



March 10, 2026

The Honorable Heather Bagnall
Chair, Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

Re: HB 1316 – Public Health – Universal Health Care Program – Study and Commission

Dear Chair Bagnall and Members of the Committee,

The Maryland Health Care Committee (MHCC) respectfully submits this letter of information on *House Bill (HB) 1316 – Public Health – Universal Health Care Program – Study and Commission*. HB 1316 requires the Hilltop Institute at University of Maryland, Baltimore County, to conduct a feasibility study on establishing a single-payer, universal health care system in Maryland and establishes the Advisory Commission on Universal Health Care to assist in the development of findings and recommendations. MHCC appreciates the opportunity to provide information regarding HB 1316.

Maryland has relatively high rates of insurance compared to the national average (6.3% of Marylanders are uninsured, compared to 8.2% national average)¹, with pathways to coverage through Medicaid, employer coverage, and the individual marketplace. However, coverage gaps remain, particularly for individuals transitioning between coverage types, non-citizen residents, and individuals who face challenges with affordability, which may worsen with provisions of HR1 going into effect.

MHCC has extensive experience conducting complex health system studies, including cost and utilization analyses, health system capacity analyses, and payment reform evaluations. Based on this experience, MHCC encourages the study authorized in HB 1316 consider key questions related to impact on patients and providers and access to health care services, particularly among rural and otherwise underserved communities. MHCC suggests this study include analysis of system capacity and the ability of health care organizations and providers to ensure individuals across all communities in the state are able to access timely care once they have coverage.

¹ Latest data available is 2024. America's Health Rankings analysis of U.S. Census Bureau, American Community Survey, 1-Year Dataset, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

MHCC encourages the study authorized in HB 1316 consider the adequacy of the existing supply of primary care clinicians, specialists, and behavioral health providers across the state, including in rural communities, as well as capacity in post-acute and long term care settings which can affect hospital throughput and emergency department wait times. There may be pent-up demand for care among individuals who are currently uninsured; a study should also consider that demand for primary care, behavioral health, and chronic disease management may increase, assessing what investments are necessary to ensure access. A study may also wish to consider network adequacy requirements and affordability of coverage for any established single payer system, ensuring that any coverage network has sufficient participating providers across communities and provider types so individuals can access care once they have a source of coverage, and that costs borne by consumers do not perpetuate existing barriers to getting needed care in the appropriate setting. Any new system should be intentionally designed to reduce existing, persistent disparities – and to eliminate disparities in access, quality, and outcomes going forward.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



Douglas Jacobs, MD, MPH
Executive Director, MHCC

