

2024SB0790 testimony Mayor Comm on Disabilities.p

Uploaded by: Adam Levine

Position: FAV



SB 790

March 4, 2024

TO: Members of the Senate Finance Committee

FROM: Baltimore City Mayor's Commission on Disabilities

RE: **Senate Bill 790 - Maryland Medical Assistance Program - Employed Individuals with Disabilities**

POSITION: **Support**

Chair Beidle, Vice-Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Mayor's Commission on Disabilities **supports Senate Bill 790 - Maryland Medical Assistance Program - Employed Individuals with Disabilities.**

This bill would allow working persons with disabilities to maintain their eligibility for program services after they reach age 65 and regardless of the income of their spouse.

Currently, individuals turning 65 must choose between continuing to earn income from work and maintaining the insurance coverage that pays for the community-based services they need to avoid institutionalization. People with disabilities continue to have their ability to earn money and contribute to society limited by the regulatory frameworks that gatekeep access to necessary medical care. This bill is a step toward empowering people with disabilities in Maryland to maintain their self-determination and age in their chosen least restrictive environment.

Currently, people with disabilities avoid marriage because it would increase their EID program premiums to an unaffordable level. Premiums for the Medicaid enrollment via this program should be based solely on the applicant's income, not their spouse's. Inability to pay these premiums means a loss of Medicaid services. Many people with disabilities cannot work in the community without the services that only Medicaid provides. We must support employment for workers with disabilities by ensuring they can afford Medicaid via EID.

As with all bills that expand eligibility for State programs, this will have an associated fiscal note. The actual cost, however, is offset by the continued ability of people with disabilities to earn and spend their income in our communities, and by the savings the State realizes every time it contributes to the cost of community-based services instead of the more expensive nursing facility cost of care. Considering spousal income in Medicare premium calculations inflicts an unfair financial burden on married workers with disabilities and their spouses.

We therefore respectfully request a **favorable** report on Senate Bill 790.

DRM SB0790 Written Testimony_AS.pdf

Uploaded by: Audrey Sellers

Position: FAV



Empowerment. Integration. Equality.

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

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

www.DisabilityRightsMD.org

SENATE BILL 790: MARYLAND MEDICAL ASSISTANCE PROGRAM – EMPLOYED INDIVIDUALS WITH DISABILITIES

**Finance Committee
March 12, 2024**

Position: Support

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. One of the mandated purposes of DRM's legal work is to ensure that people with disabilities are included in their communities and that they have access to the supports and services that makes community participation possible. Senate Bill 790 would further this goal by requiring that the Maryland Department of Health provide Maryland Medical Assistance Program services for significantly disabled individuals under the Employed Individuals with Disabilities (EID) Program in accordance with requirements improving programmatic accessibility.

Most notably, SB 790 would eliminate the income, age and asset limit for EID recipients and their spouses. Asset limits and income limits often trap beneficiaries of public assistance programs in poverty and prevent them from obtaining economic self-sufficiency because of their need to maintain their finances under a certain ceiling to qualify for benefits. Additionally, asset and income caps create a barrier that prevents individuals with disabilities who receive EID assistance from community inclusion. These limitations prevent beneficiaries from building up sufficient savings to participate in life milestones such as purchasing a home.

SB 790 would also make the application process more accessible to individuals with disabilities, removing confusing administrative barriers that may otherwise prevent individuals from applying for much-needed benefits in the first place. SB 790 provides clear guidelines for eligibility and requires information to be provided to applicants in plain language.

Individuals with disabilities should not have to sacrifice their potential to earn a living wage and build assets in order to receive their healthcare benefits. For these reasons and more, DRM supports SB 790.

For more information or questions about our position, please contact Audrey Sellers at AudreyS@DisabilityRightsMD.org or 410-787-6993. We thank you for your consideration of Senate Bill 790, a bill with the power to transform the lives of working Marylanders with significant disabilities.

IL Written Testimony SB 790 of 2024.pdf

Uploaded by: Chris Kelter

Position: FAV



Senate Bill 790: Maryland Medical Assistance Program - Employed Individuals With Disabilities

Testimony of Maryland Centers for Independent Living

SUPPORT

Senate Finance Committee, March 12, 2024

The seven Centers for Independent Living (CIL) were established by federal law and work to ensure the civil rights and quality services of people with disabilities in Maryland. Centers for Independent Living are nonprofit disability resource and advocacy organizations located throughout Maryland operated by and for people with disabilities. CIL staff and Boards are at least 51% people with disabilities. We are part of a nationwide network which provides Information and Referral, Advocacy, Peer Support, Independent Living Skills training, and Transition Services.

The Independent Living Network submits this written testimony in strong **support** of SB 790.

The objective of the bill is to give more opportunity for individuals with disabilities to work and maintain their Medicaid health insurance. The Independent Living Network is in favor of expanding opportunities for more individuals with disabilities to use the Employed Individuals with Disabilities (EID) program.

SB 790 eliminates:

1. The upper age limit that prevents older workers from enrolling in EID. The current age limit is 64. Accordingly, current law discriminates against workers with disabilities aged 65 and older, forcing them to either avoid working so they can qualify for Medicaid without EID, or to pass up Medicaid if they do work with EID; and
2. The “marriage penalty.” Under current rules, married people who enroll in EID must often pay much higher monthly premiums than if they were single because EID currently counts a spouse’s assets and income for the individual to qualify for the program. This forces some workers with disabilities to avoid marriage so they can afford their EID premiums. Others who are already married must pay thousands of dollars more each year in premiums.

Furthermore, SB 790 improves the EID eligibility process to be more user-friendly and ensure workers can enroll in EID more easily, remain enrolled in Medicaid, and continue to receive vital services they need to live independently and work.

Passing this legislation supports people with disabilities across Maryland to gain employment and maintain their much-needed health insurance and Medicaid services.

The Maryland Independent Network strongly **supports** SB 790 and urges a **favorable** report.

Contact Information:

Chris Kelter, Executive Director
Accessible Resources for Independence
443-713-3914
ckelter@arinow.org

SB 790 EID.pdf

Uploaded by: Cody Drinkwater

Position: FAV



People On the Go of Maryland

SB 790

**Maryland Medical Assistance Program -
Employed Individuals with Disabilities (EID)**

Requiring the Maryland Department of Health to provide Maryland Medical Assistance Program services for qualified applicants who are at least 16 years old, and for existing Program recipients under the Employed Individuals with Disabilities Program in accordance with certain requirements; prohibiting the Department from limiting eligibility to receive services under the EID Program based on certain criteria; etc.

Position: Support

March 12, 2024

Sponsored by Senator Katherine Klausmeier

Assigned to Health and Government Operations

Written by Mat Rice

People On the Go of Maryland

Honorable chairperson, and distinguished members of the Health and Government Operations Committee:

People On the Go of Maryland (POG) is a statewide self-advocacy organization, ran for and by those with intellectual and/or developmental disabilities (IDD). Our mission is to promote self-advocacy throughout the state. We believe in equal access to community resources; and that all people have the right to live, work, love, and play in the communities of their choosing, regardless of whether or not they have a disability or significant support needs.

People on the Go is pleased to provide this written testimony in strong support of Senate Bill 790 (SB 790), which would expand access to the Employed Individuals with Disabilities Program (EID). We support this bill because:

- It would expand access to the EID program for younger individuals with disabilities, which will integrate them into the workforce more quickly; and
- It would prevent the Department of Health from denying eligibility for this program to those who are over the age of 65, or are about to turn 65.

POG believes in the dignity of work for all people, regardless of disability or support need. Costs of living become more significant as people age, due to their greater health and support needs.

Many counter-arguments have been made about this Bill's fiscal impact upon the state's budget. People on the Go recognizes the importance of fiscal responsibility, which prompts us to ask:

Is it truly fiscally responsible to force people with disabilities into retirement, and possibly into nursing homes, by denying them the right to continue to be gainfully employed?

Consider also: Our peers without disabilities are already extending their employment beyond age 65, because increased costs of living have made retirement not feasible economically, until several years later.

Maryland legislators will not foster a culture of responsibility and mutual interdependence, by forcing people into retirement when they may not want to

retire. Far better to remove citizens' fear of losing their eligibility for benefits, and give them the incentive to continue performing rewarding work.

People On the Go advises that the hypothetical fiscal impact of expanding eligibility for EID, will be offset by the greater number of taxpaying citizens, including those with disabilities, who continue in their employment beyond age 65.

