**SB0052 Written Testimony-DRM-1-29-21.pdf**
Uploaded by: Ames, Randi
Position: FAV

Disability Rights Maryland

Empowerment. Integration. Equality.

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.
[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.
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Disability Rights Maryland
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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/.

**SB52 - Health Equity Commission - CRISP Testimony.**
Uploaded by: Behm, Craig
Position: FAV

# SB52: Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

**Position: Support**

**Submitted By: Craig Behm, Maryland Executive Director – CRISP**

CRISP appreciates this opportunity to provide comments on Senate Bill 52. 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 CRISP's success is the ability to accurately receive and appropriately use sensitive data.

The purpose of Senate Bill 52 is to establish the Maryland Commission on Health Equity and leverage the State's HIE to make data-driven recommendations. Although CRISP is supportive of efforts to reduce racial and ethnic disparities across populations of patients, CRISP is not the appropriate organization to comment on specific policy recommendations. CRISP does have experience collecting and utilizing complex data sets and asserts the following:

1. **Quality, comprehensive data is a necessary component for decision-making.** CRISP supports the inclusion of a data set, governed by an Advisory Committee, intended to facilitate goal setting and recommendations by the Commission. This is particularly important as recommendations are implemented by the health care industry.
2. **Data must be made actionable in order to have an impact.** Senate Bill 52 engages a broad coalition of stakeholders with access to diverse information. CRISP is able to create linkages across data sets to generate analysis and meaningful insights. The bill also provides thorough privacy protections, ensuring aggregate external reporting and compliance with all applicable federal and State privacy laws.

The proposed task of the Maryland Commission Public Health Use Case Management

on Health Equity is complex. If asked, CRISP will leverage infrastructure developed over the past decade to securely receive sensitive data, combine records with existing data sources, and provide reports as the discretion of the Commission. By contributing in this way, the State-Designated HIE will repurpose existing technologies to support the Commission's critical work.

## 4a - FIN - SB 52  - Maryland Commission on Health

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

Position: FAV

STATE OF MARYLAND

**Andrew N. Pollak, M.D**
CHAIR

**Ben Steffen**
EXECUTIVE DIRECTOR

**MARYLAND HEALTH CARE COMMISSION**
4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 2, 2021

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SB 52 – Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

Dear Chair Kelley:

The Maryland Health Care Commission (the "Commission") is submitting this letter of support for SB 52 – Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021).

This bill requires the State designated exchange to participate in a certain advisory committee, maintain a certain data set, and provide data under certain circumstances. It authorizes the State designated exchange to use certain data to improve outcomes for patients. The bill also establishes the Maryland Commission on Health Equity to employ a health equity framework by taking a collaborative approach to improve health outcomes, reducing health inequities in the State, and incorporating health considerations into broad-based decision making.

This bill addresses the core factors contributing to health disparities among minority communities (i.e., Black and Brown communities) in Maryland specifically, and the country as a whole, due to systemic racism. Under this bill, the Maryland Commission on Health Equity will use a committee form to develop a data set in consultation with State designated exchange that is maintained by the State designated exchange. The data set will include All-Payer Claims Database (APCD) data, hospital discharge data, and data from other sources to monitor health equity for racial and ethnic minority populations in Maryland. This bill will reduce the difficulty of retrieving healthcare data by race and ethnicity. For these reasons, the Commission support SB 52.

I hope this information is useful. If you would like to discuss this further, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov.

Sincerely,

Andrew Pollack
Chair

Ben Steffen
Executive Director

cc: Senator Washington
Finance Committee Members

**SB 52_PJC_Support.pdf**
Uploaded by: Black, Ashley
Position: FAV

**Ashley Black, Staff Attorney**
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**SB 52**
**Public Health – Maryland Commission on Health Equity**
**(The Shirley Nathan-Pulliam Health Equity Act of 2021)**
**Hearing of the Senate Finance Committee**
**February 2, 2021**
**1:00 PM**

**SUPPORT**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports SB 52, which would establish the Maryland Commission on Health Equity.

**To eliminate health inequities, Maryland must address systemic racism and discrimination.** Health is determined by many aspects of an individual's life, including access to safe housing, economic security, involvement in the criminal justice system and quality schooling. Often left off the list of social determinants of health is racism. The accumulated stress from racist insults and discrimination in many areas of life, such as work, housing, and police encounters, takes a physical toll on the body. The physical impact of racism and bias is known as weathering.

The COVID-19 pandemic has exacerbated health disparities and illuminated the discrimination experienced by communities of color who face inequities in accessing care and treatment. Discrimination can lead to chronic and toxic stress and impacts the social and economic factors that can put people of color at an increased risk for COVID-19.[1] True health equity cannot be achieved in Maryland without addressing systemic racism and its impact on the health outcomes of Marylanders of color. SB 52 pushes the State to recognize the intersection of race and health and develop a plan to achieve health equity.

**SB 52 promotes a holistic approach to health through collaboration across state agencies.** Addressing health inequities requires breaking down siloes, building new partnerships and advancing intersectional thinking.

[1] Centers for Disease Control and Prevention, Health Equity: Promoting Fair Access to Health, https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html, (last visited on January 21, 2021).

"Health in All Policies" is an approach that improves the health of individuals by fusing health considerations into policy and decision-making across different sectors of government.[2] Key to this approach is authentically and meaningfully involving stakeholders to ensure that the work is responsive to the needs of the community.[3] SB 52 would not only empower local government to share resources and lessons learned but would also foster innovative thinking between state officials and stakeholders in identifying systemic health issues and developing solutions.

**SB 52 would improve language data collection and compliance with language access laws and standards.** SB 52 requires the Maryland Commission on Health Equity to examine and make recommendations in several areas, including training for health care providers on consistent and proper collection of patient self-identified language data and requirements to comply with, and enforcement of, National Standards for Culturally and Linguistically Appropriate Services in Health Care. Over the years, PJC's Health Rights Project has grown increasingly concerned about the ability of Maryland's Limited English proficient (LEP) population to access quality healthcare. Though Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act prohibit discrimination against protected classes by federal funds recipients in administering programs and activities, we continually see situations in which healthcare providers do not provide interpretation or translation services to LEP individuals trying to access care.

When we have challenged denials of access to care for LEP patients, we have heard from some providers that they were not prepared to accommodate language needs of this population. We have also heard accounts from patients and patient advocates of situations where language services were not provided to a patient because the provider believed that the patient could speak more English than they revealed to the provider. The health of the LEP population in Maryland is significantly impacted by failures of healthcare providers to provide language services. Vital information that a LEP patient communicates to their healthcare provider is lost when culturally and linguistically appropriate language services are not provided. This can lead to poor comprehension and adherence to treatment and poor health outcomes, including undiagnosed or untreated illness and death. If passed, SB 52 would improve data collection on language and hold health care providers accountable for complying with state and federal language access laws.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 52.** If you have any questions, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

[2] Public Health Institute, et al., *Health in All Policies: A Guide for State and Local Governments* (2013), http://www.phi.org/wp-content/uploads/migration/uploads/application/files/udt4vq0y712qpb1o4p62dexjlgxlnogpq15gr8pti3y7ckzysi.pdf.
[3] *Id.*

*The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.*

**SB 52 CareFirst Testimony.pdf**
Uploaded by: Dai, Sherry
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
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**SB 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

**Position: Support**

Thank you for the opportunity to provide written comments in support of Senate Bill 52. This bill creates the Maryland Commission on Health Equity to examine the health of Maryland residents through the lens of a health equity framework, including how social determinants of health impact the health of Maryland residents. Based on a comprehensive review of these factors and the study of comprehensive health data sets facilitated by the State Health Information Exchange, the Commission will make recommendations on viable policy avenues to improve health outcomes for Marylanders.

CareFirst is focused on driving the transformation of the health care experience with and for our members and communities. Structural racism is undeniably among the most sinister and ongoing drivers of our public health crisis which is exacerbated in the middle of an unprecedented pandemic. It serves as the foundation of social determinants of health, which are factors that influence health in places where people live, learn, work, and play—such as food and income. It is also at the root of deep disparities in social, economic, and health outcomes particularly.

The COVID-19 pandemic laid bare the significant shortcomings and gaps between healthcare delivery, public health, and community health. Senate Bill 52 provides a much needed forum for policymakers and other stakeholders to work together to identify the root causes of health disparities—such work will provide informed guidance on how the state can best contribute to implementing sustainable solutions. These include addressing social determinants of health, such as improving access to care, promoting healthy foods, stable housing and providing economic support.

CareFirst looks forward to working with legislators, public health groups and other partners to help advance the work of the Commission, as we continue to employ targeted health equity strategies within our own organization to advance the health of our members.

**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.*

**HFAM Testimony SB 52 Final.pdf**
Uploaded by: DeMattos, Joseph
Position: FAV

Health Facilities Association of Maryland
*Partners in Quality Care*

**TESTIMONY BEFORE THE**
**SENATE FINANCE COMMITTEE**
February 2, 2021
Senate Bill 52: Public Health - Maryland Commission on Health Equity
(The Shirley Nathan-Pulliam Health Equity Act of 2021)
*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 52. 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 52 would create a Maryland Commission on Health Equity to look at access to healthcare through a health equity framework and examine the impact that social determinants of health have on Marylanders. Working with a variety of stakeholders, several goals of this Commission would include developing a health equity plan, identifying measures for monitoring and advancing health equity in the state, and making recommendations on data collection and reporting.

