



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Finance Committee
on
Senate Bill 357
February 6, 2025
Position: **Favorable**

Madam Chair and members of the Committee; thank you for this opportunity to support access to adequate and appropriate medical care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America. We are a faith community with a demographically diverse Maryland constituency from Red House to Ocean City.

Our community advocates for access to appropriate, adequate, and affordable health care for all people in the United States (*Caring for Health*, ELCA, 2003) as the Committee knows well. We include medical treatment in “appropriate” and “adequate care”, and therefore any calculation of “affordable”. We supported SB202/HB279 of 2023 affirming the authority of PDAB to establish upper payment limits in its indicated circumstances.

Costly drugs can compromise medical treatment for anyone. As we’ve all learned by dreary repetition across the medical landscape, denial of treatment just builds up costs farther along the care continuum. That is a particular concern of our community’s interest in those who are financially disadvantaged. Consigning them to suffering is a cruel way to manage care.

When pricing is chiefly influenced by demand, “most expensive” can mean “most needed.” The PDAB policy expansion offered in **Senate Bill 357** would use its current authority to review prices on well-studied, commonly prescribed, expensive drugs sold in the State to establish upper payments across Maryland’s medical marketplace.

Our community’s experience in places we serve is that the cost of prescriptions is a common challenge people share. A list of charity solicitations for which folks enter church doors would include food, utilities, rent/housing, and *medicines*. Public assistance programs to which they may be directed only go so far. Medication can be a recurring treatment: filling a gap in one month won’t suspend the need in the next.

Access to *adequate, appropriate care*, requires *affordable care*. Now that the context of access is changing nationally, Maryland has an available policy instrument to meet the moment. That policy’s benefits will extend across the State to its residents, its medical marketplace—providers and financial actors—and its other health care programs beyond Medicaid and personnel insurances (e.g. MHBE).

Our community’s position is that affordability *is* access to health care. We’ve joined our many Maryland religious community colleagues and endorsed the Health Care For All resolution to make drugs affordable with upper payment limits. We ask your favorable report for **Senate Bill 357**.

Lee Hudson