

To: The Honorable Joseline Peña-Melnyk (Chair), and Members House Health and Government Operations Committee

From: Leslie Graham, President & CEO, Primary Care Coalition

Date: February 04, 2025

Subject: Support – HB417 Commission on Universal Health Care

The Primary Care Coalition (PCC) administers a variety of programs including Montgomery County's principal health safety-net programs—Montgomery Cares and Care for Kids—which provide primary care, specialty care, behavioral health, and access to medications to uninsured adults and children. PCC strongly supports the intent of the act to establish a **Commission on Universal Health Care** based on our experience operating access to care programs for low-income, uninsured residents of Montgomery County.

In fiscal year 2024, the Montgomery Cares program served 25,097 adults and the Care for Kids program served 10,898 children, all low-income, uninsured residents of Montgomery County. These programs are publicly subsidized with county general funds, privately managed by a 501c3 nonprofit (PCC) and care is provided through partnership with almost a dozen nonprofit primary care health centers, four hospital systems, specialty care providers, and the Montgomery County Department of Health and Human Services.

Improving access to care for these 35,000+ low-income, uninsured neighbors in Montgomery County is not just about doing the morally right thing. It also has broad community benefits. These individuals and families, the local economy, the public school system, and the overall healthcare system are best served through early prevention and treatment, preferably in primary care settings.

Access to health insurance gives people a path to getting care early and regularly, such as seeing a primary care provider or a consult with a specialist for early diagnosis and treatment. This improves health and quality of life for the individuals and reduces cost of care within Maryland by preventing advancement to more expensive disease states and emergency room use or costly hospitalization.

Yet, uninsured residents will delay preventative treatment due to cost and often delay treatment for potentially more serious illness as well, hoping the issue will resolve itself. Currently, hospitals bear the direct burden as Uncompensated Care, but as a community, we all eventually feel the effects. We feel them when uncompensated hospital care drives up all insurance premiums, and when we wait longer for emergency care because conditions that could have been treated in outpatient clinic practice were not.

PCC has invested in the analysis of the expected value of return on investment associated with improved access to care for uninsured adults. The results suggest improved participation in economic life associated with access to primary and preventive health care. Diabetes control alone was associated with a return of \$11.56 for every dollar invested in Montgomery Cares in FY22, while hypertension control saw an estimated return of \$3.45 per dollar spent. Returns reflect savings from anticipated decreases in absenteeism, lost productivity while at work for the

employed population, early workforce exits due to disease-related disability, and lost productivity due to mortality.

Importantly, this **Commission on Universal Health Care** legislation does not mandate a single-payer solution to the problem of healthcare access. It merely asks the State to explore how we might implement such a system and what it might reasonably cost. It asks that we as a state make such decisions based on thorough analysis and comprehensive stakeholder input, rather than based on our individual political philosophies. That is the basis for sound budget and policy decisions in upcoming fiscal years, and we can lay the groundwork this legislative session.