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**HB 28 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**  
**SUPPORT**  
**House Health and Government Operations Committee**  
**January 26, 2021**

Good Afternoon Chairwoman Pendergrass and Members of the Health and Government Operations 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 HB 28 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.**

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.

HB 28 requires the Governor's Office Of Small, Minority and Women Business Affairs and in collaboration with the Maryland Health Care Commission to publish on the Department's website and report on health care disparities that include health data on race and ethnicity at least once every six (6) months.

Eleven months into the coronavirus pandemic, it's clear that COVID-19 is impacting some communities much more severely than others. We know, for example, that members of the Black and Hispanic communities are far more likely to experience severe illness and death from many health conditions, including COVID-19.

To reduce these health disparities, AARP believes that state public health departments and health care systems need to start by compiling comprehensive data, and providers and policymakers need to act on it. Public reporting of COVID-19 data by race and ethnicity has revealed troubling patterns, including incomplete information, missing data, and inconsistencies in labeling racial and ethnic groups.

Since the pandemic's onset, the AARP Public Policy Institute has been tracking how states report COVID-19 data by race and ethnicity. This tracking revealed wide

Real Possibilities

variability in their reporting and the findings indicate that the collection of accurate data is a best practice for state public health officials to use in their public reporting. The collection of race and ethnicity data will provide critical information to help inform actions to improve the health and well-being of all communities, especially those historically unrecognized and underserved.

For these reasons, AARP supports HB 28. For questions, please contact Tammy Bresnahan [tbresnahan@arp.org](mailto:tbresnahan@arp.org) or by calling 410-302-8451.