



Maryland
Hospital Association

March 1, 2022

To: The Honorable Maggie McIntosh, Chair, House Appropriations Committee

Re: Letter of Information - House Bill 783– Public Schools – Mold Assessment and Remediation

Dear Chair McIntosh:

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 783.

In 2021, the Center for Medicare and Medicaid Innovation approved Maryland’s State Integrated Health Improvement Strategy (SIHIS), which is “a fundamental component of the [Maryland Total Cost of Care Model](#).”¹ SIHIS contains three domains to improve the health care system and health outcomes for Marylanders. Total population health, the third domain, includes three goals focused on diabetes, opioid use disorder, and maternal and child health. Decreasing asthma-related emergency department visit rates for children 2-17 years old is the child health goal.² Race/ethnic-specific targets are included to reduce the disparity in emergency department visit rates between Black and white youth. Community interventions, like better air quality and other environmental improvements, are needed to achieve these goals.

HB 783 establishes standards for mold assessment and remediation within the public school system. Air quality is an important determinant of health. Indoor exposure to mold can lead to mild, allergy-like symptoms in healthy people and can provoke asthma symptoms in those with asthma.³ Young children are especially vulnerable, which means air quality in schools is important.

Communities of color are disproportionately exposed to air pollution across income levels.⁴ This unequal exposure leads to disparities in chronic conditions like asthma and therefore disparities in the impact of indoor mold. Black children nationwide have disproportionately high rates of asthma; more than 14% of Black children have asthma compared to 8% of white children.⁵ This national disparity is also true in Maryland. On the Eastern Shore, for example, Black children have five times the rate of asthma-related emergency department visits as white children.⁶ High

¹ Center for Medicare and Medicaid Innovation. (March 17, 2021). “[Statewide Integrated Health Improvement Strategy Proposal](#),”.

² Maryland Health Services Cost Review Commission. (December, 2020). [Statewide Integrated Health Improvement Strategy Proposal](#).

³ Centers for Disease Control and Prevention. (August 11, 2020). [Basic Facts about Mold and Dampness](#)

⁴ Tessum CW, Paoletta DA, Chambliss SE, Apte JS, Hill JD, Marshall JD. PM2.5 pollutants disproportionately and systemically affect people of color in the United States. *Sci Adv*. 2021;7(18):eabf4491. doi:[10.1126/sciadv.abf4491](#)

⁵ National Public Radio. (December 28, 2015). [Childhood Asthma Rates Level Off, But Racial Disparities Remain](#).

⁶ Maryland Department of Health. (n.d.). Statewide Integrated Health Improvement Strategy: Maternal and Child Health- Why Focus on Asthma?

rates of asthma raise health care costs. For example, in 2018 asthma led to more than \$73 million in hospital charges for Maryland children.⁷

Meeting SIHIS goals will require innovative community partnerships to address and support the health of all Marylanders.

For more information, please contact:
Brian Sims, Director, Quality & Health Improvement
Bsims@mhaonline.org

⁷ Maryland Health Services Cost Review Commission. (December, 2020). Statewide Integrated Health Improvement Strategy Proposal.