

TESTIMONY IN SUPPORT OF HB 1316

Universal Health Care Program - Feasibility Study

TO: Chair Heather Bagnall, Vice Chair Bonnie Cullison, and Members of the Health and Government Operations Committee

FROM: Michael Santome, RN, BSN Case Manager

DATE: March 10, 2026

POSITION: FAVORABLE

Madam Chair and Members of the Committee:

My name is Mike Santome, and I am a Nurse Case Manager helping manage a Care Transformation Organization based in Harford County. I am submitting this testimony in strong support of **HB 1316**, which commissions the Hilltop Institute at UMBC to conduct a feasibility study on a Universal Health Care program for Maryland.

Every day, the clinical teams I work with, comprised of MDs, Nurse Practitioners, Pharmacists, and Social Workers, are forced to navigate a fragmented, profit-driven healthcare system that places administrative hurdles between our patients and the care they need. For example, in the Medicaid program we are currently losing up to 13 cents on every dollar to the administrative overhead and profit margins of private Managed Care Organizations (MCOs). That is money being siphoned away from those who need it the most right here in Maryland.

We also know that health insurance premiums are rising dramatically, making it harder and harder for people to buy policies. Having an insurance policy doesn't guarantee that one can get healthcare when and where they need it because carriers erect so many barriers to accessing care.

We urgently need a data-driven blueprint for a better system, and HB 1316 provides exactly that. By tasking the independent experts at the Hilltop Institute to model a direct-payment, single-payer structure, we can finally get the objective, state-specific financial data required to see how much money Maryland could save by eliminating administrative inefficiencies and corporate middlemen.

I urge the Committee to especially consider two critical points regarding this legislation:

1. The Funding Mechanism is Highly Viable: Critics of this bill may point to the provision requiring the study to be funded by private grants or donations by December 2026 as an impossible hurdle to clear, but that does not have to be the case. Last year, the state of Colorado passed nearly identical legislation (SB25-045) commissioning their School of Public Health to conduct a single-payer feasibility study without using taxpayer dollars. Just last month, Colorado advocates successfully secured the \$750,000 required to fully fund their study through

grassroots philanthropy. If Colorado can privately fund their blueprint, Maryland's robust network of healthcare advocates and philanthropic organizations should be able to step up to fund ours.

2. The Essential Mathematical Engine for 2029 Reforms: I applaud the leadership in this Committee and the House for recognizing that our health system needs structural change, as evidenced by proposals like the Speaker's Commission on Re-Imagining Health Care (HB 1367). As lawmakers spend the next few years discussing system-wide improvements, HB 1316 can serve as the essential mathematical engine running parallel to those efforts. By mandating a comprehensive financial model that culminates in a final report in June 2029, HB 1316 ensures that when the legislature is ready to enact sweeping reforms at the end of the decade, you will have the rigorous, state-specific data needed to make informed, fiscally responsible decisions.

Let's not allow the fear of the unknown prevent us from simply doing the math. Maryland has always been a national leader in healthcare innovation; HB 1316 is the logical next step to continue that legacy.

For these reasons, I urge a **FAVORABLE** report on HB 1316.

Respectfully submitted,

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