



**TESTIMONY OPPOSING HB 1477**  
**MARYLAND MEDICAL ASSISTANCE PROGRAM –**  
**WORK AND COMMUNITY ENGAGEMENT REQUIREMENTS - WAIVER**  
**House Appropriations Committee**  
**March 13, 2018**

On behalf of the National Health Care for the Homeless (HCH) community, which represents nearly 300 federally qualified health centers nationwide serving nearly 1 million patients experiencing homelessness, **we submit this testimony opposing HB 1477 in the Maryland legislature.** This measure, if adopted, would require the Maryland Department of Health to seek a Medicaid waiver to establish work and/or community engagement requirements for certain populations. The access to comprehensive care coupled with the flexible support services already possible under the current Medicaid program have benefited many of our patients as well as the health care providers who serve them. Our member, the Health Care for the Homeless program (headquartered in Baltimore City), would be negatively impacted should such a measure be implemented. Medicaid has vastly expanded access to comprehensive health care, improved the quality of services HCH has been able to provide, and stabilized funding for its programs.

HB 1477 would undermine the significant progress the state has made to extend coverage to vulnerable people. Under the auspices of “encouraging the dignity of work,” these measures only prevent access to care and serve as a burden on very low-income people and the health care providers who care for them. We oppose any measure that increases barriers to care, and makes access to health services more difficult.

The following are five reasons why work requirements are poor policy. They:

1. **Impose barriers to improving health and treating illness.** Major health concerns must be addressed before an individual can work, not the other way around. Unstable living conditions and poor health make it difficult to obtain/maintain employment. Access to comprehensive health insurance helps provide a stable foundation for better health. Newly proposed restrictions only create additional barriers to health that prevent participants from returning to work.
2. **Contribute to the downward spiral of poverty.** Poor health leads to illness and disability, preventing an individual from working. Without income, it is difficult—if not impossible—to

pay for rent, food, and utilities. Poverty and homelessness often accompany illness (especially absent comprehensive health coverage). Those not already working tend to have serious health conditions where the loss of coverage only exacerbates underlying problems.

3. **Fail to protect vulnerable people, even with exemptions.** Exempting some populations while not others (e.g. those without homes, those who are medically frail, etc.) only means spending more time proving exemption and nothing to facilitate health care. While exemptions sound promising, missing paperwork and government-imposed deadlines are exactly the kind of errors that cause loss of coverage for the very people who most need care.
4. **Prevent access to behavioral health treatment.** Because the vast majority of people with addiction and mental health conditions are not engaged in treatment, “exemptions” for those engaged in treatment will fail to protect many people with behavioral health conditions.
5. **Increase the burden on health care providers.** Work requirements and other restrictions add bureaucratic layers of paperwork and administrative burdens on already heavily regulated health care providers. Many providers already spend considerable resources on maintaining and tracking health coverage; these provisions shift further time and resources away from actual delivery of health care and to documenting employment status, exemptions, and other paperwork.

“We work tirelessly to enroll our clients in Medicaid, but it’s difficult to continuously submit information for clients who are hard to track down and don’t have a permanent address. Having to provide even more documentation with something like proof of employment or an exemption would leave our staff overwhelmed and many of our clients uninsured.”

— Dan Hendricks, Lead Benefits Specialist, Health Care for the Homeless, Baltimore, MD

**We support a simplified Medicaid program.** Streamlined auto-enrollment and automatic re-determinations using available data have been shown to be cost-effective, facilitate better care, and are administratively easier to implement.

**We support employment.** Sustained and meaningful employment allows for housing stability. States should facilitate access to employment and promote the dignity of work by investing in transportation, child care, housing assistance, livable wages, legal assistance, adult education, and job training.

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