



**TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

March 10, 2021

House Bill 1276: Maryland Emergency Management Agency –
Emergency Planning and Management Cultural Competency – Study
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for House Bill 1276: Maryland Emergency Management Agency – Emergency Planning and Management Cultural Competency – Study.

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 of 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.

House Bill 1276 would require the Maryland Emergency Management Agency (MEMA) to study and make recommendations on best practices and model policies, including those addressing emergency responder training, for the culturally sensitive inclusion of minority communities in State and local emergency plans and management.

In conducting the study and making recommendations, MEMA shall conduct a survey of State and local emergency management to ascertain current emergency planning strategies that address the needs of diverse communities, including individuals with disabilities, African American, Latino, and other minority communities, individuals with limited English proficiency, individuals facing socioeconomic challenges, and individuals with religious restrictions.

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

I bring up these visits relative to our support for HB 1276 because the majority of Marylanders providing and receiving quality care in our setting come from diverse backgrounds. They have sadly experienced and suffered from healthcare inequity, social determinants of health, and tragic outcomes of racism.

As we all have seen, the COVID-19 pandemic has highlighted the disparities that exist in healthcare, among both those providing and receiving care, and especially in communities of color and among those who are economically disadvantaged. Healthcare disparity and social determinants of health are a national embarrassment. Together, we must do better in ensuring that resources are not only available, but efficiently coordinated and facilitated across jurisdictions and among stakeholders.

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

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

For these reasons, we request a favorable report from the Committee on House Bill 1276.

Submitted by:

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