**SB987**
**FAV**

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Testimony in Favor of Senate Bill 987

Corporate Income Tax–Addition Modification–Direct–to–Consumer Pharmaceutical Advertising

Senate Budget and Taxation Committee

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Chair Guzzone and Esteemed Members of the Budget and Taxation Committee:

My name is Bridget Collins. I am a Maryland resident living with Myalgic Encephalomyelitis (ME), Long Covid (LC), and multiple other chronic illnesses. I am also Chair of ME Action Maryland — an advocacy and support group for Marylanders living with complex chronic illness. Our group advocates for medical research and provides community support to residents impacted by ME and Long COVID. We also work with government offices, such as the Maryland Department of Health, to educate officials regarding the impact of complex chronic illness on the state.

Speaking on behalf of residents disabled by chronic illness, I recommend a favorable report on SB987 to protect Marylanders from federal changes to their healthcare.

**The scope of the issue**

Historically, the state has benefitted from higher rates of health insurance. From 2014 to 2024, the Affordable Care Act (ACA) reduced the number of uninsured Marylanders from 13% to 6%[1]. Lowered uninsured rates improve population health by increasing access to preventive care, reducing reliance on emergency services, and decreasing chronic disease severity. These benefits keep everyone healthier in a system that has stabilized premiums for all, resulting in $460 million in savings[2] to the state.

Under the current Congress, hundreds of thousands of Marylanders are projected to lose their health care insurance. Federal cuts to Medicaid and the end of ACA premium tax credits - in

[1] Explore Uninsured in Maryland | America's Health Rankings
[2] Media Release: MD has reaped at least $460 M in savings for hospital costs through expansion of health insurance coverage to more residents reducing hidden health care tax – Maryland Health Care for All

addition to new administrative burdens stipulated by HR1, the One Big Beautiful Bill Act (OBBBA) - all intend to reduce the number of Americans insured.

Maryland must act to preserve coverage for its vulnerable residents.

**How SB 987 works for Maryland**

SB 987 innovatively addresses this issue. The bill is funded through eliminating tax deductions on direct-to-consumer pharmaceutical advertising. Similar federal efforts[3] are expected to increase federal tax revenue by $1.5 - 1.7 billion annually[4]. The projected scaled down version for Maryland shows tens of millions of dollars in increased Maryland state revenue. This would "tax" the annoying commercials for big Pharma (only allowed in the US and NZ) that degrade trust between patients and providers and cost Pharma around $14 billion yearly.[5] In turn this revenue would benefit the patients and the increased healthcare demands of Maryland.

**SB987 infrastructure gains**

SB987 funds $5 million per annum into Medicaid eligibility operations in order to facilitate the application and retention process. This modest investment will make rapid gains using existing state services and infrastructure.

The first sustainable goal is to update IT systems Maryland currently uses to verify eligibility to ensure ease of access and platform legibility.

Other realistic objectives include expanding the Maryland Navigators program[6], which has proved highly successful in getting and keeping Marylanders enrolled in state exchanges. The individual support Navigators provide in guiding residents through the shifting complexities of insurance enrollment is still unmatched by AI. Investing in Navigator support, with a roll-out online and in local communities, is key to insurance retention and expansion for all Marylanders[7].

Investing in system access and personal navigation will particularly benefit people with complex chronic illness, who by definition suffer from multiple conditions affecting their physical, emotional, and cognitive health.

**HR1 impact**

Passing SB987 promises to help mitigate the negative impact of HR1, which mandates work requirements and six-month eligibility redeterminations for adults who receive Medicaid through the ACA expansion.

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[3] S.4691 - No Tax Breaks for Drug Ads Act 118th Congress (2023-2024)
[4] CSRxP Analysis: Direct-to-Consumer Advertising Report
[5] CSRxP analysis finds big pharma's direct-to-consumer (dtc) advertising costs u.s. taxpayers billions of dollars
[6] Study of Navigator Program and Consumer Assistance
[7] State-Based Marketplace Outreach Strategies for Boosting Health Plan Enrollment of the Uninsured

For people in my community, the administrative burden of ongoing verification could be beyond their physical and cognitive limits[8], and prevent them from accessing insurance and needed care.

In 2023 the ACS survey[9] found in Maryland that only 77,400 people had SSI out of Maryland's 234,400 Medicaid enrollees with disabilities (roughly 33%). In my community, research shows only one in four people diagnosed with ME/CFS is able to work[10]. And yet, due to lack of informed medical providers and prolonged length to diagnosis, people with complex chronic illnesses like ME/CFS are often part of the approximately one-third of Medicaid recipients who do not have a State or Federal pathway to official disabled status, which would relieve them of burdensome work requirements. It is a perpetual land of Catch-22s, red tape, and paperwork.

Exemptions exist in HR1 for an "individual who is medically frail or otherwise has special medical needs (as defined by the Secretary [of Health and Human Services][11]), … or with a serious or complex medical condition." Yet definitions of medical frailty still need to be expanded at both the state and federal level to better encompass complex chronic illnesses.

Our advocacy group is working on this campaign in Maryland. Until exemptions for medical frailty are assured, however, the state needs to take into consideration that chronically ill residents are likely to lose insurance coverage because of the new federal work requirements. Without coverage for care, these residents will decline.

Funding a streamlined and effective state eligibility system, with additional personal support, will help chronically ill Marylanders complete the insurance application process with minimum symptom burden, and also support their health by preventing them from taking on medically counter-indicated activity.

Our gratitude to Senator Karen Lewis Young for her sponsorship of SB 987. Help Maryland continue to be an innovator by considering this legislation.

We urge a favorable report on Senate Bill 987

Thank you,

Bridget Collins

Maryland State Chair
ME Action Network Maryland

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[8] Jaywant et al.], *JAMA Network Open* (2024); Robinson et al., *PMC* (2019)
[9] 5 Key Facts About Medicaid Coverage for People with Disabilities | KFF Appendix table 1
[10] Kingdon et al., *PMC* (2018)
[11] CMCS, CIB (Dec. 2025); OBBBA H.R.1, 119th Congress