

HB 1291 - Public Health – Maryland Medical Assistance Program – Continuity of Care (The Mary L. Joseph Continuity of Care Act)

Health Committee March 3, 2026

Good afternoon Chair Bagnall, Vice Chair Cullison, and members of the Health Committee. For the record, I am Delegate Denise Roberts. Thank you for the opportunity to testify in strong support of House Bill 1291, which I am amending to be titled the Mary L. Joseph Continuity of Care Act.

This bill addresses a very specific, very human problem: when an older Marylander on Medicaid in-home services suddenly loses those services because of a paperwork or systems error on the State’s side, there is no clear, uniform rule that says, “Your care will continue while we fix our mistake.” Families are left scrambling – daughters, sons, spouses, and home health aides – trying to figure out who to call, whether they can keep the aide coming, and how to keep an 87-year-old parent safe in the meantime.

Mary L. Joseph was an 87-year-old Maryland woman who lost her in-home services because of a State-side mistake—an avoidable mistake—and ended up in and out of the hospital, ultimately passing away after that disruption in care. Her story is the reason this bill carries her name, and she stands in for the many seniors who have quietly fallen into this gap.

HB1291 creates a narrow, time-limited safety net around those situations. The bill requires the Maryland Department of Health to adopt regulations establishing a procedure for the temporary continuation of services to maintain continuity of care for Maryland Medical Assistance recipients over age 65 who are facing a lapse in in-home services due solely to an administrative error or technical issue experienced by the Department. To qualify, the individual must be at least 65, have received in-home services under an MDH-administered program in the immediately preceding six months, and be experiencing – or about to experience – an interruption of services because of an error or technical issue on the State’s side, not theirs. A case manager or care planner familiar with the person must flag the problem to the Department, and the senior must be taking steps to resolve it—by appealing, requesting a hearing, or reapplying as appropriate.

The bill then establishes a clear outer limit: temporary continuation begins on the first day the recipient would otherwise lose services and can last for up to 52 consecutive days, or 1,248 service hours, whichever occurs first. During that period, only the same services that were previously approved can be provided—no new services, no expansion of scope. The Mary L. Joseph Continuity of Care Act also builds in critical guardrails: it

expressly prohibits the Department from altering existing appeal and hearing rights to implement this procedure, and it prohibits MDH from billing these seniors for services received during this temporary continuation. We are not changing eligibility criteria, not creating a new open-ended entitlement, and not weakening any due-process protections; we are simply saying that when the State makes a mistake, the senior should not bear the immediate risk.

The Department has shared with me that they are hiring additional staff and that, in their view, they already have some ability to continue services in certain cases when there are internal errors, and I understand they will be submitting a letter of information rather than opposition. I appreciate that work, and I welcome their engagement. But discretion inside the agency is not the same as a clear, predictable right in law that seniors, families, and case managers can understand and rely on across programs and across administrations. If MDH is already doing some of this, then the Mary L. Joseph Continuity of Care Act simply codifies those best practices, makes them uniform statewide, and ensures they do not disappear with a future policy memo or leadership change.

In a tight fiscal environment, I know this Committee is rightly cautious about new mandates. That is why HB1291 is narrowly tailored: it applies only to older adults over 65 already in our system, it is triggered only by the Department's own administrative or technical errors, it is time-limited, and it uses a regulation-driven approach so the Department can design the details in a way that is operationally feasible. At the same time, by preventing avoidable gaps in care, it can help avert more expensive outcomes—like emergency room visits or nursing home placements—that often follow when in-home supports abruptly disappear.

The Mary L. Joseph Continuity of Care Act is, at its core, a basic fairness bill. When Maryland's own systems fail, an 80- or 87-year-old on Medicaid home care should not have to pay the price in lost services, unsafe conditions, and family chaos while the State fixes the problem. This bill says: we will keep you covered for a short, defined period while we correct our mistake. I respectfully ask for a favorable report on HB1291, the Mary L. Joseph Continuity of Care Act. Thank you, and I'm happy to answer any questions.