



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

SPONSOR TESTIMONY IN SUPPORT OF HB619
(PUBLIC HEALTH - COMMISSION ON UNIVERSAL HEALTH CARE)

Delegate Sheila Ruth
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Maryland has put much effort into ensuring every Marylander has healthcare, and we've made great progress. Yet the patchwork system of insurers from Medicare and Medicaid to myriad private companies and plans still leaves too many uninsured or underinsured, and even many of those who have health insurance can't afford to go to the doctor due to high deductibles and out-of-pocket costs.

These people, who slip between the cracks of our fragmented healthcare system, live unhealthier lives, and often spend more on their health conditions in the long run. Beyond damaging the quality of life for everyday Marylanders, these conditions can cause a loss of productivity that harms large and small businesses, creating a permanent economic headwind. Those who can't afford to go to the doctor delay getting care, leading to worse health conditions and emergency room visits that undoubtedly contribute to Maryland having the worst emergency room wait times in the nation.

We know of well-tested solutions. Peer countries with single-payer health care systems outside the US deliver care far more efficiently, spending [half as much per dollar earned on health care](#). Much of the resistance to a single-payer system stems from concerns about the cost, but there is ample evidence that they are [less expensive than the alternative](#).

Critics also ask whether it's even possible to implement a single-payer healthcare system on the state level, where there is a smaller population to provide a base than a national system would have. However, there are examples that show it's possible. New Zealand, a country with one million fewer people than Maryland, runs a system that successfully delivers high-quality free and low-cost care.

The complexities posed by developing a universal healthcare system at the state level are significant: aside from creating a system that ensures all Marylanders have high-quality and reliable care, it must navigate interactions with Medicare, Medicaid, and federal employee health programs while accounting for the federal Employee Retirement Income Security Act of 1974 (ERISA), which prohibits states from dictating employer health care benefits.

To account for these complexities, HB619 would create a commission to study the viability of a single-payer system in Maryland by, among other things, exploring federal funding integration, cost containment measures, and possibilities for public healthcare participation, as well as plans and legislation enacted and proposed in other states.

The Commission would examine whether and how we could ensure all Marylanders have access to high-quality affordable healthcare (including hospital, mental health, and reproductive care, which would include abortion

services), reduce healthcare disparities (including by allowing undocumented resident immigrants access to equal care), and increase access to care in underserved areas. It would then submit a report with their findings to the General Assembly.

The commission would not be starting from scratch – much work has been done nationally and in other states to overcome these barriers, which the commission would study:

- In 2021 Maine passed the [Maine Health Care Act](#), although the law doesn't go into effect until the federal government passes a law enabling the necessary waivers for a state single-payer plan. A December 2019 [Maine Center for Economic Policy analysis](#) of Maine's proposed universal healthcare system shows cost savings for most individuals and employers, including state, local, and municipal governments.
- The New York Health Act has passed the Assembly four times but has yet to pass the Senate. A [2018 RAND Corporation assessment of the plan](#) estimates that it would achieve the goal of greater health care coverage at an equivalent or slightly lower overall cost, and that 90% of households would pay less.
- [An economic analysis for Whole Washington](#) estimates the plan would generate \$9 billion in annual savings.

All Marylanders deserve high-quality health care they can reasonably afford. This commission is the first step in protecting the well-being (and pocketbooks!) of all six million of us. For this reason, I urge a favorable report on HB619.