

SB0684 Testimony PDF.pdf

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Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 11, 2025

Senate Bill 684 - Public Health – Health Equity Dashboard

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 684, Public Health – Health Equity Dashboard.

This legislation seeks to require the Maryland Department of Health in collaboration with The Commission on Health Equity to develop a graphic data dashboard reporting on topics such as health insurance access, cardiovascular disease, chronic diseases, mental health and substance abuse, cancer, HIV/AIDS, STI (sexually transmitted infection), and other relevant health indicators. This dashboard shall be updated every thirty days to reflect accurate and real-time health data in Maryland that is age-adjusted and separated by race, ethnicity, and gender.

Many rural counties in the U.S. experience pronounced health outcome differences compared to the urban populations, leading them to live nearly two years less on average³. Within Maryland’s rural communities, there are disproportionate levels of cancer, 104.1 deaths per 100,000 versus 73.9 per 100,000 for urban areas, chronic disease, substance use, limited health insurance access, and other extensive disparities².

To this effect, the importance of monitoring and reporting on health inequities to aid improvement efforts for outcomes cannot be overstated. As seen recently, adverse events such as the COVID-19 pandemic highlighted and exacerbated health inequities across diverse racial and ethnic groups, further supporting the need for systematic reporting to be able to adequately address¹. While scholarly research provides insight into disparities and inequities, it is not indefinite in its’ reporting or provides the same identification of key factors that day-to-day tracking is able to¹. The availability and transparency of data dashboards can allow a multitude of stakeholders to visualize and use interactive tools to understand complex trends, identify underlying patterns, and forecast future outcomes¹.

For these reasons, MRHA urges for your support in passage of this legislation.

On Behalf of the Maryland Rural Health Association,

Alexis Garcia, Legislative and Policy Intern

References

1. Gallifant J, Kistler EA, Nakayama LF, et al. Disparity dashboards: an evaluation of the literature and framework for health equity improvement. *The Lancet Digital Health*. 2023;5(11):e831-e839. doi:10.1016/s2589-7500(23)00150-4
2. Rural Data Explorer – Rural Health Information Hub. <https://www.ruralhealthinfo.org/data-explorer?id=192&state=MD>
3. Rural Health: Addressing Barriers to care. NIHCM. <https://nihcm.org/publications/rural-health-addressing-barriers-to-care>

SB 684 Public Health - Health Equity Dashboard.pdf

Uploaded by: Catherine OMalley

Position: FAV

BILL NO: Senate Bill 0684
TITLE: Public Health – Equity Dashboard
COMMITTEE: Finance
HEARING DATE: February 18, 2025
POSITION: **SUPPORT**

SB0684 requires the Maryland Department of Health and the Commission on Health Equity to develop and maintain a dashboard with health disparity data disaggregated by age, race, ethnicity, and gender, bringing Maryland on par with states like Wisconsin and Minnesota, as well as many cities around the country. This data is more critical than ever to compile and utilize in decision-making as the current presidential administration has deleted critical public health data from federal websites and platforms and ordered a blackout on federal health agencies' communications with the public. We cannot rely on national institutions; we must create our own localized platform to support targeted interventions that address the social determinants of health and promote overall equity in Maryland's public health ecosystem.

Racial and ethnic minority populations experience the greatest health disparities, and last year, the United Health Foundation's *America's Health Rankings® Maternal and Infant Health Disparities Data Brief* found that Maryland's women of color are facing health disparities above the national average. This is simply untenable for a state that boasts several of the nation's top hospital and education systems.

Metrics such as the infant mortality gap and the maternal mortality gap reveal legacies and current practices of racial exclusion and discrimination in our health systems. Maryland has a higher rate of infant mortality, 5.9 per 1,000 live births, than the national average of 5.5. Severe maternal morbidity, where mothers develop health issues during or after pregnancy, is also above the national average. Maryland's rate is about 91 per 10,000 delivery hospitalizations, while the national rate is 88.3. We know that Black Americans – particularly women – ultimately wait longer than white patients for life-saving treatments, and with the proposed Public Health Equity Dashboard, we can see who has access to adequate medical care, safe environments, etc. — and who does not.