For these reasons, People On the Go strongly advises a favorable report for passage of SB 790. Thank you for your consideration.

Should you have any questions, please contact Mat Rice.

Thank you,

Mat Rice, Executive Director

M: 410-925-5706

E: mat@pogmd.org

Testimony SB 790-Shaewitz.pdf

Uploaded by: Dahlia Shaewitz

Position: FAV

Testimony to the Senate Finance Committee
SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable

March 11, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I live in Maryland and am writing to support SB 790. I am the child of parents with disabilities, and I have many other family members of different ages who live and work in this state. My parents struggled to find good paying jobs with benefits that would support our family—they moved to Maryland from the Midwest because the prospects for finding a federal government job with a disability was better than most areas of the country. Although they both found work in DC, they struggled throughout my childhood to maintain the cost of living with their low salaries. I grew up understanding that a decent job is key to financial stability for the whole family, and I have dedicated my career to creating a more inclusive society for people with disabilities.

SB 790 eliminates the upper age limit for the Employed Individuals with Disabilities (EID) Program and bases monthly premium amounts on only the applicant's income, not their spouse's. **I am writing to support these changes to policy that will ensure people with disabilities can continue to work and provide for their families, without penalty because they have chosen to marry.**

Limiting EID to people under age 65 discriminates against senior citizens. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community. Many of these services – such as personal attendant services and community psychiatric rehabilitation – are not adequately reimbursed by Medicare or private insurance. Older Marylanders with disabilities need Medicaid just as much as residents under age 65.

Premiums for the EID Program should be based solely on the applicant's income, and not their spouse's. Some current EID enrollees who wish to marry are forced to avoid marriage because it would impose much higher premiums on them. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID. Nondisabled spouses must pay for their own health insurance and charging higher premiums for Medicaid for disabled spouses inflicts an unfair financial burden on married workers with disabilities and their spouses.

I respectfully urge you to issue a favorable report on SB 790.

Sincerely,
Dahlia M. Shaewitz, Founder and CEO
Third Sight, LLC

Written Testimony SB 790 Favorable 2024.pdf

Uploaded by: Erin Ashinghurst

Position: FAV

Written Testimony to the Senate Finance Committee
SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable

March 11, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I am a Maryland resident writing to support Senate Bill 790. As a professional and advocate with fifteen years' experience collaborating with people with disabilities across the state of Maryland, I know how important the Employed Individuals with Disabilities (EID) Program is for the community. The EID Program is key to supporting members of our community to stay employed without losing health benefits. There are some for whom without the proposed changes to the EID Program would effectively have the right to work taken away from them either upon turning 65 or because they choose to marry. Senate Bill 790 eliminates the upper age limit for the EID Program and bases monthly premium amounts on only the applicant's income. Enacting Senate Bill 790 is a step towards health equity for the Maryland disability and aging population.

Older Marylanders with disabilities need Medicaid just as much as residents under age 65. Limiting EID to people under age 65 discriminates against senior citizens. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community, because many health services are not well reimbursed by Medicare or private insurance.

People with disabilities and their families too often face unfair financial burdens. For example, nondisabled spouses currently must pay for their own health insurance with higher premiums for Medicaid than their disabled spouses. But premiums for the EID Program should be based only on applicant income. Some EID enrollees who wish to marry will decline marriage because it would impose much higher healthcare premiums for the family. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID.

For the reasons above, please consider a favorable report on SB 790.

Sincerely,



Erin Ashinghurst, MS

JaniceJ Testimony to the Senate Bill 790 (1).pdf

Uploaded by: Janice Jackson

Position: FAV

**Testimony to the House Health and Government Operations Committee
SB 790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable**

March 11, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I live in Maryland and am writing to support SB 790. My name is Janice Jackson and I am a power wheelchair user and quadriplegic from a spinal cord injury. I live in Baltimore and am 64 years old. I am writing to you today to ask if you would be willing to share my story and others with significant disabilities in Maryland around life-changing legislation impacting Maryland workers with disabilities. There is a Maryland Bill we introduced that would eliminate strict penalties on those wishing to marry and those turning 65.

I require attendant care to survive in the community and I access this through Medicaid. To thrive in the community, I enrolled in the Employed Individuals with Disabilities (EID) program when it was first introduced 15 years ago. I was actually the poster child and was put on all of their brochures. To maintain work and Medicaid this is the only program I and others can turn to.

In December 2024, I will be turning 65 years old and will be kicked out of the program. I will be forced to give up work and likely be placed in a nursing home which terrifies me so much. I've worked so hard to get to this point and wish to remain in the community, keep my job, continue paying taxes, and not fall through the cracks because of bad public policy. There are over 18 other states that have lifted the age 65 penalty.

SB 790 eliminates the upper age limit for the Employed Individuals with Disabilities (EID) Program and bases monthly premium amounts on only the applicant's income, not their spouse's.

Limiting EID to people under age 65 discriminates against senior citizens. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community. Many of these services - such as personal attendant services and community psychiatric rehabilitation – are not adequately reimbursed by Medicare or private insurance. Older Marylanders with disabilities need Medicaid just as much as residents under age 65.

Again, In December 2024, I will be turning 65 years old and will be kicked out of the program. I will be forced to give up work and likely be placed in a nursing home which terrifies me so much. I've worked so hard to get to this point and wish to remain in the community, keep my job, continue paying taxes, and not fall through the cracks because of bad public policy. There are over 18 other states that have lifted the age 65 penalty.

Premiums for the EID Program should be based solely on the applicant's income, and not their spouse's. Some current EID enrollees who wish to marry are forced to avoid marriage because it would impose much higher premiums on them. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID. Nondisabled spouses must pay for their own health insurance and charging higher premiums for Medicaid for disabled spouses inflicts an unfair financial burden on married workers with disabilities and their spouses.

I respectfully urge you to issue a favorable report on SB 790.

Sincerely,

Janice Jackson

Maryland Catholic Conference_FAV_SB790.pdf

Uploaded by: Jenny Kraska

Position: FAV



**MARYLAND
CATHOLIC
CONFERENCE**

March 12, 2024

SB 790

Maryland Medical Assistance Program – Employed Individuals With Disabilities

Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) offers this testimony in support of Senate Bill 790. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 790 would require the Maryland department of Health to provide Maryland Medical Assistance Program services to qualified applicants who are at least 16 years old and to existing Program recipients under the Employed Individuals with Disabilities Program. This legislation is an important step towards ensuring individuals with disabilities have access to healthcare services they need.

The principle of solidarity calls us to stand in unity with our brothers and sisters who are most vulnerable and marginalized in society. Individuals with disabilities often face significant barriers to accessing healthcare services, which can have profound implications for their physical, emotional, and spiritual well-being. By expanding access to the Maryland Medical Assistance Program for qualified applicants and existing Program recipients under the Employed Individuals with Disabilities Program, we affirm their intrinsic worth and recognize their right to receive the care and support they need to flourish.

Our Catholic tradition emphasizes the importance of promoting the common good and ensuring that all members of society have the opportunity to participate fully and contribute their gifts and talents. Access to healthcare is a fundamental human right that is essential for individuals to live with dignity and fulfill their God-given potential. By providing Maryland Medical Assistance Program services to individuals with disabilities, we uphold their dignity and affirm their inherent value.

The MCC appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 790.

SB 790 – Written Testimony Josh Basile.pdf

Uploaded by: Josh Basile

Position: FAV

Employed Individuals with Disabilities Program
Testimony on SB 790

Position: FAVORABLE

March 11, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

My name is Josh Basile and I am submitting written testimony in support of Maryland Medical Assistance Program - Employed Individuals With Disabilities.

I became a power wheelchair user paralyzed below my shoulders as a teenager when a wave picked me up and slammed me headfirst against the ocean floor breaking my neck. I spent the first four weeks at the University of Maryland Baltimore Shock Trauma critical unit, where I could not speak because of a ventilator helping me to breathe. When I regained my voice, I decided that every word from that moment on would be made with purpose. That day I became an advocate for life and since then I have never stopped wheeling after my dreams of pursuing an education, becoming employed, falling in love, and starting a family.

After eight years of receiving vocational assistance and supports from Maryland's Division of Rehabilitation Services, I made it onto their website as a Spotlight Success Story. During this time, I returned to school, first at a community college, then graduated cum laude from the University of Maryland College Park, and ultimately graduated magna cum laude from law school. Soon after graduating, I passed the bar and successfully gained employment in 2013.

