

**SB0493\_Universal\_Health\_Care\_MLC\_FAV.pdf**

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0493  
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 SB0493 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 county's universal cares 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 July 1, 2025 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.

# **Maryland Healthcare testimony.pdf**

Uploaded by: Edward Fischman

Position: FAV

Testimony SB 493 — Public Health — Commission in Public Healthcare

Chair Kelley, Vice-Chair Feldman, and members of the Finance Committee,

I write as a member of Our Revolution Maryland and a long-time proponent of universal healthcare, but I write also as a long-time patient. As someone who was thrust into rounds of surgery and medication beginning over 40 years ago, I have both witnessed and experienced senseless bureaucracy and negative outcomes of our private insurance markets.

Perhaps there was a time when one could make a serious claim that our private, for-profit healthcare system worked to generate medical advances and better treatment in the United States than elsewhere. We've long passed the time when those arguments had any shred of credibility.

By most measures, healthcare outcomes in this country are worse than almost anywhere else in the developed world, and yet we pay astronomically higher amounts for inferior levels of care. Too many Americans don't seek care at all because of the cost. We are both an outlier and a laggard.

Our spiraling healthcare costs are probably the biggest drag on American competitiveness in the global markets.

We all will know which interests are pushing to continue the system as it is, and they are very influential in policy circles. Still, our policy makers must be guided by informed, objective, analysis. As other states have moved to please consider legislation for universal healthcare in their states, Maryland must do the same.

There are many arguments I could make here in favor of universal healthcare but it seems unnecessary to do. This legislation merely asks for the legislature to set up a commission to study the matter. That commission will carry far more weight with its conclusions than I ever could with my arguments.

I ask that you give a favorable report.

Respectfully submitted,

Edward Fischman  
Our Revolution Maryland

# **TESTIMONY FOR SB0493.pdf**

Uploaded by: Jared Schablein

Position: FAV

TESTIMONY FOR SB0493

**Commission on Universal Health Care**

**Bill Sponsor:** Senator Pinsky

**Committee:** Finance

**Organization Submitting:** Lower Shore Progressive Caucus

**Person Submitting:** Jared Schablein, Chair of the LSPC

**Position:** **FAVORABLE**

I am submitting this testimony in favor of SB0493 on behalf of the Lower Shore Progressive Caucus. The Caucus is a political and activist organization on the Eastern Shore, unaffiliated with any political party, committed to empowering working people by building a Progressive movement on the Lower Eastern Shore.

Since our organization's creation, the Lower Shore Progressive Caucus and our members have been strong supporters of efforts to move our state and nation towards a Single-Payer Healthcare System that provides quality healthcare to all. Unfortunately, the Eastern Shore of Maryland and communities of color here and across the state have felt the brunt of our broken and immoral healthcare system.

Under our current healthcare system, there are discrepancies in care between white and minority patients. In addition, rural areas like the Shore have a dangerous lack of access to vital health services resulting in most of us traveling over two hours or to a different state for the care we need. Finally, there are still so many within our community and around the state who are still uninsured or underinsured. These issues have shown that one thing is clear. We need to create a Kirwan-like committee to study how these issues can be addressed and universal healthcare coverage could be achieved. As someone with family members who still don't have health insurance, this legislation is very personal because I know the good that it will do for our state.

In addition, SB0493 would allow our state to lead the nation by joining the rest of the industrialized world by transitioning our current system to a Single Payer system most efficiently and cost-effectively to ensure all Marylanders have quality healthcare.

SB0493 would accomplish the first step by creating and funding a commission to collect the information needed to develop a plan so that Maryland can join the rest of the industrialized world by implementing a Single-Payer Healthcare System and ensuring that it provides quality healthcare to all Marylanders.

SB0493 also allows us to become the nation's leader when it comes to healthcare by showing us the way to innovate and lead in the same way that Maryland did with the hospital system. This commission will show the people of Maryland that their legislators are committed to lowering the costs for healthcare, providing more coverage for things like mental health and dental, and ensuring that all Marylanders have health insurance.

The Lower Shore Progressive Caucus supports this bill and recommends a **FAVORABLE** report in committee.

# **Health Care for the Homeless - SB 493 FAV - Univer**

Uploaded by: Joanna Diamond

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 493 – Public Health – Commission on Universal Health Care  
Senate Finance Committee  
February 9, 2022



Health Care for the Homeless strongly supports SB 493, 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.**<sup>1</sup> 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 493 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 493 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 493 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 493.