By supporting this bill, we are taking a vital step toward achieving true health equity for all women, particularly those who face the intersectional burdens of race, gender, and age discrimination. The transparency fostered by this data dashboard will be a cornerstone in the fight for equitable healthcare access and outcomes for all Maryland women. As a “majority minority” state (with more than 50% of Marylanders reporting non-white ancestry), we should not be seeing the persistent disparate health outcomes for people of color that happen every day. Through the disaggregation and study of public health data, we can identify and address critical gaps in care to improve health outcomes for the marginalized in our community. SB 0684's proposed Health Equity Dashboard is a step in the right direction for Maryland Department of Health's engagement with the social determinants of health.

SB684_MDPublicHealthAssoc_FAV

Uploaded by: Dr. Hanna Idriess

Position: FAV



Senator Augustine and Members of the Committee,

The Maryland Public Health Association (MdPHA) strongly supports **SB0684 – Maryland Health Equity Dashboard**, and we commend Senator Malcolm Augustine for championing this critical public health initiative. Access to timely, transparent, and comprehensive health data is essential for advancing health equity, identifying disparities, and informing effective policy decisions.

The Imperative for a Maryland Health Equity Dashboard

Maryland continues to face persistent health disparities that disproportionately affect racial and ethnic minorities, low-income communities, and rural populations. For instance, in 2020, the infant mortality rate for Non-Hispanic Blacks in Maryland was 9.9 per 1,000 live births, compared to 3.3 for Non-Hispanic Whites.¹

A centralized, publicly accessible Health Equity Dashboard would enable policymakers, researchers, and community members to track key health indicators, monitor progress, and implement targeted interventions where they are needed most. Currently, fragmented and inconsistent data collection practices hinder the ability to make informed, equity-focused health policy decisions. A statewide, regularly updated dashboard will enhance transparency and empower stakeholders with real-time data to address social determinants of health and improve community well-being.

Evidence Supporting Health Equity Dashboards

Health equity dashboards have been successfully implemented in other regions, demonstrating their potential impact in improving health outcomes. For example:

- *Missouri's Health Equity Dashboards* offer detailed depictions of differences in health outcomes and factors across various populations and geographies, guiding targeted quality-improvement efforts.²

¹ <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/5f6bf77b-2287-4416-9871-38c1d74644fd>

² <https://web.mhanet.com/health-equity-dashboards/>



- *Deloitte's Health Equity Dashboard* provides critical insights into health equity across the United States, clarifying how risks for certain health conditions vary across intersections of race, geography, and age.³

Studies have shown that accessible, data-driven health equity tools can:

- *Improve early detection and intervention:* Dashboards can highlight essential disparities in clinical outcomes, guiding targeted quality-improvement efforts and ultimately improving health equity.⁴
- *Address racial and economic disparities:* By visualizing data, dashboards can highlight disparities in clinical outcomes, guiding targeted quality-improvement efforts.⁴
- *Enhance public engagement:* Community organizations and advocates rely on publicly available data to advocate for policy changes that address health inequities. Without a centralized and regularly updated dashboard, this process remains inefficient and inequitable.

Disease-Specific Examples of Health Disparities in Maryland

Cardiovascular Disease: Heart disease remains a leading cause of death in Maryland, with significant disparities observed among different populations.⁵

Diabetes: Diabetes prevalence and complications are notably higher in certain communities within Maryland, underscoring the need for targeted interventions.⁵

Hypertension: Hypertension contributes significantly to health disparities in Maryland, particularly among African American populations.⁵

HIV/AIDS: The rate of new HIV cases is four times higher in certain populations compared to others in Maryland, highlighting a critical area for focused public health efforts.⁶

Infant Mortality: Significant disparities exist in infant mortality rates across different racial and ethnic groups in Maryland, indicating a pressing need for targeted health interventions.⁷

³ <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/free-public-health-equity-data.html>

⁴ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10639125/>

⁵ <https://www.medschool.umaryland.edu/mahec/health-disparities/the-burden-of-chronic-disease-in-maryland/>

⁶ <https://www.aha.org/case-studies/2012-06-01-sense-urgency-addressing-health-disparities-maryland/>

⁷ <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/5f6bf77b-2287-4416-9871-38c1d74644fd>



Potential Public Health Benefits of SB0684

- *Better Allocation of Resources:* Data-driven decision-making ensures that resources are directed toward communities most in need, maximizing the impact of state health initiatives.
- *Strengthening Community Trust:* Transparency in health data reporting fosters public trust in health institutions and government agencies.
- *Empowering Local Health Departments & Researchers:* Standardized, up-to-date data allows health departments and researchers to track trends in health disparities, develop targeted interventions, and measure the effectiveness of policy changes over time.

