



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

Testimony Prepared for the  
**Health and Government Operations Committee**  
on  
**House Bill 588**  
February 23, 2023  
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to speak in favor of expanding access to health care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community of congregations in three judicatories all across our State.

Our community advocates access to appropriate, adequate, and affordable health care *for all people in the United States and its territories* (“Caring for Health,” ELCA, 2003).

**House Bill 588** will expand access to appropriate health care by extending eligibility for insurance product on the Maryland Health Benefit Exchange to all qualified residents in the State. Those in the midst of status procedures, those living and working in Maryland, those therefore participating in the economy and paying their fair share, should not be denied access to health care. Doubtless they will need and seek medical services.

These can be people that struggle to afford health care and, lacking adequate insurance, the result will be excess health costs from uncompensated care, the hidden tax allocated on the medical care market.

The testimony of my community remains that denying access to care and treatment does not save money. It does not even save health care dollars because it ignores the cost of poor health outcomes. **House Bill 588** will admit more people to the cohort of the covered, appropriately distributing the real cost of care across an enlarged market. That benefits consumers, carriers, providers, and the State.

**House Bill 588** will make subsidies on the Exchange available as revenue allows. This will be a requisite for an equitable expansion. While we would prefer that revenue sufficient to expanded access were identified, making sure that qualified residents can afford the product for which they may be eligible will advance an aim of our advocacy of *appropriate care for all people in the United States*. We seek your favorable report.

Lee Hudson