Testimony **HB 971**: **SUPPORT**

Maryland Medical Advisory Committee –
Duties and Workgroup to Study the Adoption of a Fee-For Service Model for All Medicaid Services

February 20, 2026

Dear Madam Chair and Members of the Committee:

My name is Lori Firestone and I live in Baltimore City. **My partner, who experiences a high level of pain and limited functionality, is afraid of losing his Medicaid.** I understand there are deep cuts coming and the state is facing a budget deficit as well.

We appreciate all that our state health officials have been doing to understand the implications of HR 1 and the ways in which Medicaid enrollees will need help to comprehend and meet the new work requirements. But Maryland also needs to identify new sources of significant revenue to offset the federal cuts and avoid cuts in services.

It is imperative to minimize the impact on both those needing care and the diligent providers of care. Medicaid is a lifeline for one out of four Marylanders, including children and low income families, people with disabilities, the elderly and working adults who don't have affordable insurance options.

In addition to the **extraordinary cost savings**, transitioning away from an MCO model would also **simplify the lives of Medicaid enrollees and the clinicians** who care for them. Instead of worrying about whether a specialist is part of their particular MCO's network, Medicaid enrollees would have a unified statewide network of Medicaid providers to choose from. Instead of worrying about whether a medication or procedure is covered by their patient's specific MCO, clinicians would have a unified statewide Medicaid system to deal with.

Some of Maryland's MCOs are owned and operated by for-profit insurance companies with terrible records of care denials. Another priority should be **reducing denials that are motivated by profit**. The health systems who operate MCOs might object that scrapping the MCO model would destroy valuable opportunities for improving care coordination. But this is not correct. Connecticut has continued to effectively promote care coordination by providing dedicated funds for primary care practices that operate as "patient-centered medical homes" (PCMHs). Some of Connecticut's largest health systems participate in the PCMH model, and they have been able to use that model to streamline care and to minimize unnecessary emergency-room visits. At least seven other states are actively working on similar legislation - Hawaii, Minnesota, Illinois, Wisconsin, New York, Rhode Island and West Virginia.

We owe it to our kids, our seniors, healthcare workers, and our vulnerable communities to move expeditiously to explore this option. The ten cents from each Medicaid dollar that isn't going to MCOs can be used to pay for healthcare treatment, to fund state eligibility operations, and expand the pool of local health department navigators. The other benefits like simplify the system for enrollees and providers and a decrease in denials are also worth pursuing. I urge you to give favorable consideration to this measure which will give the state a powerful way to respond to the harm of federal budget cuts.

Thank you.

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