*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](http://www.hchmd.org).*

---

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



# **Testimony SB0493.docx.pdf**

Uploaded by: Kristy Fogle

Position: FAV

Maryland General Assembly

Senate Finance Committee

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

**IN SUPPORT OF** - SB0493 - Commission on Universal Health Care

February 7, 2022

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 who are 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 257,000 people still left uninsured. Fast-forward to 2022: 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, SB0493, will take the necessary steps toward creating a universal healthcare program in Maryland by:

- Establishing a Commission on Universal Healthcare, which would consider plans and analyses done by other states.
- Requiring that Commission to develop a plan for the State to establish a universal health care program on or before July 1, 2025.
- Requiring the Commission to create this universal health care program by establishing a state single-payer system that would provide high-quality healthcare regardless of income, assets, health status, citizenship, etc.
- Creating mechanisms for cost containment, such as a global budget.

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 high-quality and equitable 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.

**MAP - SB 493 - Universal Health Care - FAV.pdf**

Uploaded by: Stacey Jefferson

Position: FAV



## TESTIMONY IN SUPPORT OF SB 493

Public Health – Commission on Universal Health Care

Senate Finance Committee

February 9, 2022

Submitted by Julia Gross and Kali Schumitz, Co-Chairs

### Member Agencies:

211 Maryland

Advocates for Children and Youth

Baltimore Jewish Council

Behavioral Health System Baltimore

CASH Campaign of Maryland

Catholic Charities

Energy Advocates

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

Laurel Advocacy & Referral Services,  
Inc.

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

Mental Health Association of  
Maryland

Paul's Place

Public Justice Center

St. Vincent de Paul of Baltimore

Welfare Advocates

### Marylanders Against Poverty

Julia Gross, Co-Chair

P: 410-528-0021x6029

E: [jgross@mdhungersolutions.org](mailto:jgross@mdhungersolutions.org)

Kali Schumitz, Co-Chair

P: 410-412- 9105 ext 701

E: [kschumitz@mdeconomy.org](mailto:kschumitz@mdeconomy.org)

**Marylanders Against Poverty (MAP) supports SB 493**, which establishes a Commission on Universal Health Care that must come up with a plan for Maryland to create, by January 1, 2025, a universal health care program for all residents through a single-payer system.

#### **SB 493 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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 493 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 493.**

*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.*

<sup>1</sup> US Census Bureau. American Community Survey. 2020

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

<sup>3</sup> 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/>

**DOCS-#225478-v1-SB\_493\_League\_Oppose.pdf**

Uploaded by: Matthew Celentano

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 493 – Public Health – Commission on Universal Health Care**

**February 9, 2022**

The League of Life and Health Insurers of Maryland Inc. respectfully **opposes** Senate Bill 493 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](http://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 493 an unfavorable report.

**The League of Life and Health Insurers of Maryland, Inc.**  
15 School Street, Annapolis, MD 21401  
410-269-1554  
[www.leaguemaryland.com](http://www.leaguemaryland.com)

# **SB 493 Universal Healthcare.pdf**

Uploaded by: Erin Dorrien

Position: INFO



Maryland  
Hospital Association

February 9, 2022

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

Re: Letter of Information – Senate Bill 493 – Public Health – 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 493. Broad based, affordable, and comprehensive health insurance is integral to hospitals' ability to deliver high-quality care. It also is key to the state's success under the Total Cost of Care Model (Model), which holds hospitals accountability for whole-person care, including population health.

Maryland hospitals have been strong proponents of the state's efforts to expand health care coverage, including Medicaid expansion, subsidized individual and small group health plans through the Maryland Health Benefit Exchange, and the individual market reinsurance program.

We appreciate the General Assembly's leadership and commitment to ensure Marylanders have coverage and access to health care 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. Approximately 1.3 million Marylanders are enrolled in public or private insurance.<sup>1</sup> In its second year, the Maryland Easy Enrollment Health Insurance Program resulted in 3,000 individuals signing up for health coverage through the Maryland Health Benefit Exchange.<sup>2</sup> Last year, the General Assembly passed legislation allowing additional state-level subsidies for young adults purchasing coverage from the exchange beginning in 2022.<sup>3</sup>

Over the past several years, the Maryland Health Insurance Coverage Protection Commission led initiatives to expand coverage 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.

---

<sup>1</sup> [www.marylandhbe.com/wp-content/uploads/2021/11/2021-MHBE-Annual-Report.pdf](http://www.marylandhbe.com/wp-content/uploads/2021/11/2021-MHBE-Annual-Report.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> [mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0729?ys=2021RS](http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0729?ys=2021RS)

Maryland 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 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:  
Erin Dorrien, Vice President, Policy  
[Edorrien@mhaonline.org](mailto:Edorrien@mhaonline.org)