At this time, I enrolled in the Employed Individuals with Disabilities program known as EID. After diving deeper into the EID program rules, it was upsetting to learn that my future would be greatly limited and impacted by strict EID thresholds on earnings, saving responsibly, equal loving for those wishing to pursue marriage, and rules forcing retirement at age 65. I learned that if I had an income at or below 300% of the federal poverty level, could not save more than \$10,000 for a rainy day, or if I were to get married to a spouse with a job, I would lose all of my Medicaid and caregiving supports. I learned that EID enrollees who fall in love are told to get happily divorced or remain as cohabitated partners for life to maintain EID and Medicaid eligibility. I also learned that I would be forced to retire at age 65 because of eligibility rules.

To overcome these barriers, I chose to proactively advocate for my future and other Marylanders with disabilities wishing to work without limits. I first turned to Governor Hogan and during an in-person meeting in 2018, I shared my employment journey and asked for his support to change the current policy and limits through administrative rule changes. He was receptive and I worked closely with his administration and other disability stakeholder groups to make the much-needed

changes. Within the Hogan administration, we had 15 meetings discussing EID reforms over multiple years.

In September 2021, the State agreed to remove all income limits and all enrollee asset limits placed within Independence Accounts but the State would not remove spousal income from monthly premium calculations or the age 65 rule. These changes were contingent on securing appropriations. In January 2022, the administration formally requested appropriations within the proposed budget with at least \$4.6 million being added to the EID program in fiscal 2023. On January 1, 2024, the State finally implemented the income limits and the applicant asset limit changes.

In 2023, Maryland advocates brought forward legislation (HB 657) to remove all income, asset limits, spousal inclusion for premium calculations, and age limits. The State unfairly influenced the Fiscal Note by providing inflated enrollment and cost numbers which killed the Bill's chances of passing through the House and Senate committees. The Fiscal Note provided for 1200 new enrollees. This figure did tremendous harm.

Since the EID program started 18 years ago, it has never had more than 850 enrollees. For more accurate enrollment numbers, it is important to look at Washington State. In 2019, Washington State passed legislation removing the income limit and age limit above 65 and older. Before making this legislative change, the Washington State Medicaid buy-in did not have an asset limit for applicants. Effective 1/1/2020 – the enrollment over four years only increased by 216 enrollees.

For both Maryland and Washington State, those who do enroll more likely than not already come from a Medicaid eligibility group. These enrollees are already receiving Medicaid, but now can pay monthly premiums and taxes. Many enrollees after gaining employment will start receiving employer-sponsored health insurance as well. Enrollees are contributing to society and have additional dollars to pay for everyday medical and quality-of-life expenses. Having people with disabilities in the workforce is good public policy, especially those with the most significant disabilities who will remain in Medicaid no matter what, just to survive. There are so many factors that make these reforms a win-win scenario.

It breaks my heart to see that the current EID rules punish those who turn 65. Having a significant disability, comes with great added expenses, and retirement is just not an option for most. Forcing any person of any ability to choose between work and Medicaid because of their age is cruel and removes from the State of Maryland workforce not only talent but also additional premiums and taxes. At least 18 States include workers 65 and older in their Medicaid for Workers with Disabilities group: CA, CO, CT, MA, MN, MS, MT, NH, NJ, NM, OR, PA, RI, TX, UT, VT, WA, WI.

For myself and many other Marylanders with disabilities who rely on the EID program to live healthy, meaningful, and fulfilling lives, SB 790 will turn the far-off dream of marriage and career advancement without limits into a reality. The Bill does not do everything but it does a lot. As a concession from last year's Bill, we decided not to include the removal of the asset limit tests for an applicant. This was temporarily included at first by mistake in the original House bill but has since been removed by amendment. We are so grateful for Senator Klausmeier's leadership and support behind SB 790.

I remain dreaming of the day when I can marry the love of my life. If Katie and I were to get married, because of EID's strict spousal inclusion rules on premium calculations, my monthly EID

Premium would go from \$55 per month to around \$500 per month. This is a huge disincentive to getting married. Katie has to pay for her own personal private health insurance and receives no added health care benefits from my EID enrollment. The EID program is there to pay for my health care and does not cover any of Katie's.

Even with the EID rules delaying marriage plans for Katie and I, it did not stop us from starting a family together out of marriage. Two years ago, I became a daddy to a healthy 6-pound 12-ounce baby boy. Calder just started preschool this past January. Every night I dream of the day when I can wheel down the aisle with Calder in my lap, with my beautiful stepdaughter as the flower bearer, and exchange vows and say I do.

Lastly, it is so important that Katie and I can get married so that our family can have important protections and remain together. If Katie were to die, it is terrifying to think what would happen to my son and stepdaughter. As of now, the courts do not officially recognize us as a family. Keeping the family intact would involve getting married and petitioning the court so that I can officially adopt my stepdaughter. These little things are not so little. They are life-changing and family-changing.

With your support and the Finance Committee issuing a favorable report on SB 790, I and many others will be one step and wheel rotation closer to making the way down the aisle to marriage and making dreams come true. I'm looking forward to a future where I can work my wheels off in a career of my choice, get married, retire when I choose to retire, and where I can continue to be a proud tax-paying citizen of this great state. Thank you for your time and consideration!

Sincerely,

-Josh Basile
C4-5 Quadriplegic
Josh.Basile@gmail.com

Encl: supportive docs for enrollment & fiscal impact based on Washington State data points

MDH estimates that EID enrollment would increase by 250 people per year due to eliminating the upper age limit (SB 790 Fiscal Note). This increase seems inaccurate based on Washington State's 2019 experience after passing legislation for its Medicaid buy-in program for its workers with disabilities. Washington State before it enacted legislation already had no asset limit tests for applicants. In 2020, Washington State eliminated its upper age limit and income limit. This elimination would expect enrollment to increase by less than MDH's projections amount based on Maryland only eliminating the upper age limit and income limit, and keeping Maryland's strict \$10,000 asset limit in countable resources for an EID applicant.

Starting in 2020, Washington saw an annual increase of 3.2% of the original 1513 enrollees. Washington State had budgeted for a 10% annual increase with 547 new clients (FY 2020 through FY 2024) and no new clients in FY 2025. (see attached Washington State Fiscal Note). Ryan Moran (Medicaid Director MDH) testified during last week's House committee hearing that EID enrollment is currently about 1,000 EID enrollees. MDH estimated EID annual increase of 250 participants works out to a 25% annual increase, which seems high compared with Washington's experience of 3.2%. It would seem more reasonable to estimate an average increase of 48 EID enrollees per year based on the 3.2% figure.

Maryland's Fiscal Note estimates a \$650 per month Medicaid service expense for each age 65 and older enrollee and an offset of \$80.37 per month from premium collection. $(\$650 - \$80.37) \times 9$ months of service 2025 \times 250 enrollees = \$1.28 million. Willing to Work Coalition believes it is more accurate to calculate Medicaid service expenses $(\$650 - \$80.37) \times 9$ months of service 2025 \times 49 enrollees = \$0.251 million. Maryland Fiscal Note is overestimating by \$1 million in just the first nine months.

Effective 1/1/2020 WA made changes to their Medicaid for Workers with Disabilities group:

- Added workers 65 and older (now age 16 and older)
- Removed the income limit (WA already had no asset limit for the group)
- Added a provision which for the purpose of Medicaid eligibility after enrollment in Healthcare for Workers with Disabilities (HWD), disregard (not count) earnings while enrolled in the Healthcare for Workers with Disabilities eligibility group.

Impact of the changes provided by the WA Health Care Authority (HCA)

State Fiscal Year	Average Enrollees	Total Spend	Federal Match
2020	1513	\$2,367,956	\$1,315,792
2021	1620	\$4,799,036	\$2,429,063
2022	1776	\$5,302,102	\$3,027,874
2023	1895	\$6,223,171	\$3,512,946
2024*	1729	\$3,161,377	\$1,791,782

* Data presented here are from the Health Care Authority's Expenditure

(Washington, like Maryland, is a 50% Medicaid FMAP state)

Forecast, October 2023. Healthcare for Workers with Disabilities clients are identified using the Forecast Medicaid Eligibility Group 1290. The data for SFY2024 are projected.

