

Testimony Concerning Senate Bill 560
Public Health – Maryland Commission on Health Equity – Membership and Purposes
Position: Favorable

To: Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice-Chair
Members of the Finance Committee

From: Michael Pinard, Faculty Director; Monique L. Dixon, Executive Director,
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Carey School of Law

Date: February 11, 2025

On behalf of the Gibson-Banks Center for Race and the Law (“Gibson-Banks Center”) at the University of Maryland Francis King Carey School of Law,¹ we appreciate the opportunity to submit testimony in support of Senate Bill (“SB 560”), which would expand the membership of the Maryland Commission on Health Equity (“Commission”) as well as expand the purposes of the Commission to include utilizing a health equity framework to examine, among other things, the impact of access to transportation and proximity to health care facilities on the health of Marylanders. We urge the committee to issue a favorable report because the expansions would allow the Commission to more holistically examine the myriad factors that negatively impact the health of lower-income and racially marginalized Marylanders and, in light of these factors, develop a statewide equity plan to address the conditions that compromise their health.

The Gibson-Banks Center works collaboratively to re-imagine and transform institutions and systems of racial inequality, marginalization, and oppression. Through education and engagement, advocacy, and research, the Center examines and addresses racial inequality, including the intersection of race with sex or disability, and advances racial justice in a variety of issue areas, including health equity.

¹ This written testimony is submitted on behalf of the Gibson-Banks Center and not on behalf of the University of Maryland Francis King Carey School of Law or the University of Maryland, Baltimore.

SB 560 appropriately addresses the direct connections between access to transportation and health. Nationally, one in five adults misses a healthcare appointment because of limited access to public transportation.² As the Urban Institute observes, “[t]his evidence demonstrates the importance of public transportation for equitable access to health care, especially for adults who do not own vehicles.”³ These access issues are particularly acute throughout Maryland and exact significant harm. Limited public transit access in areas throughout Maryland erect substantial barriers for individuals to make their healthcare appointments.⁴ As a result, too many children and adults in Maryland miss their appointments, leading to delayed or missed medical care.

In the healthcare context, some of these transit access issues could be alleviated if the health care facilities were located more proximate to transit-burden communities or if there were alternative means to meet with healthcare providers. For example, some people do not access preventative because of distance. Also, greater distances from emergency rooms negatively impact ambulance response times and outcomes for acute medical conditions.⁵ Thus, “interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need.”⁶

Given the health disparities in Maryland based on any number of factors, including race, socioeconomic status, and public transportation access, SB 560 rightfully seeks to expand the membership and purposes of the Commission to ultimately develop a statewide equity plan that meets the health needs of all Marylanders. For these reasons set forth above, we ask for a favorable report.

² LAURA BARRIE SMITH ET AL., URBAN INSTITUTE, MORE THAN ONE IN FIVE ADULTS WITH LIMITED PUBLIC TRANSIT ACCESS FORGO HEALTH CARE BECAUSE OF TRANSPORTATION BARRIERS (2023), <https://www.urban.org/sites/default/files/2023-04/More%20than%20One%20in%20Five%20Adults%20with%20Limited%20Public%20Transit%20Access%20For%20Health%20Care%20Because%20of%20Transportation%20Barriers.pdf>

³ *Id.* at 2.

⁴ *E.g.*, MD. DEP’T OF HEALTH, OFFICE OF POPULATION HEALTH IMPROVEMENT, MD. STATE OFFICE OF RURAL HEALTH (25% of Marylanders live in rural areas and these “communities face unique healthcare concerns that include a lack of healthcare providers and difficulty accessing these providers due to transportation and technology barriers”), <https://health.maryland.gov/pophealth/pages/rural-health.aspx>.

⁵ Nina M. Clark, MD et al., *Travel Time as an Indicator of Poor Access to Care in Surgical Emergencies*, 8 JAMA NETWORK 1, 8 (Jan. 21, 2015) (finding that “[p]rolonged travel time [for medical emergencies] was not only associated with poor patient-level access to care, but with increased health system resource utilization as well. Patients with longer travel times were more likely to require an operation, be admitted as inpatients, undergo interfacility transfer, have longer length of stays, and incur higher charges”).

⁶ Healthy People 2030, Health Care Access and Quality, <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>.