



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

SPONSOR TESTIMONY IN FAVOR OF HB417
(PUBLIC HEALTH - COMMISSION ON UNIVERSAL HEALTH CARE)

Delegate Sheila Ruth
February 6, 2025

Maryland's current patchwork multi payer healthcare system represents a significant opportunity for improvement. Our healthcare system is a current mishmash of private insurance companies and government plans that leave far too many Marylanders either uninsured or underinsured, and for those without insurance or comprehensive coverage, it can force them to make difficult decisions regarding their health due to increasing out-of-pocket costs and high deductibles to providers.

A lack of comprehensive coverage can have wide reaching effects on our state. Individuals' quality of life and overall health suffers, being [more likely to experience chronic conditions, delayed care, and higher mortality rates](#). Beyond the individual level, it can cause a wide range of negative economic effects like a loss of worker productivity that can harm businesses, and repeat hospital visits due to chronic illness which contribute to [Maryland's nation-leading emergency room wait times](#). It is also becoming increasingly common for Marylanders to struggle with medical debt, with [17% of Marylanders facing medical debt](#), an issue that can compound with other medical and socioeconomic factors to further affect health outcomes.

As Maryland state legislators, we owe it to our constituents to help fix this issue. This bill would *not* overhaul our entire healthcare system in one fell swoop, nor would it rip people from their doctors *or* raise their taxes. HB417 would simply charge the state with investigating possible alternate forms of healthcare administration. The bill would establish a commission to study the viability of a single payer system in Maryland, exploring if it would be financially feasible for the state to transition to and if it would improve Marylanders' health outcomes, including promoting health equity and reducing disparities for access to care. The commission would seek input from a variety of different sources with varying viewpoints, from members of the Governor's cabinet to representatives from healthcare labor unions and the medical business community, health equity-focused NGOs, and the NAACP. It would then submit a report with its findings to the Governor and General Assembly by October 1, 2028.

It wouldn't need to start its research from scratch either, but could examine work done by similar commissions in other states, like Maine and New York. In 2021, Maine passed the [Maine Health Care Act](#), which would transition Maine to a single-payer system once the federal government can pass a law enabling the waivers to do so. A 2019 report from the [Maine Center for Economic Policy Analysis](#) showed that the movement to such a system would result in cost savings across the board, for individuals, employers, and all levels of government. The New York Health Act has languished in the State Legislature, passing the State Assembly four times but not the State Senate. Despite this, a [2018 RAND Corporation assessment of the plan](#) estimates that going to single-payer would not only cover more people, but that 90% of households in the state would pay less than they currently do.

In Maryland, there has even been a [prior study](#) conducted to determine the viability of a single payer program. It was conducted in 2000 by the Lewin Group, and it found that single payer would cover all Marylanders, including those uninsured, at a cost reduction of about \$350 million. Since those figures are likely outdated, this commission can offer a needed revisitation to see if there's been any improvement in those figures.

Marylanders not only deserve access to the healthcare they need, but to not have to go bankrupt for it as well. This commission would open the door to that possibility for all, allowing for the consideration of more cost effective and equitable options.

I ask for a favorable report for HB417.

Thank you,

Delegate Sheila Ruth