

8b - SB 565 - EHEA - MHCC - LOS.pdf

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FAV

STATE OF MARYLAND

Andrew N. Pollak
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

**MARYLAND
COMMISSION**

4160 PATTERSON AVENUE –

HEALTH CARE

BALTIMORE, MARYLAND 21215

TELEPHONE: 410-764-3460 FAX: 410-358-1236

**2021 SESSION
POSITION PAPER**

BILL NO: SB 565
COMMITTEE: Education, Health, and Environmental Affairs Committee
POSITION: SUPPORT

TITLE: Public Health - Data - Race and Ethnicity Information

BILL ANALYSIS

Senate Bill 565 (“SB 565”) alters provisions of law advocating for the improvement of health care among minority populations by establishing and supporting programs, services, and resources dedicated to educating the public about health disparities in minority communities. SB 565 requires the Maryland Office of Minority Health and Health Disparities (the “Office”) to collect and publish health data that includes race and ethnicity information, and respond to requests for race and ethnicity data within 30 days of the request.

POSITION AND RATIONALE

SB 565 calls for collaboration between the Maryland Health Care Commission, the Maryland Office of Minority Health and Health Disparities, and the Health Occupations Boards of physicians, counselors, therapists, dentists, and other health care professionals. The bill requires the Office to publish a “Health Care Disparities Policy Report Card” with information on racial and ethnical variations in insurance coverage, racial and ethnic composition of the physician population, and the racial and ethnic disparities in morbidity and mortality rates for communicable and non-communicable diseases identified as state priorities, such as cancer, diabetes, HIV/AIDS, and cardiovascular disease.

The Commission supports this bill as it aligns with our work to develop and publish more robust data on healthcare disparities. The Commission believes that alterations to SB 565 will help to improve data quality and programming for minority populations.

The Commission recommends a favorable report on SB 565.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.

MDDCSAM - SB 565 FAV - Public Health Data.pdf

Uploaded by: Adams, MD, Joseph

Position: FAV

SB 565 Public Health – Public Health – Data – Race and Ethnicity Information

Senator Griffith, Lead Sponsor Senate Education, Health & Environmental Affairs Committee

Hearing: February 16, 2021

SUPPORT

My name is Anika Alvanzo and I am an addiction medicine physician. I appreciate the opportunity to submit written testimony on behalf of The Maryland-DC Society of Addiction Medicine (MDDCSAM). MDDCSAM is a chapter of the American Society of Addiction Medicine and represents physicians and associated healthcare professionals from different disciplines with expertise in treatment of addiction. Our goals are to diagnose, treat, and advocate for people with the chronic disease of addiction and its related problems.

As addiction medicine physicians and other professionals, we treat patients with a disease that has been highly stigmatized and criminalized, with **profound racial and ethnic disparities in the consequences of substance use and differential access to evidence-based treatment**. Thus, we are keenly aware of the importance of **regular collection and dissemination of data to inform health policy designed to mitigate racial and ethnic disparities**. Additionally, we recognize the importance of **having a diverse and inclusive health care workforce, with providers who are aware of their own subconscious prejudices and biases and thus are better equipped to respond to and implement policies designed to advance health equity**.

Therefore, we strongly endorse the legislative package that includes:

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances the capacity of the **Office of Minority Health and Health Disparities to collect and annually disseminate a Health Care Disparities Policy Report Card**, inclusive of data on racial and ethnic disparities in medical comorbidities, health insurance coverage and the population of physicians and other health care professionals. This data would be used to guide policy decisions to address health inequities, inclusive of but not limited to **establishment of priorities** for programs, services, and resources **designed to mitigate and eliminate minority health disparities** in the State; **funding of community-based programs designed to reduce or eliminate these disparities; funding community-based organizations and historically black colleges and universities to research the efficacy and effectiveness of projects** targeting at-risk racial and ethnic minority populations; and developing a **statewide plan for creating a more racially and ethnically diverse and inclusive health care workforce**;
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill **provides funding for the Office of Minority Health and Health Disparities** (the Office). Additionally, HB0028 would require **that health providers complete an accredited implicit bias training** prior to licensure or certification and at least every 2 years thereafter; and
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes the Maryland Commission on Health Equity to ensure State agencies use a health equity lens when developing policies, an approach that will enhance the State’s efforts to address social determinants of health.

MDDCSAM is committed to being an active participant in addressing health equity. We urge a favorable vote on SB 565.

SB565 - Health Equity - CRISP Testimony.pdf

Uploaded by: Behm, Craig

Position: FAV



SB565: Public Health – Data – Race and Ethnicity Information

Position: Support

Submitted By: Craig Behm, Maryland Executive Director – CRISP

CRISP appreciates this opportunity to provide comments to Senate Bill 565. As Maryland's State-Designated Health Information Exchange (HIE), CRISP's vision is to advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration. A core component of any information technology project's success is access to accurate data.

Senate Bill 565 will encourage the collection and sharing of race and ethnicity information between the Health Occupations Boards, Maryland Health Care Commission, and Office of Minority Health and Health Disparities. With improved data, these groups will be able to thoughtfully examine collection practices and improve health data that contains race and ethnicity data.

CRISP is not the appropriate party to speak to specific policies intending to address health disparities. The experience of the HIE, however, is that decisions should be data-driven to the extent possible. CRISP supports efforts to gather necessary data with minimal burden and to protect such data with appropriate safeguards.

HFAM Testimony SB 565 Final.pdf

Uploaded by: DeMattos, Joseph

Position: FAV



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:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

Health Care for the Homeless - SB 565 FAV - Public

Uploaded by: Diamond, Joanna

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 565 - PUBLIC HEALTH - DATA - RACE AND ETHNICITY
INFORMATION**

**Senate Education, Health & Environmental Affairs
Committee
February 16, 2021**



Health Care for the Homeless strongly supports SB 565, which would require race and ethnicity data to be collected for all health care license and certificate holders in the state, not just physicians (which is the current requirement).

Health Care for the Homeless is deeply committed to deliberately addressing racial inequities, racial disparities and system racism. Our society is rife with both interpersonal and institutional racism, and our workplace is no different. The challenge now is to acknowledge this and then to address it in a deliberate and transparent manner. It is critical that our approach be grounded in data collection and analyses, policies and practices that replace systemic racialization with systemic equity. This bill speaks directly to those actions.

