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SPONSOR TESTIMONY IN FAVOR OF HB1316

Public Health - Universal Health Care Program - Study and Commission

March 12, 2026

Maryland's current healthcare system represents a patchwork combination of private insurance plans and government options that leave far too many Marylanders either underinsured or uninsured, with potentially dangerous effects. A lack of comprehensive health coverage can cause an individual's quality of life and overall health to suffer, with them being more likely to experience [chronic conditions, delayed care, and higher mortality risk](#). Beyond the clear risk to individuals, there are wider systemic effects, with repeat hospital visits due to chronic illness contributing to [Maryland's nation-leading emergency room wait times](#). This has contributed to [12% of Marylanders facing medical debt](#) in 2025, a sharp increase from [7.3% in 2021](#). All of these issues compound with the social determinants of health to further influence health outcomes.

HB1316 creates a way to explore fixing this issue. This legislation does not immediately overhaul our current system. What this bill does is partner a state advisory commission with the Hilltop Institute, a nonpartisan research organization based at the University of Maryland, Baltimore County. The Hilltop Institute has agreed to host a study on the feasibility of universal health care through the single-payer model within Maryland, determining if such a model would be able to deliver more comprehensive care and improve health outcomes while also being financially viable for the state. This bill also establishes a state advisory commission featuring members of the General Assembly, the governor's cabinet, doctors, nurses, and patient advocates, to help oversee and collaborate with the Hilltop Institute on final recommendations and a report to be submitted to the Governor and appropriate Senate and House committees. The study being conducted and the commission being established are also entirely dependent on the Hilltop Institute first receiving sufficient money through grants or private donations, rather than public funds, in order to fund the study.

Maryland would not be alone in conducting such a study, nor would this even be the first in the state's history. The Lewin Group conducted a [study in 2000](#) which found that a single-payer system would cover all Marylanders, including those that are uninsured, at a cost reduction of about \$350 million compared to the current model. As those figures have likely become outdated since the study was conducted, this study can offer a necessary update to determine if there have been any changes to those figures.

Additionally, HB1316 is partially modeled after [legislation](#) passed last year in Colorado, which required a Colorado school of public health to analyze draft model legislation for implementing a single-payer system in Colorado, while establishing a statewide collaborative for advising the school during its analysis. That bill also required the school to receive sufficient private funding before the study could be conducted. While HB1316 does not have model legislation proposed to base a study off of like Colorado's legislation, work has been done by similar commissions in other states that could be analyzed by the Hilltop Institute. In 2021, Maine passed the [Maine Health Care Act](#), which would transition Maine to a single-payer system once the federal government passes a law enabling the waivers to make such a transition. Similar to the Lewin study, a 2019 report from the [Maine Center for Economic Policy Analysis](#) showed that the transition to single-payer would result in cost-savings across the board, both for payers and all levels of state government. Though not yet passed, there is also the New York Health Act which would do something similar, supported by a [2018 RAND Corporation assessment](#) that showed that single-payer would both cover more people while resulting in savings for 90% of households in New York.

We are incredibly grateful to the Hilltop Institute for agreeing to conduct this much needed study. As stated earlier, this study being conducted is contingent upon their ability to secure sufficient funding and provide support staff for the advisory commission as needed. There are a variety of pathways to secure funding. The 2000 Lewin study was funded by The Aaron Strauss and Lillie Strauss Foundation and The Jacob and Hilda Blaustein Foundation, both based in Baltimore. There is also The Abell Foundation, also Baltimore-based and focused on health research. Additionally, the Hilltop Institute has received grant funding from The Robert Wood Johnson Foundation, and has funded other health-focused research in the past. There are a variety of grant-based pathways available for funding, as well as grassroots, individual private donations which is how the Colorado study was primarily funded. The Colorado School of Public Health has secured \$750,000 of donations raised exclusively from donations from individuals and grassroots organizations.

Marylanders deserve access to more comprehensive care. This legislation would allow for the consideration of different pathways to that care, including more effective and equitable options.

As such, I ask this committee to issue a favorable report on HB1316.