



Joint Testimony House Bill 1331
House Appropriations
February 19, 2026
Oppose

Chair Barnes, Vice-Chair Kaiser, and Members of the Committees:

Thank you for the opportunity to provide comments on House Bill 1331, Maryland Department of Health and Department of Human Services – Public Benefits – Eligibility and Prohibition. The American Lung Association, American Heart Association and the American Cancer Society Cancer Action Network **strongly oppose** this bill as it attempts to create further barriers to accessing health care through the Maryland Medicaid Program.

Our organizations represent thousands of patients and their families facing serious health conditions in the state of Maryland and are committed to ensuring that the Maryland Medicaid program provides robust health care coverage. Our organizations support reforms to health insurance programs that ensure universal access to quality and affordable healthcare services, preventive care, and appropriate specialty care for all consistent with national guidelines. We oppose discriminatory barriers to healthcare coverage and firmly believe that all people living within the United States should have access to affordable, adequate, and accessible health care.

An estimated [140,000 Marylanders](#) are expected to lose healthcare coverage as a result of changes to Medicaid under Public Law 119-21 (HR 1). The American Lung Association, American Heart Association and American Cancer Society Cancer Action Network along with 36 other patient advocacy organizations have released [principles](#) for HR1 implementation to protect patients access to Medicaid as much as possible, including minimizing red tape and broadly defining health-related exemptions work reporting requirements for patients and caregivers

House Bill 1331 would do the opposite. It would create new and serious administrative barriers to accessing healthcare and jeopardize coverage for Marylanders. For one, it would impose a 6-month lockout period for individuals who fail to report a change in eligibility. Lockouts reduce coverage and do not promote the objectives of the Medicaid program. For example, in Indiana an estimated 1,000 individuals were locked out of coverage per year as a result of a similar provision.¹ For patients with chronic health conditions, being locked out of coverage and consistent healthcare can worsen health outcomes.

House Bill 1331 would also prevent the state from accepting self-attestation of certain eligibility information at the time of enrollment and would restrict health-related exemptions from work reporting requirements. Failing to navigate burdensome administrative requirements could

have serious – even life or death – consequences for people with serious, acute and chronic diseases. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care. We urge Maryland to adopt a broad and comprehensive definition of “medically frail” for exemption purposes and accept self-attestation to the maximum extent possible.

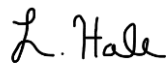
Additionally, House Bill 1331 would require the state Medicaid agency to verify eligibility with state agencies on a monthly and quarterly basis. This will require a significant investment in state agency workforce and technology to ensure the constant data matching and verification is functioning and not full of errors in addition to handling the appeals from changing enrollees’ eligibility. This added bureaucracy will burden the state budget, increasing churn as people incorrectly lose coverage, reapply and are reinstated. The administrative cost of churn is estimated to be between \$400 and \$600 per person.² This would divert resources from Medicaid’s core goal – providing health coverage to those without access to care – as well as increase opportunities for administrative errors that remove eligible individuals from coverage.

The American Lung Association, American Heart Association and the American Cancer Society Cancer Action Network thanks the Maryland General Assembly for their continued commitment to the health and wellbeing of the residents of Maryland. The American Lung Association, American Heart Association and the American Cancer Society Cancer Action Network oppose House Bill 1331 which will create excessive barriers for Marylanders accessing health coverage. We encourage an unfavorable report from committee.

Sincerely,



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¹ Evaluation of Wisconsin's BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults, Institute for Research on Poverty, University of Wisconsin-Madison, August 2019. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-pa8.pdf#page=249>

² Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. Health Affairs July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>.