

SB0522_Bell_FAV1.pdf

Uploaded by: Bell, Pamela

Position: FAV

TESTIMONY FOR SB0522
PUBLIC HEALTH – COMMISSION ON UNIVERSAL HEALTH CARE

Bill Sponsor: Senator Pinsky

Committee: Finance

Person Submitting: Pamela Bell, MSN, RNC-MNN
35 East All Saints St, Unit 302
Frederick 21701

Position: FAVORABLE

Maryland's all-payer model for hospital reimbursement has put our State in a position to be the first in the United States to implement universal health care. SB0522, which establishes a Commission comprised of people with expertise in various aspects of health care, is an evidence-based, sensible approach toward achieving the goal.

For many Americans the need to establish universal health care is compelling. The current system of health care in the U.S. is irrefutably unjust. The system is high-cost, acute-care focused, and massively complicated. Now is the time for change. Establish a Commission on Universal Health Care so that Maryland can be a benchmark State for a fair system of health care for all.

I support this bill and recommend a FAVORABLE report in committee.

Health Care for the Homeless - SB 522 FAV - Univer

Uploaded by: Diamond, Joanna

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 522 – Public Health – Commission on Universal Health Care
Senate Finance Committee
February 17, 2021



Health Care for the Homeless strongly supports SB 522, which would establish the Commission on Universal Health Care to develop a plan for the State to establish a universal health care program to provide health benefits to all residents of the State through a single-payer system. Health Care for the Homeless is deeply committed to supporting measures to increase access to comprehensive health care for all Marylanders. Only when everyone has the same access to health care will *everyone's* care be affordable, accessible, and adequate. Developing a plan for a health care system that works for everyone is a great first step.

Nearly 350,000—or 6%—Marylanders lack health insurance.¹ Without routine access to primary and preventative health care, the uninsured often are diagnosed at more advanced stages of disease and, once diagnosed, tend to receive less therapeutic care. When they are sick, many have few places to turn other than costly emergency rooms – generating a bill six to 12 times the amount of a primary care visit. The higher costs incurred by low-income uninsured households eventually are absorbed by all consumers through higher insurance rates, higher charges for medical care, and public subsidies for uncompensated care. A single payer system would enable everyone to receive the care they need in the most appropriate venue, control costs for everyone, and ultimately provide for better health outcomes for Maryland residents.

SB 522 will prevent bankruptcy, poverty and homelessness. Health Care for the Homeless strongly supports efforts to ensure that Maryland's uninsured poor have access to comprehensive health insurance as a means to provide needed health care services. For those living near poverty who are uninsured, unexpected health problems can lead to financial ruin and homelessness. Bankruptcy attributed to medical debt continues to be astronomical. A single payer system that separates health insurance from employment would prevent cause-and-effect slides into poverty and homelessness by uniting coverage into one insurance pool that protects everyone from financial ruin due to illness and disability.

SB 522 will address many of the shortfalls of health care reform. Although the Maryland General Assembly has significantly increased access to health services for Marylanders, these efforts haven't resulted in universal access to health care: employer-sponsored health coverage continues to decline, premiums continue to rise, and Maryland residents continue to lack coverage. SB 522 would offer a plan to replace the current system of fragmented care and coverage and guarantee health security for all Marylanders. We encourage the committee to read the [National Health Care for the Homeless report](#) on the benefits of Medicare for All and we urge a favorable report on SB 522.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

¹ Kaiser Family Foundation, *State Health Facts*, [Health Insurance Coverage of the Total Population, 2019](#).

PGCYD Press Release 1_2_21.pdf

Uploaded by: Elliott, Richard DeShay

Position: FAV



NEWS RELEASE

FOR IMMEDIATE RELEASE
JANUARY 10, 2021

Contact: Martin Mitchell

President
410-493-7966/president@pgcyd.com

Prince George's County Young Democrats Coalitions & Resolutions

Prince George's County, MD - The membership of the Prince George's County Young Democrats Legislative Committee have sponsored and endorsed the following coalitions and policy resolutions:

- **Signing on as supporters for the Prince George's County Council Medicare For All resolution. AYE, unanimous.**
- **Joining the Chesapeake Climate Action Network's Climate Stimulus Coalition to support clean energy, public transportation, environmental conservation & expansion, and economic investment in low-income communities. AYE, unanimous.**
- **Joining the Citizens Against SCMAGLEV Coalition due to the environmental and community impact of the MAGLEV; the lack of equitable transit access for Prince George's County residents, and other reasons. AYE, unanimous.**
- **A resolution to SUPPORT full voting rights and pay/scholarship that are no less than the pay and voting rights for appointed/elected members of the Board of Education for Student Members of the Board of Education (SMOB) in each of the jurisdictions in Maryland, including Prince George's County, with legal protections for SMOBS in lawsuits against the Board of Education. AYE, unanimous.**
- **A resolution to SUPPORT Comptroller Peter Franchot's proposal for a Maryland stimulus that will offer direct financial support to Maryland families.**

ELLIOTT AMENDMENTS:

- A. \$2,000 for ALL Marylanders over the age of 18 with less than \$50,000 in annual income OR with less than \$100,000 as a couple in either 2019 or 2020, including those receiving Social Security benefits, ideally distributed via direct deposit for all with bank information on file with the Comptroller's Office;**
- B. An additional \$500 per dependent;**
- C. \$2,500 for all Marylanders who were skipped in the CARES Act, including families with dependents aged 16-18;**
- D. Bifurcated payments for individuals who are on SSI who are legally not allowed to have a certain amount of money without losing their benefits;**
- E. Protection from garnishment by any legal or banking institutions;**
- F. Reloadable debit cards, compatible with the State Employee Credit Union, sent in mail to all taxpayers who do not have banking information on file with the Comptroller's Office. These cards should require signature confirmation upon delivery, and allow all deposits to be transferred to other bank accounts or withdrawn with no fees.**

Written By:

Phylicia Henry, *Chair of Legislative Affairs as a Whole.*

Janna Parker, *Chair of County Affairs.*

Richard DeShay Elliott, *Chair of State Affairs.*

Interested members of the general public are encouraged to join the Prince George's County Young Democrats, regardless of geographic location, as long as they meet two criteria: they are registered Democrats or Independents, and they are below the age of 40.



- A resolution to **SUPPORT** the diversion of funding from Student Resource Officers (SROs) in Prince George's County Public Schools, to guidance counselors and school psychologists in Prince George's County Public Schools. **AYE, unanimous.**
- A resolution to **OPPOSE** appointed members of the Boards of Education in Prince George's County, Baltimore City, Baltimore County, Harford County, and Caroline County; and to move all counties to a fully elected Board of Education with district, not At-Large, elections. **AYE, unanimous.**

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Written By:

Phylicia Henry, *Chair of Legislative Affairs as a Whole.*

Janna Parker, *Chair of County Affairs.*

Richard DeShay Elliott, *Chair of State Affairs.*

Interested members of the general public are encouraged to join the Prince George's County Young Democrats, regardless of geographic location, as long as they meet two criteria: they are registered Democrats or Independents, and they are below the age of 40.

SB522 - Favorable - ORMD pdf.pdf

Uploaded by: Holt, Chrissy

Position: FAV



February 15, 2021

Maryland State Senate Finance Committee

SB 522: Public Health - Commission on Universal Health Care

Position: Favorable

Dear Chair Senator Kelley, Vice-Chair Senator Feldman, and Members of the Committee:

On behalf of Our Revolution Maryland, I am writing to express our strong support for SB 522.

This bill will establish the Commission on Universal Health Care desperately needed for all people living in Maryland and proven by the significant 7,400 deaths of Marylanders from COVID-19. This death toll does not include countless lives lost from opioid overdoses from lack of the adequate funding for mental health issues and long-term recovery programs. The COVID-19 data has also proven again that the US Healthcare system including Maryland's "not for profit" system function as intended -- to discriminate against race, age, color, national origin, disability, sex (gender), religion, and disease. We are further witnessing the racial disparities now with the vaccine rollouts. These crimes against humanity are further crippling by a profit driven health system that creates medical debt and medical bankruptcies experienced in Maryland and across America.

This Bill will provide the structures for the composition, chair, and staffing of the Commission not with Health Industry executives; requiring the Commission to develop a plan for the State to establish, on or before January 1, 2024, a universal health care program to provide health benefits to all residents of the State through a single-payer system; authorizing the Commission, the Maryland Health Benefit Exchange, and the Maryland Department of Health to apply for certain waivers; and all essential pieces for every person in Maryland to benefit from healthcare as a human right. Over thirty percent of the entire MD State Budget goes to healthcare, and hospitals receive ample Maryland tax subsidies for low and middle-income households. Yet, there is no disputing the statistics that not all people living in Maryland have access to quality and adequate healthcare.

