



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

January 26, 2021

House Bill 78: 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 House Bill 78. 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 78 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 HB 78 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 House Bill 78.**

*Submitted by:*

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