Addressing REI is a formidable, yet necessary task within the health care setting, where health disparities are highest among communities of color. Data can help guide how health care providers, like Health Care for the Homeless, approach its work and provide services. We must develop an understanding of the drivers of social determinants of health that drive, among other things, homelessness. Such an understanding is a critical step to understanding the health disparities that exist. For instance, patients in health care settings have raised concerns about the lack of diversity when it comes to choosing a health provider. They have expressed frustration around an inability to be genuinely transparent, convey true feelings, or be understood by white providers. This discomfort has readily led clients to vocalize a desire to transfer to different health care clinics. Clients have often stated that having a diverse provider pool can be life-changing. According to a Stanford study *Does Diversity Matter for Health? Experimental Evidence from Oakland* (2018),

African American males are more likely to talk with a black doctor about their health problems and black doctors are more likely to write additional notes about the subjects. The results are most consistent with better patient-doctor communication during the encounter rather than discrimination or measures of doctor quality and effort. Our findings suggest black doctors could help reduce cardiovascular mortality by 16 deaths per 100,000 per year leading to a 19%

reduction in the black-white male gap in cardiovascular mortality (Alsan et al., 2018).¹

The study indicates the role and importance communication, trust and familiarity plays in the field of health equity.

Research also indicates that the level of cultural mistrust of Black patients for the health care system significantly impacts their willingness to seek out care (Brooks and Hopkins, 2017).² A trustful patient-provider relationship is a strong predictor of both a positive patient experience and positive patient outcomes (Earl, et. al., 2013).³

This bill is a critical step to addressing these pervasive racial and ethnic disparities in our health care system. We urge a favorable report.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

¹ Alsan, M., Garrick, O., & Graziani, G. (2018). Does diversity matter for health? Experimental evidence from Oakland. Stanford Institute for Economic Policy Research (SIEPR), 18–30.

² Brooks and Hopkins. (2017). *Cultural Mistrust and Health Care Utilization: The Effects of a Culturally Responsive Cognitive Intervention*. Journal of Black Studies 48(8) 816-834.
<https://journals.sagepub.com/doi/abs/10.1177/0021934717728454?journalCode=jbsa>

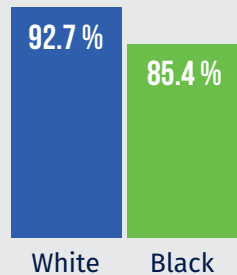
³ Bersin, J. (2013). *Why Diversity and Inclusion Will Be a Top Priority in 2016*. Forbes.
<https://www.forbes.com/sites/joshbersin/2015/12/06/why-diversity-and-inclusion-will-be-a-top-priority-for-2016/#6777d1942ed5>

Paving the Way to Health Equity_Infographic.pdf

Uploaded by: Dorrien, Erin

Position: FAV

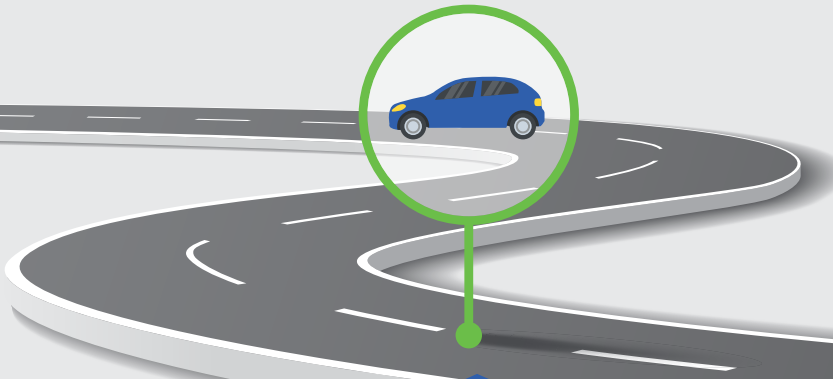
HIGH-SCHOOL GRADUATION IN MARYLAND



NON-HIGH SCHOOL GRADUATES DESCRIBE THEIR HEALTH AS POOR
 - 2X MORE THAN H.S. GRADS
 - 4X MORE THAN COLLEGE GRADS
 More education reduces risk of heart disease and diabetes.

Health equity = all Marylanders have the opportunity to attain **full health potential**

Paving the Way to Health Equity

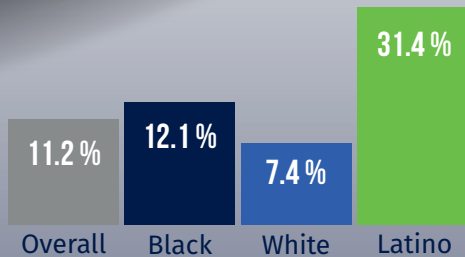


PATIENTS DRIVE 45+ MINUTES FOR YOUTH PSYCHIATRIC SERVICES IN 15 MD COUNTIES
 Lack of transportation keeps 4 million Americans from accessing health care annually.



MD MEDIAN INCOME INEQUALITY AMONG HIGHEST IN U.S.
 Marylanders of color are 3x more likely to be without health insurance, well above the national average.

FORGOING DOCTOR VISIT DUE TO COST



MARYLAND 39TH IN HOUSING AFFORDABILITY
 Higher rates of infectious disease and chronic health conditions. Homeless 5x more likely to be hospitalized. Limits access to preventive health care.



11% OF MARYLAND HOUSEHOLDS ARE FOOD INSECURE
 Percentage is higher for Black & Hispanic families, who suffer more disease, higher hospital readmissions.

How **you** can help:
 Support policies that promote health equity and the health of **ALL** Marylanders.

SB 565- Public Health- Data- Race and Ethnicity In

Uploaded by: Dorrien, Erin

Position: FAV



Maryland
Hospital Association

Senate Bill 565- Public Health- Data- Race and Ethnicity Information

Position: *Support*

February 16, 2021

Senate Education, Health & Environmental Affairs Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 565.

SB 565 would improve collection of health data stratified by race and ethnicity—delivering information to help achieve health equity in our state. The bill requires the Office of Minority Health and Health Disparities (OMHHD) to coordinate with the Department of Health and Maryland Health Care Commission to assess data annually to inform the Office's programs. It also requires health occupation boards to collect data, which will show the racial and ethnic composition of Maryland's health workforce.

Meaningful public policy that improves health equity and builds a diverse health care workforce requires access to robust, accurate, and Maryland-specific data. Past efforts to improve data collection on health outcomes, quality, and patient satisfaction by race were not coordinated or sustainable. SB 565 rectifies this misalignment and empowers OMHHD to carry out its mission.