Conclusion

If we are truly committed to eliminating health disparities and ensuring that every Marylander has a fair and just opportunity to be healthy, we must equip ourselves with the right tools to measure, track, and act on health inequities in real time. The Maryland Health Equity Dashboard is not just about numbers, it is about lives, about communities, and about ensuring that no one is left behind because we failed to see the warning signs in the data.

With this legislation, Maryland has an opportunity to set a national precedent by prioritizing transparency, accountability, and evidence-based decision-making in public health. Without comprehensive data, disparities remain hidden; without visibility, there can be no targeted action; and without action, health inequities will persist for generations.

We strongly urge the committee to support and advance SB0684 as a critical step toward a healthier, more equitable Maryland.

Thank you for your time and consideration.

Sincerely,

Dr. Hanna Idriess

President, Maryland Public Health Association

SB684_LBCMD_PriorityBill

Uploaded by: Legislative Black Caucus of Maryland

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

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February 18, 2025

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Chair Pamela Beidle

Finance Committee

2 East Miller Senate Office Building

Annapolis, Maryland 21401

Dear Chair Beidle and Members of the Committee,

The Legislative Black Caucus of Maryland offers strong favorable support for Senate Bill 684 (SB 684) – Public Health – Health Equity Dashboard.

This bill introduces a crucial tool for addressing health disparities by requiring the Maryland Department of Health, in collaboration with the Commission on Health Equity, to create a public, easy-to-understand health equity dashboard that disaggregates health data by race, ethnicity, and gender. **Senate Bill 684 is a 2025 legislative priority for the Black Caucus.**

In Maryland, Black and minority communities experience disproportionate health outcomes in areas such as chronic disease, mental health, cancer, and access to healthcare. SB 684 ensures that data reflecting these disparities is made transparent and accessible to the public, providing a clearer picture of where disparities exist and where resources should be targeted. By including key indicators like cardiovascular disease, HIV/AIDS, and mental health, this bill highlights the urgent need for equitable healthcare access and services in underserved communities.

The bill's frequent updates (every 30 days) will empower community advocates, healthcare professionals, and policymakers to respond quickly and strategically to emerging health trends. This data-driven approach ensures that Maryland's public health strategies are more responsive and aligned with the needs of minority populations, particularly Black Marylanders who face significant barriers to care.

SB 684 directly addresses health inequities by enabling the state to better allocate resources and focus efforts on communities most in need. It ensures that health disparities are not only recognized but actively addressed through informed, targeted interventions. This aligns with the Black Caucus' ongoing commitment to promoting health equity and dismantling systemic barriers that negatively impact Black and minority communities in Maryland.

For these reasons, the Legislative Black Caucus of Maryland strongly supports Senate Bill 684 and urges a favorable vote.

Legislative Black Caucus of Maryland

SB0684_Testimony_SenAugustine.pdf

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



THE SENATE OF MARYLAND
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February 18, 2025

The Honorable Pamela G. Beidle

Chairwoman, Senate Finance Committee

3 East Miller Senate Office Building

11 Bladen Street Annapolis, MD 21401

RE: SB0684 - Public Health - Health Equity Dashboard

Position: **Favorable**

Chair Beidle and Members of the Committee,

The Problem:

- Protecting the publication and maintenance of these key health metrics is vital to providing up-to date and clearly understandable information for our research, healthcare, and general communities of Maryland.
- As we have seen within the past few days (see Figure 1), federally published data remains available on the whims of the current administration. It is our right and responsibility to ensure that this data is collected and disseminated to all Marylanders equitably.
- Without access to this information, our healthcare providers, research communities, policy makers, and the general public are not able to make informed decisions about their healthcare and how resources are distributed.

