

Warmest greetings from Kaiser Permanente. My name is Larry Tinsley II. I am a Registered Nurse in Surgical Specialties completing my Graduate School internship through Kaiser Permanente's Government Relations department. I will complete my Master of Public Health with a concentration in Health Policy this coming May. I extend my sincere gratitude to the esteemed members of the House and Senate, Kaiser's Vice President of Government Programs & External Relations, Wayne Wilson, my preceptor and Director of Government Relations, Allison Taylor and Delegate Pena-Melynk for enabling me the opportunity and platform to speak on the topic of Health Equity.

For years, our nation's policymakers have been vigorously engaged in debate regarding health care reform. Although this discussion is centered on Capitol Hill, robust dialogue is taking place in state capitols, city halls, and local municipalities because it affects every constituent in this country. Efforts in creating congruent health care delivery is two – fold: we must continue to improve care delivery by the most affordable methods regarding quality and comprehensive care while simultaneously creating sustainable health coverage. It is also essential to employ a culturally sensitive approach to the concerns of our patient population specializing care to effectively treat all members of our pluralistic society.

My zeal for health care reform began to develop when I was employed as a Pharmacy Technician approximately 30 years ago. As I encountered patients with chronic disease, I was reminded of my plight with chronic asthma during my childhood. I vividly remembered the Emergency Room visits at Holy Cross Hospital in Silver Spring, Maryland routinely becoming extended inpatient admission stays. I recalled the

countless nebulizer treatments and other medication routinely administered to control the disease as well as the weekly trips to the allergist for multiple injections.

Growing up in the urban setting of Washington, D.C. our socioeconomic condition rendered my mother to frequently choose between purchasing my asthma medications or buying adequate food for the week on her modest annual salary of \$11,000 as a Radiology receptionist at the now defunct Columbia Hospital for Women. By God's Grace, I managed to avoid gang affiliation and other societal ills and did well enough in my studies to be selected for the National Junior Honor Society. I would earn spending money on weekends by helping the elderly carry bags to their cars at our local Safeway. At 14 years old, I posed as a 16-year-old (legal working age) for an interview at a fast-food chain. I was hired and worked the entire summer to help my mother as much as I could financially. Although the help was appreciated by my mother, our health insurance remained inadequate and the hospital bills continued to accumulate.

As a nursing student, I had the pleasure of meeting hardworking immigrants from various parts of the globe who were employed as housekeepers with only limited healthcare coverage. Like my mother years ago, they also made an honest living, however, they, too, were faced with the dilemma of opting to purchase an antibiotic for their child with an ear infection or feeding a family of six. Oftentimes, I would provide them with medical counsel on how to treat a family member's ailments. This would save them money otherwise spent on expensive copays and deductibles for doctor visits.

These living conditions and personal experiences have fueled my desire to ensure healthcare equity is realized once and for all. It is incumbent upon healthcare professionals and lawmakers to further examine and mitigate the same disparities that

were present during my childhood that still remain some 35 – 40 years later. As with any healthcare encounter we must assess, diagnose, treat the causes of this perpetual incongruence, and establish an efficient health care system that is of high quality, culturally relevant, comprehensive, and affordable. I applaud the state of Maryland in proposing grass root efforts in creating legislation that compiles data in attempt to understand different trends and dynamics that exacerbates this age – old challenge and establishes methods that serve to enhance our health care system's effectiveness to serve the population at large.

My mother is now a retired Medicare recipient and pancreatic cancer survivor recently diagnosed with liver cancer and is currently undergoing chemotherapy. It is very encouraging to know the state of Maryland is concerned with the well-being of its entire constituency. I am truly grateful knowing providing high quality healthcare in Maryland is a priority.

Thank you once again and may God bless you all!