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 the COVID-19 pandemic hit, I made these visits every two weeks on average.

Besides my love for those visits, I bring them up relative to our support for SB 52 because the majority of people giving and receiving quality care in our setting come from diverse backgrounds, who have experienced and suffered from the healthcare inequity, social determinants of health, and the tragic outcomes of racism this bill outlines.

Importantly, as I have often shared, COVID-19 has shone a bright light on the disparities that exist in healthcare, among both the people receiving and providing it, 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.

So, while none of us wished for or caused the COVID-19 pandemic, 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 52.**

*Submitted by:*

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

## SB 52- Maryland Commission on Health Equity- Suppo

Uploaded by: Dorrien, Erin

Position: FAV

Maryland
Hospital Association

**Senate Bill 52- Maryland Commission on Health Equity- The Shirley Nathan-Pulliam Health Equity Act of 2021**

**Position: *Support***
February 2, 2021
Senate Finance 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 52.

Maryland is consistently identified as one of the richest states in the nation, with a median income of approximately $80,000, well above the national average according to U.S. News and World Report.[1] However, the state also has the dubious distinction of having one of the highest rates of income inequality. Marginalized communities in Maryland struggle with social and economic adversity. Access to educational opportunities, affordable housing, reliable transportation, healthy food, safe play spaces, and health care, are not equally distributed throughout the state. Additionally, research has shown that racism is a "core social determinant of health that is a driver of health inequities" which profoundly impacts children and young adults.[2]

For these reasons, MHA strongly supports SB 52. To fully address the systemic issues facing many of Maryland's communities, and meaningfully improve the health of all Marylanders, issues beyond direct medical care must be considered. The creation of the Maryland Commission on Health Equity would ensure every government agency is engage on issues of health equity. This is critical because medical care is just one factor that influences an individual's health. Environmental and social factors play a role in determining health outcomes and contributing to health inequities. [3]

The bill also provides the Commission access to all data available to inform their recommendations by creating a data advisory committee in conjunction with the state designated health information exchange, Chesapeake Regional Information System for our Patients (CRISP). Leveraging available data through the statewide infrastructure ensures the Commission can develop data informed recommendations to improve health equity. By engaging CRISP early, the Commission's advisory committee can shape the health equity dataset using the diverse public and private data available.

[1] Leins, Casey. (May 16, 2019). *The 10 Richest States in America.* Usnews.com
[2] The American Academy of Pediatrics. (2019). The Impact of Racism on Child and Adolescent Health.
[3] Centers for Disease Control and Prevention. (2019). NCHHSTP Social Determinants of Health (SDH) Frequently Asked Questions.

Lastly, dedicating this legislation to former Senator Shirley Nathan-Pulliam acknowledges her legacy. Senator Nathan-Pulliam worked tirelessly to improve health equity in Maryland during her two-decade career. This Commission is an important step to fully realizing the health in all policy framework Senator Nathan-Pulliam brought to the state and championed years ago.

For these reasons, we urge you to give SB 52 a favorable report.

For more information, please contact:
Erin Dorrien, Director, Government Affairs & Policy
Edorrien@mhaonline.org

**2021 ACNM SB 52 Seante Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
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| | |
|---|---|
| **Committee:** | **Senate Finance Committee** |
| **Bill Number:** | **Senate Bill 52** |
| **Title:** | **Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)** |
| **Hearing Date:** | **February 2, 2021** |
| **Position:** | **Support** |

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports Senate Bill 52 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 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 52 Senate Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

# Maryland Community Health System

**Committee:** **Senate Finance Committee**

**Bill Number:** **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

**Hearing Date:** **February 2, 2021**

**Position:** **Support**

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The Maryland Community Health System (MCHS) supports *Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act).* 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 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; and

- **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 52 Senate Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

Maryland Dental Action Coalition

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

**Committee:** **House Health and Governmental Affairs Committee**

**Bill Number:** **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2011)**

**Hearing Date:** **January 26, 2021**

**Position:** **Support**

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The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act).* TMDAC 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 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.

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

**2021 MFeast SB 52 Senate Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

**Committee:** **Senate Finance Committee**

**Bill Number:** **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Family Act of 2021**

**Hearing Date:** **February 2, 2021**

**Position:** **Support**

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Moveable Feast supports *Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Family Act of 2021).* This bill is an important of 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:

- **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.

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 MNA SB 52 Senate Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

**Committee:** **Senate Finance Committee**

**Bill Number:** **Senate Bill 52 – Maryland Commission on Health Equity**
**(The Shirley-Nathan Pulliam Health Equity Act of 2021)**

**Hearing Date:** **February 2, 2021**

**Position:** **Support**

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The Maryland Nurses Association (MNA) supports *Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021).* 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 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; and

- **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 52 Senate Side.pdf**
Uploaded by: Elliott, Robyn
Position: FAV

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330 N. Howard Street
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**Committee:** **Senate Finance Committee**

**Bill Number:** **Senate Bill 52 - Implicit Bias Training and the Office of Minority Health and Health Disparities**

**Hearing Date:** **January 26, 2021**

**Position:** **Support**

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Planned Parenthood of Maryland supports *House Bill 78 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Equity Act).* 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 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 52 Senate Side.pdf**
Uploaded by: Faulkner, Rachael
Position: FAV

# Maryland Occupational Therapy Association

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

**Committee:** **Senate Finance Committee**
**Bill Number:** **Senate Bill 52**
**Title:** **Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**
**Hearing Date:** **February 2, 2021**
**Position:** **Support**

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)*. This bill establishes a Maryland Commission on Health Equity to develop a comprehensive plan to achieve health equity in the state.

Occupational therapy practitioners work with individuals across the life span to enhance existing skills, restore skills, and adapt environments to meet an individual's needs. We work in a variety of settings including schools; assisted living and nursing homes; hospitals and outpatient community health settings; and people's homes and workplaces. With this, we understand the importance of addressing health equity in all areas of life, not just within our health care systems; and fully support the creation of a Commission on 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.

**Johns Hopkins - SB 52 Public - Health Maryland Com**
Uploaded by: Golden, Sherita
Position: FAV

JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

**SB 52**
**Favorable**

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Dr. Sherita Hill Golden, M.D., M.H.S.
Hugh P. McCormick Family Professor of Endocrinology and Metabolism
Vice President, Chief Diversity Officer, Johns Hopkins Medicine

DATE: February 2, 2021

Johns Hopkins University and Medicine supports **Senate Bill 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021).** This bill would authorize the creation of the Maryland Commission on Health Equity ("Commission"). This Commission would employ a "health equity framework" to assess the health of Marylanders, ways for state and local governments to collaborate to implement policies that positively impact the health of Marylanders, and specifically address the impact on:

- Access to safety and affordable housing;
- Educational attainment;
- Opportunities for employment;
- Economic stability;
- Inclusion, diversity, and equity in the workplace;
- Barriers to career success and promotion;
- Access to transportation and mobility;
- Social justice; and,
- Environmental factors.

And, ultimately, it will be tasked with making recommendations on health considerations, training, complying with national standards for culturally and linguistically appropriate services, as well as advancing health equity in the State, fostering collaborations to reduce disparities, and continually advising on laws and policies to improve health and reduce health equities.

Significantly, this legislation declares racism as a public health issue. This declaration is a critical step in advancing racial equity and justice because it focuses on creating a sustainable system. This system will ensure that best practices are employed through various methods, such as data collection or implicit or unconscious bias trainings. It also recognizes that, in order to achieve health equity, all citizens must have access to affordable food, housing, and economic and educational empowerment opportunities that further enhance access to healthcare. It cannot be understated the devastating effects that housing and food insecurities, limited educational or employment opportunities, among others, have on these health disparities and inequities. These factors, known as the social

determinants of health (SDOH), have been influenced by long-standing structural racism inherent in housing, education, and employment policies that have disadvantaged minoritized groups. Racial residential segregation resulting from redlining and discriminatory neighborhood covenants resulted in housing instability as well as lack of investment in public works, school systems, and economic development in Black, Latinx, and Indigenous communities. These environmental injustices, which also include lack of access to healthy food choices and green spaces for physical activity, have contributed to disparate rates of diabetes, obesity, hypertension, cardiovascular disease, and lung disease among those residing in these communities. It is only through establishing policies that undo structural racism and positively influence social and economic conditions that we can begin to address the root cause of the social determinants of health and reduce these pervasive health inequities.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this and other legislation aimed at reducing this blight in our communities. Nationally, Black and Indigenous Americans continue to suffer the highest mortality, with both groups experiencing a COVID-19 death toll exceeding 1 in 750. Latino, Black, and Indigenous Americans all have COVID-19 death rates of double or more that of White and Asian Americans. In Maryland African Americans/Blacks are 29% of the population but account for 33% of COVID-19 cases and 36% of COVID-19 deaths; Latinx account for 10% of our state's population but 19% of COVID-19 cases.