Now in 2021, this Bill and a Commission on Universal Health Care are long overdue. The accumulation of all of the Covid-19 and opioid deaths, crippling patient medical debt that hospitals sell as a revenue stream, predatory behaviors that force sick patients into medical

bankruptcies and actual denying sick people care or making them skip treatments all because of profits, we have to ask ourselves:

- How many more people need to die beyond 7,400 by COVID-19 or opioid overdoses before access to universal healthcare is part of all elected Leaders conversations at every level of Government to save lives and the economy?
- If not in a global pandemic, when will elected Leaders at all levels of Government change the narrative about the moral imperative and essential human right to universal healthcare to save lives, to end medical debt, and to stop medical bankruptcy because of illness?
- Without universal healthcare, how do Maryland children go back into classrooms when they can bring COVID-19 home from school that could create medical debt, medical bankruptcy or worse kill their parents and family?
- When are patients or families given the list of costs per medical procedure so they can make budgetary decisions in the medical moment? Or, before death? Is a life worth the \$10,000 procedure knowing the medical debt can't be repaid? These decision making processes are cruel and inhuman in Maryland's health system and systems across America.
- Finally, how much money in campaigns donations to American politicians is worth denying access to universal healthcare to Marylanders and American people thereby committing crimes against humanity?

We respectfully urge the Committee to issue a favorable report on the Commission on Universal Health Care (HB0470/SB0522). Thank you.

Sincerely,

Chrissy Holt
Our Revolution Maryland
chrissy@ourrevolutionmd.com

MAP - SB522 - Universal Health Care - Support.pdf

Uploaded by: Jefferson , Stacey

Position: FAV



TESTIMONY IN SUPPORT OF SB 522

Public Health – Commission on Universal Health Care

Senate Finance Committee

February 17, 2021

Submitted by Stacey Jefferson and Julia Gross, Co-Chairs

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Catholic Charities
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Health Care for the Homeless
Homeless Persons
Representation Project
Job Opportunities Task Force
League of Women Voters of Maryland
Loyola University Maryland
Maryland Catholic Conference
Maryland Center on Economic Policy
Maryland Community Action
Partnership
Maryland Family Network
Maryland Hunger Solutions
Paul's Place
Public Justice Center
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

Stacey Jefferson, Co-Chair
P: 410-637-1900 ext 8578
C: 443-813-9231
E: stacey.jefferson@bhsbaltimore.org

Julia Gross, Co-Chair
P: 410-528-0021x6029
E: jgross@mdhungersolutions.org

Marylanders Against Poverty (MAP) supports SB 522, which establishes a Commission on Universal Health Care that must come up with a plan for Maryland to create, by January 1, 2024, a universal health care program for all residents through a single-payer system.

SB 522 ensures that every Marylander will have access to affordable, quality health care.

Although Maryland embraced opportunities presented by the passage of Affordable Care Act - and consequently there has been a significant decrease in the rate of the uninsured since the expansion of Medicaid - there are still gaps in access to health care. Almost 6% of Marylanders are still uninsured, and Marylanders living in or near poverty are almost three times as likely to be uninsured.¹ Over 16% of adults living below the poverty line Maryland are uninsured, and 18% of adults living at or below 200% of the poverty line are uninsured.² Moreover, immigrants and people of color are disproportionately represented among the remaining uninsured in Maryland. Those who remain uninsured include individuals who, in spite of subsidies or possible coverage through an employer/spouse's employer, still cannot afford coverage; those who are frozen between open enrollment period; and individuals who are undocumented and unable to obtain coverage.

Increasing access to health care for all Marylanders will generate cost savings to the State, and create healthier neighborhoods and communities. Studies demonstrate that individuals who are uninsured have higher rates of illness, die younger, and are often only one emergency department visit away from a financial crisis. In 2019, 30% of uninsured Americans went without needed medical care due to cost.³ Additionally, health care providers who treat individuals whom are uninsured - Federally Qualified Health Centers (FQHCs), emergency departments, and other free clinics - are overwhelmed by increasing demand, are limited in what services can be provided, and are chronically underfunded. Unfortunately, when uninsured Marylanders are forced to utilize emergency departments to access primary care services, there exists a corresponding increase in costs to the state in uncompensated and undercompensated care.

