

## **Testimony in Support of Maryland HB 27 – Long COVID Innovation Grant Program**

As a physician and founder working in Long COVID and chronic illness innovation, I strongly support Maryland HB 27.

In my medical career, I have never seen a single chronic illness cause the level of multi-system disruption that Long COVID has. It affects cardiovascular, neurologic, gastrointestinal, and immune function—but just as critically, it disrupts patients’ ability to work, care for family, maintain relationships, and meet basic daily needs. Long COVID is not only a medical condition; it is a workforce, economic, and public health issue that Maryland is already absorbing across clinics, emergency departments, and disability systems.

Patients are already doing everything they can. Innovators are building promising tools. Clinicians across Maryland and beyond are quietly redesigning care within their own practices. What is missing is a coordinated system and sustained investment to evaluate, connect, and scale what works. HB 27 directly addresses that gap by creating infrastructure for translational research, care models, and recovery-focused innovation that can help patients now—not years from now.

I view this bill as both capital and signal. Practically, it creates a pathway for entrepreneurs and clinicians to develop and test new approaches such as interdisciplinary care models, digital health tools, diagnostics, wearables, and recovery programs in real Maryland settings. Just as importantly, it signals that innovation in care delivery and chronic disease recovery is a priority alongside basic science and drug development. That signal de-risks the space for founders, attracts follow-on investment, and positions Maryland as a national leader others will look to when designing their own programs.

In our work, we see Long COVID presenting under many labels—cardiac disease, cognitive impairment, gastrointestinal symptoms, repeated emergency visits, and work-limiting fatigue—often without being named or tracked as Long COVID at all. HB 27 acknowledges this as a system-level challenge and affirms that recovery-focused innovation deserves rigorous study, funding, and partnership across clinics, researchers, and payers in Maryland.

I hope HB 27 becomes a model for how states can treat complex chronic illness as both a public health responsibility and an innovation opportunity and that Maryland patients feel that shift directly in the care they receive.

Thank you for the opportunity to submit testimony in support of this important legislation.

Eve Bowers, MD

Founder CompendiRx