



DATE: 3/4/2024 **COMMITTEE: Health and Government Operations**
BILL NO: House Bill 1333
BILL TITLE: Maryland Commission on Health Equity - Membership and Statewide Health Equity Plan
POSITION: Support

Kennedy Krieger Institute supports the Maryland Commission on Health Equity - Membership and Statewide Health Equity Plan

Bill Summary:

HB 1333 would require the Maryland Commission on Health Equity to develop and monitor the statewide health equity plan required under a cooperative grant funding agreement with the Center for Medicare and Medicaid Innovation; and requiring the Maryland Commission on Health Equity to coordinate with the Maryland Department of Health and the Health Services Cost Review Commission when establishing a certain advisory committee.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Despite access to world-renowned healthcare institutions, many Marylanders continues to face many inequities from social determinants of health including poverty, food insecurity, racism, affordable housing, access to care, and more. Baltimore City per capita healthcare spending is 3 times as high as the national average, though life expectancy is 5 years lower compared to the national average.¹ In Maryland, 1 out of 8 children are living in poverty and the numbers are rising.² Additionally, over half of students in Maryland's public schools qualify for free and reduced-priced meals.³ Growing up in poverty is a significant threat to healthy child development and increases the risk of poor cognitive, academic, and other health outcomes for children.^{4,5}

Nationwide, 1 out of 5 children has a mental, emotional, or behavioral disorder,⁶ though only about 20 percent of these children receive the mental health services they need.⁷ In particular, children of color, children with disabilities, children identifying as LGBTQ+ and children living in households with incomes at the poverty level are at greater risk of bearing an undue burden of poor mental health outcomes due to scarcity of trained culturally responsive and trauma-informed mental health providers and other factors including socioeconomic disadvantage, racism, or immigration status.⁸⁻¹⁰ When living in areas of higher neighborhood deprivation, youth from Black, Hispanic/Latinx, or sexual and gender minority (SGM) backgrounds in our own state are most at risk for adverse childhood experiences.¹¹ Language barriers experienced by children from families with limited English proficiency also contribute to difficulties with accessing health care services, which negatively impacts patient safety, quality of care, and patient satisfaction.¹² Of course, these health disparities are further compounded by the ongoing local healthcare workforce crisis.¹³

Preventable racial and ethnic disparities resulting from inadequate care, lack of access, structural racism, and financial barriers are critical for our state to continue to study and address in a targeted manner to improve health equity across our state. We strongly believe that investing time and resources to improve the health of Marylanders, particularly our youth, will pay off in dividends in the future.

Kennedy Krieger Institute requests a favorable report on House Bill 1333.

References

1. U.S. News & World Report. Overview of Baltimore city, MD. <https://www.usnews.com/news/healthiest-communities/maryland/baltimore-city>
2. Annie E. Casey Foundation. A profile of youth and young adults in Baltimore. 2023. <https://www.aecf.org/blog/a-profile-of-youth-and-young-adults-in-baltimore>
3. Maryland Department of Legislative Services. *Fiscal Briefing*. 2023. https://dls.maryland.gov/pubs/prod/OperBgt/Fiscal-Briefing_2023-Session.pdf
4. Beauregard JL, Drews-Botsch C, Sales JM, Flanders WD, Kramer MR. Preterm Birth, Poverty, and Cognitive Development. *Pediatrics*. Jan 2018;141(1)doi:10.1542/peds.2017-0509
5. Hair NL, Hanson JL, Wolfe BL, Pollak SD. Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatr*. Sep 2015;169(9):822-9. doi:10.1001/jamapediatrics.2015.1475
6. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academic Press; 2009.
7. American Academy of Child & Adolescent Psychiatry. Best Principles for Integration of Child Psychiatry into the Pediatric Health Home. Accessed January 29, 2023, https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf
8. Trent M, Dooley DG, Dougé J, et al. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765
9. U.S. Department of Health and Human Services HRaSA. National projections of supply and demand for selected behavioral health practitioners: 2013–2025. January 29, 2023.
10. Wyse R, Hwang W-T, Ahmed AA, Richards E, Deville C. Diversity by Race, Ethnicity, and Sex within the US Psychiatry Physician Workforce. *Academic Psychiatry*. 2020;44(5):523-530. doi:10.1007/s40596-020-01276-z
11. Kurani S, Webb L, Cadet K, et al. Area-level deprivation and adverse childhood experiences among high school students in Maryland. *BMC Public Health*. Apr 23 2022;22(1):811. doi:10.1186/s12889-022-13205-w
12. Goenka PK. Lost in translation: impact of language barriers on children's healthcare. *Curr Opin Pediatr*. Oct 2016;28(5):659-66. doi:10.1097/MOP.0000000000000404
13. Maryland Hospital Association. Fostering a Robust, Engaged Health Care Workforce. <https://www.mhaonline.org/transforming-health-care/workforce#:~:text=Fostering%20a%20Robust%2C%20Engaged%20Health,5%20million%20patients%20each%20year.&text=Statewide%2C%20hospitals%E2%80%94either%20directly%20or,for%208%25%20of%20all%20employment>.

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org
707 North Broadway Baltimore, Maryland 21205