



**TESTIMONY BEFORE THE**  
**SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE**  
February 16, 2021  
Senate Bill 565: Public Health - Data - Race and Ethnicity Information  
*Written Testimony Only*

**POSITION: SUPPORT**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 565. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 565 would require the Office of Minority Health and Health Disparities to collaborate with the Maryland Health Care Commission (MHCC) to publish a Health Disparities Policy Report Card, working with health occupations boards to report the racial and ethnic composition of individuals who hold a license or certificate. The Office shall, to the extent possible under federal and state privacy laws, respond to requests for health data that includes race and ethnicity information within 30 days after receipt of the request. In addition, the Office must meet at least annually with the MHCC to examine the collection of race and ethnicity data and identify any changes for improving the data.

Under this legislation, each health occupations board authorized to issue a license or certificate shall include the option for an applicant to provide their race and ethnicity information on an application for the license or certificate, as well as encourage the applicant to provide the information.

The highest honor of my work is visiting with residents, patients, and staff in Maryland skilled nursing and rehabilitation centers and on assisted living campuses. Before it became unsafe to visit due to the COVID-19 pandemic I was made these visits, on average, every two weeks.

I bring up these visits relative to our support for SB 565 because the majority of Marylanders providing and receiving quality care in our setting come from diverse backgrounds. They have experienced and suffered from healthcare inequity, social determinants of health, and tragic outcomes of racism.

As I have often shared, COVID-19 has highlighted the disparities that exist in healthcare, among both those providing and receiving care, and especially in communities of color and among those who are economically disadvantaged. Healthcare disparity and social determinants of health are a national embarrassment. Together, we MUST do better.

In order to do better, we must have data. SB 565 is critical to ensuring we fully understand and can better advocate to improve minority health and find solutions to inequities in healthcare.

While none of us caused COVID-19, we all have ownership in public policies associated with and our individual actions on healthcare, transportation, local access to key businesses, access to care, and homelessness that are in part to blame for people and communities of color being disproportionately attacked by COVID-19.

I admired the late Kaiser Permanente CEO Bernard Tyson, who said about the intersection of healthcare disparity and public policy, "Such a small part of healthcare actually happens in the doctor's office." He was right.

**For these reasons we request a favorable report from the Committee on Senate Bill 565.**

*Submitted by:*

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