



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 30, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill (SB) 129 – Public Health – Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) and Health Services Cost Review Commission (HSCRC) respectfully submit this Letter of Information for Senate Bill (SB) 129 - Public Health – Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting.

SB 129 requires the Maryland Commission on Health Equity (MCHE) to establish a health equity measures advisory committee charged with identifying the ten “widest” disparities in health care quality, access, or outcomes, and making recommendations to the Health Secretary to address these inequities. SB 129 also requires hospitals in the State to submit and publish an annual health equity report with specific components, including a health equity strategy to address identified disparities. Many of the requirements outlined in the bill are already underway as deliverables under AHEAD. MCHE as the governance structure for AHEAD is leading this work in partnership with the Department and HSCRC.

MCHE was established with the charge of identifying and understanding the health disparities that exist across our State to develop a statewide health equity plan. Additionally, MCHE serves as the governing body for Maryland’s participation in the All-Payer Health Equity Approaches and Development (AHEAD) model. Under AHEAD, Maryland must develop a state health equity plan and review aligned hospital health equity plans.

Under the establishing law, a Data Advisory Committee (DAC) was created as a subcommittee of MCHE. This subcommittee is comprised of many public and private individuals, including those enumerated in SB 129, except for a person from organized labor. DAC membership includes several data experts, a hospital association member, two patient representatives, and multiple individuals from organizations serving vulnerable populations. Adding a person from organized labor could be easily done. To create the state health equity plan required by law, and under AHEAD, DAC is examining disparities along several different demographics, including race and ethnicity, disability status, and sexual orientation. The AHEAD model includes certain

measures in behavioral health, population health, primary care, and chronic disease that DAC will be reviewing and recommending to MCHE for inclusion in the state and hospital health equity plans. In order to conclusively determine the “widest” disparity for each vulnerable population as outlined in SB 129 the Committee would need to examine data on every existing health condition. This broad analysis would require substantial resources, potentially diverting staff focus from the other goals of the Commission.

Under the AHEAD model, hospitals are required to develop and submit health equity plans that are aligned with the state health equity plan and selected measures. As the governance body for AHEAD, MCHE must review each Hospital Health Equity Plan and determine sufficiency. The hospital health equity plans will be standardized as decided upon by MCHE, with advice and guidance from state staff. The Department and HSCRC can take into account the requested components of SB 129’s Report and Strategy specifications.

The Department and HSCRC strongly support the goals of improving health care quality and reducing healthcare disparities and look forward to continued partnership with MCHE in the pursuit of these efforts.

If you have any questions, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs for the Maryland Department of Health at sarah.case-herron@maryland.gov and Deborah Rivkin, Director of Government Affairs for HSCRC deborah.rivkin@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, MD, MPH
Secretary

A handwritten signature in black ink, appearing to read "Jon Kromm".

Jon Kromm
Executive Director, Health Services Cost Review Commission