Similar to our strong support of SB 5, we enthusiastically support Senate Bill 52 that would enhance efforts for creating an equitable, inclusive environment for health care delivery throughout Maryland. We applaud the Sponsor for her leadership on this issue, and her recognition of her former colleague whose efforts to bring this issue to the forefront are coming to fruition. Johns Hopkins urges a **favorable report on Senate Bill 52 – Public Health – Maryland Health Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**.

cc: Members of the Senate Finance Committee
Senator Mary Washington

**Sen Mary Washington Written Testimony SB74 Feb 2 H**
Uploaded by: griffin, christine
Position: FAV

MARY L. WASHINGTON, PH.D
*Legislative District 43*
Baltimore City

Education, Health, and
Environmental Affairs Committee

*Chair*
Joint Committee on Ending
Homelessness

*Chair*
Joint Committee on Children,
Youth, and Families

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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**TESTIMONY IN SUPPORT OF SB74**
**Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

Finance Committee
February 2, 2021

Dear Chair Kelley, Vice Chair Feldman and members of the committee:

SB74 is being introduced to address racial injustice and health disparity issues, many of which have worsened due to the COVID-19 crisis.

Maryland, much like the rest of this country, has long failed to address racism and its many detrimental effects. Racism is firmly and deeply rooted in America, from slavery, to the Jim Crow era, and the war on drugs. Racism is the root cause of persistent discrimination in many areas including, but not limited to, housing, education, employment, criminal justice, family stability, economic opportunity, and access to health care. More than 100 studies have linked racism to worse health outcomes. Black, Hispanic and Native Americans have a significantly greater risk of many severe conditions including heart disease, strokes, cancer, infant mortality, and maternal mortality. The American Public Health Association, National Association of County and City Health Officials and the American Academy of Pediatrics have all declared racism a public health crisis.

As a Black Senator whose district contains a very large Black and Brown population, I can personally testify to the impact systemic racism has had on both myself, and many members of my community. Our policies *must* acknowledge racism as a public health issue. This bill creates a state-designated data exchange within the Maryland Health Care Commission to begin tackling these issues.

The commission's members will include multiple officials from Maryland state government, including at least one Senate and one House member. The commission will meet no less than four times per year. During each meeting session the commission's members will utilize a public health equity framework and formulate policies to implement plans for state and local agencies. These policies will address racial gaps in multiple areas such as housing, education and employment. These implemented plans may include implicit bias training, reducing health inequities and bolstering

communication and coordination between state and local governments. The framework developed by the commission will be a foundation for stronger and more specific policies dedicated to reducing racial inequities.

COVID-19 has laid bare enormous racial inequities and their impact on the health of minorities, not just in Maryland but throughout the country. The State of Maryland must initiate a public health equity framework to evaluate future policies and start closing the gaps in health care.

For these reasons, I ask you for a favorable report on SB74.

In partnership,

Senator Mary Washington, District 43, Baltimore City

**SB52 MD Commission on Health Equity Shirley Nathan**
Uploaded by: Kalla, Karen
Position: FAV

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# SB 52 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)
# SUPPORT
# Finance Committee
# February 2, 2021

Good Afternoon Chairwoman Kelley and Members of the Finance Committee. I am Karen Kalla, Executive Council Member and lead advocacy volunteer for AARP MD. AARP Maryland is one of the largest membership-based organizations in the state, encompassing almost 850,000 members**. AARP MD overwhelmingly** supports **SB52 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021).**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

**SB 52** establishes the Maryland Commission on Health Equity. The Commission in coordination with the State Designated Health Information Exchange must establish an Advisory Committee to make recommendations on data collection, needs, quality, reporting, evaluation, and visualization for the Commission to carry out its purpose. Inequality hurts us all—not just those who face disparities.

In countries like the U.S. where inequality is the most extreme, we see higher rates of obesity, diabetes, cancer, and heart disease especially for people over 50 and across all income levels. We know that by closing these gaps in health alone, we could add trillions of dollars of GDP in the coming years, not to mention creating longer, happier, more productive lives for millions of people.

The Coronavirus pandemic (COVID-19) has exposed the vast shortcomings within our health system and the critical importance of affordable health coverage and care for all people and all families. Gaps in health and healthcare exist in Maryland and across the United States that lead to inequitable outcomes referred to as “health disparity impacts.”

A coordinated collection of key impactful resources designed to gain a better understanding of the issue and what Marylanders of color face is essential in disclosing, defining, and addressing health disparities. Creating a Maryland Commission on Health Equity will provide these resources and contribute to the health and wellbeing of underserved communities and to the enrichment of all Marylanders.

For these reasons, AARP supports **SB 52**. For questions, please contact Tammy Bresnahan tbresnahan@aarp.org or by calling 410-302-8451.

**SB0052_FAV_MedChi, MDAAP, MDACOG, MACHC, MdCSWC_Co**
Uploaded by: Kasemeyer, Pam
Position: FAV

MedChi
The Maryland State Medical Society

Maryland Chapter
American Academy of Pediatrics

ACOG
The American College of Obstetricians and Gynecologists

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS
*Serving Maryland and Delaware*

MdCSWC

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Mary Washington

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 2, 2021

RE: **SUPPORT** – Senate Bill 52 – *Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)*

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, the Mid-Atlantic Association of Community Health Centers, and the Maryland Clinical Social Work Coalition, we submit this letter of **support** for Senate Bill 52.

It is well recognized that racial and ethnic minorities are more likely to experience poor health outcomes as a consequence of their social determinants of health, including access to health care, education, employment, economic stability, housing, public safety, and neighborhood and environmental factors. A broad body of research has quantified the existence of health disparities including a greater risk of heart disease, stroke, infant mortality, maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes, cancers, respiratory diseases, and autoimmune diseases. The COVID-19 pandemic has further exacerbated these health disparities. The U.S. Centers for Disease Control and Prevention (CDC) has noted that achieving health equity, eliminating health disparities, and improving health in the United States are overarching goals to improve and protect our nation's health.

Senate Bill 52 creates a *Maryland Commission on Health Equity* that is charged with developing a "health equity framework" to examine ways for state and local government agencies to collaborate to implement policies that will positively impact the health of residents of the state. The Commission is to assess the impact of a comprehensive list of factors on the health of residents including but not limited to access to safe and affordable housing, educational attainment, opportunities for employment, economic stability, access to transportation, and social justice. The legislation defines a "health equity framework" as a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the state by incorporating health considerations into decision making across all sectors and policy areas.

If the State is to comprehensively address health disparities and health equity, it must address systemic issues beyond just the health care sector. Passage of Senate Bill 52 will create a framework for addressing systemic inequities across all State and local agencies. A favorable report is requested.

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

**SB52_Support_MCHI.pdf**
Uploaded by: Klapper, Stephanie
Position: FAV

HEALTH CARE for All
MARYLAND CITIZENS' HEALTH INITIATIVE
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**TESTIMONY IN SUPPORT OF SENATE BILL 52**

Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

Before the Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.

February 2, 2021

Chairman Pendergrass and Members of the Health and Government Operations Committee, thank you for this opportunity to testify in support of Senate Bill 52, which would create a Maryland Commission on Health Equity that would study health disparities, including investigating the impact of a variety of socioeconomic factors on health. Systemic racism is a public health crisis.[1,2] The COVID-19 pandemic has further exposed these health inequities by race and ethnicity in our state,[3] and highlighted the need to address them. The seriousness of the issue requires the immediate attention of our State in order to ensure that we are taking measurable steps to reverse this trend. The Commission SB 52 takes an important step forward in improving equitable health care delivery in Maryland. Thank you again to the committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. We urge a favorable report from the Committee on Senate Bill 52.

[1] Feagin J, Bennefield Z. Systemic racism and U.S. health care. Soc Sci Med. 2014 Feb;103:7-14. doi: 10.1016/j.socscimed.2013.09.006. PMID: 24507906.

[2] Brondolo E, Gallo LC, Myers HF. Race, racism and health: disparities, mechanisms, and interventions. J Behav Med. 2009 Feb;32(1):1-8. doi: 10.1007/s10865-008-9190-3. Epub 2008 Dec 17. PMID: 19089605.

[3] Mann, D. A. Health Equity and COVID-19 Data in Maryland. Maryland Department of Health. 2020 Jul. https://health.maryland.gov/mhhd/Documents/Maryland%20COVID-19%20Data%20By%20Race%20and%20Ethnicity%20July%202020%20pp.pdf

**GHHI Written Testimony - SB52.pdf**
Uploaded by: Lewis, Jamal
Position: FAV

Green & Healthy Homes Initiative

2714 Hudson Street
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www.ghhi.org

January 29, 2021

Senator Delores G. Kelley, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: **SB52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021) - SUPPORT**

Dear Chairman Kelley and Members of the Committee:

The Green & Healthy Homes Initiative (GHHI) is dedicated to addressing the social determinants of health and the advancement of racial and health equity through the creation of healthy, safe and energy efficient homes. By delivering a standard of excellence in our work, GHHI aims to eradicate the negative health impacts of unhealthy housing and unjust policies for children, seniors, and families to ensure better health, economic and social outcomes with an emphasis on black and brown low-income communities. GHHI achieves healthy homes through the alignment of resources to eliminate health hazards and upgrade houses with improved energy efficiency measures. Housing quality and conditions significantly impact occupant health and well-being. Unfortunately, low-income communities and communities of color often contain substandard housing with environmental health hazards that contribute to widespread health, economic and social inequities.