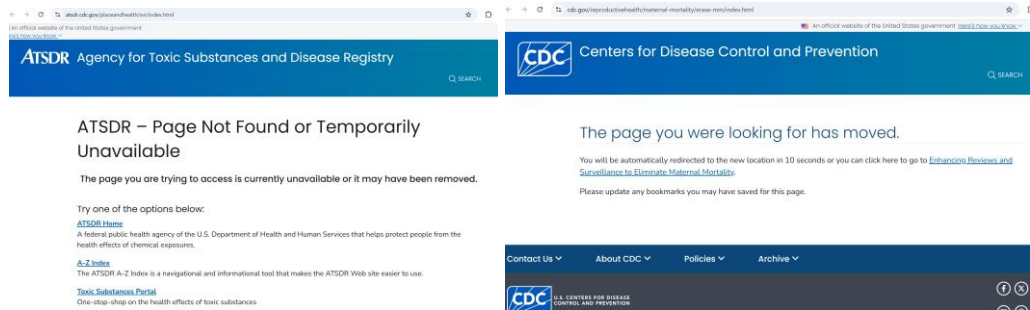


Figure 1. CDC Social Vulnerability Index¹ and CDC Maternal Mortality Review² Website as of 2/14/2025

What SB0684 does:

- SB0684 seeks to require that the Maryland Department of Health, in collaboration with the Commission on Health Equity, develop a dashboard on health equity data and update it at least every 30 days.
- By creating and regularly updating a dashboard, it is easy to pinpoint the areas and populations most affected by disparities, so that decision-makers can ensure equitable distribution of healthcare resources, funding, and policy attention.

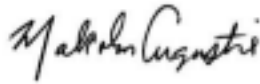
How SB0684 helps:

- **Enshrining this policy into law rather than relying on a mandate ensures durability, legitimacy, and enforceability. This is key to providing long-term stability across different administrations.**
- **Centralized Data:** A centralized dashboard provides a comprehensive view of disparities in health outcomes, access to care, and social determinants of health.^{3,4} This facilitates evidence-based policymaking and targeted interventions to address disparities effectively.
- **Data Transparency and Accessibility:** By making disparity data accessible to stakeholders, the dashboard fosters transparency and accountability. Governments, healthcare institutions, and organizations can track progress toward reducing health inequities and adjust strategies accordingly.^{3,4}
- **Regular Maintenance:** Regularly updated data helps detect emerging trends and geographic hotspots where disparities are most pronounced. This allows for timely responses and resource allocation to underserved communities.
- **Stakeholder Engagement:** A health disparities dashboard serves as a common platform for stakeholders, including public health officials, researchers, and advocacy groups, to share insights, coordinate efforts, and implement evidence-based solutions.³

- By embedding this policy into law, we will ensure consistency and reliability over time for understanding the health and safety of Marylanders, particularly for those in marginalized communities.
- States such as Arizona, Delaware, Idaho, Indiana, Rhode Island, and Washington already have developed data visualization tools similar to this one and made the toolsets available for their populations to utilize.⁵

In summary, this bill represents a vital step in protecting and improving data access and understanding, which will empower Marylanders to take control of their health and health information.

Chair Beidle and members of the committee, I ask for your favorable report.



Sincerely,
President Pro Tempore -- District 47 – Prince George’s County

Senator Malcolm Augustine

-
1. CDC social vulnerability index. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>.
 2. CDC maternal mortality index. <https://www.cdc.gov/maternal-mortality/index.html>.
 3. Gallifant J, Kistler EA, Nakayama LF, et al. Disparity dashboards: An evaluation of the literature and framework for health equity improvement. *The Lancet. Digital health*. 2023;5(11):e831–e839. [https://dx.doi.org/10.1016/S2589-7500\(23\)00150-4](https://dx.doi.org/10.1016/S2589-7500(23)00150-4). doi: 10.1016/S2589-7500(23)00150-4.
 4. Dowding D, Randell R, Gardner P, et al. Dashboards for improving patient care: Review of the literature. *International journal of medical informatics (Shannon, Ireland)*. 2015;84(2):87–100. <https://www.clinicalkey.es/playcontent/1-s2.0-S1386505614001890>. doi: 10.1016/j.ijmedinf.2014.10.001.
 5. Artiga & Samantha, Rao A. State reported efforts to address health disparities: A 50 state review. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-reported-efforts-to-address-health-disparities-a-50-state-review/#Publicly-Reported-State-Activities>. Updated 2024.

