



**2023 SESSION
POSITION PAPER**

BILL: SB 26 – Maryland Medical Assistance Program, Maryland Children’s Health Program, and Social Services – Eligibility and Enrollment
COMMITTEE: Health and Government Operations
POSITION: Letter of Information
BILL ANALYSIS: SB 26 would require the Maryland Department of Health to establish an Express Lane Eligibility (ELE) program to streamline and expedite enrollment of eligible individuals in Maryland Medicaid (MA), Maryland Children’s Health Program (MCHP), and Social Services programs. The bill requires MDH to designate the Supplemental Nutrition Assistance Program (SNAP) as the Express Lane Agency (ELA) to support the program and facilitate eligibility determination for MA/MCHP and designated social services programs.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO), the professional association of the State’s twenty-four Health Officers who oversee the State’s twenty-four local public health departments, is committed to assisting Maryland’s most vulnerable children and families with improving access to resources that support healthy outcomes, as well as reducing the administrative burden faced by these families. Current federal statute permits state agencies to adopt the ELE option under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), P.L. 111-3. CHIPRA allows state Medicaid/MCHP agencies to use information already collected by another participating state agency to determine whether a child meets Medicaid/MCHP eligibility requirements for enrollment or renewal of coverage.

To the limits of what state and federal budgets may allow, streamlining eligibility and reducing churn would ensure children and their families have consistent access to health services and decrease the time they spend establishing, or re-establishing, eligibility. LHDs hope that the establishment of an ELE will result in increased efficiencies in LHD staff processing of Medicaid/MCHP applications and renewals. MD had express lane eligibility over a decade ago and it was found to be effective and efficient.

While it is too early to quantify how much these efficiencies will improve administration and reduce costs, it is anticipated that the decrease in documentation requirements will offset any increases in enrollment demand and associated workload. As the benefit to local health departments is realized due to the work of other agencies, existing, or evolving, data agreements and data systems, such as MDThink, can be leveraged to automate eligibility determination and reduce labor demands as much as possible and support the inclusion of any children and/or families who may not normally access the proposed ELA.

The Maryland Association of County Health Officers submits this letter of information for SB 26. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*