

Bill Title: HB1316 - Public Health – Universal Health Care Program – Study and Commission
Position: Favorable
To: House Health Committee
From: Dr. Alankrita Olson
Date: 03/10/2026

Dear Madam Chair and Members of the Health Committee,

My name is Dr. Alankrita Olson, and I am a preventive medicine physician from Silver Spring. I am a member of Physicians for a National Health Program, and I am submitting this testimony in support of HB1316.

It is no surprise to everyone that the current healthcare system is not working. Access to health insurance is precarious, from loss of employment, as 25,000 Marylanders experienced this past year due to federal changes, to the lapse of ACA subsidies and skyrocketing premium costs. We need real solutions to address this problem, and Maryland has always been exceptional in tackling healthcare issues and adopting innovative solutions. When Maryland's healthcare expenditure was above all other states, we established an all-payer system and have since developed the model to not only drive down costs but also improve care delivery and health outcomes. Yet, healthcare expenses are frequently cited as a financial concern by many in Maryland.¹ This bill would support a privately-funded study to assess the feasibility and implementation of a single-payer healthcare system in Maryland, and provides us an opportunity to understand how we can improve coverage, access to care, and health outcomes for all Marylanders.

Colorado previously studied the implications of a single-payer system in 2019, finding it would save the state \$5 million over ten years, increase access to care, and potentially improve physician reimbursement. For that reason, last year they passed a bill to support a study on how to implement a single-payer model.² Already armed with Medicare and Medicaid waivers for our all-payer system and the HSCRC, it is easier for Maryland to implement a single-payer model than any other state. Such a model would streamline access to healthcare coverage for patients, billing and payment of healthcare services for providers, and data collection and quality improvement across the state. Instituting universal access would entail that resources are allocated by need, and underserved populations, such as residents in rural areas, would have access to care.³ Moreover, healthcare funding would not be wasted on unnecessary administrative overhead, and clinicians would waste less time jumping through insurance hurdles and more time with patients.⁴

Our current multipayer, for-profit system has created disparate access to behavioral health, preventive care, and acute care. Under a single-payer system, maintaining and achieving health is prioritized to lower healthcare costs, allowing for preventive medical and mental care to be centered and easily accessible.⁴ A universal single-payer model is the simplest solution, with

potential to decrease healthcare expenditure, improve health equity,⁵ and increase system-level coordination and transparency. Legislators owe it to their constituents to investigate the approach. I urge the Health Committee to issue a favorable report on HB1316.

References

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