

SB0129_MHAMD_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV

**SB 129 – Public Health – Maryland Commission on Health Equity –
Advisory Committee and Hospital Reporting
Senate Finance Committee
January 30, 2025
Position: FAVORABLE**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 129.

SB 129 would establish a health equity measures advisory committee that would identify health disparities, including behavioral health disparities, that adversely impact disadvantaged groups, and require hospitals licensed by Maryland to annually submit health equity reports that include strategies to reduce disparities.

Despite ongoing attempts to address the problem, recent data shows that significant disparities in behavioral health equity remain.¹

Among the Black/African American population, while 21% reported having a mental illness, just 39% reported receiving mental health services (compared to 52% of non-Hispanic whites who reported having a mental illness). The percentage of Hispanic and Latino people who reported receiving treatment was even lower, at 17%. Barriers to getting help include stigma, mistrust of the health care system, and a shortage of providers from diverse racial/ethnic backgrounds.

Regarding overall incidence of behavioral health conditions, the LGBTQ+ population has a higher prevalence of mental health and substance use issues. For example, among LGBTQ youth, 1/3 of females had serious thoughts of suicide, and males were five times more likely than straight youth to have had serious thoughts of suicide, and nine times more likely to have made a suicide attempt. Transgender individuals were almost twice as likely to have a mental illness, and over 1 ½ times more likely to have a substance use disorder, than the cisgender population.

The data indicates that continued efforts must be made to address disparities in behavioral health equity. SB 129 would serve to both better identify existing disparities and develop solutions. For this reason, MHAMD urges a favorable report.

¹ SAMHSA. Diverse and Underserved Communities. [Diverse and Underserved Communities | SAMHSA](#)

SB0129 Public Health - Maryland Commission on Heal

Uploaded by: Annapolis Pride

Position: FAV



January 28, 2025

Board of Directors

Chair

Joe Toolan
(he/him)

Vice-Chair

Jake Trudeau
(he/him)

Treasurer

Dennis McGowan
(he/him)

Secretary

Valerie Anias
(she/her)

John Crestwell
(he/him)

Christine Feldmann
(she/her)

Mastin Fowler
(he/him)

Ronan Franc
(he/they)

Hilarey Leonard
(she/her)

Eric Lund
(he/him)

Nicole McCoy
(she/her)

Jessica Parsell
(she/her)

Jayne Walters
(she/her)

Tim Williams
(he/him)

BILL: Senate Bill 0129

DATE: January 30, 2024

POSITION: FAVORABLE

COMMITTEE: Finance

CONTACT: JoEllyn Fountain, joellyn@annapolispride.org

Annapolis Pride's mission is to advocate for, empower, and celebrate the LGBTQ+ community in Anne Arundel County to live fully and authentically. Our vision is a safe, equitable, and anti-racist community where people of all identities thrive.

As such, SB 0129 and the creation of an Advisory Committee and Hospital Reporting within the Maryland Commission and Health Equity is significant to the LGBTQ+ Community throughout Maryland.

The creation of the committee to identify and disaggregate the health disparities attributable to underserved populations in Maryland is essential for the LGBTQIA+ community at its intersection with other vulnerable populations. The LGBTQIA+ population overlaps with every demographic and, in many cases, is known to be over-represented within many of the vulnerable populations.

The LGBTQIA+ population experiences higher rates of mental health challenges, higher rates of cancers due to lack of screenings, higher risks of substance abuse, and lower socio-economic status due to stigma and discrimination in employment. This does not even include the higher rates of HIV infection and other known health issues.

By disaggregating data on vulnerable populations, it will allow providers to address the whole person in the intersectionality of their identities. If you consider only the mental health of an individual without considering their gender identity and socioeconomic status, you are likely to have poorer outcomes.

The Advisory Committee on Hospital Reporting with thus help to understand the full diversity of the individuals being treated in our hospitals and, thus, improve healthcare for all Marylanders.

Accordingly, Annapolis Pride respectfully requests a **favorable** committee report on Senate Bill 0129.

SB129_CLCHW_FAV

Uploaded by: Arti Varanasi

Position: FAV

February 5, 2025

The Honorable Pamela Beidle

Chair, Senate Finance Committee

3 East Miller Senate Office Building

Annapolis, MD 21401

Re: SB129: Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting

Dear Chair Beidle:

I am writing to support SB129, a bill that will establish an advisory committee that will assess data measuring health inequities observed within the State of Maryland. This committee will establish longitudinal assessment of health outcomes for vulnerable populations, by focusing on the ten widest disparities in health care quality. The work of the committee will be coordinated between the Maryland Commission on Health Equity and the Maryland Department of Health.