In the past, the focus has been to gather data to improve outcomes for patients. Less work has been done to track the racial and ethnic makeup of our health care workforce. Building a workforce that reflects the communities hospitals serve is critical to improve the health and wellbeing of all Marylanders. SB 565 requires all health occupations boards to include an optional question on new license applications and renewals and requires the boards to encourage licensees to provide this information. This data can guide programs to increase the diversity of our health care heroes.

COVID-19 makes it impossible to deny or ignore historic health disparities. OMHHD needs to have all available data to ensure the right targeted programs and policies are in place to advance the health of all Marylanders.

For these reasons, we encourage a favorable report on SB 565.

For more information, please contact:

Erin Dorrien, Director, Government Affairs & Policy

Edorrien@mhaonline.org

2021 ACNM SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee
Bill Number: Senate Bill 565
Title: Public Health – Data – Race and Ethnicity Information:
Hearing Date: February 16, 2021
Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports Senate Bill 565 as part of a comprehensive legislative package to address health equity issues. ACNM is committed to advancing positive health outcomes for all disenfranchised communities and specifically Black and brown communities. The health equity legislative package includes:

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities.
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill requires State agencies to address health equity across all policy areas by the establishment of a commission. The bill is named in honor of Senator Shirley Nathan-Pulliam, who is still leading the State’s advocacy efforts on health equity in her retirement.
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** It is critical that all health care practitioners complete implicit bias training. We supported House Bill 837 in 2020 as a first step. House Bill 837 required facilities to ensure prenatal and postpartum providers received implicit bias training. House Bill 28 requires implicit bias training for all health care providers across the full continuum of services.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MCHS SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Community Health System

Committee: Senate Education, Health, and Environmental Affairs

Bill Number: Senate Bill 565 – Public Health – Data – Race and Ethnicity Information

Hearing Date: February 16, 2021

Position: Support

The Maryland Community Health System (MCHS) supports *Senate Bill 565 – Public Health – Data – Race and Ethnicity Information*. As a network of federally qualified health centers, MCHS is committed to advancing health equity in all of our communities across Maryland. We are advocating for the legislative package dedicated to health equity:

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission of state agency leadership to examine State policies with a health equity lens. The Commission will support the State’s efforts to address social determinants of health, such as housing and transportation. The bill honors the work of retired Senator Shirley-Nathan Pulliam, who has been instrumental in advancing the State’s work to address health disparities;
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill advances two critical goals: 1) Ensuring all health care practitioners receive implicit bias training. This training is an important component of efforts to eliminate bias and institutional racism in the health care system; 2) Ensuring that the Office of Minority Health and Health Disparities has sufficient funding to support its mission to address health disparities and advance health equity;

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

**5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100**

2021 MDAC SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 565– Public Health – Data – Race and Ethnicity Information

Hearing Date: February 16, 2021

Position: Support

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 565 – Public Health – Data – Race and Ethnicity Information*. MDAC strongly supports prioritizing health equity issues, as there is stark evidence of the impact of inequities in oral health. For example, the rate of untreated tooth decay among children age 2 to 9 points to wide gaps for Black and brown communities: 67.9% for non-Hispanic Black children, 70.5% for Mexican American children, and 57.2 % for non-Hispanic white children.ⁱ This statistic demonstrates why MDAC supports the following legislative package:

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** Policymakers need consistent and robust data to develop programs to address health equity. The bill would require the State to focus on the collection and dissemination of data on race and ethnicity.
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** The bill supports the State’s efforts to address social determinants of health. Almost all State agencies would have seats on the Maryland Commission on Health Equity. The Commission would create a mechanism to infuse policies in all arenas, from transportation to housing, with a health equity perspective.
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all health care practitioners, including dental providers, to receive implicit bias training. Implicit bias training is an important strategy in addressing systemic racism in our health care system. The bill also requires the State to make an investment in addressing health equity by mandating funding for the Office of Minority Health and Health Disparities.

Optimal Oral Health for All Marylanders

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ Oral Health in America: A Report of the Surgeon General, 2020.

<https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>

Optimal Oral Health for All Marylanders

2021 MFeast SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 565 - Public Health – Data – Race and Ethnicity Information

Hearing Date: February 16, 2021

Position: Support

Moveable Feast supports *Senate Bill 565– Public Health – Data – Race and Ethnicity Information*. This bill is an important component of a legislative package to advance health equity in Maryland. Racism is a driving force of the social determinants of health including food security and is a barrier to health equity. Moveable Feast is supportive of these efforts because of our commitment to improve the lives and health of Marylanders who live at the intersection of food insecurity and critical illness. Therefore, we support the legislative package that includes:

- **House Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities;
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission to ensure State agencies develop policies through a health equity lens. This approach will enhance the State’s efforts in addressing social determinants of health including food security, affordable housing, and accessible transportation; and

- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all licensed health care practitioners to complete implicit bias training upon their next licensure renewal cycle. The timeline conveys the urgency of the addressing implicit bias within the health care system. The bill also ensure that there is sufficient funding for the Office of Minority Health and Health Disparities; and

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • www.mfeast.org

Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.

2021 MNA SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 565– Public Health – Data – Race and Ethnicity Information

Hearing Date: February 16, 2021

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 565 – Implicit Bias Training and the Office of Minority Health and Health Disparities*. MNA is supportive of the bill as one provision of a critical package of bills to address health equity issues. We must address the system issues that contribute to poor health outcomes for Black, brown, and disadvantaged communities. This package of bills continues the work begun by former State Senator Shirley Nathan-Pulliam, who as a nurse legislator, began educating policymakers about the issue decades ago:

- **Senate bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities.
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** The bill requires the formation of a Commission, consisting of leadership in State agencies, to ensure that all State policy decisions are made with a health equity lens. This critical bill brings a public health perspective to transportation, workforce development, environmental, and other policy areas;
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill requires all licensed or certified health care providers to complete implicit bias training before the next renewal cycle. This training supports practitioners in their efforts to eliminate implicit bias in clinical practice. The bill also ensures that there are sufficient resources for the work of the Office of Minority Health and Health Disparities.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 PPM SB 565 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Education, Health, and Environmental Affairs
Bill Number: Senate Bill 565 – Public Health – Data – Race and Ethnicity Information
Hearing Date: February 16, 2021
Position: Support

