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SB 52 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)

SUPPORT

House Health and Government Operations Committee

March 23, 2021

Good Afternoon Chairwoman Pendergrass and Members of the House Health and Government Operations Committee. I am Karen Kalla, Executive Council Member and lead advocacy volunteer for AARP MD. AARP Maryland is one of the largest membership-based organizations in the state, encompassing almost 850,000 members. **AARP MD overwhelmingly supports SB 52 Public Health – Maryland Commission on Health Equity 3 (The Shirley Nathan–Pulliam Health Equity Act of 2021).**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

SB 52 establishes the Maryland Commission on Health Equity to (1) employ a “health equity framework” in specified examinations; (2) provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities; (3) facilitate coordination of expertise and experience in developing a comprehensive health equity plan addressing the social determinants of health; and (4) set goals for health equity and prepare a plan for the State to achieve health equity in alignment with other statewide planning activities. The commission must establish an advisory committee on data collection. The Maryland Department of Health (MDH) must staff the commission. The commission must submit an annual report by December 1 of each year; the 2023 report must include findings and recommendations on the health effects occurring in the State as a result of specified factors.

In countries like the U.S. where inequality is the most extreme, we see higher rates of obesity, diabetes, cancer, and heart disease especially for people over 50 and across all income levels. We know that by closing these gaps in health alone, we could add trillions of dollars of GDP in the coming years, not to mention creating longer, happier, more productive lives for millions of people.

Real Possibilities

The Coronavirus pandemic (COVID-19) has exposed the vast shortcomings within our health system and the critical importance of affordable health coverage and care for all people and all families. Gaps in health and healthcare exist in Maryland and across the United States that lead to inequitable outcomes referred to as “health disparity impacts.”

A coordinated collection of key impactful resources designed to gain a better understanding of the issue and what Marylanders of color face is essential in disclosing, defining, and addressing health disparities. Creating a Maryland Commission on Health Equity will provide these resources and contribute to the health and wellbeing of underserved communities and to the enrichment of all Marylanders.

For these reasons, AARP supports **SB 52**. For questions, please contact Tammy Bresnahan tbresnahan@arp.org or by calling 410-302-8451.