We are writing in **SUPPORT of SB52** which will be important in promoting health equity for Marylanders through the creation of the Health Equity Commission to examine health disparities, set state goals for reducing disparities and developing plans for addressing the root causes of health for minority and vulnerable low income communities. We also support the creation of the Commission to increase the focus on preventive solutions and creating a greater opportunities for the voices of community residents, organizations and advocates from impacted communities to be heard. Achieving health equity in Maryland will require addressing the social determinants of health, of which housing is a key component. Childhood lead poisoning and asthma are housing related health conditions that have equity implications and which are key drivers of health disparities in Maryland.

<u>Childhood Lead Poisoning</u>
In 2019, there were 1,526 children with elevated blood levels (EBLs) of 5 µg/dl or higher in Maryland. Lead poisoning from lead in paint, lead in water, and contaminated soil contributes to significant brain damage, learning disabilities, speech development problems, attention deficit

disorder, and poor school performance. Lead poisoning is irreversible and has a significant impact on societal costs including thousands of school age children. Millions of dollars are spent on special education and juvenile justice costs in Maryland to combat the effects of lead poisoning, and thousands of children enter our public-school systems, disproportionately in black and brown communities, with impediments to their development, unable to achieve academically at the rate of their classmates.

Lead poisoning directly contribute to the cycle of learning disabilities, poor school performance, steep school dropout rates and juvenile delinquency that prevent low income children in particular from being able to thrive and which burdens the State through increased special education and criminal justice costs Maryland. Lead poisoning has a disparate impact on minority, low income communities in Maryland and in children's ability to reach their full potential. Children poisoned by lead are 7 times more likely to drop out of school and 6 times more likely to end up in the criminal justice system than the population as a whole. A child poisoned by lead has decreased lifetime earnings of $1,086,645 per child.

Asthma

The burden of asthma, a chronic disease, is a growing problem that greatly contributes to social inequalities in health outcomes and health disparities, which are neither inevitable nor irremediable, especially for children and minorities in Maryland. Determinants of health related to air quality and indoor environments are known to be significant contributing causes of asthma morbidity and exacerbations and disproportionately burden populations, especially children and minorities. Poor outdoor and indoor air quality and housing conditions such as mold, pests, and other allergens contribute to asthma episodes for Maryland residents. 25 million Americans have asthma and it has been shown to be the cause of the biggest loss in productivity through school and work absenteeism. Nationally, over 14.4 million school days and 14.2 million work days are missed due to asthma episodes.

Over 500,000 adults in Maryland have been diagnosed with asthma. Maryland spends $42.1 million annually for asthma related hospitalizations and $93.3 million for asthma related emergency department visits. Research has shown that race, ethnicity and income are also common risk factors in asthma diagnoses. Asthma-related health disparities have disproportionally affected African American residents in Maryland, specifically children. Data available from the Maryland Asthma and Surveillance Report demonstrates that African American asthmatics in Maryland visit the emergency room 5 times more often than White asthmatics and are hospitalized 2.5 times more often than White asthmatics in Maryland.

Energy Insecurity

Low-income communities and communities of color experience higher levels of energy insecurity. Energy insecurity refers to the inability of households to meet their basic energy needs and can include the inability to afford energy bills or the inability to sufficient heat or cool the home because of physical deficiencies. In 2015, the U.S. Energy Information Administration

found that over 37 million Americans were energy insecure. Of that number, over 22 million households were low-income and over 20 million were Black or African American. Energy insecurity is related to the substandard housing conditions as deteriorated housing often include energy-related issues such as poor insulation, air leaks and drafts, inefficient and poorly maintained heating, cooling and ventilation (HVAC) systems, and outdated lighting and appliances.

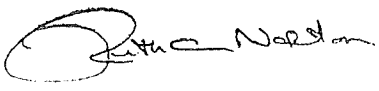
A 2020 study by the American Council for an Energy Efficient Economy (ACEEE) found that over 25 million low-income households, over 10 million African American or Hispanic households, and over 15.9 million households living in a home built before 1980 across the U.S. experience a high energy burden (over 6 percent of income is spent on energy/utility services). The same study found that Baltimore's low-income population experienced the highest second highest median energy burden (10.5%) of all low-income populations within the top 25 most populated metro areas in the country. Energy insecurity and high energy burdens often overlap other health and social issues such as food insecurity, high housing cost burdens, and inadequate access to health care in the same communities. The EIA study found that low-income households and households of color are disproportionately subject to trade offs such as forgoing food and medicine to pay for energy and utilities.

The Return on Investment for Addressing Health Disparities

Providing for prevention resources through SB 52 can produce significant impact for Maryland's children in improved health and education outcomes and result multiple cost savings for the state by examining current inequities and developing a plan to address these inequities. Every dollar invested in lead hazard remediation prevention in homes results in health, educational, and other savings of at least $17-$221 in return. Every dollar invested in prevention asthma programs and interventions results in savings of $5.30-$14 in return. Every dollar invested in residential energy efficiency and weatherization return $1.72 in energy benefits and an additional $2.78 in health and other societal benefits.

The establishing of the Maryland Commission on Health Equity will be an important step in improving health outcomes in disadvantaged communities. SB52 will enable communities that have long been disproportionately impacted by conditions like asthma, lead poisoning, household injury and energy insecurity to be part of state plans to provide much-needed resources to address the root causes of poor health outcomes, including housing, and other social determinants of health. We ask you to **Support SB52.**

Respectfully Yours,



Ruth Ann Norton
President and CEO

**Senate Bill 52_MD Commission on Health Equity-UMMS**
Uploaded by: Martin, Rhya
Position: FAV

UNIVERSITY of MARYLAND MEDICAL SYSTEM

**Senate Bill 52- Maryland Commission on Health Equity- The Shirley Nathan-Pulliam Health Equity Act of 2021**

**Before the**
**Senate Finance Committee**
**February 2, 2021**

**POSITION: SUPPORT**

The University of Maryland Medical System ('UMMS") supports SB 52 and the creation of the Maryland Commission on Health Equity. UMMS is a 13-member hospital health system serving Marylanders across the state and beyond in over 150 settings including an academic medical center and 12 local community hospitals.

The state of Maryland is not exempt from the systemic equity issues that we see in the national news affecting so many parts of this country. Given that, SB 52 is a prudent measure that the State can undertake to address these issues in a holistic way. Healthcare is impacted by so many societal and community factors, pressures and challenges. The Maryland Commission on Health Equity which, as proposed, would be comprised of so many state thought leaders would provide a means of thoroughly examining equity and inequity and the contributing factors from several perspectives by engaging all aspects of Maryland state government and providing solutions and a plan to move forward.

The social determinants of health that impact health care outcomes span multiple spheres. The charge to the Commission that it consider the impact of housing, education, employment and barriers to success in the workplace, transportation, economic stability, and more is precisely what is needed to take a serious and realistic look at the equity issue.

SB 52 is a prudent effort and for these reasons and others, the University of Maryland Medical System supports this bill and urges a favorable report.

Respectfully submitted,

Donna L. Jacobs, Esq.
SVP, Government, Regulatory Affairs and Community Health
University of Maryland Medical System
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**SB52-FIN-FAV.pdf**
Uploaded by: Mehu, Natasha
Position: FAV

BRANDON M. SCOTT
MAYOR

*Office of Government Relations*
*88 State Circle*
*Annapolis, Maryland 21401*

**SB 52**

February 2, 2021

**TO:** Members of the Health and Government Operations Committee

**FROM:** Natasha Mehu, Director of Government Relations

**RE:** SENATE BILL 52 – Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act Of 2021)

**POSITION: SUPPORT**

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 52.

SB 52 establishes the Maryland Commission on Health Equity which will be tasked with developing a health equity framework for the state, advise the Maryland Department of Health Secretary on health equity, coordinate the health equity efforts of multiple state agencies, establish statewide health equity goals, and develop health equity recommendations and metrics based on data collected by a new state advisory committee.

The BCA is genuinely concerned with public health disparities across Baltimore City's incredibly diverse population. The COVID-19 pandemic has further exposed the influence of social, economic, and environmental conditions on health outcomes for our City's populations. The pandemic has widened economic and health disparities, with Hispanic/Latino communities, African-American communities, and older adults disproportionately impacted by COVID-19. Hispanic/Latino Marylanders make up 10% of the population and account for 21% of COVID-19 cases, while African-Americans make up 29% of the population and account for 38% of deaths from COVID-19 in the State.[1] In Baltimore City, similar patterns are seen:

1. The older adult community, which is the most susceptible to severe and fatal cases of COVID-19; as of 12/16/20, 493 of Baltimore City's 575 confirmed deaths were to residents age 60 and older, with progressively higher case fatality rates for each ten-year group of older residents (age 60-69: 4.0%; age 70-79: 9.2%; age 80-up: 22.3%).

[1] Racial Data Dashboard | The COVID Tracking Project

2. Latinx population, which is experiencing the highest cases-per-1000 rate in the City among identifiable demographic groups, at 99.1.

3. African Americans have suffered about 70% of the Baltimore City COVID-19 fatalities (while comprising about 63% of the population).

In a setting of entrenched health and economic disparities compounded by the COVID-19 pandemic, there is an increased need to provide high-quality, high-touch services to Baltimore City residents who are disproportionately impacted by COVID-19.