This bill will provide valuable data to the state's health sector, and the newly formed committee will provide new insights into the progress towards achieving equitable health services. The committee will be tasked to review health equity reports submitted by licensed state hospitals. Thus, accountability will improve throughout Maryland's health systems.

The Community Coalition for Lifelong Health and Wellness is a collaborative network based in Maryland, committed to sustainable health systems within Maryland's communities. The coalition prioritizes precise data collection and measurement to inform health interventions designed within our state. Consequently, we strongly encourage the Health and Government Operations Committee to give a favorable report for SB129.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Arti Varanasi', with a stylized, flowing script.

Arti Varanasi, PhD. MPH, CPH
President & CEO, Advancing Synergy

On behalf of the [Community Coalition for Lifelong Health and Wellness \(CCLHW\) Founding Partners](#): Advancing Synergy, BE Rehab Services, Care for Your Health, CASA, Community Engagement and Consulting Group (CE-CG), Community FarmShare

SB0129 Written Testimony.pdf

Uploaded by: Jason Rush

Position: FAV



Statement of Maryland Rural Health Association

To the Senate Finance Committee

Chairman Pamela Beidle

January 22, 2025

Senate Bill 0129 Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting

POSITION: SUPPORT WITH AMENDMENT

Chair Beidle, Vice Chair Hayes, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0129 Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting.

MRHA supports this legislation requiring the Maryland Commission on Health Equity to establish a health equity measures advisory committee that licensed hospitals in the state will be required to submit annual health equity reports to.

Rural communities in Maryland are challenged by a variety of health disparities. According to the U.S. National Institutes of Health, rural regions in Maryland experience disparities in number of chronic diseases as well as experiencing high rates of no health insurance, and shortages of primary and specialty health care resources.

The development of Health Equity Reports by licensed hospitals may bring greater attention to the disparities experienced by rural Marylanders, and the obligation to establish Health Equity Strategies to address these disparities will ensure progress towards diminishing them is made.

MRHA believes this legislation is important to support our rural communities and we urge you to support its passage.

On behalf of the Maryland Rural Health Association,

Jason Rush, MRHA Legislative and Policy Intern, 314-374-8951

FAV HB0474_SB0129 Public Health - Maryland Commiss

Uploaded by: Jeremy Browning

Position: FAV



**Maryland Commission
on LGBTQIA+ Affairs**

Bill Title: Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting

Bill Number(s): [HB0474/SB0129](#)

Position: FAVORABLE

Date: January 27, 2025

Submitted by: Jeremy Browning, Director of the Maryland Commission on LGBTQIA+ Affairs

To:

House Health and Government Operations Committee

The Hon. Joseline A. Pena-Melnyk, Chair
The Hon. Bonnie Cullison, Vice Chair

Senate Finance Committee

The Hon. Panela Beidle, Chair
The Hon. Antonio Hayes, Vice Chair

Testimony on behalf of the Maryland Commission on LGBTQIA+ Affairs:

The Maryland Commission on LGBTQIA+ Affairs, created by the Maryland General Assembly, works to serve LGBTQIA+ Marylanders by galvanizing community voices, researching and addressing challenges, and advocating for policies that advance equity and inclusion. The Commission envisions a Maryland where all LGBTQIA+ people can live full and authentic lives. As a vital resource, the Commission collaborates with public officials, agencies, and community partners to ensure the rights and dignity of LGBTQIA+ Marylanders are protected and respected.

We write to express our strong support for House Bill 474 and Senate Bill 129, which mandates the Maryland Commission on Health Equity, in coordination with the Maryland Department of Health, to establish a health equity measures advisory committee. This committee is tasked with identifying the ten most significant disparities in healthcare quality, access, or outcomes for vulnerable populations and reviewing annual health equity reports submitted by licensed hospitals in the state.

The proposed legislation would identify disparities based on gender, gender identity, sexual orientation, age, sex, race, ethnicity, socioeconomic status, and geographic location, bringing greater awareness to the specific health disparities affecting LGBTQIA+ and other vulnerable communities. Additionally, the requirement for hospitals to submit health equity reports and

publish them publicly ensures accountability and transparency, allowing for community engagement in addressing health inequities.

LGBTQIA+ individuals often face unique health challenges, including higher rates of mental health issues, substance use disorders, and barriers to accessing culturally competent care. By implementing the provisions of this bill, Maryland can take proactive steps to improve data collection, promote inclusive practices, and reduce health disparities for LGBTQIA+ communities.