SB 522 will create a Universal Health Care Program, which will expand critical access to health care for Marylanders currently marginalized and excluded from our health care system. MAP believes that **ALL** Marylanders should have access to comprehensive, quality, affordable health care. Creating a single-payer system of health care in Maryland will realize universal health care coverage in our state. As a state that prides itself as an innovator of health care, now is the time to ensure no Marylander falls into poverty, homelessness, illness, or financial crisis because they lack access to health insurance. The COVID-19 pandemic has demonstrated that when our neighbors aren't well, our communities aren't well. If our neighbors are unable to access needed health care, it hurts our overall public health. Now is the time for universal, single-payer health care coverage.

MAP appreciates your consideration, and urges a favorable report on SB 522.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.

¹ US Census Bureau. American Community Survey. 2020

² Kaiser Family Foundation. 2020. *Maryland: Health Coverage & Uninsured*. <https://www.kff.org/state-category/health-coverage-uninsured/?state=md>

³ Kaiser Family Foundation. 2020. *Fact Sheet - Key Facts about the Uninsured Population*. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

SB0522_Universal_Health_Care_MLC_FAV.pdf

Uploaded by: Plante, Cecilia

Position: FAV



TESTIMONY FOR SB0522
PUBLIC HEALTH – COMMISSION ON UNIVERSAL HEALTH CARE

Bill Sponsor: Senator Pinsky

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0522 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

Our Coalition members throughout the state are highly supportive of universal health care. We applaud the steps that Maryland has already made towards a single payer goal with the establishment of a unique all-payer system for hospital reimbursement. We just need to push further to get the first-ever universal health care system in the United States.

Data from all around the world shows that a universal health care system is cheaper than what we have, and would provide better health outcomes. I have personal experience with other country's universal care systems. I have been treated by doctors in Canada, France, and Italy. All the experiences I have had were very positive and my treatment cost nothing, except for the price of any prescriptions that I needed.

We can do this. We just need a plan and we need to understand how to get from the unbelievable disaster that we call health insurance in this country to universal coverage.

This legislation would get us the plan that we need to move forward. The bill sets up a Commission, made up of eleven people with expertise in various aspects of health care. They will have until 2024 to come up with a plan. There are interim reporting steps each year to determine how far along they are, but within three years, we would have a plan that would make universal health care possible.

So many in Maryland don't even have insurance. Those that do pay dearly for the privilege. It is worth the cost of a study to see if we can make health care affordable for everyone in Maryland.

We support this bill and recommend a **FAVORABLE** report in committee.

SB_522_League_Oppose.pdf

Uploaded by: Celentano, Matthew

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

For information, contact:
Matthew Celentano, Executive Director

Testimony
for the Senate Finance Committee
In **OPPOSITION** to

Senate Bill 522 – Public Health – Commission on Universal Health Care

February 17, 2021

The League of Life and Health Insurers of Maryland Inc. respectfully **opposes** Senate Bill 522 and urges the committee to give the bill an unfavorable report.

Every Marylander deserves affordable coverage and high-quality care. We have made real progress in our State to ensure more people are covered, and the care they receive gets them well when they are sick and keeps them well when they are healthy. But more needs to be done, especially when it comes to costs. Health care costs have been a financial anchor for too many families for too long. Everyone – including doctors, health plans, patients, and government – must come together to find solutions that deliver real results.

Our goal should be to build on proven solutions that work – not theoretical, one-sized-fits-all approaches that don't. Proven solutions like value-based care; new tools, technology, and treatments driven by data; social services that coordinate around patients; market competition that drives down costs; community partnerships between the private sector and public programs; and more effective approaches to treat chronic illnesses.

Today we are seeing more support for private market solutions, not less. For example, with respect to Medicare Advantage and Medicaid, today, about a third of all Medicare beneficiaries choose to buy coverage from a private health plan rather than traditional Medicare. They choose private plans because these plans deliver more choice, better services, and better value. With respect to Medicaid, 39 states are working with private health plans to serve 70% of all Medicaid beneficiaries. Why? Because the private market delivers real results for states, beneficiaries, and the taxpayers who support them.