Understanding how its population is impacted by disparities in public health, the Baltimore City Health Department (BCHD) has enacted a number of policies and programs to achieve health parity. One model program is the BCHD's Accountable Health Communities (AHC) model. Through AHC, BCHD partners with hospital partners to identify and address health-related social needs of Medicare and Medicaid beneficiaries. Close to 2000 Baltimore City residents a year are screened for social needs and referred to resources through the AHC.

As part of the Accountable Health Community grant, the BCHD developed CHARMCare, a resource directory publicly available to any resident in Baltimore. CHARMCare currently has over 250 agencies providing resources for food, housing, utilities, financial strain, mental health, substance use, and employment. Resource information is updated weekly and provides the information residents need to find and access resources that will meet their basic needs. Hundreds of providers, community health workers, and Baltimore residents use CHARMCare every year to find the resource information they need to address their social determinants of health.

Additionally, throughout the COVID-19 pandemic, equitable allocation and administration of vaccine is paramount to ending the pandemic and saving the lives of Baltimore City residents. The BCHD has developed a multi-level strategy for vaccine allocation and administration with a focus on reaching the most vulnerable populations. Said populations may be unable to access the mass vaccination points of dispensing due to social, economic, or medical barriers, which may include limited broadband access, the lack of insurance or a primary care provider, and limited mobility. Vaccine allocation and administration for certain groups should aim to reduce health disparities and not widen or create disparities.

SB 52 could further the BCA's and BCHD's ambitions of achieving health parity across its diverse population in multiple ways. It creates an avenue by which state government and local governments can collaborate on developing universal health equity goals and policies. This is in alignment with the Health Department's strategic plan to improve outcomes and inequities across key health indicators through the reconvening of the Local Health Improvement Council (LHIC). The LHIC will, in turn, promote the synchronization, collaboration, and cross-pollination of ideas and programs between community-based partners, health system organization, and the local health department in the development of health equity goals and policies for the City.

We respectfully request a **favorable** report on Senate Bill 52.

**Testimony.SB52.pdf**
Uploaded by: Muhammad, Huzzaifa
Position: FAV

January 28, 2021

Honorable Senator Delores G. Kelley
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

**Re: Testimony in SUPPORT of SB52 Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

Dear Chair Delores G. Kelley and Senate Finance Committee Members:

On behalf of the Council on American-Islamic Relations, I thank you for this opportunity to testify in support of Senate bill 52 entitled Public Health - Maryland Commission on Health Equity. CAIR is America's largest Muslim civil rights and advocacy organization.

Racism has been on the forefront of this past year, however there are many consequences of racism, and health inequity is one of them. Research shows that ethnic minorities and people of color tend to have access to lower quality of health compared with others. In fact, according to the Center for American Progress, African-Americans are less likely to have health insurance and also have the highest mortality rate for all cancers.[1]

These health inequities are partly due to poverty, less access to affordable medical care, and discrimination in the health care system. They have been especially harmful during the coronavirus pandemic over the last year, where countless reports and studies have exposed racial disparities and shown that communities of color – particularly African-American communities – are disproportionately adversely impacted by COVID-19 infections.

This bill will take a step towards fighting health inequity by making sure health disparities are recognized and addressed. These health disparities are exacerbated by racism and contribute to societal inequities. We believe a designated commission tasked with fact-finding and reporting will help promote positive outcomes and reduce health disparities in the state of Maryland by identifying and correcting the factors that lead to health inequity.

We support this measure and urge your vote in favor of it. Thank you for your consideration.

Sincerely,

Huzzaifa Muhammad
Government Affairs Intern, CAIR Office in Maryland

Council on American-Islamic Relations
Email: mdintern@cair.com

References:

1. Health Disparities by Race and Ethnicity. https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/ Accessed January 19, 2021.

**SB0052_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 2, 2021

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 52 (Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021): Support

The Office of the Attorney General (the Office) supports Senate Bill 52 which would meet a vitally important recommendation of the Attorney General's COVID-19 Access to Justice Task Force: that a Health Equity Commission be created and charged with adopting anti-racist and anti-discriminatory standards of care throughout Maryland's health care system. As detailed in the COVID-19 Access to Justice Task Force report, the COVID–19 crisis has highlighted that black and brown Marylanders have fared worse than others during the pandemic. Black residents in Maryland make up 31 percent of the population but account for nearly 40 percent of COVID-19 deaths; Hispanics account for 11 percent of the population but 19 percent of COVID-19. Now, more than ever, we must work together to rid our health care system of racism, discrimination and health outcome disparities.

We believe the Maryland Commission on Health Equity would address systemic racism. Members include designees for the Senate President, the House Speaker, and the Secretary of multiple agencies. The Commission would meet 4 times a year to formulate and implement a Plan to improve health equity for all Maryland residents through safe and affordable housing, educational attainment, employment opportunities, economic stability, workplace inclusion and promotion opportunities, transportation accessibility, social justice, environmental factors, and public safety.

Racism will not be eliminated unless we take action, as the Attorney General observed in the COVID-19 Access to Justice Task Force's report:

COVID-19 did not create the systemic failings and inequities of our social safety net and civil justice system. Those most vulnerable to any setback have disproportionately experienced the effects of these deficiencies for generations. Yet the pandemic exacerbated and brought to light with painful clarity these deficiencies and the suffering that they cause. We must, therefore, seize this unprecedented chance and collectively work together to fix them. As much suffering and loss as this public health crisis has wrought, let us not compound that tragedy by failing to ensure that it paves the way to progress.

We urge the Committee to give Senate Bill 52 a favorable report.

cc: Sponsor

**MRHA SB52 - Public Health – Maryland Commission on**
Uploaded by: Orosz, Samantha
Position: FAV

**Statement of Maryland Rural Health Association**

To the Finance Committee

February 2, 2021

Senate Bill 52 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)

**POSITION: SUPPORT**

Chair Kelley, Vice Chair Feldman, Senator Washington, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 52 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021).

MRHA supports this legislation that forms a commission to study and provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities using a health equity framework. This commission would include representatives from a number of general assembly committees, thereby increasing the diversity of proposed solutions to complex barriers to health care. Further, the commission will use a data driven approach to illuminate a wide range of disparities faced by communities across Maryland and will utilize this data to inform on potential solutions to address these disparities.

This legislation is an important step, especially during the COVID-19 pandemic to target solutions to the myriad of health disparities experienced by rural Marylanders and beyond.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988*

**MAYSB - SB 52 FAV - Commission on Health Equity.pd**
Uploaded by: Park, Liz
Position: FAV

Maryland Association of Youth Service Bureaus

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

**Testimony submitted to Finance Committee**
**February 2, 2021**
**Senate Bill 52 – Maryland Commission on Health Equity**
**The Shirley Nathan-Pulliam Health Equity Act of 2021**

**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 52 – Maryland Commission on Health Equity - The Shirley Nathan-Pulliam Health Equity Act of 2021*. This bill is an important of 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 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;
- **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; and
- **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.

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

**SB0052 MD NARAL SUPPORT.pdf**
Uploaded by: Philip, Diana
Position: FAV

**SB0052 - Public Health- Maryland Commission on Health Equity**
**(The Shirley Nathan-Pulliam Health Equity Act of 2021)**
Presented to the Hon. Delores Kelley and
Members of the Senate Finance Committee
February 2, 2021 1:00 p.m.

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**POSITION: SUPPORT**

NARAL Pro-Choice Maryland urges the Senate Finance Committee to issue **a favorable report on SB0052 - Public Health- Maryland Commission on Health Equity (The Shirley Nathan- Pulliam Health Equity Act of 2021)** sponsored by Senator Mary Washington.

Our organization is an advocate for reproductive health, rights, and justice. Establishing a state-wide policy framework based on health equity is the core foundation to eliminating disparities in reproductive health access and rights for all individuals. Promoting a multi-sectoral, collaborative approach to recognizing and addressing health disparities ensures that all Maryland citizens are equally considered in the legislative decision-making process.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible, and this requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to employment, fair pay, quality education and housing, safe environments, and health care services.

Nationwide, Black, American Indian, and Alaskan Native women are two to three times more likely to die from pregnancy-related causes than white women, and this disparity further increases with age.[1] In 2018 the Maryland Department of Health published a report showing that Black mothers die from pregnancy or childbirth-related complications at a rate of 44.6 deaths per 100,000 live births- a rate 3.7 higher than for white mothers.[2] While this statistic only represents one facet of health disparities in Maryland, it nevertheless expresses the need to monitor, report, and prioritize the health disparities associated with social determinants.

This legislation will seek to address these inequities beginning at the highest level of government within our state and will encourage multisectoral collaboration in order to address the deep-rooted systemic racism and inequalities that exist within our social systems. A public health and rights-based approach in the formation of policy is essential for ensuring that all Maryland citizens have the right to the highest attainable level of health possible. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0052.** Thank you for your time and consideration.