Additional information provided by HCA:

- Average enrollment in HWD over a three year (2020 – 2023) = 1705 individuals/year

A random month was picked to review for income and premiums (02/2023) and provides the following information:

- Average earnings of members in this month were \$1675.87.
- Average unearned income of members in this month were \$1034.28.
- Average monthly premium= \$135.79. Highest premium was \$1954/month. WA's Alaska Native/American Indian population does not pay a premium.

WA noted that they have individuals working and earning very high salaries and they have individuals who are in between jobs. Individuals are required to be employed at the time of application and at the time of renewal. If they become unemployed in between renewals, they keep their HWD coverage if they continue to pay their monthly premium. WA also noted that they have individuals who have very high unearned income and individuals who have no unearned income. They included those nuances regarding high earnings and unearned income to show that they have a *wide range of income* with their HWD population.



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 42704 • Olympia, Washington 98504-2704

January 23, 2024

Robby Barbieri
Rbarbieri13@gmail.com

SUBJECT: IR-24-0002 - Closure

Dear Robby Barbieri:

In response to your information request, IR-24-0002, the Health Care Authority (HCA) has provided the following information:

Average enrollment in HWD over a three year (2020 – 2023) = 1705 individuals/year

A random month was picked to review for income and premiums (02/2023) and provides the following information:

- Average earnings of clients in this month were \$1675.87.
- Average unearned income of clients in this month were \$1034.28.
- Average monthly premium= \$135.79. Highest premium was \$1954/month. Our Alaska Native/American Indian population does not pay a premium.

Note: We have individuals working and earning very high salaries and we have individuals who are in between jobs. Individuals are required to be employed at the time of application and at the time of renewal. If they become unemployed in between renewals, they keep their HWD coverage if they continue to pay their monthly premium.

We also have individuals who have very high unearned income and individuals who have no unearned income.

I am including these nuances regarding high earnings and unearned income to show that we have a wide range of income with our HWD population.

Here also some links we feel will be useful:

[Apple Health for Workers with Disabilities](#)
[HWD fact sheet](#)

Robby Barbieri
IR-24-0002
January 23, 2024
Page 2

With this letter, your information request is closed.

Should you have any questions, please contact *Tina Leipski, Public Disclosure Specialist*, via email at tina.leipski@hca.wa.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tina Leipski".

Tina Leipski
Public Disclosure Specialist
Division of Legal Services

By email



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 42704 • Olympia, Washington 98504-2704

January 19, 2024

John Curtis
johncurtis14370@gmail.com

SUBJECT: IR-24-0006 – Acknowledgement/Closure

Dear John Curtis:

The Health Care Authority (HCA) acknowledges receipt of your information request received and date stamped in this office on January 05, 2024. The number assigned to your request is IR-24-0006. Please reference this number on all future correspondence regarding the request.

It is our interpretation that you are requesting the following information:

- *Requesting information on Washington's HCA expenditures and federal match for Healthcare for Workers with Disabilities, based on HCA's Expenditure Forecast for 2020 through 2023 and a projection for 2024.*
- *Number of enrollees in the Apple Health for Workers with Disabilities*

If the item(s) listed above is not correct, please respond to this letter.

In response to your Information Request, IR-24-0006, HCA is providing the following:

State Fiscal Year	Average Enrollees	Total Spend	Federal Match
2020	1,513	\$2,367,956	\$1,315,792
2021	1,620	\$4,799,036	\$2,429,063
2022	1,776	\$5,302,102	\$3,027,874
2023	1,895	\$6,223,171	\$3,512,946
2024	1,729	\$3,161,377	\$1,791,782

** Data presented here are from the Health Care Authority's Expenditure Forecast, October 2023. Healthcare for Workers with Disabilities clients are identified using the Forecast Medicaid Eligibility Group 1290. The data for SFY 2024 are projected.*

With this response, your request for information is complete.

John Curtis
IR-24-0006
January 19, 2024
Page 2

Should you have any questions, please contact *Tina Leipski, Public Disclosure Specialist*, via email at tina.leipski@hca.wa.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tina Leipski".

Tina Leipski
Public Disclosure Specialist
Division of Legal Services

By email

Multiple Agency Fiscal Note Summary

Bill Number: 1199 S HB	Title: Health care/disability
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Estimated Cash Receipts

Agency Name	2019-21		2021-23		2023-25	
	GF- State	Total	GF- State	Total	GF- State	Total
Washington State Health Care Authority	0	355,000	0	1,515,000	0	2,354,000
Department of Social and Health Services	0	35,000	0	71,000	0	92,000
Total \$	0	390,000	0	1,586,000	0	2,446,000

Estimated Operating Expenditures

Agency Name	2019-21			2021-23			2023-25		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Washington State Health Care Authority	.0	355,000	710,000	.0	1,515,000	3,030,000	.0	2,353,000	4,707,000
Department of Social and Health Services	.3	63,000	98,000	.8	96,000	167,000	1.0	124,000	216,000
Total \$	0.3	418,000	808,000	0.8	1,611,000	3,197,000	1.0	2,477,000	4,923,000

Estimated Capital Budget Expenditures

Agency Name	2019-21			2021-23			2023-25		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

Prepared by: Robyn Williams, OFM	Phone: (360) 902-0575	Date Published: Final 4/15/2019
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Individual State Agency Fiscal Note

Bill Number: 1199 S HB	Title: Health care/disability	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2020	FY 2021	2019-21	2021-23	2023-25
General Fund-Federal 001-2	44,000	311,000	355,000	1,515,000	2,354,000
Total \$	44,000	311,000	355,000	1,515,000	2,354,000

Estimated Operating Expenditures from:

	FY 2020	FY 2021	2019-21	2021-23	2023-25
Account					
General Fund-State 001-1	43,000	312,000	355,000	1,515,000	2,353,000
General Fund-Federal 001-2	44,000	311,000	355,000	1,515,000	2,354,000
Total \$	87,000	623,000	710,000	3,030,000	4,707,000

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: LeighBeth Merrick	Phone: 360-786-7445	Date: 03/13/2019
Agency Preparation: Hanh OBrien	Phone: 360-725-1447	Date: 04/15/2019
Agency Approval: Angela Visser	Phone: 360-725-2072	Date: 04/15/2019
OFM Review: Robyn Williams	Phone: (360) 902-0575	Date: 04/15/2019

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

See attached narrative.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

See attached narrative.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2020	FY 2021	2019-21	2021-23	2023-25
001-1	General Fund	State	43,000	312,000	355,000	1,515,000	2,353,000
001-2	General Fund	Federal	44,000	311,000	355,000	1,515,000	2,354,000
Total \$			87,000	623,000	710,000	3,030,000	4,707,000

III. B - Expenditures by Object Or Purpose

	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	87,000	623,000	710,000	3,030,000	4,707,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	87,000	623,000	710,000	3,030,000	4,707,000

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

See attached narrative.

HCA Fiscal Note

Bill Number: 1199 SHB

HCA Request #: 19-175

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This bill relates health care for working individuals with disabilities. It is the intent of the legislature to remove barriers to employment for individuals with disabilities by providing medical assistance to working individuals with disabilities through a buy-in program in accordance with the Social Security act and eligibility and cost-sharing requirements established by the Health Care Authority (HCA).

The effects of changes from the original bill:

- The substitute bill adds language that the bill is null and void unless funded in the operating budget by June 30, 2019.

Section 1 amends RCW 74.09.540 to:

- Authorize the HCA to consider a person's income when establishing cost-sharing requirements;
- Prohibits the HCA from establishing eligibility restrictions for the state Medicaid buy-in program, also known as Health Care for Workers with Disabilities (HWD) program, based upon a person's income or maximum age; and
- Requires the HCA to seek federal approval to exclude resources accumulated in a separate account that results from earnings during an individual's enrollment in the buy-in program when determining the individual's subsequent eligibility for another medical assistance program.

This bill takes effect January 1, 2020. However, the bill is null and void unless funded in the operating budget by June 30, 2019.

II. B - Cash Receipts Impact

HCA assumes that the requirements of this bill would be eligible for Federal Medical Assistance Percentage (FMAP) of 50 percent.

