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1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

www.DisabilityRightsMD.org

SENATE FINANCE COMMITTEE
SENATE BILL 0052: PUBLIC HEALTH - MARYLAND COMMISSION ON HEALTH EQUITY (THE SHIRLEY NATHAN-PULLIAM HEALTH EQUITY ACT OF 2021)

FEBRUARY 02, 2021

POSITION: SUPPORT

Thank you for the opportunity to provide testimony on Senate Bill 0052: Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act Of 2021). Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Health care is a critical public service, especially given the current public health emergency. People with intellectual and developmental disabilities are three times more likely to become infected with COVID-19 and die than those without disabilities.¹ People with disabilities also live in poverty at more than twice the rate of people without disabilities.² These disparities reflect longstanding disparities in health and health care that stem from structural and systemic barriers, influenced by racism and discrimination. Given the correlation between disability and poverty, it is crucial to address the barriers people with disabilities face in accessing quality health care.

The lack of accessible and affordable health care leaves many people with disabilities at risk of homelessness, institutionalization, and incarceration, and remains a significant barrier to people with disabilities moving from institutional settings to the community.³ Maryland has the 12th highest percentage of working age adults with disabilities living in nursing facilities at 1.30% and 4,657.⁴ Maryland is ranked 21st by percentage of adults age 65 and over living in nursing facilities at 7.58% and 21,890.⁵ The current public health emergency has further highlighted issues with nursing facilities, with 33-75% of COVID-19 deaths occurring in these congregate settings

¹ Risk Factors for COVID-19 Mortality among Privately Insured Patients, A FAIR Health White Paper in Collaboration with the West Health Institute and Marty Makary, MD, MPH, from Johns Hopkins University School of Medicine, November 11, 2020. <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

² National Council on Disability, *National Disability Policy: A Progress Report* (October 26, 2017)

³ See MARYLAND DEPARTMENT OF DISABILITIES, MARYLAND STATE DISABILITIES PLAN, 2016-2019 12-13 (2016), available at [http://mdod.maryland.gov/pub/Documents/post%20sdp%20\(1\).pdf](http://mdod.maryland.gov/pub/Documents/post%20sdp%20(1).pdf).

⁴ Fact Sheet: Percent of Working-Age People with Disabilities Still Living in Nursing Homes, ADA Participation Action Research Consortium (ADA PARC). <https://adata.org/sites/adata.org/files/files/PARC%20NH%20percent%20FactSheet.pdf>.

⁵ Fact Sheet: Percent of Older Adults with Disabilities Living in Nursing Homes ADA Participation Action Research Consortium (ADA PARC). <https://adata.org/sites/adata.org/files/files/NH%2065%20Percent%20FactSheet.pdf>.

in different states.⁶ Alternative models for community living with supports and expanding existing programs are needed to further the goals of and compliance with the *Olmstead* decision and community integration mandate of the Americans with Disabilities Act (ADA).⁷

Obtaining accessible and affordable health care can provide the foundation for community integration, economic mobility, and improved quality of life for people with disabilities.⁸ The establishment of the Maryland Commission on Health Equity will provide program reforms, benefits re-design, data tracking and transparency necessary to begin addressing the health disparities negatively impacting people with disabilities. Undertaking such reforms will begin to create a more just health care system, reduce health disparities, improve health care access and health outcomes, and reduce healthcare costs and hospital admissions/readmissions.

For these reasons, DRM strongly supports Senate Bill 0052.

Respectfully,

Randi A. Ames, Esq.
Staff Attorney
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211
Direct: 443-692-2506
RandiA@DisabilityRightsmd.org

⁶ Chidambaram, P. (2020, March 13). Data note: How might Coronavirus affect residents in nursing facilities?. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/data-note-how-mightcoronavirus-affect-residents-in-nursing-facilities/>.

⁷ *Olmstead v. L.C.*, 527 U.S. 581 (1999); 42 U.S.C. § 12101.

⁸ “Quality of Care and Quality of Life: Convergence or Divergence?” Wadi B Alonazi1 and Shane A Thomas, *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4122532/>.