

**Prepared Testimony of Christina Yesenofski
Long COVID Patient
1825 Hudell Ave, Linwood, Pennsylvania
Regarding Health Committee Bill SB0392
FAV (FAVORABLE)
February 8, 2026**

Dear Delegate Wims and Members of the Health Committee of the Maryland General Assembly,

My name is Christina Yesenofski, a person disabled by Long COVID since 2020, and I live in Linwood, Pennsylvania. I am testifying **in support (FAV)** of bill **SB0392** regarding support for Long COVID.

I believe this bill will help patients return to work and lower disability & healthcare costs by increasing pathways to find treatments for Long COVID and comorbid post-infectious diseases.

After being diagnosed with Long COVID and two neuroimmune diseases from COVID (Myalgic Encephalomyelitis, or ME/CFS, and Postural Orthostatic Tachycardia Syndrome or POTS), I was subsequently told that not only was there **no cure**, but that there were **no FDA approved treatments**.

The doctor told me to go home and do the best I could to grieve my old life; there was nothing he could do. Grieve is all I could do.

I have been disabled for 5 years now. There are still no cures, and not one FDA-approved treatment.

Research shows this disease is more disabling than cancer and liver disease. Then why have we not invested in more research and support for the 45 million Americans estimated to have Long COVID and/or sister disease ME/CFS?

We have the potential to get massive amounts of sick people back to work. A recent Yale-led study found that up to 14% of Long COVID patients surveyed in the US had not returned to work three months after getting sick.

(<https://www.yalemedicine.org/news/long-covid-keeps-people-out-of-work-and-hurts-the-economy>)

And further, **the estimated 45 to 48 million current Long COVID cases in the U.S. have been estimated to cost the country \$2.01 to \$6.56 billion each year.** The vast majority of costs (98.6%) were productivity losses or missed days from work or school and direct medical costs (doctors appointments, medical care, etc.) comprised 1.04% of total costs.

(<https://sph.cuny.edu/life-at-sph/news/2025/03/19/long-covid-cost/>)

By investing in research for treatments for Long COVID, we not only have the chance to help disabled patients feel better and get them back to work, but to also cut healthcare costs tremendously.

Every day, I hope for the chance at a return to my old life, or even just a chance to return to being able-bodied enough to shower daily and feed myself without a caregiver's support.

I urge you to please vote YES (FAV) on SB0392.

Thank you so much to delegate Wim for sponsoring this bill, and thank you for your time. Your consideration of people with disabilities and without voices, is deeply appreciated.

Sincerely,

Christina Yesenofski

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