



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

March 2, 2021

House Bill 1258: Health Enterprise Zones - Established (Restoring the Promise 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 House Bill 1258. 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.

House Bill 1258 would require the Secretary of Health to designate contiguous geographic areas with documented health disparities and poor health outcomes as Health Enterprise Zones. The purpose of the Health Enterprise Zones would be to target state resources to specific areas of the state to reduce health disparities, improve health outcomes, promote primary and secondary prevention services, and reduce healthcare costs and hospital admissions and readmissions. This legislation also requires the Governor to provide FY23 funding for waiting list services for individuals with developmental disabilities.

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 1258 because the majority of Marylanders providing and receiving quality care in our setting come from diverse backgrounds. They have experienced and suffered from healthcare inequity, social determinants of health, and tragic outcomes of racism.

As I have often shared, and as this legislation points out, the 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 order to do better, we must identify areas that need assistance and provide that assistance in tangible, measurable ways that are data-driven and documented. HB 1258 is critical to ensuring we fully understand and can better advocate to improve minority health and find solutions to inequities in healthcare.

(more)

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 1258.

Submitted by:

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