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[1] CDC Morbidity and Mortality Weekly Report, September 5, 2019 https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
[2] Maryland Maternal Mortality Review 2018 Annual Report https://phpa.health.maryland.gov/documents/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf

**SB0052 Commission on Health Equity_Shirley Nathan**
Uploaded by: Quinlan, Margo
Position: FAV

mhamd
MENTAL HEALTH ASSOCIATION OF MARYLAND

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**Senate Bill 52 Public Health - Maryland Commission on Health Equity**
**(The Shirley Nathan-Pulliam Health Equity Act of 2021)**
Senate Finance Committee
February 2, 2021
**Position: Support**

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to submit testimony in support of Senate Bill 52.

SB 52 seeks to establish the Maryland Commission on Health Equity, and requires the state designated health information exchange to participate in an advisory committee of this Commission which would maintain and report on data sets which highlight the health inequities fueled by systemic and structural racism.

There is an overwhelming body of research arguing that structural racism – not race itself – creates widening generational health disparities for Black and Brown people. The impacts of discrimination, redlining and segregation, of historical and contemporary traumas all contribute to the fatally discordant health outcomes which play out in our healthcare system here in Maryland. The impacts of racism on mental and behavioral health has be likened to Adverse Childhood Experiences (ACEs)[1], and has been shown to have lasting impacts on individuals well into older adulthood. This presents itself in over-diagnosing and mis-diagnosing of mental illnesses,[2] of increased likelihood that Black youth end up in detention instead of treatment,[3] and in Black adults being 20% more likely to report serious psychological distress than white adults.[4]

Creating the Maryland Commission on Health Equity, and incorporating a Health Equity Framework to allow the Commission to explore and make recommendations about the impacts of structural racism on the health and wellness of Marylanders, would be a bold step forward in addressing centuries of unjust health inequities. The Mental Health Association of Maryland strongly supports Senate Bill 52 and urges a favorable report on this bill.

---

[1] Lanier, P. "Racism is an Adverse Childhood Experience (ACE)." 2020, The Jordan Institute for Families. https://jordaninstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/
[2] Perzichilli, T. "The historical roots of racial disparities in the mental health system." 2020, Counseling Today. https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/
[3] American Psychiatric Association. "Mental Health Disparities: Diverse Populations." 2017, https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts
[4] U.S. Department of Health and Human Services, Office of Minority Health. "Mental and Behavioral Health - African Americans." 2019. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4

*For more information contact:*
*Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org*

**NCADD-MD - SB 52 FAV - Health Equity Commission.pd**
Uploaded by: Rosen-Cohen, Nancy
Position: FAV

**Senate Finance Committee**

**February 2, 2021**

**Senate Bill 52**
**Maryland Commission on Health Equity –**
**The Shirley Nathan-Pulliam Health Equity Act of 2021**

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.

Senate Bill 52 will establish a commission to ensure State agencies develop policies through a health equity lens. The Commission will use a health equity framework to, among other things, make recommendations regarding incorporating health considerations in decisions made across government agencies. NCADD-Maryland will work with the Commission to build support for the greater use of harm reduction strategies to better address the worsening overdose death crisis among Black and Brown people.

We urge a favorable report on SB 52.

*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.*

**National Council on Alcoholism & Drug Dependence – Maryland Chapter**
**28 E. Ostend Street, Suite 303, Baltimore, MD 21230 · 410-625-6482 · fax 410-625-6484**
**www.ncaddmaryland.org**

**Testimony-SB52-The Shirley Nathan-Pulliam Health E**
Uploaded by: Stevenson, Christopher
Position: FAV

**Testimony on SB52**
***The Shirley Nathan-Pulliam Health Equity Act of 2021***
**Position: FAVORABLE**

Madam Chair and Members of the Finance:

My name is Ricarra Jones, and I am the Political Director with 1199SEIU- the largest healthcare union in the nation, where we represent over 10,000 healthcare workers in Maryland. Given the vast amount of data that the state could use to increase better healthcare quality for Marylanders, we are supportive of SB052- The Shirley Nathan-Pulliam Health Equity Act of 2021.

It is no surprise to anyone that despite Maryland having state of that art healthcare facilities, many majority-minority regions all around Maryland suffer from healthcare disparities. Some of these disparities include acute and chronic diseases, access to healthy food and healthcare, behavioral health issues, as well as drug-related afflictions. Moreover, a large portion of these disparities occurs because of the lack of resources, funding, and socioeconomic opportunities that communities struggle to obtain.

For 1199SEIU members- the majority of whom are minorities- this is Act is just as equally as important to their job service as well as their personal lives. Not only would this Act better help to redirect healthcare resources that our members provide, but this Act would act as a safeguard to ensure that our members would still have access to receive adequate healthcare resources themselves, just as most non-minority communities.

Realistically, racism can run rampant and operates subtly if left unchecked- unfortunately, this has even led to racial bias in the application of healthcare. Now is the time for legislation like this to be enacted because during the COVID-19 pandemic or any other future pandemic, this Act takes necessary measures to ensures that healthcare quality is dispersed equally without racial or systematic bias. Now is the time to make sure that all Marylanders, particularly residents that are marginalized in Black and Brown communities are protected and are not treated unequally, especially when it comes to healthcare obtainment.

For this reason, we believe that this Act will create the necessary structure in place to improve overall health equity for historically marginalized Marylanders and ask that you support the Shirley Nathan-Pulliam Health Equity Act of 2021.

Respectfully,

Ricarra Jones
Maryland/DC Political Director
1199SEIU United Healthcare Workers- East
Cell: 443-844-6513

## 4b - FIN - SB 52 - Maryland Commission on Health E

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

Position: FWA

Maryland Association of
COUNTY HEALTH OFFICERS
*an affiliate of Maryland Association of Counties, Inc.*

**2021 SESSION**
**POSITION PAPER**

**BILL: SB 52 - Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)**

**COMMITTEE:** **Senate Finance Committee**

**POSITION:** **Letter of Support with Amendment**

**BILL ANALYSIS:** **Senate Bill 52 (SB 52) would create a state Commission on Health Equity charged with using a health equity framework to study the social determinants of health that affect Maryland residents and to make recommendations pertaining to policies of the state and local governments in order to implement a Health Equity Plan.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports SB 52 as a laudable method to address health inequity among Marylanders, a serious problem that touches the foundations of public health practice. According to the National Association of County & City Health Officials (NACCHO):

*Inequality in the United States is at the highest level since before the Great Depression and the United States has the worst health in the industrialized world. The social etiology of disease suggests that patterns of inequity in the distribution of disease and illness correspond to patterns of political, social, and economic inequality. For example, rates of disease and illness for people underpaid and forced into poverty are worsening across almost all categories and geographic areas in the United States, disproportionately affecting immigrants, people of color and women.*[1][2] *(Citations omitted).*

NACCHO "encourages local health departments to act directly, with allies, on structures of inequality and violence associated with class, race, gender, and sexual orientation, as they are bound with imbalances in political power."[3] As such, MACHO respectfully requests the bill be amended to include a representative from MACHO as a member of the Commission. Local health departments in Maryland are similarly focused on health equity in their work and can share lessons learned and local perspective that would be valuable to the Commission.

For these reasons, the Maryland Association of County Health Officers submits this letter of Support with Amendment. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-437-1433. *This communication reflects the position of MACHO.*

**615 North Wolfe Street, Room E 2530 // Baltimore, Maryland 21205 // 410-937-1433**

[1] National Association of County & City Health Officials. "Statement of Policy: Health Equity and Social Justice." (2018, July). Retrieved January 18, 2021, from https://www.naccho.org/uploads/downloadable-resources/05-02-Health-equity-social-just

[2] Id.

[3] Id.

**APTA MD - Support - Maryland Commission on Health**
Uploaded by: Brocato, Barbara
Position: FWA

# APTA Maryland



February 2, 2021

The Honorable Delores Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

**RE: Senate Bill 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan- Pulliam Health Equity Act of 2021) - SUPPORT**

Dear Chair Kelley,

The American Physical Therapy Association Maryland is writing to register our strong support of Senate Bill 52.

Among the many provisions of Senate Bill 52, the fundamental premise, implemented through the creation of the Maryland Commission on Health Equity, is the establishment of a statewide "HEALTH EQUITY FRAMEWORK". This intends to bring together policy makers and public stakeholders to collaborate and move the state forward in addressing health equity across all sectors. Physical Therapists and Physical Therapist Assistants treat patients for a range of conditions and from across all areas of the State.

We see firsthand the barriers and challenges that must be overcome to receive the care that keeps people healthy, and out of the hospital and long-term care settings. We support the goals of Senate Bill 52 and stand ready to participate in the work of the Commission.

Again, on behalf of the 1,752 members of APTA Maryland, we ask for a FAVORABLE report on Senate Bill 52. Thank you for the opportunity to provide our feedback.

Sincerely,

Kevin Platt, PT, DPT, MBA
President, APTA Maryland

APTA Maryland Ph. 800.306.5596 Fax 877.622.0960 aptamd@aptamd.org

APTA Maryland
A Chapter of the American Physical Therapy Association

**MAND - Support with Amendments - SB 52 Maryland Co**

Uploaded by: Brocato, Barbara

Position: FWA

# MARYLAND ACADEMY OF NUTRITION AND DIETETICS

Date: February 2, 2021

Bill: SB 52 - Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

Committee: Senate Finance Committee
The Honorable Delores Kelley, Chair

Position: Support with Amendment

The Maryland Academy of Nutrition and Dietetics (MAND), is an organization representing approximately 1,200 licensed dietitians and nutritionists, dietetic interns, and students within the state of Maryland. We support the goals of this legislation to establish a Commission that will take action to achieve health equity for all of Maryland's residents.