The Maryland Commission on LGBTQIA+ Affairs believes that HB0474 and SB0129 are vital bills that will advance health equity across our state. We urge the House Health and Government Operations Committee and the Senate Finance Committee to issue favorable reports on these bills.

SB0129 January 30 2025 Written Testimony .pdf

Uploaded by: Ken Phelps Jr

Position: FAV



TESTIMONY IN SUPPORT OF SB0129

**Public Health - Maryland Commission on Health Equity - Advisory
Committee and Hospital Reporting**

FAVORABLE

DATE January 30, 2025

**TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and all
Members of the Senate Finance Committee**

**FROM: Lynn R. Mortoro, member of the Maryland Episcopal Public Policy
Network. (MEPPN)**

DATE: January 30, 2025

Chair Senator Beidle, Vice Chair Senator Hayes and Members of the Senate Finance
Committee.

Thank you for giving me the opportunity to write testimony on this important Bill.

The Episcopal Church has a long record of supporting equity in all aspects of life,
but is especially concerned with Health Care as it impacts all of our lives, literally
from birth to death.

We are mandated to do this as it asks us in our Book of Common Prayer:

“Will you strive for justice and peace among all people, and respect the dignity of
every human being?”

It is our duty as Episcopalians and as citizens of this country and the State of
Maryland to do so.

We should enact this study and be ready to act to correct the deficiencies that will be
found.

The Diocese of Maryland requests a **Favorable** report obtained by SB0129

Support AHA SB129 Health Equity .pdf

Uploaded by: Laura Hale

Position: FAV



January 27, 2025

Testimony of Laura Hale

American Heart Association

Favorable SB 129- Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting

Dear Chair Beidle, Vice Chair Hayes, and Honorable Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. The American Heart Association extends its support for the updates to SB 129 Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting.

In a [Presidential Advisory](#) released in 2020, the American Heart Association declared that structural racism is a cause of poor health and premature death from heart disease and stroke. From this advisory the Association has committed to:

- Drive advances in research and discovery,
- Raise awareness, empower people and engage communities to improve their cardiovascular and brain health,
- Advocate relentlessly to improve healthcare quality and ensure access to healthcare for all, and
- Innovate new solutions to achieve equitable health for all.

We are hearten by the legislation as it will help to provide more clarity for Health Equity needs in Maryland. This legislation is creating more transparency and ways to address Health Equity as well as providing focus on what needs to be addressed.

The American Heart Association urges a favorable report on SB 129 to support the health of all Marylanders.

SB129_LBCMD_FAV

Uploaded by: Legislative Black Caucus of Maryland

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
410-841-3185 • 800-492-7122 Ext. 3185 • Black.Caucus@house.state.md.us

January 29, 2025

EXECUTIVE OFFICERS

Chair

Delegate Jheanelle Wilkins, District 20

1st Vice Chair

Delegate Melissa Wells, District 40

2nd Vice Chair

Delegate Karen R. Toles, District 25

Treasurer

Delegate Marlon Amprey, District 40

Secretary

Delegate Jamila J. Woods, District 26

Financial Secretary

Senator Arthur Ellis, District 28

Chaplain

Delegate Jeffrie E. Long, Jr., District 278

Parliamentarian

Delegate Stephanie Smith, District 45

Historian

Delegate Cheryl E. Pasteur, District 11A

Executive Director

Ufuoma O. Agarin, J.D.

MEMBERS

Senator Malcolm Augustine, District 47
Senator Benjamin Brooks, District 10
Senator Nick Charles, District 25
Senator Antonio L. Hayes, District 40
Senator Shaneka Henson, District 30
Senator Michael A. Jackson, District 27
Senator Cory V. McCray, District 45
Senator C. Anthony Muse, District 26
Senator William C. Smith, Jr., District 20
Senator Charles E. Sydnor III, Esq., District 44
Senator Alonzo T. Washington, District 22
Senator Mary L. Washington, District 43
Senator Ron Watson, District 23
Delegate Gabriel Acevero, District 39
Delegate Jacqueline T. Addison, District 45
Delegate Tiffany Alston, District 24
Delegate Vanessa E. Afterbear, District 13
Delegate J. Sandy Bartlett, District 32
Delegate Adrian Boato, District 23
Delegate Regina T. Boyce, District 43A
Delegate Frank M. Conaway, Jr., District 40
Delegate Charlotte Crutchfield, District 19
Delegate Debra Davis, District 28
Delegate Diana M. Fennell, District 47A
Delegate Kevin M. Harris, District 27A
Delegate Andrea Fletcher Harrison, District 24
Delegate Terri L. Hill, District 12
Delegate Marvin E. Holmes, Jr., District 23
Delegate Julian Ivey, District 47A
Delegate Carl Jackson, District 8
Delegate Andre V. Johnson, Jr., District 34A
Delegate Adrienne A. Jones, District 10
Delegate Jazz Lewis, District 24
Delegate Robbyn Lewis, District 46
Delegate Ashanti Martinez, District 22
Delegate Aletheia McCaskill, District 44B
Delegate Bernice Mireku-North, District 14
Delegate LaLoy Nkongolo, District 31
Delegate Edith J. Patterson, District 28
Delegate Joseline Peña-Melnik, District 21
Delegate N. Scott Phillips, District 10
Delegate Pamela Queen, District 14
Delegate Kent Roberson, District 25
Delegate Denise G. Roberts, District 25
Delegate Mike Rogers, District 32
Delegate Malcolm P. Ruff, District 41
Delegate Gary Simmons, District 12B
Delegate Deni Taveras, District 47B
Delegate Kym Taylor, District 23
Delegate Veronica Turner, District 26
Delegate Jennifer White Holland, District 10
Delegate Nicole A. Williams, District 22
Delegate C.T. Wilson, District 28
Delegate Greg Wims, District 39
Delegate Caylin Young, District 45