Planned Parenthood of Maryland supports *Senate Bill 565 – Public Health – Data – Race and Ethnicity Information*. Planned Parenthood of Maryland’s mission is to support equity for all Marylanders. We support health policies that focus on Black and brown communities, as institutional racism has had an enduring negative impact on health outcomes. As part of our legislative advocacy, we support the legislative package that includes the following critical bills :

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities.
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** In honor of former State Senator Shirley Nathan-Pulliam, this bill creates a commission that focuses State agencies on addressing social determinants of health including affordable housing, stable employment, and sufficient transportation options; and
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Disparities:** Implicit bias profoundly affects the delivery of health care services. We support the bill’s goal on ensuring all health care practitioners complete implicit bias training. We also support the bill’s focus on ensuring the State invests resources into the Office of Minority Health and Health Disparities.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MOTA SB 565 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee: Senate Education, Health, and Environmental Affairs Committee
Bill Number: Senate Bill 565
Title: Public Health – Data – Race and Ethnicity Information
Hearing Date: February 16, 2021
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill – 565 – Public Health – Data – Race and Ethnicity Information*. This bill would require an annual report on the racial and ethnic composition of all individuals who hold a license or certificate issued by a health occupations board compared to the composition of the State’s population.

MOTA supports efforts to review the composition of occupational therapy practitioners to ensure that the racial and ethnic composition of our workforce is representative of the overall state population. Occupational therapy practitioners work in a variety of settings and with a multitude of populations groups at increased risk of complex health issues. This includes education settings working with students with disabilities who have an Individualized Education Program (IEP); older adults in assisted living and nursing homes; and children and adults of all ages receiving habilitative services in hospitals and outpatient community health settings.

MOTA fully supports this legislation to further address health disparities among those we provide occupational therapy services to. Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 NASW SB 565 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



**Testimony before the Senate Education, Health and Environmental Affairs
Committee**

**Support
for SB 565**

**Public Health – Data – Race and Ethnicity Information
February 16, 2021**

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for Senate Bill 565- Public Health – Data – Race and Ethnicity Information

Among other aspects, this bill alters the Health Care Disparities Policy Report Card published by OMHHD and requires each health occupations board to include on application and renewal forms an option for the applicant to provide their race and ethnicity information and encourages provision of such information.

NASW-MD, represents 16,000 licensed social workers in Maryland, one of the health occupations mentioned in the bill. We are interested in and wish to support this and the other bills which Senator Griffith has introduced which address racial disparities and bias. A first step in addressing these problems is collecting and appropriately using reliable information which is what this bill calls the state to do.

We urge the committee to vote in favor of SB 565.

Thank you,

Daphne L. McClellan, PhD, MSW
Executive Director
NASW-Maryland Chapter

5750 Executive Drive, Suite 100, Baltimore, MD 21228
(410) 788-1066 · FAX (410) 747-0635 · nasw.md @verizon.net · www.nasw-md.org

SB0565 -- 02.16.21 -- Public Health --Data--Race a

Uploaded by: Fry, Donald

Position: FAV



POSITION STATEMENT

TESTIMONY PRESENTED TO THE SENATE EDUCATION, HEALTH, & ENVIRONMENTAL AFFAIRS COMMITTEE

SENATE BILL 565 – PUBLIC HEALTH – DATA – RACE AND ETHNICITY INFORMATION

Sponsors: Senators Griffith, Elfreth, Augustine, Lam, and Ellis

February 16, 2021

**DONALD C. FRY
PRESIDENT & CEO
GREATER BALTIMORE COMMITTEE**

Position: Support

The Greater Baltimore Committee (GBC) supports Senate Bill 565, which would require the Maryland Office of Minority Health and Health Disparities to collaborate with the Maryland Health Care Commission to publish a report card that includes racial and ethnic composition data on individuals who hold a license or certificate issued by a health occupations board, rather than only physicians. The bill would also require the Office, as permitted by certain privacy laws, to respond to requests for health data that includes race and ethnicity information within 30 days of the receipt of a request.

The coronavirus pandemic has brought to the forefront of the American consciousness a hard truth that has existed for many decades: minorities, and especially African-Americans, are systematically denied equal access to health care and suffer as a result.

The Centers for Disease Control (CDC) reports that minorities are at a higher risk of getting sick and dying from COVID-19 for the following reasons:

- **Discrimination:** Minorities experience systematic exclusion and limited access to, housing, education, finance, among other vectors.
- **Healthcare Access:** Minorities are more likely to be uninsured and are more likely to distrust the government and healthcare systems due to historical events such as the Tuskegee Syphilis Study that forcibly sterilized African-American men without their knowledge or consent.
- **Occupation:** Minorities form a disproportional percentage of essential workers, thereby increasing exposure risk.
- **Education, Wealth, and Income Gap:** Minorities are less likely to receive high quality education, limiting access to job opportunities and in turn leaving them little choice but to continue working in industries or jobs that increase their risk of exposure.
- **Housing:** Minorities make up a high percentage of urban populations, which in the case of a pandemic, increases their risk of virus transmission based on the increased population density.

Given these facts, it is no wonder Indigenous Americans, African-Americans, Hispanic-Americans, and Asian Americans are all more likely than their White American counterparts to contract COVID-19, be hospitalized as a result, or to die from the virus.

GREATER BALTIMORE COMMITTEE

111 South Calvert Street • Suite 1700 • Baltimore, Maryland • 21202-6180

(410) 727-2820 • www.gbc.org

Senate Bill 565 would allow the State to begin to address some of these health inequities.

The bill specifically calls for the Maryland Office of Minority Health and Health Disparities to assist the Maryland Secretary of Health in identifying, coordinating, and establishing priorities for programs, services, and resources that the State should provide for minority health and health disparities issues. It also requires a review of existing laws and regulations to ensure that they facilitate the provision of adequate health care to the minorities of Maryland. The GBC believes that this type of targeted action plan is important to address Maryland's health disparities.

The GBC published *Gaining a Competitive Edge: Keys to Economic Growth and Job Creation in Maryland* to outline policies and strategies that would position Maryland to compete in the global economy. One of those pillars is **strategic and effective state investments in business growth**. GBC contends that investments in the health of Marylanders is an investment in business growth. Employees are the backbone of all businesses, and investing in health care solutions for the Marylanders that make up the workforce is a direct benefit for businesses.

