



TESTIMONY IN SUPPORT OF HOUSE BILL 111

Maryland Medical Assistance Program, Maryland Children's Health Program, and Social Services Programs – Eligibility and Enrollment

Before the House Health and Government Operations Committee

By Vincent DeMarco, President, Maryland Health Care For All! Coalition

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Chair Peña-Melnyk, Vice-Chair Kelly, and Members of the House HGO Committee, thank you for this opportunity to testify in support House Bill 111, which would automatically grant Medicaid eligibility to children and adults enrolled in SNAP. Special thank you to Delegate Charkoudian for sponsoring this critical legislation. I am testifying on behalf of the [Maryland Health Care for All! Coalition](#) which is made up of over 300 faith, business, labor, community, and health care organizations across the state, and our mission is quality, affordable health care for all Marylanders.

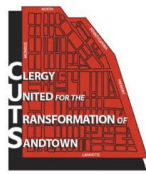
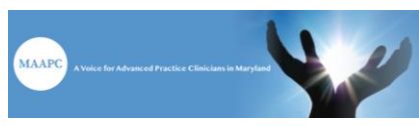
Under your leadership over 400,000 Marylanders have enrolled in health coverage since the passage of the Affordable Care Act. Maryland was the first in the nation to create an Easy Enrollment program to allow Marylanders to start the enrollment process by checking a box on their state tax return, and other states are now following our example. Maryland then built on that progress by adding a similar checkbox to its unemployment insurance forms. Programs like these have led to Maryland cutting the rate of uninsured in half to six percent.

But, there is more we need to do. This legislation would help Marylanders who have already demonstrated that they are very low-income through the SNAP program by automatically enrolling them into Medicaid. Based on [Census Bureau data for 2021](#), this would help over 60,000 uninsured Marylanders get the health coverage they need, including 23,000 Black Marylanders and 28,000 Latinos, making this a way to dramatically reduce the levels of uninsured in Maryland while at the same time improving health equity.

This legislation would also eliminate paperwork currently required for over half a million SNAP recipients in Maryland to renew their Medicaid benefits once the public health emergency ends and Medicaid redeterminations begin again. This will reduce the number of Marylanders eligible for Medicaid who lose their coverage because of burdensome paperwork requirements, while also creating administrative savings for Maryland.

In addition, this bill would improve other social determinants of health by streamlining utility assistance enrollment, expanding access to energy and water assistance, and automatically enrolling seniors into SNAP if they qualify for Supplemental Security Income.

Thanks to your leadership, Maryland has one of the top five health care systems in the entire nation, and HB 111 will help us continue to lead. We urge a favorable report for HB 111.



HB 111 Fact Sheet

The bill would give Maryland's Medicaid program powerful new tools to accomplish two key goals: enrolling uninsured Marylanders into health coverage for which they qualify; and preventing eligible Medicaid families from losing their health care because of needless paperwork requirements. It would achieve these goals by cutting red tape and lifting families' administrative burdens.

The bill would implement Express Lane Eligibility (ELE) to automatically grant Medicaid eligibility to children and adults whom the Supplemental Nutrition Assistance Program (SNAP) has already found to have very low income. Federal law gives each state Medicaid program the option to provide ELE to children, and other have received federal waivers permitting adults to benefit from ELE.

The legislation would cover more than 60,000 uninsured Marylanders. Based on [Census Bureau data for 2021](#), 65,000 uninsured state residents receive SNAP—nearly one in five uninsured Marylanders (17%). Among the uninsured SNAP recipients benefiting from the legislation, 57,000 are people of color, including 23,000 uninsured African Americans and 28,000 uninsured Latinos. Almost 40,000 of uninsured SNAP recipients are poor or near poor, with incomes below twice the federal poverty line, so the legislation would focus resources on people who need help the most.

The bill would prevent half a million eligible Marylanders from losing Medicaid because of missing paperwork. Half of the state's Medicaid beneficiaries under age 65 (560,000 out of 1.14 million) have already been found poor enough to receive SNAP. The bill would relieve these families of the need to complete pointless paperwork to retain their health care. And because the state would redetermine their eligibility automatically, based on an exchange of computer files, rather than by paying state workers to manually analyze paperwork, the state would achieve significant administrative savings.

More than 440,000 of the Medicaid beneficiaries who would benefit from paperwork-free renewals are people of color, including 300,000 African Americans, almost 80,000 Latinos, and nearly 30,000 Asian Americans and Pacific Islanders who rely on Medicaid for health care. 70% of beneficiaries renewed based on SNAP would come from low-income families, with earnings that fall below twice the federal poverty level—again showing how the bill focuses resources on people who need help the most.

States have covered numerous uninsured by implementing ELE wisely. South Carolina and Louisiana let families consent to ELE-based Medicaid enrollment simply by using their benefits to obtain health care. As a result, more than 30,000 uninsured children in [Louisiana](#) and more than 90,000 uninsured children in [South Carolina](#) enrolled in Medicaid based on SNAP receipt, without needing to complete paperwork.

States used ELE to prevented numerous eligible families from losing health care. Under Massachusetts' federal waiver to provide adults with ELE, [only 2% to 4% of ELE families lost Medicaid at redetermination, compared to 22% to 34% of similar families not participating in ELE](#). Almost all of those in the latter group were eligible but lost health care because of missing paperwork.

States have achieved significant administrative savings by automating Medicaid renewal based on SNAP receipt. [Alabama and South Carolina each saved more than \\$1 million a year](#) in administrative costs by implementing ELE to renew Medicaid children who received SNAP. ELE accounted for more than 40% of all children's renewals in those two states.

The Biden-Harris administration has made it a top priority to eliminate administrative burdens that prevent eligible people from obtaining or retaining health care and other essential benefits. The administration has recognized that [such burdens take a particularly steep toll on families experiencing scarcity](#), imposing disproportionate harm on historically disadvantaged communities. This legislation operationalizes that aspiration, providing a highly streamlined pathway for struggling Marylanders to benefit from the essential assistance promised them under federal and state law.