



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

Vision: Healthy Marylanders Living in Healthy Communities

HB463 Maryland Health Equity Resource Act
Hearing Date: February 2, 2021
Committee: Health & Government Operations
Position: SUPPORT

Thank you Chairwoman Pendergrass and members of the Health & Government Operations Committee for this opportunity. We submit this testimony on behalf of the Maryland Public Health Association to express our support for HB463, the Maryland Health Equity Resource Act. This bill's purpose is to deliver fairness in access to health care resources regardless of race, ethnicity, geographic location, and disability. This initiative is based on a 2012-2016 pilot that effectively increased access to health resources, enhanced residents' health, decreased hospital admissions and created cost savings. Health Equity Resource Communities would be funded through a penny per dollar increase in the alcohol beverage sales tax.

We have witnessed massively unfair gaps in health care access in Maryland because of health inequities by race and ethnicity. For example, Black Marylanders experience higher rates of cardiovascular disease, asthma, and diabetes compared with white Marylanders.¹ In Maryland, black mothers die due to pregnancy 4 times more than white mothers, with the disparity continuing to widen over time.² The COVID-19 pandemic has further exposed health inequities and highlighted the necessity to address them and otherwise advance health outcomes in our state. Statewide, according to the COVID Tracking Project, African Americans account for 29% of the population but 41% of the deaths from the virus. While the Latino community makes up just 10% of the population, over a quarter (26%) of all confirmed cases of COVID-19 were found in this group.³

Location is also an issue. For example, there is a lack of healthcare specialists in rural areas compared to urban areas. In Maryland, about 499 gastroenterologists (GI) specialists perform colonoscopies, but none of them are on the eastern shore. In rural places like Ocean City and Salisbury, the nearest GI specialist is at Anne Arundel Gastroenterology.⁴ One of our members reports that while working as a medical assistant for GI specialists at Gastro Associates in Glen Burnie, many patients had to drive 3 to 4 hours from Ocean City or other rural areas of Maryland for colonoscopy and other GI issues. More than 30% of colorectal cancer patients have a family history of the disease, making it one of the most critical and actionable risk factors.⁵ The American Cancer Society recommends new colorectal cancer screening from age 45 because of family medical history and excessive colon cancer deaths. It is estimated that in 2020, there were 53,200 deaths from colorectal cancer for all ages.

It is critical that the Health Equity Resource Communities have a funding mechanism, and a penny per dollar increase in the alcohol beverage sales tax is the right way to do it. The 2011 alcohol beverage sales tax increase led to significant reductions in underage drinking, binge drinking, driving under the

¹ Mann D., (2019). "The Business Case for Addressing Health Equity and Cost Reduction by Targeting Preventable Utilization." <https://health.maryland.gov/mhhd/Documents/MHHD%20HEC%202019%2012%2005%20pp.pdf>

² Maryland Department of Health (2019). "Maryland Maternal Mortality Review 2019 Annual Report." https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf

³ <https://covidtracking.com/race/dashboard#state-md>

⁴ Google Map. (2021).

⁵ Colorectal Cancer. (2020). "Facts & Figures 2020-2022." <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

influence, and sexually transmitted infections.⁶ Maryland has not raised its alcohol beverage sales tax since 2011 and its rate has fallen behind that of Washington D.C. Raising the state’s alcohol beverage sales tax will generate necessary funds and reduce drinking, including by underage Marylanders and heavy drinkers, which in turn will save lives and reduce health care costs.

It is essential that all Marylanders have equitable access to health care resources, such as primary doctors and specialists, so that they will be able to get the medical treatments they need. We urge you to give HB463 a favorable report to reduce healthcare inequities in Maryland.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

⁶ Porter, K.P., Frattaroli, S., & Pannu, H. (2018). “Public Health Policy in Maryland: Lessons from Recent Alcohol and Cigarette Tax Policies.” <https://abell.org/sites/default/files/files/Abell%20Public%20Health%20Report%20022718.pdf>