GBC's 2021 Legislative Priorities cites a need to **advocate for inclusive policies and programs that strengthen economic competitiveness and job creation**. Combatting health care inequities that prevent minorities from being full participants in the workforce would broaden the talent pool for employers and give potential employees the ability to have a positive impact on the Maryland economy.

For these reasons, the Greater Baltimore Committee urges a favorable report on Senate Bill 565.

Click [here](#) for a comprehensive list of the GBC's 2021 legislative priorities.

The Greater Baltimore Committee (GBC) is a non-partisan, independent, regional business advocacy organization comprised of hundreds of businesses -- large, medium and small -- educational institutions, nonprofit organizations and foundations located in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties as well as Baltimore City. The GBC is a 66-year-old, private-sector membership organization with a rich legacy of working with government to find solutions to problems that negatively affect our competitiveness and viability.

SB 565 Testimony.pdf

Uploaded by: Griffith, Melony

Position: FAV

MELONY G. GRIFFITH
Legislative District 25
Prince George's County

PRESIDENT PRO TEMPORE

Budget and Taxation Committee



James Senate Office Building
11 Bladen Street, Room 220
Annapolis, Maryland 21401
301-858-3127 · 410-841-3127
800-492-7122 Ext. 3127
Melony.Griffith@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 16, 2021

Senate Bill 565 - Public Health - Data - Race and Ethnicity Information

Testimony of Senator Melony Griffith (Favorable)

Good afternoon, Chair Pinsky, Vice Chair Kagan, and members of the Senate Education, Health, and Environmental Affairs Committee. I am pleased to present Senate bill 565, which improves how race and ethnicity data is collected and published by Maryland health agencies.

Senate Bill 565 requires the Director of the Office of Minority Health and Health Disparities (OMHHD) to meet with representatives from the Maryland Health Care Commission (MHCC) and the Maryland Department of Health (MDH) at least once annually to examine how health data related to race and ethnicity information is collected and to identify areas of improvement.

SB 565 will make improvements for a more accurate collection and analysis of demographic health data by requiring:

1. OMMHD to respond to requests for health data including race and ethnicity information within 30 days after receipt of the request.
2. OMMHD, along with MHCC and MDH to implement an updated data collection plan by January 1, 2022, including provisions to improve the collection of health data, ensure that OMMHD has access to up-to-date health data, post health data on the OMMHD website, and update the website data every 6 months.
3. OMMHD to publish the *Health Care Disparities Policy Report Card* that includes the racial and ethnic self-identifiers of anyone holding a license or certificate issued by a health occupations board and compare it to that of the State's population. OMMHD is currently required to collect data regarding health disparities and publish a report card. Under SB565, future report cards will be expanded to include the latter information.
4. Each health occupations board to include the option to provide race and ethnicity information on application and renewal forms

Senate Bill 565 is based on the first recommendation of Healthcare Disparities from the Senate President's Advisory Workgroup on Equity and Inclusion. Through your support of this bill, we can continue to find solutions to decrease health disparities amongst racial and ethnic minorities in Maryland. Thank you for the opportunity to present Senate Bill 565. I respectfully request a favorable report.

SB0565_FAV_MedChi, MACHC_PH - Data - Race & Ethnic

Uploaded by: Kasemeyer, Pam

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Melony Griffith

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: February 16, 2021

RE: **SUPPORT** – Senate Bill 565 – *Public Health – Data – Race and Ethnicity Information*

On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 565.

Access to data is a critical component of understanding and addressing health care disparities. Senate Bill 565 enhances data collection and analysis of race and ethnicity that will assist the State in addressing health disparities and inequity. The legislation requires the Office of Minority Health and Health Disparities (“Office”) to collaborate with the Maryland Health Care Commission (MHCC) and professional licensing boards to publish the annual “Health Care Disparities Policy Report Card” which is to include data on the ethnic and racial composition of the health care provider community. Senate Bill 309 also requires the professional licensing boards to include in their licensing applications a request for information on race and ethnicity and further requires the boards to urge the professionals they oversee to provide the information. Finally the legislation requires that by January 1, 2022, the Office, in coordination with MHCC and the Maryland Department of Health, to establish and implement a plan for: (1) improving the collection of health data that includes race and ethnicity information in the State; (2) ensuring that the Office has access to up-to-date health data that includes race and ethnicity information; (3) to the extent authorized under federal and State privacy laws, posting health data that includes race and ethnicity information on the Office’s website; and (4) updating the data on the Office’s website at least once every 6 months.

The enhanced data collection and analysis required by Senate Bill 565 coupled with the requirements of publication and regular updates will assist policy makers and affected communities in addressing health care disparities and inequities. A favorable report is requested.

For more information call:
Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

Senate Bill 565-Public Health -Data Collection UMM

Uploaded by: Martin, Rhya

Position: FAV



Senate Bill 565
Public Health – Data – Race and Ethnicity Information

Before the Senate Education, Health, and Environmental Affairs Committee
February 16, 2021

POSITION: SUPPORT

The University of Maryland Medical System (“UMMS”) supports SB 565. This bill would enhance the collection of health data by race and ethnicity to help promote equity in healthcare. It would further require the Office of Minority Health and Health Disparities (“the Office”) to coordinate with the Maryland Department of Health and the Maryland Health Care Commission to assess data on an annual basis as a means of informing the Office’s programs. And finally, it would facilitate a clearer picture of the racial and ethnic composition of the state’s healthcare workforce by requiring data collection by the health occupation boards.

SB 565 is part of a series of bills this session that together can have a meaningful impact on the equitable delivery of health care and health outcomes. This is an issue whose time has come.

Data collection is foundational to addressing any issue, health care amongst them. It imperative that the state take a serious look at the data regarding race and ethnicity in health care generally. And more specifically, there is a wealth of data that support the notion that patients fare better when cared for and engaged in patient-provider relationships with providers who are of the same race/ethnicity. To that end, having a firm grasp on the composition of the workforce in Maryland is key.

The COVID-19 pandemic and the havoc it is waging on minority communities across the country illuminate the magnitude of the equity in care issues in this country. Maryland has always been a progressive state and a leader in healthcare. The state should continue to stay at the forefront. It is imperative that we address these issues systematically and with precision to ensure productive, positive health outcomes for all communities. Intelligent data collection is key to this effort.

For these and other reasons, the University of Maryland Medical System urges a favorable vote.