MDOA - FAV with amendments - SB684 Health Equity D

Uploaded by: Carmel Roques

Position: FWA



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: February 14, 2025

Bill Number: **SB 684**

Bill Title: Public Health - Health Equity Dashboard

Committee: Senate Finance

MDOA Position: FAVORABLE WITH AMENDMENTS

The Department of Aging (MDOA) respectfully submits this **favorable with amendments testimony** on Senate Bill (SB) 684 - Public Health - Health Equity Dashboard.

The Maryland Department of Aging (MDOA) serves as Maryland's State Unit of Aging, administering federal funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides services, and planning for Maryland's older adult population.

Pursuant to an Executive Order signed in January, 2024, MDOA has worked heavily during 2024 on the Longevity-Ready Maryland Initiative,¹ which emphasizes building on cross-agency and cross-sector engagement to tackle real-life challenges throughout the lifespan. One early product of the Longevity-Ready Maryland Initiative is a Longevity-Ready Data Dashboard, a publicly available dashboard developed in partnership with the Maryland Department of Planning. It is planned for public release in late 2025.

The Longevity-Ready Dashboard currently features significant health data, drawing from existing data sources available to the Department of Planning. The dashboard proposed by SB684 will provide additional valuable *age-adjusted* data that could be a useful supplement to MDOA's current Longevity-Ready Dashboard. The additional public data source

¹ See, Maryland Department of Aging: Longevity-Ready Maryland Initiative *available at*: <https://aging.maryland.gov/Pages/LRM.aspx>



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

proposed by SB684 will strengthen MDOA and partners' ability to plan for longer lives in Maryland more effectively. This resource will also strengthen our existing health promotion programming, MDOA's impact, advocacy and reporting to federal partners at the Administration for Community Living, and efforts to bring in additional public and private funding sources to the state for the benefit of older Marylanders.

MDOA understands the Department of Health is already performing the work SB684 authorizes through the development of a state Health Indicators Dashboard. MDOA supports the Department of Health's position on SB684 and any additional amendments requested. For these reasons, MDOA respectfully urges **a favorable with amendments report** on SB684.

If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.

Sincerely,

A handwritten signature in blue ink that reads "Carmel Roques". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Carmel Roques
Secretary
Maryland Department of Aging

SB 684 - MDH - FIN - LOSWA (1) (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



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

February 18, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building,
Annapolis, MD 21401

RE: Senate Bill (SB) 684 – Public Health – Health Equity Dashboard - Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 684 - Public Health – Health Equity Dashboard.

SB 684 requires a “graphic data dashboard” with age-adjusted health disparity data on insurance access, cardiovascular disease, chronic disease, mental health and substance use, cancer, HIV/AIDS, and STIs. The disparity data is required to be disaggregated by race, ethnicity, and gender.

Over the past two years, the Department has worked to develop numerous dashboards to improve data driven decision making and data transparency. The Department is developing a centralized Health Indicators Dashboard (HID). HID will serve as an interactive self-service data portal with access to health data across various measures, segmented by demographics. HID will include measures for monitoring both the State Health Improvement Plan and State Health Equity Plan, as well as addressing other mandated reporting on disparities. The Department will continue efforts underway to partner with the Maryland Commission on Health Equity on identifying measures for monitoring and advancing health equity in the State. All of the datapoints enumerated in SB 684 are planned to be incorporated into HID.

SB 684 requires the dashboard to be updated “at least every 30 days.” Many of the key data sources are not available on a monthly basis. In addition, data validation and quality assurance may take additional time. A quarterly schedule for updates based on the availability of quality data may be more realistic for presenting accurate information to the public. The Department respectfully recommends a technical amendment to the bill to reflect this.

The Department strongly supports the goals of reducing healthcare disparities and advancing data infrastructure and transparency. If you have any questions, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Laura Herrera Scott, MD, MPH
Secretary

Attachment

In the Senate Finance Committee:

AMENDMENTS TO SENATE BILL 684

(First Reading File Bill)

On page 2, line 12, strike “AT LEAST EVERY 30 DAYS” and insert “**QUARTERLY
REFRESHED ON A SCHEDULE DETERMINED BY DATA AVAILABILITY.**”