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January 26, 2021

**House Bill 78 – Public Health –  
Maryland Commission on Health Equity  
(The Shirley Nathan-Pulliam Health Equity Act of 2021)**

**SPONSOR TESTIMONY: Joseline Peña-Melnyk (Favorable)**

Good afternoon Chairman Pendergrass and committee members. Thank you for allowing me to present to you HB 78.

This bill is being introduced to address racial injustice and health disparity issues, many of which have worsened due to the COVID-19 crisis.

Maryland, much like the rest of this country, has long failed to address racism and its many detrimental effects. Racism is firmly and deeply rooted in America, from slavery, to the Jim Crow era, and the war on drugs. Racism is the root cause of persistent discrimination in many areas, including, but not limited to, housing, education, employment, criminal justice, family stability, economic opportunity, and access to health care. More than 100 studies have linked racism to worse health outcomes. Black, Hispanic, and Native Americans have a significantly greater risk of many severe conditions, including heart disease, strokes, cancer, infant mortality, and maternal mortality. The American Public Health Association, National Association of County and City Health Officials, and the American Academy of Pediatrics have all declared racism as a public health crisis.

As a Black Latina and a Delegate whose district contains a very large Black and Hispanic American population, I can personally testify to the impact systemic racism has had on both myself, and many members of my community. Our policies must acknowledge racism as a public health issue. This bill creates a state-designated data exchange within the Maryland Health Care Commission to begin tackling these issues.

The commission's members will include multiple officials from the Maryland state government, including at least one Senate and one House member. The commission will meet no less than four times per year. During each meeting session, the commission's members will utilize a public health equity framework and formulate policies to implement plans for state and local agencies. These policies will address racial gaps in multiple areas such as housing, education, and employment. These implemented plans may include implicit bias training, reducing health inequities, and bolstering communication and coordination between state and local governments. The framework developed by the commission will be a foundation for stronger and more specific policies dedicated to reducing racial inequities.

COVID-19 has laid bare enormous racial inequities and their impact on the health of minorities, not just in Maryland but throughout the country. The State of Maryland must initiate a public health equity framework to evaluate future policies and start closing the gaps in health care.

Thank you for hearing my testimony.

I respectfully ask for a favorable report.