Maryland General Assembly

House Health and Government Operations Committee

Testimony of Kristy Fogle, MMS, PA-C; Founder, Maryland Progressive Healthcare Coalition

IN SUPPORT OF - HB470 - Commission on Universal Health Care

March 11, 2021

Chair Pendergrass, Vice Chair Peña-Melnyk, and distinguished members of the committee, thank you for the opportunity to speak with you today.

My name is Kristy Fogle. I am an Emergency Medicine Physician Assistant, a health justice activist, and Founder of the Maryland Progressive Healthcare Coalition. I am a resident of Baltimore County and have been practicing medicine in and around the Baltimore region for the past eight years. As a front-line healthcare provider, I speak on behalf of my patients who suffer within a for-profit, insurance-driven healthcare system, which consistently fails to meet and address their medical needs.

The uninsured patients who I care for in the Emergency Department make up a small fraction of the 30 million Americans who continue to be without health coverage, even with the coverage provided by the ACA. These patients make too much to qualify for State Medicaid, but still are unable to afford the high premiums and higher deductibles that are offered by the private insurers, leaving them falling through the cracks of this broken system. These patients often avoid their symptoms and come to the Emergency Department once their symptoms have progressed to life-threatening illness.

As an ED provider, I see patients like this every single day. Patients who are forced to avoid their treatment until it becomes unmanageable, because they can't afford it. Patients who ration their high-cost, life-saving medication until they run out of medication. I've seen diabetic patients who come in with blood sugars in the thousands because they were forced to ration their insulin. Ultimately, this leads to diabetic ketoacidosis, which is a diabetic emergency that can quickly lead to death.

I also speak on behalf of an equally desperate group of patients: those insured by private, for-profit health insurance companies. For the patients who actually have private insurance and are considered "covered", providers in the ED frequently hear the statements: "how much is this going to cost?" "my insurance won't cover this. I can't afford the bill." I've had many of these patients get up and walk out against medical advice when I attempt to admit them to the hospital or tell them that they need surgery. Usually, they'll tell me "I won't be able to afford it, I'll take my chances." One such patient (who came in for chest pain) begged me not to order "too many tests because I can't afford what my insurance won't pay for."

This is not what I went to school for. This is both frustrating and heartbreaking to witness as a healthcare provider who took an oath to care for patients to the best of my clinical ability. I'd like to make this statement for the record: I don't care who you are or where you trained. It is impossible to practice to the best of your clinical ability in a for-profit, insurance-driven healthcare system.

As an ED provider, I can easily receive ten or more calls a day from pharmacies asking for medication changes due to insurance company denials. Oftentimes, these are antibiotics and other essential medications that I am being asked to switch to a less expensive and also less effective medication. Providers waste significant amounts of time taking medication denial calls when we could be taking care of the patients who are currently in the Emergency Department and who require our immediate attention.

Prior to the COVID-19 pandemic, 80 million people, or nearly half of all adults under 65, were uninsured or underinsured in this country. Nearly half a million Americans went into medical bankruptcy each year. In Maryland, with the ACA fully expanded, that equated to over 347,000 people still left uninsured. Fast-forward to 2021: Due to the COVID-19 pandemic, over 27 million individuals nationwide have lost their employer-sponsored health insurance. We are in a crisis situation in this country and in this State.

Maryland patients need the General Assembly to step forward to ensure that they stop falling through the cracks of a broken for-profit healthcare system that has been complicated by multi-payer administrative costs and an emphasis on profit.

This bill, HB470, will take the necessary steps toward creating a universal healthcare program in Maryland by:

- Establishing a Commission on Universal Healthcare.
- Providing the composition, chair, and staffing of the Commission.
- Requiring the Commission to develop a plan for the State to establish a universal health care program on or before January 1, 2024.
- Requiring the Commission to create this universal health care program by establishing a state single-payer system.

Marylanders deserve a universal single-payer system that focuses on their care without concern for middle-man profiteering by insurance companies, whose only goal is to maximize profits by denying care. This committee must address the growing crisis that faces Maryland patients and was worsened by the COVID-19 pandemic.

This bill, if enacted, will take an important step towards providing the universal coverage that Maryland patients desperately need.

On behalf of those patients, healthcare providers, and our community, we ask you to pass this measure with a favorable recommendation because Marylanders deserve the human right to healthcare.

Thank you for your consideration.