



Maryland  
Hospital Association

## House Bill 231 – Housing Opportunities Made Equal Act

**Position: *Support***

February 4, 2020

House Environment & Transportation Committee

### **MHA Position**

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

In addition to delivering leading edge, high-quality medical service, Maryland's hospitals also make substantial investments in their communities. Hospitals invest in social indicators of health, including housing, food and education.

Maryland's hospitals support HB 231, which would prohibit housing discrimination based on source of income, including government vouchers. This step to address housing instability would promote physical, emotional, and mental well-being among Maryland's most vulnerable populations.

The protections afforded in this bill align with hospitals' efforts to improve health outcomes through preventive care and are in line with our goal to lower hospital readmission rates under the Maryland Model agreement with the federal government. Housing instability limits access to preventive health care and worsens health outcomes, increasing the likelihood people return to the hospital 30 days after discharge.<sup>i</sup> People who are homeless or face unstable housing conditions also have competing priorities and often spend limited funds on basic necessities rather than preventive health care.

The Department of Health and Human Services defines housing insecurity as high housing costs in proportion to income, poor housing quality, unstable neighborhoods, overcrowding, or homelessness.<sup>ii</sup> As an important social determinant of health, housing security must be addressed when developing goals for accessibility or quality of care. Unstable housing can increase the risk of infectious or chronic disease and exacerbate previously existing health conditions. HB 231 would provide equal opportunity for housing across Maryland—improving health outcomes.

Diverse populations in Maryland, specifically, those who receive government housing vouchers would benefit from this legislation. Recipients include low-income individuals, disabled individuals, veterans, and seniors. Those who have a disability, including families with a disabled child, experience a high cost of care and are often unable to afford housing without government assistance. Seniors similarly experience a high cost of care and a higher rate of injury and chronic disease. The homeless population is aging, and if they are refused housing based on their source of income, they may be forced to live in a community where they will not

receive adequate care. The discrimination in housing based on source of income increases health disparities in Maryland by influencing health behaviors, determining access to health care, and increasing the rate of morbidity among low-income, vulnerable populations. <sup>iii</sup>

For these reasons, we urge a *favorable* report.

For more information, please contact:

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<sup>i</sup> Health Research & Educational Trust. (2017, August). Social determinants of health series: Housing and the role of hospitals. Chicago, IL: Health Research & Educational Trust. Retrieved from: [www.aha.org/housing](http://www.aha.org/housing)

<sup>ii</sup> Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., Geppert, J., Ettinger de Cuba, S., Heeren, T., Coleman, S., Rose-Jacobs, R. Frank, D. A. (2011). US Housing insecurity and the health of very young children. *American journal of public health*, 101(8), 1508-14. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134514/>

<sup>iii</sup> Taylor, L. (2018). Housing and Health: An Overview of the Literature. *Health Affairs*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hpb20181313.396577/full/>.