Chairwoman Pamela Beidle

Finance Committee

2 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairwoman Beidle, Vice Chair Hayes, and Members of the Committee,

The Legislative Black Caucus of Maryland offers its strong and favorable support for Senate Bill 129 (SB129) – Public Health – Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting. This bill requires the Maryland Commission on Health Equity, in coordination with the Maryland Department of Health, to establish an advisory committee to address health disparities in Maryland's healthcare system and mandates that licensed hospitals submit annual health equity reports. Senate Bill 129 represents a critical step forward in promoting health equity for all Marylanders, especially those in historically underserved communities, including African Americans. **This bill is on the 2025 Black Caucus legislative priority agenda.**

LBCMD strongly believes that health equity must be a priority for policymakers. African Americans in Maryland continue to face significant health disparities that negatively affect overall quality of life. These disparities are particularly pronounced in areas such as hypertension, diabetes, heart disease, maternal mortality, and mental health, and they are exacerbated by factors such as socioeconomic status, race, and geographic location. The health outcomes of Black Marylanders, particularly those in rural or underserved urban areas, continue to lag behind those of other populations. Senate Bill 129 seeks to address these inequities by fostering greater accountability and transparency in how hospitals report and address health disparities, with a focus on vulnerable populations, including Black and minority Marylanders.

Senate Bill 129's requirement for annual health equity reports from hospitals is a necessary measure to bring attention to the persistent health disparities faced by African Americans. These reports will include an analysis of health disparities disaggregated by race, ethnicity, socioeconomic status, age, and other factors, allowing for a clear picture of how these inequities persist. By requiring hospitals to publish these

reports, the bill ensures that the public has access to this vital information, fostering transparency and encouraging hospitals to adopt effective strategies to address disparities. The health equity strategies required in the reports must address areas like patient safety, care coordination, social determinants of health, and access to care—all of which are key factors in improving the health outcomes of Black Marylanders.

Additionally, the establishment of a Health Equity Measures Advisory Committee will allow for a comprehensive review of hospital performance on equity and provide the necessary oversight to ensure that hospitals are working toward measurable

improvements in reducing health disparities. The committee's ability to identify the 10 widest disparities in healthcare and recommend actionable solutions is critical in targeting the most pressing issues facing our communities.

For Maryland's Black communities, the impact of this bill cannot be overstated. It will help create a more equitable healthcare system where hospitals are held accountable for their role in reducing health disparities. By focusing on the factors that disproportionately affect African Americans, Senate Bill 129 is a direct response to the longstanding health inequities that have plagued Black Marylanders for far too long.

Senate Bill 129 aligns with the Legislative Black Caucus of Maryland's ongoing commitment to advancing policies that promote equity, accountability, and justice in our healthcare system. This bill represents a significant step toward improving health outcomes and ensuring that Maryland's healthcare system serves all residents fairly and equitably, with particular attention to communities of color. We urge your support for Senate Bill 129, as it offers a proactive and thoughtful approach to addressing the systemic health disparities that disproportionately affect Black Marylanders. For these reasons, we urges you to vote favorably on Senate Bill 129.

Legislative Black Caucus of Maryland

SB 129 - FAV - FIN - ALZ Association.pdf

Uploaded by: Megan Peters

Position: FAV



Bill: SB 129 - Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting

Committee: Finance Committee

Position: Favorable

Date: January 30, 2025

On behalf of the 127,200 Marylanders living with Alzheimer's disease, the Alzheimer's Association supports SB 129 - Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting. This bill will require the Maryland Commission on Health Equity, in coordination with the Maryland Department of Health, to establish a committee to identify the 10 widest disparities in health care quality, access, or outcomes for vulnerable populations, and review each health equity report submitted by a licensed hospital in Maryland.