Respectfully submitted,

Donna L. Jacobs, Esq.
SVP, Government, Regulatory Affairs and Community Health
250 W. Pratt Street
Baltimore, MD, 21201
djacobs@umm.edu

SB0565_Support__Attorney General.pdf

Uploaded by: O'Connor, Patricia

Position: FAV

BRIAN E. FROSH
Attorney General



ELIZABETH F. HARRIS
Chief Deputy Attorney General

CAROLYN QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE NO.
(410) 576-6571

WRITER'S DIRECT DIAL NO.
(410) 576-6515

February 16, 2021

To: The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee

From: The Office of the Attorney General

Re: Senate Bill 565 (Public Health - Data - Race and Ethnicity Information): Support

The Office of the Attorney General supports Senate Bill 565 which would expand collection of racial and ethnic data from all licensed health care providers, not just physicians, by the Office of Minority Health and Health Disparities in the Department. The expanded data would be used by the Office in implementing its public/private partnerships focused on education and interventions for healthy lifestyles and preventive health. The Office also would use the expanded data when providing grants to HBCUs to promote further research in racial and ethnic health disparities. The bill aligns with a priority action recommended by the Attorney General's COVID-19 Access to Justice Task Force: that we reduce long-standing racial disparities in the health care system and the health outcomes of Marylanders which have been exacerbated by the pandemic.

We urge the Committee to give Senate Bill 565 a favorable report.

cc: Sponsor

MAYSB - SB 565 FAV - Public Health Data.pdf

Uploaded by: Park, Liz

Position: FAV



"Being here for Maryland's Children, Youth, and Families"

**Testimony submitted to Senate Education, Health and Environmental Affairs Committee
February 16, 2021**

Senate Bill 565 – Public Health – Data – Race and Ethnicity Information

Support

The Maryland Association of Youth Service Bureaus (MAYSB) represents a network of YSBs throughout the state that provides mental health services and other supports for young people and their families. MAYSB supports *Senate Bill 565 – Public Health – Data – Race and Ethnicity Information*. This bill is an important component of a legislative package to advance health equity in Maryland.

We are supportive of these efforts because of the overwhelming evidence that inequities continue to exist for Maryland minority populations in multiple areas. These areas are diverse and compelling: disparate health outcomes for diseases that are leading causes of death, inequities in access to prenatal care, disparities in the infant mortality rate, and different mental health outcomes and access to mental health care. It is of key importance that access to health resources is provided to all Marylanders, and that providers receive the training and information that is necessary to enable that access. Therefore, we support the legislative package that includes:

- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities;
- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes a commission to ensure State agencies develop policies through a health equity lens. This approach will enhance the State's efforts in addressing social determinants of health including food security, affordable housing, and accessible transportation; and
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** The bill requires all licensed health care practitioners to complete implicit bias training upon their next licensure renewal cycle. The timeline conveys the urgency of the addressing implicit bias within the health care system. The bill also ensures that there is sufficient funding for the Office of Minority Health and Health Disparities.

Thank you for your consideration of our testimony. We urge a favorable vote.

Respectfully Submitted: Wendy Wilcox, MS, LCMFT
MAYSB Vice Chair
wwilcox@cityofbowie.org

SB0565 MD NARAL SUPPORT.pdf

Uploaded by: Philip, Diana

Position: FAV



SB0565 - Public Health – Data – Race and Ethnicity Information

Presented to the Hon. Paul Pinsky and
Senate Members of the Education, Health, and Environmental Affairs Committee
February 16, 2021 1:00 p.m.

POSITION: SUPPORT

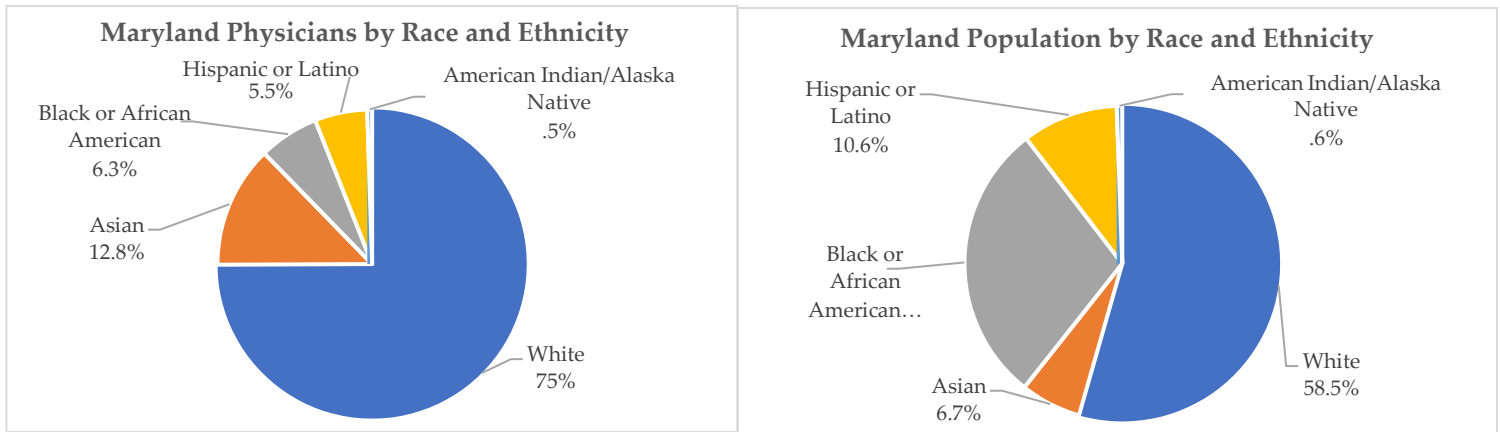
NARAL Pro-Choice Maryland urges the Senate Members of the Education, Health, and Environmental Affairs Committee to issue **a favorable report on SB0565 - Public Health – Data – Race and Ethnicity Information**, sponsored by Senator Melony Griffith.

Our organization is an advocate for reproductive health, rights, and justice. In ensuring that all Maryland residents receive quality reproductive health care, it is essential that patients, regardless of their racial and ethnic background, feel respected and understood by a diverse health care workforce. Collecting data on who provides and receives health care in this state is the first step to creating and funding initiatives to promote health equity.