Current literature suggests that there is a direct correlation between food insecurity and health disparities. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. For example, a study found that food-insecure adults may be at an increased risk for obesity (Holben and Pheley, 2006). Another study found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 and 65 (Seligmar , Laria and Kushel, 2010 ). In addition, food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity and developmental problems. Furthermore, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health (Burke, Martini, Cayer, Hardline, and Meade ,2019).

In addition to the list of factors identified on page 9-10 of SB52 we respectfully ask for the inclusion of the following as a new number 11: **"11. ACCESS TO HEALTHY FOOD"**, which will assist in the alleviation of food insecurity and health disparities.

Ensuring food security and access to healthy foods is a critical cornerstone to improving chronic health conditions, improved healthcare and health outcomes. The ability to identify where access is a problem will help inform the broader work and goals of the Commission.

For these reasons we ask for a FAVORABLE report on SB52 and Favorable consideration of this amendment

Dr. Glenda L. Lindsey , Dr. PH, MS, RDN, LDN
Public Policy Coordinator
Public Policy Panel
Helene Fletcher MS, RDN, LDN
MAND President

Reference :

**1.Burke MP, Martini LH, Çayır E, Hartline-Grafton HL, Meade RL. Severity of household food insecurity is positively associated with mental disorders among children and adolescents in the United States. J Nutr. 2016;146(10):2019-26. doi: 10.3945/jn.116.232298.**

**2.Cook JT, Frank DA. Food security, poverty, and human development in the United States. Ann N Y Acad Sci. 2008;1136(1):193-209.**

**3.Holben DH, Pheley AM. Diabetes risk and obesity in food-insecure households in rural Appalachian Ohio [Internet]. Prev Chronic Dis. 2006[cited 2017 Nov 27];3(3). Available from: http://www.cdc.gov/pcd/issues/2006/jul/05_0127.htm**

**4. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants [Internet]. J Nutr. 2010 [cited 2017 Nov 27];140(2):304-10. Available from: http://doi.org/10.3945/jn.109.112573**

**SB52-Commission-on_health_equity-Feb2-FNL.pdf**
Uploaded by: Eck, Raimee
Position: FWA

***Mission:*** *We champion health equity for Marylanders through advocacy and community collaborations.*

***Vision:*** *Healthy Marylanders Living in Healthy Communities*

**SB52--Maryland Commission on Health Equity**
**(The Shirley Nathan-Pulliam Health Equity Act of 2021)**
Hearing date: February 2, 2021
Committee: Finance
Position: Support with amendment

The Maryland Public Health Association (MdPHA) appreciates the opportunity to submit this letter of support for SB52. This Commission is the culmination of years of work and expertise of the Health in All Policies Work Group, the Social Determinants of Health Task Force for Baltimore City, and the Task Force on Reconciliation and Equity. MdPHA has had the honor of participating directly or indirectly with all three of these entities and the experts involved.

We support the creation of this Commission, as it is in line with a Health in All Policies (HiAP) approach. HiAP recognizes that health improvements are better achieved through collective communication and collaboration across a myriad of sectors. This structure improves the opportunity to include health in policymaking where it would not usually be a consideration, in addition to potentially lessening unintended consequences to certain communities that may be overlooked.

We propose an amendment related to food insecurity and access to healthy foods. This is a critical cornerstone to improving chronic health conditions and health outcomes. Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.

Current literature suggests that there is a direct correlation between food insecurity and health disparities. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. For example, a study found that food-insecure adults may be at an increased risk for obesity (1). Another study found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 and 65 (2). In addition, food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity and developmental problems (3). Furthermore, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health (4).

Food insecurity and health disparities are a national issue that must be addressed. We respectfully ask for the inclusion of the following as a new number 11: "Food insecurity and access to healthy food", which will ensure that this important topic is addressed by the Commission.

Thank you for considering our testimony in favor of SB52. We will support this bill regardless of the outcome of the amendment suggestion.

*MdPHA is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education efforts and advocacy of public policies consistent with our vision of healthy Marylanders living in healthy communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 150-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our nation.*

**Maryland Public Health Association (MdPHA)**
**PO Box 7045 • 6801 Oak Hall Ln • Columbia, MD 21045-9998**
**GetInfo@MdPHA.org www.mdpha.org 443.475.0242**

**References**:

1. Holben DH, Shelley AM. Diabetes risk and obesity in food-insecure households in rural Appalachian Ohio. Prev Chronic Dis. 2006;3(3). Available from: http://www.cdc.gov/pcd/issues/2006/jul/05_0127.htm

2. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. J Nutr. 2010;140(2):304-10. Available from: http://doi.org/10.3945/jn.109.112573

3. Cook JT, Frank DA. Food security, poverty, and human development in the United States. Ann NY Acad Sci. 2008;1136(1):193-209.

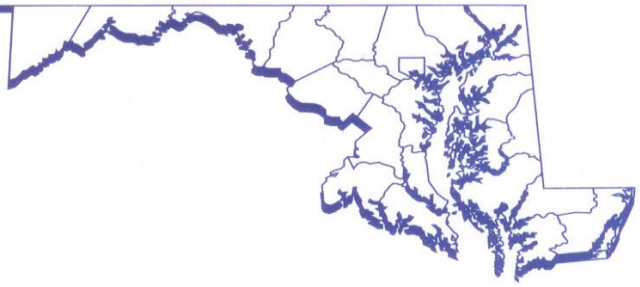
4. Melchior M, Chastang JF, Falissard B, Galera C, Tremblay RE, Cote SM, Boivin M. Food insecurity and children's mental health: A prospective birth cohort study. PLoS One. 2012;7(12):e52615. Available from: https://doi.org/10.1371/journal.pone.0052615

## SB 52 - PH - MD Commission on Hlth Eq - SEN FIN 2-

Uploaded by: Polsky, Larry

Position: FWA

Maryland Association of
COUNTY HEALTH OFFICERS
an affiliate of Maryland Association of Counties, Inc.



**2021 SESSION**
**POSITION PAPER**

**BILL:** **SB 52 - Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)**
**COMMITTEE:** **Senate Finance Committee**
**POSITION:** **Letter of Support with Amendment**
**BILL ANALYSIS:** **SB 52 would create a state Commission on Health Equity charged with using a health equity framework to study the social determinants of health that affect Maryland residents and to make recommendations pertaining to policies of the state and local governments in order to implement a Health Equity Plan.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports SB 52 as a laudable method to address health inequity among Marylanders, a serious problem that touches the foundations of public health practice. According to the National Association of County & City Health Officials (NACCHO):

> *Inequality in the United States is at the highest level since before the Great Depression and the United States has the worst health in the industrialized world. The social etiology of disease suggests that patterns of inequity in the distribution of disease and illness correspond to patterns of political, social, and economic inequality. For example, rates of disease and illness for people underpaid and forced into poverty are worsening across almost all categories and geographic areas in the United States, disproportionately affecting immigrants, people of color and women.[12] (Citations omitted).*

NACCHO "encourages local health departments to act directly, with allies, on structures of inequality and violence associated with class, race, gender, and sexual orientation, as they are bound with imbalances in political power.[3] As such, MACHO respectfully requests the bill be amended to include a representative from MACHO as a member of the Commission. Local health departments in Maryland are similarly focused on health equity in their work and can share lessons learned and local perspective that would be valuable to the Commission.

For these reasons, the Maryland Association of County Health Officers submits this letter of Support with Amendment. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-437-1433. *This communication reflects the position of MACHO.*

[1] National Association of County & City Health Officials. "Statement of Policy: Health Equity and Social Justice." (2018, July). Retrieved January 18, 2021, from https://www.naccho.org/uploads/downloadable-resources/05-02-Health-equity-social-just

**Maryland Psychological Association  - SB52 Marylan**
Uploaded by: Shattuck, Daniel
Position: FWA

MARYLAND
PSYCHOLOGICAL ASSOCIATION

10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org



February 2, 2021

Senator Delores Kelley, Chair
Senate Finance Committee
Maryland Senate
11 Bladen Street
Miller Senate Office Building, 3 East
Annapolis, MD 21401

**Bill:** SB 52 - Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

**Position: Support with Amendment**

Dear Chair Kelley:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in support of **SB52 Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021),** with the amendment language offered below.

We request adding to page 9, beginning after line 3, "**11. ACCESS TO MENTAL HEALTH CARE;**" as a factor to be considered by the Commission in determining the impact on the health of residents of the State.

Access to mental health care has been a major concern for many years, and the demand for mental health services has never been greater. The COVID-19 public health emergency has made clear the importance of providing access to mental health care to the citizens of Maryland. Efforts to identify disparities and develop solutions to address health equity now can only help the state of Maryland and its residents.

For these reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 52 and asks for your favorable consideration of the amendment.

If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Sincerely,

*Esther Finglass*
Esther Finglass, Ph.D.
President

*R. Patrick Savage, Jr.*
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

**LetterforOurLives.signed.pdf**
Uploaded by: Bogley, Laura
Position: INFO

***"Through the grace of God, we have opened our eyes to the ugly truth that Planned Parenthood has long targeted Black Americans for elimination."***

Thank you for your service to the people of this state. Mindful of your support for civil rights and minority populations, we are writing with an urgent request to address a public crisis affecting the Black community.

