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**Testimony of Ilana Lavina, M.D.  
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**HB 297: Maryland Health Benefit Exchange - State-Based Young Adult Health Insurance Subsidies  
Pilot Program - Sunset Repeal  
Position: FAVORABLE  
January 30, 2025  
House Health and Government Operations Committee**

Chair Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide testimony in favor of HB 297. My name is Dr. Ilana Lavina, and I am a fellow physician in the Pediatric Emergency Department at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

This is an important bill because if passed, it will increase access to health insurance for young adults ages 18 to 41 in our state by ensuring that subsidies are provided on a permanent basis following the end of the five-year pilot. As a pediatrician, although I most often am caring for infants and children, I also frequently care for young adults, especially those with chronic illnesses such as sickle cell anemia or diabetes. These individuals often experience difficulty with transitioning from pediatric to adult providers, which can lead to worsening complications of these chronic illnesses. By ensuring affordable and accessible health insurance during this critical transition period, we can ensure that these young adults do not lose access to the consistent care that they need. One example of a patient I cared for who was impacted by his ability to maintain health insurance was a young man in his mid-20s who had sickle cell anemia who came to the emergency department for a pain crisis, a common complication. I was able to stabilize him in the ER and begin to treat his pain, but he required hospital admission for ongoing pain management, and due to his age we could not admit him to the inpatient service at Children's National. However, he had already transferred his care to an outpatient hematology provider in Maryland. I was able to find the hospital with which this provider was affiliated and

arrange a prompt transfer for inpatient management by adult providers. In fact, the accepting physician I spoke with at the hospital in Maryland actually remembered the patient from prior admissions. I have cared for many other young adults who have not had such seamless transfers of care because of issues with transitioning to adult providers, often due to lack of access to insurance throughout the transition to young adulthood. Thankfully, this patient's continued insurance access allowed him to continue to receive age-appropriate care for his lifelong chronic illness and streamlined his emergency care.

An additional important aspect of this bill, which resonates with me as a pediatrician, is the fact that many of the young adults in the 18-to-41 age range are parents of young children. It is well-known that parental access to healthcare improves health outcomes and access to care for children. For example, studies have shown that insurance access for low-income parents is associated with increased use of preventive care for their children.<sup>1</sup> We also know that access to behavioral health varies by insurance status, with lower access to care for uninsured populations.<sup>2</sup>

I recall a recent emergency department shift in which I was caring for a toddler who presented with pneumonia and needed to be admitted to the inpatient unit. When I went to check in on him, I noticed that his mother was having severe difficulty breathing. She mentioned that she had asthma and had also been feeling sick but had run out of her asthma medications and did not have insurance to refill them. Due to her severe symptoms, we ultimately had to transfer her to an adult emergency department for ongoing care, separating her from her son during his hospitalization. If she had had insurance access to preventative care, such as a daily asthma controller, or the ability to see a doctor sooner at the onset of her symptoms, this outcome, which was harmful for both the mother and child, may have been avoided.

Children's National remains committed to increasing access to insurance for our patients and their families. This health insurance subsidy provides an important pathway to essential services at a critical time, while transitioning to adulthood and entering new life phases that often involve additional family needs. The physical and mental health habits my patients establish as young adults can impact access to health care services for the whole family for years to come.

I applaud Delegate Kerr for introducing this important legislation, which will have a profound impact on the lives of young adults, children and families in Maryland and respectfully request a favorable report on HB 297. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

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<sup>1</sup> Venkataramani, M., Pollack, C. E., & Roberts, E. T. (2017). Spillover effects of adult Medicaid expansions on children's use of preventive services. *Pediatrics*, 140(6).

<sup>2</sup> Nirmita Panchal, M.R. (2022) *How does use of mental health care vary by demographics and health insurance coverage?*, KFF. Available at: <https://www.kff.org/mental-health/issue-brief/how-does-use-of-mental-health-care-vary-by-demographics-and-health-insurance-coverage/> (Accessed: 20 January 2025).

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