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

Testimony Prepared for the
Finance
and
Budget & Taxation Committees
on
Senate Bill 172
January 27, 2021
Position: **Favorable**

Madam Chair, Mr. Chairman, and members of the Committees, thank you for the opportunity to support access to health care for all Marylanders. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations in three synods in every part of our State.

Our community has advocated for access to appropriate and adequate health care for all people in the United States and its territories since 2003. We support Senate Bill 172 because it can expand access to care in Maryland and reduce health inequities by race, ethnicity, disability, and location.

Medically underserved communities typically have few providers and less service capacity because of market allocations. The reason for allocation choices typically is said to be economic; that is, there's industry financial risk associated with providing care to communities constrained by disinvestment. Market allocation, therefore, infrequently expands access.

Among its developed-nation peers, the United States pays the most, gets the least, and has the worst outcomes. We spend the highest percentage of GDP on healthcare; we insure a smaller portion of our population; and as a result we are sicker and have lower life expectancy. This last data-point is statistically valid even after eliminating other health risk factors.

The Affordable Care Act facilitated important, incremental expansion of access to care. Maryland, to its credit, implemented ACA with a committed and credible policy regime. We thank Maryland General Assemblies for the decades of work and resource allotted to improving the health of its citizens. Access to insurance, however, must be accompanied by sufficient medical resources for access to care to be realized.

Life-expectancy in Maryland can vary by as much as twenty years depending on where one lives. That is a signature of failed market allocation. The testimony of my community restates what mathematics demonstrates across the extent of health policy discourse in the United States: denying access to care and treatment does not save money. It does not even save health care dollars because it ignores cost measured as health outcomes.

Senate Bill 172 expands access to health care by addressing inequity of resource allocation. Maryland tested elements of the Bill in underserved locations after 2012. The Bill uses a suite of incentivizing instruments, made available to medically underserved communities, measured by infrastructure and health outcomes. A 2018 assessment found outcome improvements and net cost savings resulted, benefitting both community and State.

Because more people likely will receive appropriate medical care, my community supports Senate Bill 172 and urges a favorable report from the Committees.

Lee Hudson

575 South Charles Street, Suite 202 • Baltimore, Maryland 21201 • 410-230-2860 • 410-230-2871 (fax) • demdsynod.org