The racial inconsistencies in maternal and infant mortality are a long-standing issue in the United States; today, research shows that Black newborns die at three times the rate of white newborns in post-birth hospital stays. However, a recent study found that when Black babies were cared for by Black doctors, their mortality rate was cut in half.¹ The higher rates of infant mortality for Black babies is a result of the deeply embedded structural racism within America, as well as the possible implicit biases that practitioners carry. The wellbeing of patients seeking reproductive care, as well as with other variations of health care, is linked to the racial concordance of their health care providers. Further diversifying the health care system in Maryland will enable patients to receive quality healthcare regardless of their race or ethnic background. Evidence-based public health and health equity initiatives must be guided by clean, quality data, and SB0565 will be an excellent resource in this regard.

A collection of racial and ethnic data for Maryland physicians reveals that minority groups are underrepresented in the health care workforce in comparison to the Maryland population. The lack of diverse representation in our healthcare system can affect health care delivery and ultimately lead to health disparities.

¹ Yancey-Bragg, N'dea. "Black Babies Are More Likely to Survive When Cared for by Black Doctors, Study Finds," August 19, 2020. <https://www.usatoday.com/story/news/health/2020/08/19/black-babies-more-likely-live-when-treated-black-doctors-study/3389521001/>



"Diversity in the Physician Workforce: Facts and Figures 2010." AAMC. Association of American Medical Colleges, Diversity Policy and Programs, 2010. <https://www.aamc.org/media/8046/download>

"U.S. Census Bureau QuickFacts: Maryland." Census Bureau QuickFacts. Accessed January 20, 2021. <https://www.census.gov/quickfacts/MD>

Collecting data on the race and ethnicity of licensed and certified health care practitioners will help to maintain a diverse health system which mirrors the demographics of Maryland residents. A study conducted by the Johns Hopkins Bloomberg School of Public Health found patients reported higher levels of satisfaction with physicians who were of their same race; additionally, when given the opportunity to choose their doctor, patients were significantly more likely to pick a health care professional of their same race.² These findings were similarly replicated by a team of Penn Medicine researchers in a study of more than 100,000 patients within University of Pennsylvania Health System between 2014 and 2017.³

The passage of SB0565 is a crucial step in establishing a diverse and impartial health care system in Maryland. Racial, ethnic, and cultural diversity within the health care workforce promotes a greater awareness of the social, cultural, and economic factors that influence patients, while also ensuring that minority patients receive adequate treatment and resources.⁴ Maryland's extremely diverse population is a source of great pride for our state. It is paramount that the health care system is representative of this diversity for the wellbeing of our residents.

For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0565**. Thank you for your time and consideration.

² JH Bloomberg School of Public Health. "Study Finds More Satisfaction in Same-Race Doctor-Patient Relationships." Johns Hopkins Bloomberg School of Public Health, January 7, 2013. <https://www.jhsph.edu/news/news-releases/2002/race-concordance.html>

³ "Study Finds Patients Prefer Doctors Who Share Their Same Race/Ethnicity – PR News." – PR News. Accessed January 20, 2021. <https://www.pennmedicine.org/news/news-releases/2020/november/study-finds-patients-prefer-doctors-who-share-their-same-race-ethnicity>

⁴ Spevick, Jeremy. "The Case for Racial Concordance between Patients and Physicians." Journal of Ethics | American Medical Association. American Medical Association, June 1, 2003. <https://journalofethics.ama-assn.org/article/case-racial-concordance-between-patients-and-physicians/2003-06>.

CareFirst Testimony in Support of SB 565.pdf

Uploaded by: Rivkin, Deborah

Position: FAV

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981



SB 565 – Public Health – Data – Race and Ethnicity Information

Position: Support

Thank you for the opportunity to provide written comments in support of Senate Bill 565. This bill requires the Maryland Department of Health (MDH) Office of Minority Health and Health Disparities (the Office) to include the racial and ethnic composition of individuals who hold a license or certificate under the Health Occupations Boards in its the Health Care Disparities Policy Report Card. It also requires that all Health Occupations Boards include an option for applicants to provide race and ethnicity information on the application for the license, certificate, or renewal. Lastly, the Office, in coordination with the Maryland Health Care Commission (MHCC) and MDH, are required to establish, submit to the General Assembly, and implement a plan to improve the collection and access to up-to-date health data that includes race and ethnicity information.

CareFirst is focused on driving the transformation of the health care experience with and for our members and communities and we are committed to advancing equity and inclusion in healthcare delivery. Currently, significant challenges and opportunities exist to improve the collection, access, and use of robust race and ethnicity data. To make a meaningful impact on reducing health disparities in local communities, bold actions are needed to make racial and ethnic health disparity data available, so that healthcare stakeholders, including health plans, can use this data to prioritize and design targeted interventions. CareFirst believes that Senate Bill 565 is an important step in the right direction by improving the data collection process and making race and ethnicity health data, including for the healthcare workforce, available to the public.

CareFirst strongly supports the policy goals advanced by Senate Bill 565. We look forward to partnering with legislators, health departments, public health groups, and other stakeholders to improve data collection, address barriers to data transparency, and identify appropriate use of race and ethnicity health data to advance health equity.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 83rd year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

NCADD-MD - SB 565 FAV - Public Health Race Data.pd

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



Senate Education, Health & Environmental Affairs Committee

February 16, 2021

**Senate Bill 565
Public Health - Data - Race and Ethnicity Information**

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, third quarter data from the Maryland Department of Health shows a 12% increase in the number of deaths in 2020, over the same period the year before. There are also disturbing trends in the impact of the crisis on communities of color. This is just one aspect of the health disparities that exist that must be addressed.

Senate Bill 565 – Public Health – Data – Race and Ethnicity Information will enhance the capacity of the Office of Minority Health and Health Disparities to collect and disseminate data relevant to evaluate and guide policy decisions to address health inequities. The effort must include developing data-driven strategies to address the worsening overdose death crisis among Black and Brown people.

