



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Sponsor Testimony in Support of HB610

Public Health - Commission on Universal Health Care

March 10, 2022

Implementing universal healthcare is not only the moral and the just thing to do, it's also the most economically sound thing to do. Despite our best efforts to ensure every Marylander coverage, the patchwork system of insurers from Medicare and Medicaid to myriad private companies and plans still leaves too many uninsured or underinsured, and even many of those who have health insurance can't afford to go to the doctor due to high deductibles and out-of-pocket costs. When people avoid getting treatment they risk getting sicker, leading to worse outcomes including loss of income, loss of their job, and even premature and avoidable death.

A statewide single-payer system would not only ensure that all state residents have access to consistent and reliable health care when they need it, but would have the potential to deliver that care in a more cost-effective way due to simplification of administrative costs, removal of the insurance profit layer, and economies of scale.

HB610 does not commit the state to a single-payer system. Rather it creates a commission that will study its viability and develop an implementation plan, similar to what the Kirwan commission did for education. The General Assembly would then be able to consider that plan and decide whether to move forward with it legislatively.

Unquestionably, there are complexities that will make statewide single-payer healthcare challenging, including how to address Medicare, Medicaid, federal employee health programs, workers' compensation, and the federal Employee Retirement Income Security Act of 1974 (ERISA), which prohibits states from dictating employer health care benefits.

However, much work has already been done in these areas nationally and in other states, and there are reasons to believe that most of these barriers can be overcome.

- In 2021 Maine passed the Maine Health Care Act LD 1045, although the law doesn't go into effect until the federal government passes a law enabling the necessary waivers for a state single-payer plan. A December 2019 [Maine Center for Economic Policy analysis](#) of Maine's proposed universal healthcare system shows cost savings for most individuals and employers, including state, local, and municipal governments.

- The New York Health Act has passed the Assembly four times but has yet to pass the Senate. A [2018 RAND Corporation assessment of the plan](#) estimates that it would achieve the goal of greater health care coverage at an equivalent or slightly lower overall cost, and that 90% of households would pay less.
- [An economic analysis for Whole Washington](#) estimates the plan would generate \$9 billion in annual savings.

These are just a few examples of work that has already been done that a Maryland Commission on Universal Healthcare could study in developing its own plan.

The Commission is charged with developing a plan that will

- ensure all Marylanders, regardless of income, assets, health status, citizenship or immigration status, or availability of other health care coverage will have access to quality affordable healthcare;
- include a benefit package which covers primary & preventive care, chronic care, acute episodic care, reproductive care, including pregnancy, birth control, and abortion services, and hospital services;
- centralize equity as a goal of the plan in order to reduce health care disparities; and
- increase health care access in underserved urban and rural settings.

The Commission will also recommend how to integrate federal payments, include health care coverage for state, county, and municipal employees and employers who choose to participate, and how to contain costs.

I urge a favorable vote on HB610.