Cash Receipts			FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
001	GF-Federal Medicaid Title XIX	C	44,000	311,000	609,000	906,000	1,162,000	1,192,000
Total			44,000	311,000	609,000	906,000	1,162,000	1,192,000
Biennial total				355,000		1,515,000		2,354,000

II. C - Expenditures

This proposed legislation would have a fiscal impact based on current HCA practices. HWD provides full-benefit Medicaid coverage for working individuals with a disability, in addition to long-term services and supports, including personal care services for those determined to meet specific functional criteria. Currently, HWD has a net income limit of 220 percent of the federal poverty level (FPL) and an age limit of 65 years. HWD has no asset test for eligibility. The income limit prevents enrollees with higher unearned income benefits, e.g. Social Security Disability Insurance (SSDI), from working competitively at a living wage and remaining eligible for their health care coverage. This bill directs HCA to eliminate the income and maximum age limit. This bill would also allow enrollees to place earnings they would choose to save in a separate account that would remain excluded when subsequently applying for a different health care program that includes a test for resources for eligibility. It is considered a Classic Medicaid program and the Department of Social and Health Services (DSHS) administers this program for HCA.

HCA estimates 547 new clients will seek coverage under the updated program, with a total fiscal impact of \$8,447,000 (\$4,223,000 GF-S) for fiscal years (FY) 2020 through FY 2025. HCA assumes a four

HCA Fiscal Note

Bill Number: 1199 SHB

HCA Request #: 19-175

year ramp-up of 547 new clients (FY 2020 through FY 2024) and no new clients in FY 2025. There may be additional clients that may enroll over time, however, it is difficult to project additional ramp up beyond four years as this is a new policy. Additional caseload will be picked up in the Medical Services caseload as projected by the Caseload Forecast Council.

The fiscal impact of this bill is derived from new clients being multiplied by per capita rate for the HWD medical eligibility groups (MEG) from the 2019 February Medical Assistance Forecast for Physical Health services. The current per caps are net of a cost share of approximately 7.5% of income. New higher income clients may increase the cost share given their higher income and potentially lower the per cap. For the Behavioral Health (BH) services, new clients were multiplied by the Disabled Adult rate from Mercer (HCA's BH actuary). The average contracted rate for Disabled Adults was used as it would be difficult to tease out which region the new HWD clients would increase in.

The estimate for new clients is based on Social Security Administration (SSA) data for Social Security Disability Insurance (SSDI) beneficiaries who work and on census data collected for the 2017 American Community Survey. In addition, HCA worked with the DSHS Research and Data Analysis in review of historical enrollment in the HWD program and a study completed in the year 2000 by the Washington State Institute on Public Policy.

HCA would work with the Center for Medicare and Medicaid Services to amend the state plan to eliminate the income and maximum age limit, and to exclude the value of the separate account that would consist of earnings while enrolled in the HWD program for any subsequent application for another health care coverage group. HCA assumes current staff resources would facilitate changes to the state plan, WACs, change requests to ACES programming, staff training and community education materials. These changes would follow current procedures used by program and systems staff to update programming as needed to implement changes to program eligibility.

By Fund:

Expenditures			FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
001	GF-State	1	43,000	312,000	608,000	907,000	1,161,000	1,192,000
001	GF-Federal Medicaid Title XIX	C	44,000	311,000	609,000	906,000	1,162,000	1,192,000
Total			87,000	623,000	1,217,000	1,813,000	2,323,000	2,384,000
Biennial Total				710,000		3,030,000		4,707,000

By Object:

Objects			FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
N	Grants, Benefits Services		87,000	623,000	1,217,000	1,813,000	2,323,000	2,384,000
Total			87,000	623,000	1,217,000	1,813,000	2,323,000	2,384,000

Part IV: Capital Budget Impact

None

Part V: New Rule Making Required

The HWD WACs would be amended to reflect program changes as required in this bill.

Individual State Agency Fiscal Note

Bill Number: 1199 S HB	Title: Health care/disability	Agency: 300-Department of Social and Health Services
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2020	FY 2021	2019-21	2021-23	2023-25
General Fund-Federal 001-2	20,000	15,000	35,000	71,000	92,000
Total \$	20,000	15,000	35,000	71,000	92,000

Estimated Operating Expenditures from:

	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years	0.2	0.3	0.3	0.8	1.0
Account					
General Fund-State 001-1	43,000	20,000	63,000	96,000	124,000
General Fund-Federal 001-2	20,000	15,000	35,000	71,000	92,000
Total \$	63,000	35,000	98,000	167,000	216,000

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: LeighBeth Merrick	Phone: 360-786-7445	Date: 03/13/2019
Agency Preparation: Mickie Coates	Phone: 360-902-8077	Date: 03/14/2019
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 03/14/2019
OFM Review: Bryce Andersen	Phone: (360) 902-0580	Date: 03/14/2019

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

Section 1 - The Health Care Authority may not establish eligibility restrictions for the Health Care for Workers with Disabilities (HWD) program based on a person's income or maximum age.

The Health Care Authority shall seek federal approval to exclude resources accumulated in a separate account that results from earnings during an individual's enrollment in the HWD program when determining the individual's subsequent eligibility for another medical assistance program.

Section 2 - This Act takes effect January 1, 2020.

Section 3 - If specific funding for the purposes of this Act is not provided by June 30, 2019 in the Omnibus Appropriations Act, this Act is null and void.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

A portion of the costs incurred to implement this legislation will be funded with GF-Federal funds.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Developmental Disabilities Administration

The Developmental Disabilities Administration (DDA) estimates that the change in eligibility criteria specified in this bill will result in an increase of 548 HWD cases. It is expected that this growth will occur over five Fiscal Years as follows:

Fiscal Year 2020: 69

Fiscal Year 2021: 137

Fiscal Year 2022: 137

Fiscal Year 2023: 137

Fiscal Year 2024: 68

This growth in caseload will require increased staffing to:

- Evaluate applications
- Review eligibility
- Verify resources and income
- Process client changes of circumstance
- Perform cost of care reconciliation
- Support disability determinations
- Provide information for Administrative Hearings

Financial Services Specialists 4 (FSS4) perform the work described above. Additionally, supervisory (Financial

Services Specialists 5 (FSS5)) and customer service staff (Customer Service Specialists 2 (CSS2)) will be needed to support the increase in FSS4 FTEs.

Assumptions:

Ratio of FSS4 FTEs to HWD Cases = 1:704.5

Ratio of FSS5 FTEs to FSS4 FTEs = 1:12

Ratio of CSS2 FTEs to FSS4 FTEs = 1:9.2

Given the staffing ratios above and the estimated caseload increase, DDA estimates the needed increase in staffing and costs as follows:

Fiscal Year 2020

.1 FSS4 FTE, \$21,000 (\$13,000 GF-State)

Fiscal Year 2021

.3 FSS4 FTE, \$35,000 (\$20,000 GF-State)

Fiscal Year 2022

.5 FSS4 FTE

.1 FSS5 FTE

Total Costs of \$66,000 (\$38,000 GF-State)

Fiscal Year 2023

.7 FSS4 FTE

.1 FSS5 FTE

.1 CSS2 FTE

Total cost of \$101,000 (\$58,000 GF-State)

Fiscal Years 2024 and 2025

.8 FSS4 FTE

.1 FSS5 FTE

.1 CSS2 FTE

Total cost of \$108,000 (\$62,000 GF-State)

Economic Services Administration (ESA)

Implementation of this legislation will require modifications to the Automated Client Eligibility System (ACES). Modifications include new income calculations and eligibility processing rule changes. The costs are estimated as follows:

Contract costs of \$28,000 in Fiscal Year 2020.

- 150 Developer Hours x \$175 per hour = \$26,000

- 20 System Architect Hours x \$114 per hour = \$2,000

Staff costs of \$14,000 (.1 FTE – Information Technology Specialist 5) in fiscal year 2020.