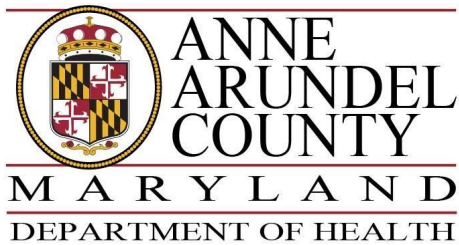
We urge a favorable report on SB 565.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0565 Final testimony.pdf

Uploaded by: Shaklee, Christina

Position: FAV



J. Howard Beard Health Services Building
3 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone: 410-222-7095 Fax: 410-222-7294
Maryland Relay (TTY): 711
www.aahealth.org

Nilesh Kalyanaraman, M.D.
Health Officer

2021 Session
Written Testimony

BILL NO: SB 565
COMMITTEE: Education, Health, and Environmental Affairs
POSITION: Support
TITLE: Public Health - Data - Race and Ethnicity Information

Bill Analysis:

SB 565- Public Health- Data- Race and Ethnicity Information will require the Maryland Office of Minority Health and Health Disparities to collaborate with the Maryland Health Care Commission to publish a report card that includes racial and ethnic composition data on individuals who hold a license or certificate issued by a health occupations board, rather than only physicians. This bill requires the Office to respond to requests for health data that includes race and ethnicity information within 30 days of receipt of the request.

Position Rationale:

The Anne Arundel County Department of Health supports SB 565 which will require the Maryland Office of Minority Health and Health Disparities to collaborate with the Maryland Health Care Commission to publish a report card that includes racial and ethnic composition data on individuals who hold a license or certificate issued by a health occupations board, rather than only physicians. This bill requires the Office to respond to requests for health data that includes race and ethnicity information within 30 days of receipt of the request.

In July 2020, the Anne Arundel County Department of Health established the Office of Health Equity and Racial Justice. The purpose of this office is to focus on the social determinants of health, race inequities and justice, and to publish race and ethnicity data for health outcomes in order to understand health disparities and inequities in the county. The Office of Health Equity and Racial Justice promotes equity in

health and healthcare for minority and underserved populations through data, research, educating and training staffing and community members, engaging and partnering with communities, bringing public awareness of health inequities, and advocating for changes in policy, procedures, and practices. The goals of this office are to provide a clear picture of what health equity can look like because we realize the misconceptions about health equity leads to inequity in health. The Department of Health publishes a Report of Community Health Indicators annually which covers a plethora of issues within the county and SB 565 provides a useful tool to enhance the Department of Health's data collection processes.

Data plays a critical role in highlighting disparities and improving minority health outcomes. Research shows that on average, racial and ethnic minorities are more likely than whites to be uninsured and underinsured, and also to have higher rates of illness and death from conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity compared with the rest of the US population. We have found these trends in Anne Arundel County. With data recent as of 2018, the Report of Community Health Indicators reported the following:

- Heart disease was the leading cause of death for Black residents (21.3% of residents) followed by cancer, cerebrovascular disease, diabetes, and chronic lower respiratory diseases (such as COPD and asthma)
- The average life expectancy is 79.2 years with black men and women having a 75.2 and 80.3 year life expectancy respectively in comparison to 77 and 81.6 year life expectancy for white men and women respectively
- 19.0% of Hispanic and 4.7% of Black residents were uninsured

According to the Robert Wood Johnson Foundation, research shows that the history of individual and structural racism across generations denies the opportunity to people of color and robs them of their physical and mental health. Disparities include one's life expectancy being shorter than white neighbors that live in close proximity, facing higher risks of cardiovascular diseases, diabetes, obesity, and mental illness. The Robert Wood Johnson Foundation also states that babies born to black women are more than twice as likely to die in the first year of life as babies born to white women.

Research shows that by having improved data collection advances understanding of the importance of cultural and structural racism for racial health inequalities. Research also shows that race, ethnicity, and language data can be used to identify disparities which will increase an organization's motivation and ability to address the disparities.

This bill would play a significant role in how the Anne Arundel County Department of Health creates strategies to address health disparities in order to achieve health equity for our most vulnerable populations.

Sources:

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5915332/pdf/nihms933293.pdf>
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441661/pdf/11606_2015_Article_3245.pdf
3. <https://www.rwjf.org/en/library/collections/racism-and-health.html>
4. <https://aahealth.org/pdf/aahealthreportcard2020.pdf>
5. <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032013-182423>

SB565_Race and Ethnicity Data_Support.pdf

Uploaded by: Taylor, Allison

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 16, 2021

The Honorable Paul G. Pinsky
Senate Education, Health, and
Environmental Affairs Committee
2 West, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 565 – Support

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente strongly supports SB 565, “Public Health – Data – Race and Ethnicity Information.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente supports this bill and the concerted effort essential in establishing tools to acknowledge and understand the vastly different experiences that Black people have in America and how these experiences undermine health. To this extent, we strive to serve the acute and chronic needs of our underserved minority communities.

During childbirth, women of color will die at a rate 2.5 times higher compared to their white counterparts. Black women also have a 40 percent higher chance of succumbing to breast cancer than white women. Disparities are also present in chronic disease as diabetes, hypertension and heart disease. The pandemic has exacerbated this incongruence as those with pre-existing conditions are at a greater risk of hospitalization and death.

We at Kaiser Permanente are committed to delivering the highest quality care and mitigating health care inequity in our communities where disparities affecting minorities are the norm.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in black ink that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

8a - SB 565 - EHEA - BOPCT - LOO.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215
Phone: 410-764-4732

**2021 SESSION
POSITION PAPER**

BILL NO: SB 565
COMMITTEE: Education, Health, and Environmental Affairs
POSITION: Oppose

TITLE: Public Health Data- Race and Ethnicity Information

BILL ANALYSIS: This bill allows the Maryland Office of Minority Health and Health Disparities to collaborate with the Maryland Health Care commission to publish and provide a report card to require the Office to also collaborate with health occupations boards to include the racial and ethnic composition of all individuals who hold a license or certificate, require health occupations boards to include a certain option on a certain form and encourage an applicant to provide certain racial and ethnic information.

POSITION AND RATIONALE: The Maryland Board of Professional Counselors and Therapists (the "Board") opposes SB 565 Public Health Data- Race and Ethnicity Information. The Board requests its applicants to complete demographic information which includes race and ethnicity on all its applications for credentials in professional counselors, marriage and family, art therapy, alcohol and drug, and behavioral analysts. Applicants are not required to complete the ethnicity section of the application for licensure/certification. As a result, the Board cannot accurately publish or provide a racial and ethnic composition of all individuals who hold a license/certificate issued by the Board. The Board does not believe inaccurate reports will effectively fulfill the purpose of this bill. For this reason, the Board of Professional Counselors and Therapists requests an unfavorable report for SB 565.

Thank you for your consideration. If you have questions about this matter you may contact Danielle Vallone, Acting Executive Director, at 410-764-4734 or Danielle.Vallone@maryland.gov.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.