Optimizing health for Marylanders requires eliminating disparities and addressing social determinants of health. Focusing on communities at greatest risk and eliminating barriers to quality health care services will deliver significant results. Cognitive health is no exception and should be included in these discussions. Alzheimer's and other dementias disproportionately affect Black Americans, Hispanic Americans, Asian Americans, American Indian/Alaska Natives, members of the LGBTQ+ community and women.

Additionally, several studies demonstrate the impact of inequities on cognitive decline. Experiences of structural, interpersonal and institutional racism are associated with lower memory scores and worse cognition in midlife and old age, especially among Black adults.¹ Socioeconomic deprivation, including neighborhood disadvantages and persistent low wages, is associated with higher dementia risk, lower cognitive performance and faster memory decline.² We must collaborate to develop initiatives to address these disparities.

SB 129 builds upon the State's existing efforts to address health equity, and will provide additional data to inform future programs and policies. The Alzheimer's Association urges a favorable report on SB 129. Please contact Megan Peters, Director of Government Affairs at mrpeters@alz.org with any questions.

¹ Klee M, Leist AK, Veldsman M, Ranson JM, Llewellyn DJ. Socioeconomic Deprivation, Genetic Risk, and Incident Dementia. *Am J Prev Med*. 2023 May;64(5):621-630. doi: 10.1016/j.amepre.2023.01.012. Epub 2023 Mar 6. PMID: 37085245; PMCID: PMC10126314.

² Longoria, A. J., Brinson, Z. S., Carlew, A. R., Cullum, M., De Lemos, J. A., Goette, W., Lacritz, L., & Rossetti, H. (2022). Allostatic load and the influence of economic adversity and neighborhood disadvantage on cognitive function in a multiethnic cohort. *Alzheimer S & Dementia*, 18(S7). <https://doi.org/10.1002/alz.068217>

SB 129_Horizon Foundation_FAV.pdf

Uploaded by: Nikki Highsmith Vernick

Position: FAV



January 30, 2024

COMMITTEE: Senate Finance Committee

BILL: SB 129 – Public Health – Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting.

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 129 – Maryland Commission on Health Equity – Advisory Committee and Hospital Reporting. This bill would require the Maryland Commission on Health Equity to establish a health equity measure advisory committee to determine the 10 widest disparities in health care quality, access or outcomes for vulnerable populations, including racial and ethnic minorities, unhoused individuals, people with disabilities and the LGBTQ+ community.

Our current health care system is built upon long-standing structural inequities that we have yet to solve. Many Marylanders of color lack access to quality health care and often contend with lower-value or suboptimal care. Often, this is accompanied by stark inequities with respect to housing, economic stability, educational attainment and other social determinants of health. During the Foundation’s most recent strategic planning process, many community members of color and low-income residents cited difficulties in accessing quality and culturally competent health care, the continuum of care and multiple social determinants of health as being significant barriers to their ability to thrive.

This bill would help gather and publish needed data about the most significant health disparities that exist in our communities and provide actionable, measurable strategies to reduce those disparities. We believe health is a fundamental right and that everyone deserves a fair opportunity to attain it at the highest level.

For this reason, the Foundation **SUPPORTS SB 129 and urges a FAVORABLE report.**

Thank you for your consideration.

BOARD OF TRUSTEES

Christopher Fortune
CHAIR

Lisa Pearson
VICE CHAIR

Gopi Suri
SECRETARY

Mark Cissell
TREASURER

Nikki Highsmith Vernick
PRESIDENT & CEO

Jonathan Ilson Ahn, Esq.

Yvonne Commodore-
Mensah, Ph.D

Juliet Gilliam

Catherine Hamel

Brian Hepburn, M.D.

Louis Huff III

Sekou Murphy

Yvette Rooks, M.D.

Scott Rose

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D

TRAC Testimony in Support of SB129.pdf

Uploaded by: Sam Williamson

Position: FAV



Senate Bill 129
Public Health- Maryland Commission on Health Equity
Advisory Committee and Hospital Reporting
January 30, 2025
Support

Dear Chair Beidle and Members of the Senate Finance Committee,

TRAC submits this testimony in support of SB129, which would create a health equity measures advisory committee. This committee would identify health disparities based on race, gender identity, and other characteristics.

