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SB 52

March 23, 2021

TO: Members of the Health and Government Operations Committee

FROM: Natasha Mehu, Director of Government Relations

RE: SENATE BILL 52 – Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act Of 2021)

POSITION: SUPPORT

Chair Pendergrass, Vice Chair Peña-Melnyk, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 52.

SB 52 establishes the Maryland Commission on Health Equity which will be tasked with developing a health equity framework for the state, advise the Maryland Department of Health Secretary on health equity, coordinate the health equity efforts of multiple state agencies, establish statewide health equity goals, and develop health equity recommendations and metrics based on data collected by a new state advisory committee.

The BCA is genuinely concerned with public health disparities across Baltimore City's incredibly diverse population. The COVID-19 pandemic has further exposed the influence of social, economic, and environmental conditions on health outcomes for our City's populations. The pandemic has widened economic and health disparities, with Hispanic/Latino communities, African-American communities, and older adults disproportionately impacted by COVID-19. Hispanic/Latino Marylanders make up 10% of the population and account for 21% of COVID-19 cases, while African-Americans make up 29% of the population and account for 38% of deaths from COVID-19 in the State.[1] In Baltimore City, similar patterns are seen:

1. The older adult community, which is the most susceptible to severe and fatal cases of COVID-19; as of 12/16/20, 493 of Baltimore City's 575 confirmed deaths were to residents age 60 and older, with progressively higher case fatality rates for each ten-year group of older residents (age 60-69: 4.0%; age 70-79: 9.2%; age 80-up: 22.3%).

[1] Racial Data Dashboard | The COVID Tracking Project

2. Latinx population, which is experiencing the highest cases-per-1000 rate in the City among identifiable demographic groups, at 99.1.

3. African Americans have suffered about 70% of the Baltimore City COVID-19 fatalities (while comprising about 63% of the population).

In a setting of entrenched health and economic disparities compounded by the COVID-19 pandemic, there is an increased need to provide high-quality, high-touch services to Baltimore City residents who are disproportionately impacted by COVID-19.

Understanding how its population is impacted by disparities in public health, the Baltimore City Health Department (BCHD) has enacted a number of policies and programs to achieve health parity. One model program is the BCHD's Accountable Health Communities (AHC) model. Through AHC, BCHD partners with hospital partners to identify and address health-related social needs of Medicare and Medicaid beneficiaries. Close to 2000 Baltimore City residents a year are screened for social needs and referred to resources through the AHC.

As part of the Accountable Health Community grant, the BCHD developed CHARMCare, a resource directory publicly available to any resident in Baltimore. CHARMCare currently has over 250 agencies providing resources for food, housing, utilities, financial strain, mental health, substance use, and employment. Resource information is updated weekly and provides the information residents need to find and access resources that will meet their basic needs. Hundreds of providers, community health workers, and Baltimore residents use CHARMCare every year to find the resource information they need to address their social determinants of health.

Additionally, throughout the COVID-19 pandemic, equitable allocation and administration of vaccine is paramount to ending the pandemic and saving the lives of Baltimore City residents. The BCHD has developed a multi-level strategy for vaccine allocation and administration with a focus on reaching the most vulnerable populations. Said populations may be unable to access the mass vaccination points of dispensing due to social, economic, or medical barriers, which may include limited broadband access, the lack of insurance or a primary care provider, and limited mobility. Vaccine allocation and administration for certain groups should aim to reduce health disparities and not widen or create disparities.

SB 52 could further the BCA's and BCHD's ambitions of achieving health parity across its diverse population in multiple ways. It creates an avenue by which state government and local governments can collaborate on developing universal health equity goals and policies. This is in alignment with the Health Department's strategic plan to improve outcomes and inequities across key health indicators through the reconvening of the Local Health Improvement Council (LHIC). The LHIC will, in turn, promote the synchronization, collaboration, and cross-pollination of ideas and programs between community-based partners, health system organization, and the local health department in the development of health equity goals and policies for the City.

We respectfully request a **favorable** report on Senate Bill 52.