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# Maryland Should Prioritize Streamlining Access to Social Safety Net Programs, Not Creating New Hurdles

## Position Statement Opposing House Bill 1331

*Given Before the House Appropriations Committee*

Over 2.1 million Marylanders rely on Medicaid and the Supplemental Nutritional Assistance Program (SNAP) to meet their medical needs and ensure that they can put food on the table. To guarantee that most beneficiaries can access these benefits the goal should be to make the process more efficient **The Maryland Center on Economic Policy opposes House Bill 1331** because it creates significant barriers to essential healthcare and nutrition for Maryland's most vulnerable residents.

While the stated intent of this legislation is to ensure "program integrity," the actual mechanisms it proposes – aggressive data-sharing, the elimination of self-attestation, and the imposition of punitive work requirements – represent a fundamental dismantling of the progress Maryland has made in streamlining healthcare and nutritional access. House Bill 1331 does not solve a fraud problem; it creates an accessibility crisis. By erecting administrative hurdles that disproportionately target our most vulnerable residents, this bill will inevitably lead to a churn in enrollment, where eligible Marylanders lose life-saving benefits due to red tape rather than a lack of need.

House Bill 1331 mandates that the Maryland Department of Health (MDH) and the Department of Human Services (DHS) enter into complex data-sharing agreements to conduct frequent, automated reviews of eligibility. The bill's **prohibition on self-attestation** is a step backward into more bureaucracy.

- **Verification traps:** By banning self-attestation, the state forces low-income individuals—many of whom work multiple jobs, lack stable housing, or have limited internet access—to produce physical documentation for every life change.
- **Systemic errors:** Automated data-matching is notoriously prone to "false positives." Discrepancies between outdated federal databases and current life circumstances will trigger automatic terminations, forcing families into a lengthy and traumatizing appeals process just to regain the ability to buy groceries or see a doctor.

Perhaps the most damaging aspect of House Bill 1331 is the reintroduction of **work requirements** and **lockout periods** for the Maryland Medical Assistance Program.

- **Health as a prerequisite for work:** You cannot work if you are not healthy. By conditioning healthcare on employment, this bill creates a "Catch-22." If a Marylander loses their job due to a health crisis, HB 1331 would subsequently strip them of the very medical care they need to recover and return to the workforce.

- **The lockout penalty:** Establishing a lockout period for those who fail to meet redetermination deadlines is purely punitive. A child whose parent misses a paperwork deadline should not be locked out of healthcare for a designated period as a "lesson" in administrative compliance.

The bill's provisions regarding "qualified citizens" and immigration status are not only redundant under existing federal law but are designed to create a chilling effect in Maryland's immigrant communities.

Denying services to individuals based on immigration status ignores the reality of public health. Viruses do not check passports. When we exclude segments of our population from primary care, we drive them into over-burdened emergency rooms, shifting the cost from low-cost preventative care to high-cost crisis intervention, a burden ultimately borne by Maryland taxpayers.

The mandate for DHS to conduct annual inspections of retail facilities in consultation with law enforcement is an overreach that treats poverty as a crime. It creates an atmosphere of surveillance at the very places where families should feel safe purchasing their basic needs.

House Bill 1331 is a solution in search of a problem. Maryland already has robust systems to verify eligibility. What we should be aiming for is a system that treats every applicant with the dignity and speed they deserve.

This bill will also significantly increase the administrative costs of MDH and DHS by requiring more staff to process the mountain of paperwork created by the ban on self-attestation while simultaneously decreasing the health and stability of our residents.

**The Maryland Center on Economic Policy urges the committee to provide an unfavorable report on House Bill 1331.**

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## Equity Impact Analysis

### *Summary*

HB 1331 proposes significant changes to the administration of public benefits in Maryland, specifically targeting the **Maryland Medical Assistance Program** and **Supplemental Nutrition Assistance Program (SNAP)**. The bill mandates stricter data-sharing agreements for eligibility reviews, eliminates self-attestation for certain information, and implements new work requirements and "lockout periods."

### *Background*

Maryland continues to grapple with high rates of "deep poverty," where families live on incomes less than half of the federal poverty level. As of 2024, nearly 1 in 2 Marylanders living below the poverty line existed at or below 50% of that threshold (\$7,530 for an individual). Public benefits like Medicaid and SNAP are essential lifelines for these individuals. However, historical data shows that Maryland's benefit levels and administrative hurdles often prevent these programs from fully lifting residents out of poverty. House Bill 1331 introduces new "redetermination" requirements and mandates the use of immigration status or non-qualified citizenship as a basis for receiving certain state-funded services.

## *Equity Implications*

Due to historical disinvestment and systemic barriers in employment and housing, Marylanders of color, particularly Black residents, are overrepresented in public assistance programs. In state fiscal year 2023, approximately **two-thirds of adults in Maryland's TANF program and 57% of adult SNAP recipients were Black**<sup>1</sup>.

The equity concerns regarding House Bill 1331 include:

- **Administrative burdens:** The elimination of self-attestation and the requirement for "lockout periods" create time taxes that disproportionately affect low-income workers of color who may lack the flexibility or resources to navigate complex verification processes.
- **Work requirements:** Implementation of work requirements for the Medical Assistance Program historically impacts communities with limited access to reliable transportation and childcare—factors often tied to geographic and racial segregation.
- **Immigration status restrictions:** By explicitly prohibiting services to individuals based on immigration status, the bill may deepen health and economic inequities within Maryland's immigrant communities, potentially leading to higher long-term state costs due to untreated emergency health issues.

Research consistently shows that reducing barriers to SNAP and healthcare helps dismantle economic inequities. Conversely, increasing the difficulty of maintaining eligibility can lead to "churn," where eligible families lose benefits due to paperwork issues rather than a change in financial need.

## *Impact*

House Bill 1331 would likely **worsen racial and economic equity**

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<sup>1</sup> Jessica Gagliardi & Letitia Logan Passarella, Supplemental Nutritional Assistance, 2023 Jurisdictional Profile. University of Maryland School of Social Work. September 2024