TRAC is a Maryland-based and entirely trans-led coalition committed to ensuring that all transgender and gender-expansive Marylanders can live safe and affirming lives. Our membership includes healthcare providers, attorneys, academics, organizers and other community members who all stand in strong support for creating greater safety for trans communities in Maryland.

This bill is an important step forward in addressing the health disparities experienced by Maryland's transgender communities. According to the Center for American Progress, 54% of transgender adults report having had poor physical health at least one day in the past month compared with 36% of cisgender adults.¹ Transgender individuals also have higher rates of many chronic health issues. For example, 22% of transgender adults report having asthma compared with 14% of cisgender adults.² These findings are alarming, and we applaud the effort to reduce these disparities.

This bill would also help address barriers to care. According to one study, nearly a third of transgender individuals have experienced health care discrimination.³ Transgender individuals are also less likely to be able to afford healthcare, with nonbinary people being almost 50% more likely to forgo a health care visit due to cost.⁴ Our members have seen these disparities firsthand. Maryland does not yet have enough culturally competent providers to meet demand. Many in the transgender community have difficulty accessing

¹ Center for American Progress, *Fact Sheet: Protecting and Advancing Health Care for Transgender Adult Communities* (Aug. 25, 2021), <https://www.americanprogress.org/article/fact-sheet-protecting-advancing-health-care-transgender-adult-communities/>.

² *Id.*

³ Axenya Kachen & Jennifer Pharr, *Health Care Access and Utilization by Transgender Populations: A United States Transgender Survey Study*, *Transgender Health* 2020 Sep. 2;5(3):141-148, <https://pmc.ncbi.nlm.nih.gov/articles/PMC7906231/>.

⁴ *Id.*

medically necessary care, both for gender-affirming care and for medical care unrelated to gender identity. For example, it is extremely difficult for transgender people to access certain types of gender-affirming care, such as electrolysis, even when their health insurance covers it. We look forward to the creation of a commission that can shed light on these issues and create redress for the health disparities currently seen in Maryland.

For these reasons, we urge a favorable report on SB129.

Sincerely,
The Trans Rights Advocacy Coalition

SB129_SponsorTestimony

Uploaded by: Senator Ellis

Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Senate Chair

Joint Committee on the
Management of Public Funds

Chair, Charles, St. Mary's and Calvert
Counties' Senate Delegation



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 301
Annapolis, Maryland 21401
410-841-3616 • 301-858-3616
800-492-7122 Ext. 3616
Arthur.Ellis@senate.state.md.us

District Office
3261 Old Washington Road
Waldorf, Maryland 20602

Sponsor Written Testimony: Favorable

Senate Bill 129: Public Health – Maryland Commission on Health Equity – Advisory
Committee and Hospital Reporting

January 23, 2025

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee:

I am Senator Arthur Ellis, representing District 28, and I am writing to respectfully request the Finance Committee to issue a favorable report for Senate Bill 129, which aims to address long-standing health disparities in Maryland. Maryland has long been recognized for its leadership in healthcare innovation; however, glaring inequities persist in communities of color, low-income families, and other underserved groups. Senate Bill 129 supports the development of a comprehensive framework for transparency, accountability, and action. Furthermore, this bill mandates the establishment of a Health Equity Measures Advisory Committee to identify and address significant health disparities affecting Maryland's most vulnerable populations, and requires hospitals to submit disaggregated data by race, ethnicity, age, and socioeconomic status.

Senate Bill 129 is a timely and necessary measure to dismantle systemic barriers and pave the way for equitable health outcomes across the state. I strongly urge the Finance Committee to support this legislation and help ensure that all Marylanders, regardless of their background or circumstances, have access to quality healthcare.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur Ellis".
Arthur Ellis

SB0129_FWA_MedChi_PH - MD Comm on Health Equity -

Uploaded by: Christine Krone

Position: FWA



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

Senate Finance Committee
January 30, 2025

*Senate Bill 129 – Public Health – Maryland Commission on Health Equity – Advisory Committee and
Hospital Reporting*
POSTION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports with amendment Senate Bill 129, which establishes a Health Equity Measures Advisory Committee under the Maryland Commission on Health Equity.

It is well recognized that racial and ethnic minorities are more likely to experience poor health outcomes as a consequence of their social determinants of health, including access to health care, education, employment, economic stability, housing, public safety, and neighborhood and environmental factors. Addressing health inequalities has long been a priority for the Maryland General Assembly. In 2021, the Maryland Commission on Health Equity was created and charged with developing a “health equity framework” to examine ways for state and local government agencies to collaborate to implement policies that will positively impact the health of residents of the state.

