

**Finance Committee**  
**Senate Bill 0129: Public Health – Maryland Commission on Health Equity – Advisory**  
**Committee and Hospital Reporting**  
**January 30, 2025**

**POSITION: SUPPORT WITH AMENDMENT**

Thank you, Madam Chair Beidle and Committee Members, for the opportunity to provide written testimony for Senate Bill 0129: Public Health - Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated into their communities, live independently and access high-quality, affordable health care.

While not a novel issue, health disparities throughout the United States have widened. The COVID-19 pandemic revealed large gaps in the healthcare system that strongly disfavor individuals who face greater obstacles due to broader social and economic barriers.<sup>1</sup> Factors such as race, gender, sexual orientation and disability revealed the health inequities that prevent such populations from receiving quality care in hospitals. At a federal level and a state level, there has been a push to promote health equity so that all individuals have the equal opportunity to lead full and complete lives. In Maryland, the creation of the Maryland Commission on Health Equity in 2021 served as the statewide effort to address and reduce these disparities.<sup>2</sup> Senate Bill 0129 will build on those previous efforts and assist in ensuring that the widest disparities in Maryland’s healthcare system are not only determined, but also properly addressed. Ultimately, this will help ensure that the existing systemic barriers are broken down.

DRM supports the establishment and goals of a health equity measures advisory committee to assist in creating a more equitable healthcare system. However, we are concerned about the proposed composition of the committee. The bill states that the committee shall include “one individual from an organization representing vulnerable populations.” We would like to propose an amendment to specifically include an individual from an organization representing individuals with disabilities on the Committee.

While vulnerable populations, such as racial and ethnic minorities, the unhoused and individuals who identify as LGBTQ+ also experience similar systemic barriers within the healthcare system, individuals with disabilities often face unique barriers that impede their ability to receive quality healthcare. For example, individuals with disabilities report that hospitals and clinics are physically inaccessible, lacking ramps and elevators or accommodations are placed in

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<sup>1</sup> Ndugga, N., Hill, L., Pillai, D., & Artiga, S., Race, Inequality, and Health. In Altman, Drew (Editor), Health Policy 101, (KFF, July 2024) <https://www.kff.org/health-policy-101-race-inequality-and-health/> (date accessed).

<sup>2</sup> Md. Code, Health-Gen. Article, §13-4201

inconvenient areas that require further travel.<sup>3</sup> Individuals with disabilities also often report negative interactions with healthcare professionals, frequently facing ableist attitudes, bias and discrimination.<sup>4</sup> These endless barriers lead to a lower quality of care for individuals with disabilities, exacerbating the inequities they face on a daily basis.

Crucial legislation like the Americans with Disabilities Act (ADA) protects the rights of individuals with disabilities in healthcare systems and addresses these barriers.<sup>5</sup> However, the voices of individuals with disabilities are still routinely ignored or disregarded in the creation of policies meant to promote their rights. By having an individual from an organization representing individuals with disabilities on the Committee, the voices of people with disabilities will be recognized and the challenges they face will be heard. In turn, the physical and systemic obstacles commonly faced in hospitals by those within the disability community can be addressed, leading individuals with disabilities in Maryland to have the equal access to healthcare that they not only need, but also deserve.

Individuals with disabilities have been in a constant cycle of oppression, inequity and powerlessness, especially in regards to accessing quality healthcare. With DRM's proposed amendment, Senate Bill 0129 can help ensure that Maryland is a part of the solution to ending that cycle, ultimately helping to create a future that allows people with disabilities to feel respected and equal in society.

**For these very reasons, DRM strongly supports Senate Bill 0129 with an amendment and urges a favorable report with the amendment.**

Sincerely,

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<sup>3</sup> FISA Foundation, A Fair Cry from Fair: Health Care Access for People with Disabilities (FISA, September 2024)

<sup>4</sup> Center for Disease Control, Disability Barriers to Inclusion, Disability Inclusion (December 2024).

<sup>5</sup> Americans with Disabilities Act, 42 U.S.C. §12101