

HB0417_RichardKaplowitz_FAV
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TESTIMONY ON HB#0417 - POSITION: FAVORABLE
Public Health - Commission on Universal Health Care

TO: Chair Pena-Melnyk, Vice Chair Cullison, and members of the Health and Government Operations Committee

FROM: Richard Keith Kaplowitz

My name is Richard Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of HB#0417, Public Health - Commission on Universal Health Care

This bill does not mandate that Maryland have Medicare for All, Universal Healthcare, rather it calls for establishment of a commission to determine the feasibility of having a State Universal Health Care single payer policy.

California has done a study in this area. They determined that “In a single-payer system, the single-payer agency negotiates fair prices for services, supplies, and pharmaceuticals, using the purchasing power of the entire populace to make care more affordable for all. “¹ We should, as this bill would make happen, if these same benefits would accrue in Maryland.

The Harvard Health Blog has written on this issue of Universal Healthcare.

Universal health coverage would be a major step towards equality, especially for uninsured and underinsured Americans. Overall expenses and wasteful spending could be better controlled through cost control and lower administrative costs, as evidenced in other countries. Furthermore, a single payer system has more incentive to direct healthcare spending toward public health measures. For example, targeting funding towards childhood obesity prevention programs in elementary schools and daycares reduces the rates and complications of obesity more effectively and at lower costs than paying for doctor visits to recommend healthier diets and increased physical activity.

At the same time, we must also recognize the potential tradeoffs of transitioning to a single payer system. Lengthy wait times and restricted availability of certain healthcare services (such as elective surgery or cosmetic procedures) are important criticisms. Thus, despite its advantages, single payer will not ease the constant tension of balancing access, quality and cost in healthcare. However, Oberlander suggests these issues are much

¹ <https://healthcareforall.org/single-payer/why/#:~:text=Single%20payer%20gives%20the%20government,costly%20use%20of%20emergency%20rooms.>

smaller in countries with single payer healthcare when compared to the current U.S. system.²

The purpose of this bill is to establish the Commission on Universal Health Care to determine the feasibility of establishing a State universal health care program to provide health benefits to all residents of the State through a single-payer system. Once that data analysis is complete this bill will mandate that the Commission submits an interim report on June 1, 2027, and a final report with its analysis and recommendations to the Governor and certain committees of the General Assembly by October 1, 2028.

It does not dictate that we adopt any program at this time, it simply calls for a comprehensive examination of the issue and the data to provide input for arriving at a decision on the issue. This bill will permit a commission to study the pros and cons of establishing for Maryland a Universal Healthcare program. This is the best way to gather the data needed for an intelligent probe into all the issues related to the challenge and determine if we can make it happen within Maryland. The report mandated from the commission can guide future legislative efforts.

I respectfully urge this committee to return a favorable report on HB0417.

² <https://www.health.harvard.edu/blog/single-payer-healthcare-pluses-minuses-means-201606279835>