The Health Equity Measures Advisory Committee established in Senate Bill 129 will strengthen the effectiveness of the Commission in meeting its objectives. The Advisory Committee is charged with determining the 10 widest disparities in health care quality, access, or outcomes for vulnerable populations. The bill also requires hospital systems to annually submit comprehensive health equity reports to the Department of Health with a clear delineation of the information to be provided in the reports. The Health Equity Advisory Committee is charged with reviewing the health equity reports and making recommendations to the Department.

Creation of the Advisory Committee will provide the Commission with data that is essential to effectively addressing health inequities in the State. MedChi strongly supports the creation of the Advisory Committee but believes the work of the Committee would be strengthened with the addition of a member that represents MedChi, The Maryland State Medical Society. Active participation by the physician community will enhance the data collection and analysis of the Committee. MedChi requests the bill be amended to add a MedChi representative. With its amendment noted, a favorable report is requested.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

In Section 13-4308(A)(2)(II) of the bill, insert a new number 7 as follows:

**7. ONE INDIVIDUAL FROM MEDCHI REPRESENTING THE PHYSICIAN
COMMUNITY.**

SB 0129 Testimony_FWA_DRM.pdf

Uploaded by: Sandy Balan

Position: FWA

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.¹ 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.² 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

¹ 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).

² Md. Code, Health-Gen. Article, §13-4201

inconvenient areas that require further travel.³ Individuals with disabilities also often report negative interactions with healthcare professionals, frequently facing ableist attitudes, bias and discrimination.⁴ 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.⁵ 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,

Sandy Balan, Esq.
Staff Attorney
Disability Rights Maryland
1500 Union Avenue, Suite 2000
Baltimore, MD 21211
SandyB@DisabilityRightsMD.org
Phone no: (410) 727 6352

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

⁴ Center for Disease Control, Disability Barriers to Inclusion, Disability Inclusion (December 2024).

⁵ Americans with Disabilities Act, 42 U.S.C. §12101

2025 SB129 Opp MD Commission on Health Equity.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB129

Public Health – Maryland Commission on Health Equity -
Advisory Committee and Hospital Reporting
Deborah Brocato, Legislative Consultant
Maryland Right to Life

On behalf of our over 200,000 followers, Maryland Right to Life opposes SB129 without an amendment to exclude its use for abortion purposes.

Maryland Right to Life opposes abortion and any public funding of abortion; therefore, we object to the establishment of the Advisory Committee. Abortion funding is already thrust upon Maryland taxpayers through Medicaid and private health insurance due to the Abortion Care Access Act of 2022. As public funding of abortion increases, the number of abortions increase. From Planned Parenthood's Annual Report, the number of abortions for FY2020-2021 was 354,871 and rose to 374,155 in FY2021-2022. That's over 1,000 babies killed every single day. The Annual Report showed over \$2.1 billion in net assets for FY2020-2021 and over \$2.3 billion for FY2021-2022. Planned Parenthood profits from making men and women the parents of dead babies. The "Health Equity Measures" prescribed by the Advisory Committee could be used to adversely affect a hospital's performance rating if that hospital does not provide abortions. Clearly, this bill could be used to target hospitals and/or healthcare agencies that do not provide abortions. An amendment needs to preclude abortion from being used as a measure for a hospital or health care organization's performance.

Prior to the Abortion Care Access Act, Marylanders were forced to pay over \$6 million per year through Medicaid for elective abortion (*Analysis of the FY 2022 Maryland Executive Budget, Maryland Department of Legislative Services*). That same report showed that less than 10 of the almost 10,000 abortions were due to rape, incest, or to save the life of the mother. Now, Marylanders are also forced to pay for abortion through their private health insurance. Maryland must stop subsidizing corporate abortion. Maryland taxpayers do not want their state to be an abortion destination with abortion for all.

Pregnancy is not a disease. Abortion is not healthcare, and abortion is never medically necessary. A miscarriage is the ending of a pregnancy after the baby has died; an ectopic pregnancy is not a viable pregnancy, and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. It is violence and brutality that systemically targets the poor and minority populations and ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion is never medically necessary to save the life of a woman - **In the rare case of severe pregnancy complications, HOSPITALS, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both.** This is different from an abortion, which involves the purposeful



termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved. LIFE is our first Civil Right Abortion is the greatest civil rights abuse of our time, and this bill forces the people to fund abortion to the detriment of Black lives. Legal abortion is having a genocidal effect specifically on Black Americans, who are disproportionately targeted by the abortion industry, with half of all pregnancies to Black women ending in abortion.

Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. As a result, abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined. Why else would the percentage of the United States black population remain consistently at about 13-15%? (For more information see <http://www.BlackGenocide.org>.)