The most effective way to ensure affordable care and coverage is to strengthen the private market's ability to serve the American people, whether it's building upon private plans serving nearly 180 million people who get their coverage through their employer or the tens of millions who depend on private plans that partner with public programs.

The League of Life and Health Insurers of Maryland, Inc.
15 School Street, Annapolis, MD 21401
410-269-1554
www.leaguemaryland.com

Whether you call it single-payer, Healthy Maryland, or Medicare For All, government-controlled health care is not the answer. It will eliminate choice, undermine quality, put a chill on medical innovation, and place an even heavier burden on hardworking taxpayers and small business in our State. We should build on private-sector successes, not abandon them. Let's work together to make health care truly affordable for everyone.

For the above reasons, we urge the committee to give Senate Bill 522 an unfavorable report.

The League of Life and Health Insurers of Maryland, Inc.
15 School Street, Annapolis, MD 21401
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2021 MDAC SB 522 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: INFO



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 522 – Public Health – Commission on Universal Health Care

Hearing Date: February 27, 2021

Position: Letter of Information

The Maryland Dental Action Coalition (MDAC) would like to provide this letter of information regarding *Senate Bill 522 – Public Health – Commission on Universal Health Care*. The bill establishes a commission to study and make recommendations on a universal health care coverage system in Maryland.

The Maryland Dental Action Coalition urges inclusion of dental coverage in any health care initiative, including the Commission contemplated in this legislation. The bill makes multiple references to “health care services” and “health care provider.” This terminology may be inclusive of dental, depending on its legal interpretation. However, historically health care coverage has often excluded dental coverage. The Maryland General Assembly has begun to change this landscape in Maryland with strong support of expansion of coverage in Medicaid and the private sector through the Maryland Health Benefit Exchange.

As discussions about this bill and health care reform move forward, we urge the inclusion of dental coverage in the discussion. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

SB 522- Commission on Universal Health Care- Lette

Uploaded by: Raswant, Maansi

Position: INFO



Maryland
Hospital Association

February 17, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Information- Senate Bill 522- Commission on Universal Health Care

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 522.

Broad based, affordable and comprehensive health insurance is integral to hospitals' ability to provide high-quality care. It also is key to the state's success under the Total Cost of Care Model, which pushes accountability for whole-person care, including population health. Maryland hospitals have been strong proponents of the state's efforts to expand health care coverage, supporting Medicaid expansion, offering subsidized individual and small group health plans through the Maryland Health Benefit Exchange, and the creation of the individual market reinsurance program.

We therefore appreciate the General Assembly's leadership and commitment to ensuring Marylanders have coverage and access to health care services and look forward to continuing to work together to achieve this shared goal.

As a country and state, we have made major progress toward achieving universal coverage. The Affordable Care Act expanded insurance coverage to approximately 400,000 people across the state.¹ In its first year, the Maryland Easy Enrollment Health Insurance Program resulted in 4,000 individuals signing up for health coverage through the Maryland Health Benefit Exchange.² Several proposals in front of the General Assembly this session would expand access to coverage, including an additional state-level subsidy for young adult individuals purchasing coverage from the exchange.

Over the past several years, the Maryland Health Insurance Coverage Protection Commission has led initiatives to continue coverage expansion in the state. These initiatives, in which hospitals are active partners, would strengthen the insurance marketplace and explore additional ways to transform the health care coverage system in the state. Given this progress, large-scale disruption to the state's health care coverage and delivery systems could be detrimental to the ultimate goal of ensuring insurance coverage for all Marylanders.

¹ Maryland Health Benefit Exchange. (November, 2020). "[Annual Report 2020.](#)"

² Ibid.

Maryland's hospitals know firsthand the importance of broad-based, continuous coverage and how critical it is for the success of the model. Under the model, our hospitals have lowered health care spending, while improving quality of care.

These improvements were only realized because of the synergies between our unique care delivery model and the expansion of health coverage.

Therefore, as you consider legislation, we encourage you to evaluate its impact on the Total Cost of Care Model and the coverage initiatives already in place or set to begin in the state. Any significant disruption to the health care landscape, or additional costs for the health care system, actually increase the risk that these initiatives will fail. We urge the state to be continuously mindful of its approach to maintain and increase access to health care coverage—the very foundation of our unique and respected health care delivery model.

For more information, please contact:
Maansi Raswant, Vice President, Policy
Mraswant@mhaonline.org