TESTIMONY IN SUPPORT OF HB 619
FAVORABLE

Public Health – Commission on Universal Health Care

TO: Honorable Chair Peña-Melynk, Honorable Vice Chair Bonnie Cullison, and Members of the Health and Government Operations Committee

FROM: Rev. Kenneth Phelps, Jr., The Episcopal Diocese of Maryland

DATE: March 12, 2024
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The Episcopal Church teaches that access to quality and affordable health care is – along with nutrition and housing – a basic human right and the Church supports those efforts to provide universal and equitable access for all. Our General Convention urges all Episcopalians to advocate for just and adequate health care policies and views this as a mission of the Church and a vital component in the promotion of healthy American communities.

Although Maryland has taken bold steps toward ensuring everyone has access to care, many are still denied this basic right, and many more who do have insurance find the high cost of premiums, deductibles and out-of-pocket expenses too great a burden on their family and individual budgets.

Single-payer health care reduces overhead and administrative costs. One of the largest expenses in paying for health care via private insurers is the large amount of money wasted on non-healthcare related items. A health insurance company must deal with marketing and sales, overhead, billing and underwriting. Profits head to executive employees and stockholders, and those payments supersede any effort to provide affordable rates for patients. According to the Physicians for a National Health Program website, Americans pay more than 30 percent of health care payments to administrative costs and an equal amount to shareholder investments.

A single-payer system means all residents could get medically necessary procedures and services, as well as preventative care at any time. From mental health treatment to prenatal care to prescription drugs, no one has to worry about not receiving treatment for an illness or disease or preventive care or a life-threatening emergency.

Citizens would no longer face financial hardship or bankruptcy to receive care. People would be able to visit the doctor without fear of being unable to pay. This would ensure no one held off

going to the doctor for a check-up or important procedure because of a fear about the price of care.

A single-payer system would mean that everyone pays the same amount for the same services. Today, prices for health care treatments and prescription drugs are decided upon by insurance companies, hospital conglomerates and the pharmaceutical industry. Single-payer healthcare means the government sets prices for procedures and prescription drugs, as well as payments made to medical professionals like doctors, nurses and other specialties. A knee replacement operation in Annapolis would cost the same as a knee replacement operation in Cumberland.

The cost of medical equipment may reach into the millions of dollars, and hospitals with the largest budgets often have the best equipment. With expensive equipment comes high prices and a limited ability for some citizens to receive the best care using the most advanced equipment. Single-payer care ensures all health care facilities receive the medical equipment they need, as well as an adequate budget for operating expenses. Hospitals today must often rely on hefty fundraising to acquire equipment, as well as charging patients high fees to recoup costs related to equipment purchases. Equipment provided through the government would mean the hospital wouldn't need to spend money on administrative personnel to raise funds.

Single-payer would not require large new taxes. One of the biggest arguments against single-payer coverage is that the system would require huge new taxes to cover everyone. In fact, the reduction in out-of-pocket costs and insurance premiums would completely offset new taxes. Citizens wouldn't pay high insurance deductibles. Premiums would instead pay less overall for healthcare via the national health care system. Citizens would pay taxes for healthcare based on their personal ability to pay. Bankruptcies related to health care costs would virtually disappear.

Physicians, healthcare professionals, and politicians often agree that the system of healthcare in the United States needs improvement. It's inefficient. But it's rare that individuals on opposite sides of the spectrum can agree on the best method of delivery. The arguments for single-payer healthcare are actually in line with fiscally

The Diocese of Maryland requests a Favorable report

THE EPISCOPAL DIOCESE OF MARYLAND