Americans oppose taxpayer funding of abortion. Marist polls consistently show that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions – noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

For these reasons, we respectfully ask to amend SB129 to exclude the bill being used for abortion purposes. Without an amendment, we urge you to oppose **SB129**.

SB129 - Public Health - Maryland Commission on Hea

Uploaded by: Andrew Nicklas

Position: INFO



Maryland
Hospital Association

**Senate Bill 129 Public Health - Maryland Commission on Health Equity –
Advisory Committee and Hospital Reporting**

Position: *Letter of Information*

January 30, 2025

Senate Finance Committee

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 129.

Maryland hospitals are committed to addressing health disparities and improving population health outcomes. Our hospitals drive innovation under Maryland's unique Model through health care payment reform. In the All-Payer Model and the Total Cost of Care Model, hospitals have reduced disparities in unplanned readmissions, preventable admissions, and timely follow-up care.

The AHEAD Model, the latest iteration of Maryland's unique healthcare payment system, builds on this legacy with an even greater focus on equity and population health. Under AHEAD, Maryland will develop a statewide health equity plan that will elevate community voices as we seek to integrate and align resources across clinical and population health needs to overcome systemic and structural racial and ethnic health inequities. In developing this plan, the state will set specific statewide health equity and population health targets.

The AHEAD Model requires Maryland to develop a model governance structure to oversee this work. According to the Maryland Department of Health, the Maryland Commission on Health Equity (MCHE) is to serve as the governing entity. The MCHE will advise on the state's approach and development of its health equity strategy and oversee its implementation. Statewide data, very similar to what is contemplated in SB129, will be collected and used to inform the strategies to advance health equity and improve population health.

While supportive of the overall goals of SB129, MHA is concerned that implementing this framework is premature as it may duplicate, conflict with, and/or be subsumed by the work that will be done to implement the AHEAD Model. As a member of the MCHE, MHA welcomes the opportunity to collaborate with the bill sponsor and other stakeholders to ensure that their interests are represented in the development of the state's equity policies. Also, the Maryland General Assembly has representation on the MCHE and so can be directly engaged in this critical work.

For these reasons, we respectfully submit this letter for consideration and appreciate the opportunity to comment on SB129.

For more information, please contact:

Andrew Nicklas, Senior Vice President, Government Affairs & Policy
Anicklas@mhaonline.org

SB 129 - MDH and HSCRC - FIN - LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



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

SB129.DDCouncil.LOI.HealthEquityTaskForce.pdf

Uploaded by: Rachel London

Position: INFO



Maryland Developmental Disabilities Council

CREATING CHANGE • IMPROVING LIVES

Senate Finance Committee

January 30, 2025

SB 129: Public Health - Maryland Commission on Health Equity - Advisory Committee and Hospital Reporting Letter of Information

The Maryland Developmental Disabilities Council (DD Council), a statewide public policy organization led by people with developmental disabilities and their families, envisions Maryland as a state where people with and without disabilities live, learn, work, and play together. From this perspective, SB 129 is a step toward achieving a healthier Maryland for all.

WHAT does this legislation do?

- Establishes the Health Equity Measures Advisory Committee to support the work of support the existing Maryland Commission on Health Equity.
- Clarifies the work of the Maryland Commission on Health Equity to include what groups and disparities to focus on; reviewing the health equity reports submitted by licensed hospitals; and making recommendations to the Secretary of the Maryland Department of Health.
- Clarifies requirements for health equity reports submitted by licensed hospitals.

WHY is this legislation important?

- There are many Marylanders with disabilities in need of greater equity in their health care. People with disabilities experience more unmet medical needs and chronic conditions compared to nondisabled people.¹ According to the Centers for Disease Control and Prevention, 24% of Marylanders have a disability.
- Working to improve health equity creates improvements for all Marylanders. Health equities are inter-connected: People with disabilities with other underserved racial, ethnic, or gender identities experience profound health inequities. For example, if you are a pregnant woman with a disability, you have eleven times the risk of maternal death compared to a pregnant woman without a disability.

While investments in health equity are without question needed, including for people with disabilities, the Council believes that the amount, purpose, and timing of the funding must take into consideration the needs of other Marylanders with disabilities. Funding for this bill should not be offset by limiting essential funding for other critical needs, most immediately the Developmental Disabilities Administration community services that thousands of Marylanders depend upon.

Contact: Rachel London, Executive Director: RLondon@md-council.org

¹ <https://www.ncd.gov/assets/uploads/reports/2023/ncd-framework-to-end-health-disparities-of-people-with-disabilities.pdf>