

*Leni Preston
Independent Consumer Voice on Health Policy
6306 Swords Way, Bethesda, MD 20817
Email: lenipreston@verizon.net; Cell: 301.351.9381*

HB 1333

Maryland Commission on Health Equity -
Membership and Statewide Health Equity Plan

Health and Government Operations Committee
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UNFAVORABLE

I request an unfavorable report on House Bill 1333 because I am convinced that it will undermine the well-founded intent of the Shirley Nathan Pulliam Health Equity Act of 2021. That established the Maryland Commission on Health Equity (Commission) - an exciting model to unite all government agencies in the effort to address the inequities in health outcomes in our State. The 2021 law advances this by clearly laying out the impacts of racism, as per the Preamble, and the predicate for the agency-wide approach - "WHEREAS, Racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment, criminal justice and incarceration, family stability, economic opportunity, access to health care, public safety, environmental safety, inadequate nutrition, voters' rights, and under-resourced recreational and health care facilities; and ..."

As a long-time consumer advocate on health policy, I applaud the work of the General Assembly and the Moore Administration. For the last two years I have been honored to serve as a member of the Commission's Policy Committee. That group has done substantive research in order to address its assignment - to provide the Commission with a recommendation on a health equity framework for the State. Unfortunately, HB1333 does not move that process forward. Rather, it would limit the Commission's scope and limit the potential to create a coordinated path to address our State's many intractable challenges.

How does HB 1333 do that? Three examples should illustrate my point:

- Governance Structure: Rather than taking an expansive approach to the Commission's mission it is reduced to, a "governance structure for the statewide health equity plan required under the next phase of the Total Cost of Care Model." Yes, a Centers for Medicaid and Medicare Services (CMS) contract requires such an entity. However, that should not come at the cost of derailing a cohesive approach to addressing the issues of racial justice and health equity that have been the focus of the Policy Committee's work for years.
- Commission Membership: In Section 13-430, several state agencies lose their seats at the Commission table. This step contradicts the promise to create a unique, unified, all government approach to address key factors, or social determinants, that impact people's health. Those represent 70% of an individual's health - vs. the 30% that are under their control. That 70% is shaped by laws and public policy that fall under the purview of a wide range of state agencies. Here is an opportunity to align policy with practice, but that opportunity will be lost if not all of the key players are no longer at the table. For example, what rationale is there to remove the Department of the Environment when the evidence is clear about the impact on minoritized populations of pollutants, unhealthy air and proximity to hazardous sites - to name just a few environmental factors?

Consider, too, the role of the Department of Transportation. Why eliminate that seat when studies show that transportation issues in all settings (urban, suburban and rural) serve as a major hindrance to access to care and are deemed a high priority to address public health inequities. Maryland can demonstrate that progress is made with partnerships. One example, as reported by the Community Health Resources Commission (CHRC), is the Lifestyles partnership with the Maryland Transportation Administration. That resulted in the acquisition of two wheel-chair accessible vans for patients in Southern Maryland.

That project was funded under a CHCR-administered Health Equity Resources Communities grant. Those are a key component of Maryland's current health equity agenda and yet the CHCR does not now have a seat on the this Commission and nor does it have one under

HB1333. And yet, CHCR's role so clearly illustrates the value of a well coordinated effort across all agencies.

- The determinants of health: Section 13-4305 addresses the Commission's use of a health equity framework to assess the impact of specific "... factors related to the social determinants." HB 1333 would remove four determinants directly related to racism and health outcomes - "Inclusion, diversity, and equity in the workplace; Barriers to career success and promotion in the workplace; Access to transportation and mobility; and Social justice."

It is clear that these issues are of primary importance to the HGO, but their removal could send the opposite message. More importantly, their absence undercuts the vision that was integral to the Commission's creation, specifically the coordinated and comprehensive approach to reducing inequities and advancing health equity.

There can be absolutely no doubt that addressing health equity in Maryland is of the highest priority to HGO and its individual members. Therefore, I would respectfully suggest that there are other ways to meet the CMS requirements without undercutting the unique model Maryland has put in place and the progress that has been achieved to date.

By accepting this challenge, legislators and policy makers could also seize the opportunity to ensure that the Commission members are fully engaged in the process and that each has the tools and resources necessary to make Maryland a leader on health equity.

For these reasons I urge an unfavorable report on House Bill 1333. Thank you for your consideration of my testimony.