



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony Prepared for the
Health and Government Operations Committee
on
House Bill 780
February 18, 2021
Position: **Favorable**

Chairman Pendergrass and members of the Committee, thank you for the opportunity to speak in favor of expanding access to health care in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations in three synods in every part of our State.

Our community has advocated for access to appropriate and adequate health care for all people in the United States and its territories since 2003.

House Bill 780 represents work by the Maryland Health Benefit Exchange to assess health insurance market weakness and lingering uninsured populations subsequent to Maryland's implementation of the Affordable Care Act.

The weakness concentrates in the individual market. This is not new. Pre-ACA individual markets generally were known for under-insurance: high cost, meager coverage, and wasted care dollars as a result. Our community's commitment to appropriate and adequate care, affordable for clients, will not be met if un- and under-insured populations persist.

Because of the leadership of this Committee, Maryland has made important progress insuring the uninsured by implementing ACA effectively and generously. However, some Marylanders still struggle to afford health coverage. Ineffective care dollars, un- and under-insured populations, and resulting cost from uncompensated care reproduce the year-on-year of pre-ACA among that population.

The testimony of my community remains that denying access to care and treatment does not save money. It does not even save health care dollars because it ignores the cost of poor health outcomes. **House Bill 780** would rebalance Maryland's subsidies in the individual market under ACA to achieve a larger insured population, lower consumer cost, stabilize markets, expand access, and reduce uncompensated care. Those improvements benefit consumers, carriers, providers, and the State.

In general, we favor stronger subsidy support to improve the State health. We note with special gratitude that the Bill's subsidies support disadvantaged citizens. More than forty percent of medically uninsured young people are African-American, a population that may be forced to the individual market because of employment circumstances. We would be happy to see the State address this cause of health inequity.

Because more people likely will receive appropriate medical care, my community supports **House Bill 780**, and we urge your favorable report.

Lee Hudson