

Testimony
March 10, 2026
HB1316
Universal Health Care Program - Study and Commission

FAV

Dear Chair Bagnall and Members of the Committee,

My name is Jacqueline MacMillan. I am a member of Progressive Maryland's Healthcare Taskforce, I live in Baltimore City, and I am writing on my own behalf in support of HB1316, which would study the opportunity for, and feasibility of a universal healthcare program for Maryland.

The US has hundreds of private and public health insurers, and thousands of different healthcare policies. Public health insurance programs, like Medicare and Medicaid, have become increasingly privatized.

Most of the private health insurance coverage in the US is negotiated in the dark among employers, providers, and pharmaceutical companies. Various middleman entities, like pharmacy benefit managers and managed care organizations make large profits through opaque price negotiations that contribute to the escalating cost of healthcare for all of us.

The large number of different health insurance policies generates administrative overhead costs in the double digits that could be as low as 3-5% in a single payer system. These overhead costs are incurred by healthcare providers, the insurance payers, and government regulators, and we all absorb these extra costs. The complexity of these multiple payers and policies, alone, is onerous to patients who must try to figure out each year how best to insure themselves and their families, or who in many cases, decide to go without insurance.

With the advent of the Affordable Care Act, Maryland was able to reduce *uninsurance* to around 6%, which was a great achievement, still leaving thousands of Marylanders uninsured, and many more underinsured. In a 2024 survey, the [Commonwealth Fund](#) found that nearly one in four U.S. adults have health coverage all year but are facing high out-of-pocket costs that force many to skip needed care or take on medical debt.

Many private insurance policies impose barriers to care. These include high deductibles and co-insurance, restrictive provider networks, and frivolous claim and care denials.

These barriers prevent people from obtaining healthcare, which contributes to illness, driving up healthcare costs. Contrary to popular opinion, “overutilization” of healthcare is not an important contributor to healthcare costs in the US. Americans [see physicians less often](#) than people in most other countries.

A universal health insurance program would cover everyone, and it should be designed to eliminate the barriers to care discussed above. It would greatly simplify insurance for consumers, reduce the overhead costs associated with multiple payers, and reduce socio-economic disparities in health outcomes.

Healthcare has become a big business in the US, to the detriment of patients. If the Maryland General Assembly is serious about addressing the problems with our deeply flawed and fragmented healthcare system, it should take a serious look at non-market alternatives, in particular, a universal, single-payer insurance program.

The proposed study could lead to policy choices that would improve healthcare for Marylanders, and save money. And it does not require state funding. I urge a favorable report.