

# **SB498 Senator Hershey Testimony.pdf**

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Position: FAV

**STEPHEN S. HERSHEY, JR.**  
*Legislative District 36*  
Caroline, Cecil, Kent, and  
Queen Anne's Counties

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MINORITY LEADER  
—

Finance Committee

Executive Nominations Committee

Rules Committee  
—

Joint Committee on Legislative Ethics

Legislative Policy Committee



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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

February 22, 2022

The Honorable Melony Griffith

Finance Committee

3 East Miller Senate Office Building

RE: Senate Bill 498 Rural Health Collaborative Pilot Repeal and Mid Shore Health Improvement Coalition Funding

Dear Madam Chair and Members of the Committee,

Senate Bill 498 allows the Mid Shore Health Improvement Coalition to continue the important work of the Rural Health Collaborative that was initiated by this committee in 2018. At that time, a Maryland Department of Health workgroup recommended a collaborative to develop and support a rural health complex or community-based health care services for the Mid-shore. Senate Bill 1056 tasked the Collaborative with advancing health initiatives of rural healthcare care delivery in the five counties of the Mid-Shore: Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties. The Collaborative and now the Mid-Shore Health Coalition has helped to address disparities and lack of healthcare coverage in the Mid-Shore.

In 2019, the Governor provided annual funding in the amount of \$150,000 for the implementation of these rural health initiatives and under this bill, this funding will continue under the Mid Shore Health Improvement Coalition to continue these efforts.

I have Kent and Queen Anne's County Health Officers here to expand on these initiatives and pressing healthcare issues in the Mid-Shore Region.

I ask for your favorable consideration.

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Uploaded by: Karen Kalla

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**SB498 Rural Health Collaborative Repeal and  
Mid Shore Health Improvement Coalition Funding  
FAVORABLE  
Senate Finance Committee  
February 23, 2023**

Good afternoon, Chair Griffith and members of the Senate Finance Committee. Thank you for this opportunity to provide testimony in support of SB498 sponsored by Senators Hershey and Mautz. I am Karen Kalla, member of the AARP Maryland Executive Council, resident of Anne Arundel County, and former resident of both Salisbury and Rock Hall. AARP, one of the largest membership-based organizations in Maryland, encompassing more than 850,000 members, supports SB498.

AARP is a non-partisan, non-profit nationwide organization that helps people turn their goals and dreams into real possibilities, strengthen communities and advocates on those issues that matter to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

We urge support of SB498 which will shift local revenues and expenditures from the Rural Health Collaborative Pilot to the Mid Shore Health Improvement Coalition and continue this funding through an annual appropriation by the Governor.

This Mid Shore Health Improvement Coalition will provide a clear pathway for sharing resources to assess and enhance the health of the region's populations. Its focus on social determinants of health, healthy living, health equity, and health literacy will offer residents understandings and options to improve their health and make better informed lifestyle choices.

The rural nature of Maryland's mid-shore region and socio-economic status of many of its residents, often challenges access to health care, education, guidance, and support. Healthy lifestyle choices improve the well-being of individuals, their families, and enhance work productivity and community engagement. Preventive care helps to keep people out of emergency rooms, extended hospital visits, and other expensive health facilities. In short, this investment into the well-being of mid-shore individuals, is a positive investment in the well-being of their communities and the region as a whole.

AARP believes that state governments should help rural communities improve local access to health care by facilitating community-based discussions about potential solutions for access problems.



Additionally AARP believes that state governments should provide appropriate incentives for health care plans to extend needed coverage to rural areas; incentives and assistance in recruiting and retaining all types of health care personnel; and technical assistance to rural and underserved communities that seek to develop delivery systems and identify alternative ways to provide access to health care (such as telemedicine systems and improved transportation resources).

For these reasons, AARP Maryland respectfully asks the Senate Finance Committee to issue a favorable report for SB498. If you have questions, please call Tammy Bresnahan, Senior Director of Advocacy at 410-302-8451 or at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) .

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Position: INFO



*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary*

February 23, 2023

The Honorable Melony Griffith  
Chair, Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 498 – Rural Health Collaborative Pilot Repeal and Mid Shore Health Improvement Coalition Funding – Letter of Information**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 498 - Rural Health Collaborative Pilot Repeal and Mid Shore Health Improvement Coalition Funding. SB 498 will repeal provisions of law that established and governed the Rural Health Collaborative (RHC) Pilot program within the Mid-Shore region. SB 498 further mandates the Governor to provide an appropriation for the operations of the Mid-Shore Health Improvement Coalition.

The RHC within the five Mid-Shore counties (Talbot, Dorchester, Caroline, Kent, and Queen Anne) was established to improve access and delivery of health services in rural areas; develop one or more innovative models for achieving that purpose; align strategies with the Maryland Medicare Waiver; select a site(s) for the Rural Health Complex model development; and demonstrate improved health outcomes for the population of the Mid-Shore.

During Fiscal Years (FY) 2019, 2020, and 2021, the RHC convened and developed the needs assessment and standards and criteria for future rural health complexes. In November 2020, the RHC Executive Committee recommended to the membership body that the RHC continue its work via the Mid-Shore Health Improvement Coalition, currently under revitalization in the Mid-Shore region. However, due to the structure prescribed in the RHC Pilot legislation, the group cannot transition without legislation. As a result, a formal Rural Health Complex has not been established at this time.

As drafted, SB 498 mandates the Governor provide a budget appropriation to fund the operations of the Mid-Shore Health Improvement Coalition. However, MDH notes there are no other mandated appropriations directly supporting the operations of other Local Health Improvement Coalitions across the state.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott". The signature is fluid and cursive, with the first name "LH" being more prominent and the last name "Scott" following in a similar style.

Laura Herrera Scott, M.D., M.P.H.  
Secretary