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Written Testimony for House Bill 1333 Maryland Commission on Health Equity – Membership and Statewide Health Equity Plan

Position: Favorable with amendments (FWA)

As a current member of the Maryland Commission on Health Equity's Data Sub-committee, I welcome a review of the Commission's membership and purpose. Both on the data and policy fronts, the Commission has moved with an excess of caution and unnecessarily slow progress. I appreciate the need for the General Assembly to support agencies in aligning the Commission with CMS' health equity requirements for the Total Cost of Care Model.

However, the proposed Commission changes listed in HB 1333 fall short in four areas, and to address the shortfalls, I suggest the following amendments. These would align with CMS' Framework for Health Equity, reflect the core of the state's health equity work, and contribute to the patient/public/community-centeredness that the Total Cost of Care Model espouses.

1. The first amendment is to incorporate CMS' Framework for Health Equity 2022-2032 into HB 1333. After several years of work, the Commission has not yet adopted a health equity framework, and the current health equity dataset is based on traditional and potentially outdated thinking about contemporary causes of inequities.
    - CMS' Framework is forward-looking and expansive in a way that opens new ways of thinking about sources of inequities. As written, HB 1333 has an overly prescriptive set of traditional social determinants that may not be relevant or comprehensive for Maryland's diverse population, while the bill overlooks important social determinants already identified in Healthy People 2020 and 2030. For example, CMS' Pillar 4 is to Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services. HB 1333 does refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS), but the bill does not require the state to report data about language access and health literacy as social determinants. If the Commission narrowly interprets social determinants as listed in HB 1333, Maryland will miss the opportunity to include data about languages spoken, literacy, health literacy, and cultural factors in its equity dataset. But, if Maryland adopts the CMS Framework, the pillars are written broadly enough to allow the Commission to consider both traditional and new and emerging equity factors.

    - In addition, opening up the equity dataset per the CMS Framework helps align the Commission's work with other Maryland laws, such as the Consumer Health Information Hub (HB 1082). As the Director of the Consumer Hub, I can assure the Committee that we are working to advance plain language and language access for all Marylanders. Including health literacy and language access in an equity dataset would help assess progress toward an informed and engaged public. The state could also measure its progress towards its digital literacy goals, which is itself a multi-million dollar investment in equity.
2. The second amendment is to add the Maryland Community Health Resources Commission (CHRC) as a Commission member and preferably a Commission co-chair with the Maryland Department of Health (MDH) and the Health Services Cost Review Commission (HSCRC). Although MDH and HSCRC are responsible for the Total Cost of Care Model, the CHRC is the heart of health equity funding and programs in Maryland. The CHRC is the state agency with the most experience with and insights into the range of social determinants of health in each part of Maryland. The CHRC has been entrusted to select and fund Maryland organizations named as Health Equity Resource Communities, among its many funded initiatives. Based on my observations, the CHRC is the state's health equity safety net, and having a statewide equity plan not aligned with the CHRC's funding would lead to wasted resources. The CHRC must be a key contributor to any plans and implementation for health equity work that is intended to support the Total Cost of Care and other state initiatives.
3. The third amendment is to require plain language for all public information about the Commission's work, the health equity and Total Cost of Care models, and the data that the Commission and state agencies make available. The Commission must use easily available data visualization tools and plain language descriptions to make the public data discussed in Section 13-4306 easy to understand by Marylanders. Plain language for public information about health is a requirement of the Consumer Health Information Hub law (HB 1082).
4. The fourth amendment is to drop several of the proposed new members and to retain several members proposed for deletion. Unfortunately, the proposed additions to align the Commission with CMS' requirements for the cooperative agreement tip the membership balance too far in favor of healthcare services and financing and away from social factors, such as employment and the environment, that inform health equity models.
    - For example, the bill proposes to drop the four state departments – Agriculture, Commerce, Transportation, and Labor – that are likely to affect employment and physical and social mobility factors for Marylanders as well as drop two departments – Natural Resources and Environment – that affect

the everyday conditions for clean air, water, soil, and greenspace.
  - I propose that if the HSCRC becomes a co-chair with MDH, then as noted above, CHRC should at least be on the Commission and preferably a third co-chair to ensure that community health interests are fairly represented.
  - I also propose that the bill NOT add representatives from hospitals, hospital-based population health, federally qualified health centers, managed care organizations, commercial insurers, and clinical providers. These sectors can be represented by MDH, HSCRC, MHCC, and MIA.
  - Finally, I propose adding a seat for the Maryland Office of Statewide Broadband. Maryland is investing millions of dollars to expand broadband and digital services and devices to all Marylanders. Access to digital services, such as telehealth, and online information is a core health equity issue and another example of a forward-looking factor not currently represented in Maryland's equity dataset.

I agree with the Committee that the Commission on Health Equity needs a refresh, and I urge the Health and Government Operations Committee to make these necessary amendments to HB 1333 before moving this bill out of committee.

Sincerely,

Cynthia Baur