Total ESA costs of \$42,000 (\$30,000 GF-State) in Fiscal Year 2020.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2020	FY 2021	2019-21	2021-23	2023-25
001-1	General Fund	State	43,000	20,000	63,000	96,000	124,000
001-2	General Fund	Federal	20,000	15,000	35,000	71,000	92,000
Total \$			63,000	35,000	98,000	167,000	216,000

III. B - Expenditures by Object Or Purpose

	FY 2020	FY 2021	2019-21	2021-23	2023-25	
FTE Staff Years	0.2	0.3	0.3	0.8	1.0	
A-Salaries and Wages	14,000	16,000	30,000	78,000	106,000	
B-Employee Benefits	16,000	15,000	31,000	76,000	94,000	
C-Professional Service Contracts	28,000		28,000			
E-Goods and Other Services	2,000	2,000	4,000	10,000	12,000	
G-Travel	1,000		1,000			
J-Capital Outlays	1,000	1,000	2,000			
M-Inter Agency/Fund Transfers						
N-Grants, Benefits & Client Services						
P-Debt Service	1,000	1,000	2,000	2,000	2,000	
S-Interagency Reimbursements						
T-Intra-Agency Reimbursements				1,000	2,000	
9-						
Total \$		63,000	35,000	98,000	167,000	216,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2020	FY 2021	2019-21	2021-23	2023-25
Customer Service Specialist 2	41,000				0.1	0.1
Financial Services Specialist 4	55,000	0.1	0.3	0.2	0.6	0.8
Financial Services Specialist 5	59,000				0.1	0.1
Information Technology Specialist 5	90,000	0.1		0.1		
Total FTEs		0.2	0.3	0.3	0.8	1.0

III. D - Expenditures By Program (optional)

Program	FY 2020	FY 2021	2019-21	2021-23	2023-25	
Developmental Disabilities Administration (040)	21,000	35,000	56,000	167,000	216,000	
Economic Services Administration (060)	42,000		42,000			
Total \$		63,000	35,000	98,000	167,000	216,000

Part IV: Capital Budget Impact

NONE

None

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

New or amended rules will be needed to implement this legislation.

SB 790 – Written Testimony Katie Fava.pdf

Uploaded by: Katie Fava

Position: FAV

Employed Individuals with Disabilities Program
Testimony on SB 790
Position: FAVORABLE

March 11, 2024

The Honorable Pamela Beidle, Chair Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I live in Maryland and am writing to support SB 790. I will be testifying tomorrow as the incredibly lucky fiancé of Josh Basile, who is a quadriplegic paralyzed below the shoulders, a power wheelchair user, and an Employed Individuals with Disabilities (EID) program recipient.

When I first met Josh in 2019, I was in immediate awe of his passion for advocacy and his talent to balance work, life, and family. Before he proposed in 2020, he assured me that our ability to marry was on the horizon. He had dedicated over a year of his time facilitating a workgroup with the previous administration, working on the same goal that sits in front of you now, 4 years later. He has been told, 'just wait' and 'now is not the right time' for too many years.

What many assume about individuals with disabilities is that they are unable to engage in the standard activities that we uphold to be the foundation for a partnership or sustaining a family. I believe this is why this bill continues to be overlooked, underfunded, and pushed aside year after year. It saddens me that over 50 years have passed since Section 504 of the Rehabilitation Act was signed into law and here we are still arguing to be afforded the same rights, freedoms, and privileges to access the benefits that are tied to marriage, employment, and healthcare.

Families of those with disabilities already have enough to fight for. Did you know that because of current legislation, most healthy, active, and young quadriplegics are removed from their homes to live in a geriatric health care setting? Did you know that when a married individual suffers a spinal cord injury (SCI), they are often forced to divorce their partner to maintain access to appropriate health care. Can you imagine your entire world being turned upside down, your body no longer a reflection of who you once were, and now during this most vulnerable point in your life, you are forced to divorce? What if you were told that you had to retire at 65? That you could no longer make an income to contribute to your family. That the work that drives you, fulfills you, is stripped away from you even when you have decades of knowledge to contribute still in you.

Well, before dating Josh, I didn't know any of those things either. However, with Josh as my partner, I am forever connected to families who have been affected by a SCI. What

most are not privileged to see is the inner turmoil and declining mental health of those with a SCI. Most are males, who were the active breadwinners of their families. And when legislation takes away their ability to continue in this role, far too many slip into a deep sustained depression that has the power to do more damage than the physical injury they sustained.

By not passing this bill, what you are telling people with disabilities is that they are not valued as partners, as breadwinners, as employees, as contributing members of society. They are to stay seated and accept subpar opportunities, no possibility of advancement, no prospects of marriage or family because you have deemed them 'burdens' instead of 'contributors to society.'

Although my fiancé has no control of his body from the chest down, he is anything but a burden. He is a supportive partner, an active father, an athlete, a role model, and the hardest worker I have ever known. And although I know the decision you make today on this bill could never strip any of those qualities away from him, I do have a deep fear.

I am no longer speaking to you as Josh's partner but as Faeble's mother. My beautiful daughter has 2 dads. A fully able-bodied biological one that has failed her repeatedly and no longer has legal or physical rights and this man seated before you. This man has fully embraced fatherhood since day one. This man was excited to meet a divorced single mom because he was unsure if he would be able to have biological children. This man who prioritizes his children over all else. He has found ways to play, to teach, to work, and to comfort them. With him, my children are safe, loved, and provided. Nothing in this world is more important to me than my children. This is why I have a deep fear that if, heaven forbid, anything were to happen to me, my daughter would be stripped of the father who has raised her and protected her and be forced to reside with her biological father.

There are so many implications tied to this bill that you may not fully understand. This one implication is my personal 'why'. By passing this bill, you open the doorway for Josh and I to get married which in turn allows him to legally adopt Faeble. It allows him to provide her safety and protection and love no matter what happens to me. It allows her to stay in the same home as her little brother, and they adore each other. This bill at its core is about sustaining families. For Faeble, and all the other children who have a parent with a disability, please issue a favorable report on SB 790.

Sincerely,

Katie Fava
District 16 Maryland Resident

SB790 FAV K. York 03.11.24.pdf

Uploaded by: Katie York

Position: FAV

Bill: SB0790 - Maryland Medical Assistance Program - Employed Individuals With Disabilities
Position: Favorable

3/11/24

Please issue a favorable report for SB790 *Maryland Medical Assistance Program - Employed Individuals With Disabilities*.

The current age limit (64) means that people will lose coverage once they turn 65, which discriminates against senior citizens. Also, premiums for EID should only be based on the applicant's income, not their spouse. Current EID enrollees may not be able to get married because under the current law they would have significantly higher premiums that they and their spouse could not afford.

Thank you.

Katie York (they/she)

Kavita Krishnaswamy Testimony Template SB 790.pdf

Uploaded by: Kavita Krishnaswamy

Position: FAV

Testimony to the Senate Finance Committee
SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable

March 9, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

My parents and I live in Maryland and am writing to urgently support SB 790, a vital bill seeking to eliminate the upper age limit for the Employed Individuals with Disabilities (EID) Program and revise eligibility criteria for asset and income.

At 70, my mother courageously cares for both my father, a dialysis patient with a below-knee amputation, and myself, a quadriplegic due to spinal muscular atrophy. I, at 41, rely on round-the-clock support. Her dedication amid her own health issues with hypothyroidism, speaks volumes of her sacrifices for our family.

My father, aged 71, has faced a myriad of health challenges, including stage V end-stage chronic kidney disease and diabetes. Despite enduring hospitalizations for severe pneumonia, Covid-19, gangrene, and a below-knee amputation, his determination to recover remains unyielding.

However, the exhaustive nature of his medical treatments has led to him exceeding his Medicare coverage limits, resulting in a staggering financial burden of \$630 per day to sustain inpatient rehabilitation services, including physical therapy (PT) and occupational therapy (OT). Despite facing dialysis treatments three days a week and intensive inpatient therapy six days a week, my father remains committed to contributing to our family's well-being by working remotely. His dedication, especially at 71, is truly inspiring.

Yet, mounting medical expenses have left us overwhelmed and uncertain about our financial future. The age limitations and income and asset thresholds for Medicaid jeopardize our eligibility, adding to our worries. Medicaid coverage would alleviate this burden and enable access to home-based care personal attendant services for long-term and therapy at home, critical for his recovery.

SB 790 is a crucial step in rectifying discriminatory limitations in the EID Program, ensuring fair access to vital services for individuals aged 65 and older who continue to work. Medicaid is essential for older individuals with disabilities to access community-based services and thrive independently.

I respectfully request your thoughtful consideration and support of SB 790. Your advocacy in this matter would not only secure essential care for my father but also provide significant relief for our entire family and countless others confronting similar challenges.

Thank you for your time and consideration.

Sincerely,
Kavita Krishnaswamy

SB 790 Testimony Michael Dalto favorable 3-11-2024

Uploaded by: Michael Dalto

Position: FAV

Maryland Medical Assistance Program - Employed Individuals with Disabilities

Testimony on SB 790

Position: **FAVORABLE**

To Chair Beidle and the Finance Committee:

My name is Michael Dalto, and I'm a resident of Harford County. I own a small consulting business and am a disability advocate. When I was formerly employed by the Maryland Department of Disabilities, I directed a project that conducted outreach for the Employed Individuals with Disabilities (EID) Program and helped Marylanders with disabilities enroll.

