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**House Bill 309 – Public Health – Data –
Race and Ethnicity Information**

SPONSOR TESTIMONY: Joseline Peña-Melnyk (Favorable)

Good afternoon Chairman Pendergrass and committee members. Thank you for giving me the opportunity to present to you HB 309.

This bill is being introduced at a crucial time, in light of the COVID-19 pandemic, as the State of Maryland continues to have important conversations about equity and inclusion through policy.

In the fight against the COVID-19 global pandemic, data has proven to be the crux of public health. Data illustrates health trends, supports policy recommendations, and quantifies the availability and distribution of important health resources. But data is only as valuable as the change it can inform. To tailor programs to vulnerable communities that need those resources the most, coordinated data that can be systematically used to enact positive change is necessary. This bill creates a comprehensive framework by which race and ethnicity health data is collected, organized, and utilized to develop resources to improve minority health in Maryland.

The bill primarily requires the Maryland Office of Minority Health and Health Disparities (OMHHD) to collaborate with the Maryland Health Care Commission to generate a centralized report card that includes data on racial and ethnic variations in a wide range of healthcare statistics. This coordinated database can be then used to advise program and policy development to improve the health outcomes of minority racial and ethnic groups. The database includes population data on uninsured low-income, non-elderly individuals, licensed physicians, and morbidity and mortality rates for common non-communicable diseases. Having standardized data available that is focused on mapping trends in minority health can inform targeted and measurable changes to programs that will vastly improve the efficacy of minority health resources in Maryland.

In addition to the report card component, the bill urges the State to include underrepresented racial and ethnic groups in health programming by providing a list of action items for the OMHHD. These items provide guidance to the office on specific actions that can be taken to improve the availability and quality of health resources available to minority populations in Maryland. These items include everything from giving the office the ability to apply for grants for programs related to minority health and health disparities and partnering with community-based organizations and healthcare providers to promote the office's minority health objectives. The range of these actionable items casts a wide enough net by giving the office the discretion to

create meaningful programs that tackle all areas of minority health, while still providing enough focus to ensure that these goals are met.

It has been proven time and time again that demographic variables, such as race and socioeconomic status, play a crucial role in dictating the health outcomes of individuals. However, it is equally important to recognize the power that effective programs and policies have in mitigating these racial and economic health disparities. This bill creates a clear foundation by which race and ethnicity health data can be collected and standardized to inform the development of critical health programs and policies in Maryland.

I respectfully ask for a favorable report. Thank you.