## Abortion is a Crime Against Humanity

As faith-based leaders in the Black community, we pray that you will join us to finally correct the greatest civil and human rights violation of our time – **abortion**, and that you will respect the free exercise of religion by ending public funding of abortion.

As leaders in faith, we have a moral obligation to speak the truth about abortion to our congregations. Both our faith and the history of our great nation *formed in faith*, call us to proclaim the dignity of each human life, made in the image of the Creator, regardless of condition of servitude, color of skin, or length of days.

We stand united in declaring that the abortion of a child - notably deemed by science and philosophy as a living human being in development - is a crime against humanity. A crime against humanity occurs when the government withdraws legal protection from a class of human beings as they did with African American slaves in our American past.

**"Abortion is another form of slavery; with the human child in the womb held hostage."**

Abortion is another form of slavery; with the human child in the womb held hostage**.** Any state government which acts to codify abortion as a constitutional right, forever enslaving the human child, will be guilty of the most egregious violation of human rights and inevitably- *the extinction of the Black child*.

## Planned Parenthood is the Greatest Violator of Civil Rights in America Today

For far too long we have allowed ourselves to be silenced as many turned a blind eye to the historic and systematic targeting of black lives by the abortion industry. We were deceived by Planned Parenthood who through their "Negro Project" shamefully used black ministers to disguise their eugenics goals as an economic equalizer that would empower black women and strengthen our communities.

Through the grace of God, we have opened our eyes to the ugly truth that Planned Parenthood has long targeted Black Americans for elimination, first through birth control, then through forced sterilization and now through abortion. As the honorable Supreme Court Justice Clarence Thomas recently warned, the abortion industry's "use of abortion to achieve eugenics goals is not merely hypothetical" and the state has a "compelling interest in preventing abortion from becoming a tool of modern-day eugenics." The evidence against Planned Parenthood is staggering. 78 percent of Planned Parenthood's abortion clinics are located in minority neighborhoods. Black women obtain 30 percent of all the abortions in America while we remain only 12 percent of the population. Tragically, the deadliest place for a black child is in his mother's womb.

**78% of Planned Parenthood's abortion clinics are located in minority neighborhoods.**

Today an increasing number of Black Americans recognize that Planned Parenthood's eugenic and population control agenda is having a genocidal impact on the Black population. More Black babies have been killed by abortion during the past 30 years than the total number of deaths among Black Americans from all other causes combined. The loss of 20 million Black children through abortion has robbed us of our destiny to be the largest minority population in this country, as we now stand second to Hispanics.

***20 million* Black American children have been killed through abortion…*more than all other causes of death combined.***

## The State Has a Legal and Moral Duty to Protect Black Lives

Today we stand united in declaring that as a civilized people, we can no longer endure the existence of the domestic terror that is Planned Parenthood, an organization whose business model is based in the eugenics philosophy, with longstanding and deadly intent against Black Americans. Planned Parenthood is even targeting our children in public schools with dangerous sexuality propaganda and an abortion-on-demand agenda, *increasing* the demand for abortion.

**Any approval for abortion funding or other support for Planned Parenthood is approval to kill even more of our Black American children.**

Regardless of your position on abortion, the state cannot continue to fund this extremist group that profits off the death of Black children. The Supreme Court has ruled that a woman's "right" to an abortion, does *not* include the right to public funding. Any approval for abortion funding or other support for Planned Parenthood *is approval to kill even more of our Black American children*. And forcing us as people of faith to publicly fund abortion is a direct violation of our religious freedoms.

***We the undersigned individuals,*** hereby call on our lawmakers to renounce Planned Parenthood and decry their long history of civil rights abuses, beginning with the targeted operations of clinics in poor, Black and Brown communities.

***We urge you to stand with us*** on the right side of history, to make a public declaration against the hateful practice of eugenics and to demonstrate your sincere commitment to justice and civil rights by acting to eliminate all public funding for Planned Parenthood and its subsidiaries.

***We further appeal to you*** to respect the God-given right to life as the first and primary of all rights due to each member of our human family, and to work to preserve that right which exists in nature prior to government, and is protected through our Constitution, by using the full authority of your office to reject any state and local actions to infringe on that precious right including by codifying a fallacious "constitutional" right to abortion. The right to life is God-given, and no man, woman or court of law has the legitimate authority to take innocent human life.

Just as certain as we know that a freed slave was not merely 3/5 of a person, we know that the human child growing in his mother's womb, is due the equal protection of this land and our laws. *It is time to end this shameful chapter in our history as a people.*

**Just as certain we know that a freed slave is not merely 3/5 of a person, we know that the human child growing in his mother's womb, is due the equal protection of this land and our laws.**

Again, we thank you for your continuing leadership in support of civil rights and social justice. Saving Black babies and their mothers from Planned Parenthood's aggressive abortion agenda is the greatest civil rights issue of our time.

God bless you and God bless America.

Respectfully Submitted *as hereby signed*,

# ***"Letter for Our Lives"*** **Signatories**

**Evangelist Dr. Alveda King**
Executive Director
Civil Rights for the Unborn

**Dr. Day Gardner**
President
National Black Pro-Life Union

**Pastor Clenard H. Childress, Jr.**
**L.E.A.R.N. Life Education and Resource Network**

**Reverend Walter B. Hoye, II**
**President**
**Issues for Life Foundation**

**Joseph Laurence Coffey**
Auxiliary Bishop
Archdiocese for the Military Services, USA

**Ernest Ohlhoff**
Director of Religious Outreach
National Right to Life

**John K. Jenkins, Sr.**
Senior Pastor
First Baptist Church of Glenarden

**Pastor P.M. Smith**
Senior Pastor
Huber Memorial Church
Baltimore, MD

**Pastor Luke J Robinson**
Quinn Chapel AME Church
Frederick, MD 21701

**Pastor Jonathan Davis**
St. Mark AME Church
Oxon Hill, MD

**Pastor Yolandra Johnson**
Mt. Zion AME Church
Frederick, MD 21701

**Reverend Dean Nelson**
Network of Politically Active Christians
Greenbelt, MD

**Pastor Stephen Broden**

**Reverend William C. Wilson**

**SB 52 LOI MIA.pdf**
Uploaded by: Paddy, Michael
Position: INFO

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor

KATHLEEN A. BIRRANE
Commissioner

JAY COON
Deputy Commissioner

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**TESTIMONY OF**
**THE**
**MARYLAND INSURANCE ADMINISTRATION**
**BEFORE THE**
**SENATE FINANCE COMMITTEE**

**FEBRUARY 2, 2021**

**SENATE BILL 52 - PUBLIC HEALTH - MARYLAND COMMISSION ON HEALTH EQUITY (THE SHIRLEY NATHAN-PULLIAM HEALTH EQUITY ACT OF 2021)**

**POSITION: LETTER OF INFORMATION WITH AMENDMENTS**

Thank you for the opportunity to provide written comments regarding Senate Bill 52. Senate Bill 52 establishes a commission to study health equity and to improve health outcomes and reduce health inequities in the State.

Currently Senate Bill 52, as drafted, does not include the Maryland Insurance Administration (MIA) as a commission member. The MIA would like to be included as a member and has submitted an amendment to be added to the commission.

The MIA regulates the commercial insurance market and enforces insurance regulatory laws. Those enforcement activities include the receipt and investigation of consumer complaints and, specifically with respect to health care, appeals and grievances arising from health care denials. The MIA also enforces laws related to the marketing and sale of insurance products, including laws that prohibit redlining. The MIA approves health insurance rates and forms. And, the MIA is charged with enforcing network adequacy and mental health parity laws and regulations. As a result, the MIA has a unique and informed perspective regarding barriers that certain communities face in securing adequate financing for health care through insurance, which is related to inequities in health care outcome.

Additionally, the MIA is an active member of the National Association of Insurance Commissioners (NAIC). The NAIC was created to promote appropriate uniformity and consistency in the regulation of the insurance industry, which operates nationally, but is regulated locally by each state. In the Summer, 2020, the NAIC established a Special Committee

on Race and Insurance to study, analyze and address diversity, inclusion, and systemic bias in the insurance sector, The Special Committee's work includes, within Workstream 5, examining and determining the practices and barriers specific to health insurance that potentially disadvantage persons of color and/or historically underrepresented groups. As an active member of the Special Committee, the MIA is able to access and leverage the work of that group and the information provided by stakeholders appearing before the Special Committee on health inequity and its root causes and solutions, particularly as it relates to the economics of care.

The MIA believes that it can offer valuable information and insight to the proposed commission on health (in)equity and the role that financing options, including commercial insurance, plays, and, as such will help to complete the conversation among other commission members. The Maryland Insurance Administration urges the Committee to adopt the attached amendment for Senate Bill 52.

BY: Maryland Insurance Administration

AMENDMENTS TO SENATE BILL 52
(First Reading File Bill)

AMENDMENT NO. 1

On page 7, after Line 13, insert "(25) **THE MARYLAND INSURANCE COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE**."

*Rationale: This would add the Maryland Insurance Administration to the task force established in the bill.*