

Bill Title: HB1112 - Health Insurance Coverage Protection Commission - Study on Individual and Group Health Insurance Market Stability.

Position: Favorable with Amendments (FWA)

To: Health Committee

From: Erica Puentes

Date: February 24, 2026

Dear Chair Bagnall and Members of the Committee:

My name is Erica Puentes. I am the Legislative Coordinator for Progressive Maryland but I am writing this testimony on behalf of myself. I am a Baltimore City District 41 resident. I am writing to offer a **favorable with amendments testimony in support of HB1112** - Health Insurance Coverage Protection Commission - Study on Individual and Group Health Insurance Market Stability.

I am strongly in support of the amendment that Madam Vice Chair Cullison is offering which would establish a workgroup to explore the benefits of transitioning away from the current managed care model towards a direct payment fee-for-service model. This is projected to save up to \$521 million annually for the state of Maryland.

Just a few years ago, after graduating with my second degree from the University of Maryland, College Park - I enrolled in Medicaid. I am highly educated and had a difficult time understanding what "MCOs" were and how to choose them. I researched, and still did not understand exactly how to handle the enrollment process with the MCOs or how to choose between them. I ended up choosing "Priority Partners" because I recognized the hospital they were under, Johns Hopkins, and assumed since I am a patient there that I would have an easier time navigating my treatment. I was wrong!

I am a runner and injured my knee so badly that I could not jog for .10 of a mile or go up the stairs without having my knee lock and having to crawl around. I sought treatment from a physical therapist at Johns Hopkins, who after PT treatments, realized my knee problem resulted from something greater and I needed an x-ray. Not only did Priority Partners reject my doctor's request for an x ray (and I never received the care that I needed) but over a year after my PT treatment ended, I got hit with a *retroactive* denial of my PT which put me into medical debt for thousands of dollars for care that I thought was long taken care of. Clearly, my initial assumption that receiving care at Johns Hopkins and using the Priority Partners MCO would make paperwork easier for me and my doctor was wrong.

As the daughter of immigrants, I have been helping my mother, uncle and grandparents fill out bureaucratic paperwork since I was in elementary school. And even with this experience, with age, and my high level of education, I still found it difficult to navigate the MCO enrollment

process for myself. Connecticut made the switch to a fee for service model; when I looked up their enrollment process, it was as simple as enrolling into a plan based on your age group. I can write with absolute certainty that not only would this be easier for me to navigate the medicaid enrollment process as an adult, but it would also be a lot easier for me when I was a young 7 year old daughter of immigrants supporting my family.

Maryland could save a significant amount of revenue from this switch, patients like myself would benefit from doctors giving patients treatments without MCOs disrupting our care, and the ease and simplicity of enrollment can help so many people like myself. For these reasons, **I support HB1112 with the Vice Chair's amendment to establish a workgroup to explore the benefits of transitioning away from the current managed care model.**