachusetts, New York, and South Dakota.¹ All states who use ELE have reported benefits including reduced administrative burden and cost savings. Alabama and South Carolina each saved more than one million per year in administration costs by using ELE.² Further, use of these programs has concretely reduced the number of uninsured individuals and families in these states. For example, in Massachusetts, only 2% to 4% of ELE families lost Medicaid at redetermination, compared to 22% to 34% of similar families not participating in ELE.³

Therefore, I respectfully request a favorable report on HB 111.

¹ Department of Health and Human Services- Office of Inspector General. "State Use of Express Lane Eligibility for Medicaid and CHIP Enrollment." (2016) <https://oig.hhs.gov/oei/reports/oei-06-15-00410.pdf>

² "CHIPRA Mandated Evaluation of Express Lane Eligibility: Final Findings." (December 2013) https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/138071/ELE%20Final%20Report%20to%20ASPE%2012%202011%202013.pdf

³ <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/MassHealth/ma-masshealth-cms-apprvd-demo-period-final-2014-2017-09252019.pdf>