



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

March 2, 2021

House Bill 1280: Health - Maryland Community Health and Public Safety Center of Excellence -
Establishment

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 1280. 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 1280 would establish the Maryland Community Health and Public Safety Center and would authorize the Center to enter into contracts with the University of Maryland System or other entities to carry out its mission. The Center would develop a plan to enhance community health and safety, working with state and local governments to provide technical assistance, as well as working with other entities, to facilitate sequential impact models. This type of model is a systems-level framework for criminal justice, mental health, and addictions stakeholders to divert adults with serious mental illness from the criminal justice system to the community health and addictions services. This legislation outlines the activities and requirements of the Center, as well as responsibilities of local jurisdictions.

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 1280 because the majority of Marylanders providing and receiving quality care in our setting come from diverse backgrounds. They have sadly experienced and suffered from healthcare inequity, social determinants of health, and tragic outcomes of racism.

As I have often shared, 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 ensuring that resources are not only available, but efficiently coordinated and facilitated across jurisdictions and among stakeholders.

(more)

In order to do better, we must have a framework in place that is able to provide assistance in tangible, measurable ways that are data-driven and documented. HB 1280 is critical to ensuring we fully understand and can better advocate to improve public health and safety, and find solutions to inequities in public policy at the intersections of mental health, addiction and substance abuse, community development, and criminal justice.

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 1280.

Submitted by:

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