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BILL NO: Senate Bill 0684  
TITLE: Public Health – Equity Dashboard  
COMMITTEE: Finance  
HEARING DATE: March 19, 2025  
POSITION: **OPPOSED UNLESS RESTORED WITHOUT AMENDMENTS**

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Senate Bill 0684 requires the Maryland Department of Health and the Commission on Health Equity to develop and maintain a dashboard with health disparity data disaggregated by age, race, ethnicity, and gender, bringing Maryland on par with states like Wisconsin and Minnesota, as well as many cities around the country. This data is more critical than ever to compile and utilize in decision-making as the current presidential administration has deleted public health data from federal websites and platforms and ordered a blackout on federal health agencies' communications with the public. We cannot rely on national institutions; the Women's Law Center agrees that Maryland must create our own localized platform to support targeted interventions that address the social determinants of health and promote overall equity in our public health ecosystem.

We originally supported this bill because we believe collecting and disaggregating data on health disparities faced by women, as well as racial and other minority populations, in Maryland will result in better health outcomes.

**However, we are withdrawing our support contingent on the bill's restoration without its proposed amendments that eliminate the 30-day mandated updates and adds Body Mass Index – a mathematical tool created in the nineteenth century for the purpose of statistics and to justify race science – as a "health indicator."**

The proposed amendment that changes the mandatory dashboard updates from every 30 days to "on a quarterly basis as determined by data availability" essentially neutralizes this bill and removes the urgency and onus of collecting and publishing the data. Without reliable updates, we see very little purpose behind this bill given that many of these statistics are already publicly available and outdated.

Our main point of contention with the amendments is the addition of BMI as a "health indicator" when this has been overwhelmingly disproven, was not designed to be so, and its overreliance in the medical field actively harms women, fat people, disabled people, and people of color. Invented by the same mathematician credited for inventing the school of positivist criminology and anthropometry (including phrenology which claimed to map personality and character traits by analyzing the bumps and contours of the human skull), **Quetelet's Index (later called BMI) is simply a formula derived exclusively by, for, and about white Western European men to quantify weight-to-height statistical ratios of populations, not individuals, in the early 1800s.**

BMI is not a health indicator, and while Adolphe Quetelet's work has been used to justify subsequent scientific racism for the last three centuries, Maryland is one of just a few states that did not create a statewide Eugenics Board or mandatory sterilization program for disabled people, immigrants, poor people, and people of color following his legacy. The private healthcare industry's reliance on BMI is easily traced back to the origins of the life insurance industry in the late nineteenth century, and has nothing to do with healthcare or today's realities. In fact, not only has the defining metric for "overweight" and "obese" changed multiple times over the last few decades, research from the Endocrine Society and WHO have shown that BMI overestimates fatness and health risks in Black People and underestimates health risks for Asian communities. Women are especially harmed by this as they are often misdiagnosed by a measurement that was never designed for them. BMI is also a significant barrier to essential health care for trans and nonbinary people, regardless of their assigned sex, as many medical professionals will not provide life-saving and gender-affirming healthcare without a low patient BMI.

Quetelet's index directly inspired the U.S. eugenics movement that led to the Nazi programs that systematically murdered anyone seen as "unfit." **With the recent federal steps to reduce and eliminate public health services including Medicaid and Medicare, Maryland does not need to perpetuate this deadly fraught history by elevating**

**and continuing to utilize a tool with centuries of proven inaccuracies as an indicator of health that holds up male whiteness as an idealized determinate that too often conditions who can and should be able to access the human right of healthcare.**

SB0684 should be the vital step toward achieving true health equity for everyone in Maryland, however if passed in its current form, it will continue our societal marginalization of women, people of color, disabled people, and, again, anyone who is not white, male, and able-bodied. As a “majority minority” state (with more than 50% of Marylanders reporting non-white ancestry), we should not be seeing the persistent disparate health outcomes that happen here every day. Through the disaggregation and study of public health data, we should be able to identify and address critical gaps in care to improve health outcomes for everyone in our community. While SB0684’s proposed Health Equity Dashboard is a step in the right direction, its current amendments ensure failure for the purpose of the Maryland Department of Health’s engagement with overcoming the social determinants of health. We strongly urge an unfavorable report and the restoration of the original bill.

*The Women’s Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.*

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