EID, a Medicaid Buy-In Program, should provide a very powerful incentive for Marylanders with disabilities to work or increase their earnings. Unfortunately, a number of obstacles in the enrollment process has greatly limited the number of residents who have been able to take advantage of the program. To put EID's limited enrollment in perspective, here is how it compares with Medicaid Buy-In enrollments in the states of New Jersey and Washington, both of which have enacted improvements to their programs similar to those proposed by SB 790.

	Medicaid Buy-In (MBI) Enrollment	State Population	MBI Enrollment as % of State Population
New Jersey	9,530 (in 2013)	8.857 million (in 2013)	0.108%
Washington	1,700 (in 2021)	7.767 million (in 2021)	0.022%
Maryland	850 (in 2021)	6.17 million (in 2021)	0.014%

SB 790 would improve the Employed Individuals with Disabilities (EID) program in several key ways that would directly benefit individuals I have assisted and enable more Marylanders to enroll in (or remain enrolled in) EID:

1. Eliminating the upper age limit of 64 will provide equity to older Marylanders with disabilities. Many citizens continue working beyond age 64. Social Security's full retirement age will be increasing to 67 for people born after 1959, and the average life expectancy in Maryland was 78.6 years in 2020. Medicaid covers essential services to enable workers with disabilities to live in the community, including personal attendance services and community psychiatric rehabilitation; Medicare does not cover these services. Current EID rules discriminate against older workers with disabilities, who often need Medicaid even more than younger workers with disabilities, due to health problems that increase with age.

2. Not counting spousal income in determining EID premium amounts will enable more people to marry or increase earnings. Under current rules, EID participants who marry often face dramatic increases in their EID premium amounts.
3. Facilitating a smooth transition from other Medicaid eligibility groups to EID is vital for many Marylanders who, due to work earnings and/or savings from those earnings, lose eligibility for other eligibility groups, and can only retain Medicaid through EID. Currently, individuals must be terminated from their current Medicaid eligibility groups before they can enroll in EID, which is a huge disincentive to work. The federal Centers for Medicare and Medicaid Services has advised the Maryland Department of Health that they can provide for a smoother transition, within federal Medicaid rules.
4. If a person acquires assets while enrolled in EID, then later loses eligibility for EID (e.g., due to retirement) and needs to enroll in another Medicaid eligibility group, they need to be able to keep the assets they saved during EID enrollment without losing Medicaid eligibility. Under current rules, such a person must spend these assets in order to maintain Medicaid eligibility, which penalizes responsible saving practices.
5. The current EID application and enrollment process has been repeatedly cited as an obstacle to enrollment by many Marylanders with disabilities. Onerous documentation requirements, inadequate instructions and poorly-designed eligibility notices have contributed greatly to low EID enrollment. SB 790 would improve these processes, making EID easier to navigate.

SB 790 would eliminate key barriers to EID enrollment and provide for increased productivity and independence for Marylanders with disabilities. I respectfully urge this committee to issue a favorable report on SB 790.

Sincerely,

Michael Dalto
District 7B
2802 Glen Elyn Way
Baldwin, MD 21013

I am in support of Senate Bill 790.pdf

Uploaded by: Nancy Doran

Position: FAV

I am in support of Senate Bill 790. People with disabilities should not have age restrictions on employment.

Nancy Papa Doran

1536 Kennewick Rd.

Baltimore, Maryland 21218

SB790.DD Coalition.Support.pdf

Uploaded by: Rachel London

Position: FAV



MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

Senate Finance Committee

SB 790: Maryland Medical Assistance Program – Employed Individuals with Disabilities

March 12, 2024

Position: Support



8601 Robert Fulton Dr
Suite 140
Columbia, MD 21046



1500 Union Avenue
Suite 2000
Baltimore, MD 21211



8835 Columbia 100 Pky
Suite P
Columbia, MD 21044



Maryland Developmental
Disabilities Council

217 E Redwood Street
Suite 1300
Baltimore, MD 21202



7000 Tudsbury Road
Windsor Mill, MD 21244

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for people with intellectual and developmental disabilities (IDD) and their families. SB 790 would do just that. The Employed Individuals with Disabilities (EID) Program extends Medical Assistance health benefits to Marylanders that work. **SB 790 is an important step to ensure more people with disabilities can work and receive the support they need to do so.**

WHAT does this bill do?

- Eliminates the income, age, and asset limit for EID recipients.
- Makes the application process easier.
- Provides clear guidelines for eligibility and requires the use of plain language.

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 assistance services, prescription drugs, and assistive technology.
- **Helps people with disabilities maintain access to these critical services.** The EID Program provides medically necessary services and supports to ensure people with disabilities can work. Eliminating the age limit makes sense. When the Program was created, perhaps many people retired at 65, but that is not true anymore. **Many people work beyond age 65 and those that want to should continue to receive the services and supports they need to continue to be productive, active employees.**
- **Promotes real jobs with real wages.** By removing income and asset limits, 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 supports they need and want to be able to work and thrive in their communities. SB 790 does just that by supporting the ability of working Marylanders with disabilities to access and maintain Medicaid coverage.

For more information, contact any member of the DD Coalition.

Testimony In Favor of SB790 - The Arc.pdf

Uploaded by: Robert Malone

Position: FAV

Date: March 12, 2024
To: Senator Pamela Beidle, Chair, Finance Committee
From: Rob Malone, Chief Executive Officer, The Arc Prince George's County
Re: Testimony In Favor of SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities

The Honorable Chair Beidle and Members of the Committee:

I am Rob Malone, Chief Executive Officer for The Arc Prince George's County. Thank you for this opportunity to testify in support of SB790. This bill is important to make the Employed Individuals with Disabilities (EID) program more accessible.

Nationally, The Arc is our nation's largest disability service organization. We help nearly 1,000,000 people with intellectual and developmental disabilities live their best lives in their communities. Ultimately, we are working to expand people's independence, choice and freedom. SB790 is helpful in down just that. Just yesterday, a senior in one of our programs expressed interest in working again. He said, "Mr. Malone, I used to work for The Arc and I would love to help you guys out again."

SB790 eliminates the upper age limit for the Employed Individuals with Disabilities (EID) Program and bases monthly premium amounts on only the applicant's income, not their spouse's.

Limiting EID to people under age 65 restricts opportunities for seniors in our community. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community. Many of these services - such as personal attendant services and community psychiatric rehabilitation – are not adequately reimbursed by Medicare or private insurance. Older Marylanders with disabilities need Medicaid just as much as residents under age 65.

With regard to premiums, the cost for the EID Program should be based solely on the applicant's income, and not their spouse's. Some current EID enrollees who wish to marry are forced to avoid marriage because it would impose much higher premiums on them. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID. Nondisabled spouses must pay for their own health insurance and charging higher premiums for Medicaid for disabled spouses inflicts an unfair financial burden on married workers with disabilities and their spouses.

Thank you for helping us make Maryland one of the most progressive states as it relates to opportunities for people with disabilities. I respectfully urge you to issue a favorable report on SB790.

SB790EID test.pdf

Uploaded by: Ronza Othman

Position: FAV

Support for SB790 and HB822: Maryland Medical Assistance Program – Employed Individuals with Disabilities

Date: March 12, 2024

From: National Federation of the Blind of Maryland

National Federation of the Blind of Maryland

15 Charles Plaza, #3002, Baltimore, MD 21201

president@nfbmd.org

To: Finance Committee

The members of the National Federation of the Blind of Maryland urge the members of the Finance Committee to support SB790 and HB822. The employed individuals with disabilities (EID) program is one of the most important programs that Maryland has to support people who are on Medicaid. It encourages persons with disabilities to go to work by not penalizing them. They may keep their Medicaid benefits while working. Fear of losing benefits is the biggest reason why some persons with disabilities do not work.

SB790/HB822 are good bills because it will reduce red tape and will permit greater use of the EID program. Students who are 16 years of age or older may work and use EID to do so. It will eliminate the gap between a student's participation in a transition program and getting a job. This bill will also eliminate the penalty of a spouse having income. Senior citizens with disabilities may continue to work and receive their benefits without regard to their age. Currently, EID stops at age 64. Social Security has a sliding scale for people to retire based on age, which currently is at 67 but will increase with time. In short, this bill contains provisions that will help every segment of the disabled population.

This bill will allow more people with disabilities to participate in the EID program and become taxpayers. It will allow disabled individuals to pay taxes for a longer period of time. Please vote in favor of SB790/HB822.

Shannon Minnick Testimony SB 790 (1).pdf

Uploaded by: Shannon Minnick

Position: FAV

Testimony to the Senate Finance Committee
SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable

March 11, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I live in Maryland and am writing to support SB 790. I'm Shannon Minnick the Interim Executive Director at Independence Now. I was injured in a car accident that left me paralyzed from the chest down. I have been gainfully employed for 10 years. I have also been a recipient of the EID program for 8 of the 10 years. I began to use the program due to the cost of living and the cost of being a person with a disability. I could not afford to purchase insurance through my employer, pay co-pays and purchase medical needs not covered by insurance. The EID programs save me money and I'm able to use the funds to purchase catheters, personal care hours and a wheelchair accessible vehicle. I am living the life I deserve!

SB 790 eliminates the upper age limit for the Employed Individuals with Disabilities (EID) Program and bases monthly premium amounts on only the applicant's income, not their spouse's.

Limiting EID to people under age 65 discriminates against senior citizens. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community. Many of these services - such as personal attendant services and community psychiatric rehabilitation - are not adequately reimbursed by Medicare or private insurance. Older Marylanders with disabilities need Medicaid just as much as residents under age 65.

The thought that I might lose my health care at the age of 65 is daunting, I'm overwhelmed thinking about it. I know that I will need to continue to work well after the age of 65 due to the economy and I love working. Being employed not only gives me financial stability but supports my mental and social stability. Without EID this will not be possible. I will be forced to move into a nursing at the young age of 65 to receive the care I for daily living. We are fighting everyday to help people with disabilities transition from nursing facilities to the community. I can't image with the work I'm doing that a nursing facility would be my destiny. Please support us to continue to successfully live productive lives in our communities.

Premiums for the EID Program should be based solely on the applicant's income, and not their spouse's. Some current EID enrollees who wish to marry are forced to avoid marriage because it would impose much higher premiums on them. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID. Nondisabled spouses must pay for their own health insurance and charging higher premiums for Medicaid for disabled spouses inflicts an unfair financial burden on married workers with disabilities and their spouses.

Again, barriers are put up to keep people with disabilities from living their lives to the fullest. For many years people with disabilities were told they could not marry and should not marry due to other perspectives of what marriage looks like. We have overcome these marital equality stereotypes. Individuals with disabilities cost of living is at least 26% more than the average person without a disability. According to the CDC disability affects more than 1 billion people worldwide. Healthcare barriers affect their participation and active community life. I'm supporting SB 790 because people with disabilities have the inalienable right to live, love and work! The Declaration of Independence says, "that all men are created equal." However, if you're a person with a disability it doesn't apply. Passing the EID Bill is a step forward to bring us true equality.

I respectfully urge you to issue a favorable report on SB 790.

Sincerely,

Shannon Minnick

Shannon Minnick
Interim Executive Director
Independence Now

Testimony Template SB 790.pdf

Uploaded by: Taylor Oshan

Position: FAV

Testimony to the Senate Finance Committee
SB790 Maryland Medical Assistance Program – Employed Individuals with Disabilities
Position: Favorable

March 11th, 2024

The Honorable Pamela Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Finance Committee

The Honorable Chair Beidle and Members of the Committee:

I live in Maryland and am writing to support SB 790. I am a 35-year-old C4/C5 quadriplegic and my ability to work is as important to my sense of dignity and contribution to the community as it was during my initial rehabilitation over five years ago. Without the ability to work, both the quality of my life and my overall physical and mental health would be greatly reduced. Yet, I still need to work longer and harder than someone who is not disabled to achieve the same outcome, plus the constant uncertainty and anxiety associated with the need for ongoing quality care.

SB 790 eliminates the upper age limit for the Employed Individuals with Disabilities (EID) Program and bases monthly premium amounts on only the applicant's income, not their spouse's.

Limiting EID to people under age 65 discriminates against senior citizens. Many Marylanders who are 65 or older continue to work and should be eligible for EID. Older people with disabilities need Medicaid to cover services that enable them to live and work in the community. Many of these services - such as personal attendant services and community psychiatric rehabilitation – are not adequately reimbursed by Medicare or private insurance. Older Marylanders with disabilities need Medicaid just as much as residents under age 65.

Premiums for the EID Program should be based solely on the applicant's income, and not their spouse's. Some current EID enrollees who wish to marry are forced to avoid marriage because it would impose much higher premiums on them. Many people with disabilities cannot work in the community without the services that only Medicaid provides, and the government must support employment for workers with disabilities by ensuring they can afford Medicaid through EID. Nondisabled spouses must pay for their own health insurance and charging higher premiums for Medicaid for disabled spouses inflicts an unfair financial burden on married workers with disabilities and their spouses.

It is terribly unfortunate that my spouse already serves as a caretaker and their income is used to supplement my care, yet we are forced to consider and pay higher premiums because of their income. I long for the day that we can get ahead instead of simply surviving and I can feel less guilty for the burden posed by my care. SB 790 would be a huge step forward.

I respectfully urge you to issue a favorable report on SB 790.

Sincerely,
Taylor Oshan

SB 790 - FIN - MDH - LOSWA.docx (1).pdf

Uploaded by: Jason Caplan

Position: FWA



DEPARTMENT OF HEALTH

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

March 12, 2024

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

Re: Senate Bill 790– Maryland Medical Assistance Program – Employed Individuals With Disabilities – Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 790 – Maryland Medical Assistance Program – Employed Individuals With Disabilities. SB 790 would make a significant number of changes to the Employed Individuals with Disabilities (EID) Program beginning on January 1, 2025.

In collaboration with stakeholders, the Department has made significant changes to the EID program, many of which are codified by portions of this bill. These changes greatly expand the individuals who can now qualify for the program. They also eliminate previous barriers that may have prevented individuals from getting married, by eliminating spousal income and asset tests for eligibility purposes. Specifically, effective January 1, 2024, the Department enacted changes to the EID Program (1) lowering the eligibility age from 18 to 16, (2) eliminating the income requirement and disregarding all retirement accounts for participants, (3) creating the flexibility of an Independence Account for participants, (4) disregarding spousal income and assets as part of applicant eligibility, and (5) setting new premium levels for higher-income recipients. The Department is supportive of promulgating these recent expansions into statute and have submitted amendments to ensure that the statute matches the work we have done.

However, the Department notes that there are elements of SB 790 as currently drafted that require additional program changes which will have a significant fiscal impact. For example, expanding the EID program to those ages 65 and above would require approximately \$1.2 million total funds (\$660,000 in state general funds) per year and would require an expansion of existing staffing to operationalize. Other provisions, such as requiring premium contributions to be based solely on an applicant’s earned and unearned income, would have an indeterminate but significant impact and create inequities for married couples in other Medicaid programs.

Additionally, under federal law, an individual is prohibited from being simultaneously enrolled in two Medical Assistance coverage groups. As a result, we recommend striking that language to conform with federal statutory requirements.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,



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

In the House Health and Government Operations Committee:

AMENDMENTS TO HOUSE BILL 822
(First Reading File Bill)

On Page 3, strike beginning with “, INCLUDING” in line 8 down through “SERVICES” in line 11, inclusive.

Rationale: While the Department is dedicated to ensuring coverage transitions for enrollees are not disruptive, under federal law, an individual is prohibited from being simultaneously enrolled in two Medical Assistance coverage groups.

In lines 22 and 23, strike beginning with “THAT” in line 22 down through “INCOME” in line 23, inclusive.

Rationale: As noted above, this change would have an indeterminate but significant impact and create inequities for married couples in other Medicaid programs

In lines 29 and 30, strike “THE APPLICANT OR” in line 29 and in line 30 strike “, INCLUDING:” and replace with “;”

Rationale: This amendment conforms to current policy to disregard assets or resources held exclusively by the spouse.

After line 30, add “(III) ANY RETIREMENT ACCOUNTS OR INDEPENDENCE ACCOUNTS OF THE APPLICANT.”

Rationale: This amendment conforms to the current policy to disregard all retirement accounts for participants.

On page 4, strike in their entirety lines 1 through 5, inclusive, and in line 6, strike (3) and substitute “(2)”.

Rationale: As noted in our letter, expanding the EID program to those ages 65 and above would require approximately \$1.2 million total funds (\$660,000 in state general funds) per year and would require an expansion of existing staffing to operationalize.