

NGAM Testimony SB740 3.4.25.pdf

Uploaded by: Brittany Morris

Position: FAV

**TESTIMONY IN SUPPORT OF SB740
Health Care Facilities – Warrior Community Members (SFC Matthew Fast Act for
Warrior Healthcare)**

**Finance Committee
March 4, 2025**

Chair Beidle, Vice-Chair Hayes, and Members of the Committee,

Chair and Members of the Senate Finance Committee: The National Guard Association of Maryland (NGAM) is honored to come before you today in support of Senate Bill 740 – the SFC Matthew Fast Act for Warrior Healthcare.

This legislation ensures that Maryland’s health care facilities screen patients for military service and document that status in their medical records, aligning with national patient safety goals to improve care for service members, veterans, and their families.

Many civilian health care providers lack awareness of military-related health risks, leading to misdiagnoses and inadequate treatment. SB740 addresses this gap by making military service screening a standard practice, ensuring that those who have served receive informed, appropriate care.

Military service is a key social determinant of health, affecting both physical and mental well-being. Veterans and service members face unique risks—from toxic exposures and combat injuries to psychological stressors—that civilian providers often overlook.

More than half of U.S. veterans rely on civilian health care, yet many providers never ask about military history, missing critical health factors. As the National Academy of Medicine has highlighted, failing to recognize military service in health care settings results in suboptimal outcomes and disparities in care. By requiring providers to identify warrior community members and integrate that information into treatment decisions, SB740 closes this awareness gap and improves care quality for those who have served.

SB740 is a practical, necessary step to ensure Maryland's health care system properly serves its military community. It standardizes military-service screening across facilities, leading to earlier diagnoses, more tailored treatment, and better long-term health outcomes. By passing this legislation, Maryland can set a national example in honoring and supporting those who have sacrificed for our country.

NGAM urges a favorable report on SB740 to ensure all service members, veterans, and their families receive the quality care they deserve.

Word Count: 303

Time: 2:10

Final_SFC MATTHEW FAST ORAL TESTIMONY.pdf

Uploaded by: Evelyn Lewis

Position: FAV

SFC MATTHEW FAST TESTIMONY

Testimony of Evelyn L. Lewis, MD, MA, FAAFP, DABDA

In Support of SB 740 – SFC Matthew Fast Act for Warrior Healthcare

Before the Maryland General Assembly

Date: March 4th, 2025

Good afternoon, Chair, Vice Chair, and Members of the Committee, my name is **Dr. Evelyn L. Lewis**, a family physician who has spent **25 years** caring for those who serve our nation. I continue this mission as the President and Chair of the **Veterans Health and Wellness Foundation**.

I strongly and unconditionally support the **SFC Matthew Fast Act for Warrior Health**, a **life-saving measure** to close **dangerous healthcare gaps** for Maryland's **1.3 million Warriors**.

The statistics are stark:

- **PTSD rates are 115% higher in Veterans**
- **Chronic pain, cardiovascular disease, and hearing impairment are 32%, 39%, and 380% higher, respectively.**

Despite these risks, healthcare providers **often fail to ask one crucial question: “Have you served?”** Without this information, **vital diagnoses are missed, treatments are ineffective, and preventable health crises occur.** Our **current healthcare system is failing our warriors.** Despite Maryland's **abundant resources**, over **80% receive care in commercial facilities**, where **providers are often untrained** in military health. A **2023 study** found that while **71% of providers agree it's important to ask about military service**, only **19% actually do.**

The **SFC Matthew Fast Act** solves this by **mandating universal screening for military service in all Maryland-licensed healthcare facilities**, ensuring that **Veterans are recognized as a vulnerable population.** It also **requires annual reporting on Warrior health disparities.**

I have **witnessed and personally experienced the struggles Veterans face** when their military history is overlooked. This **commonsense, cost-effective solution** improves **patient outcomes** and fulfill America's promise **"to care for those who have borne the battle."**

Maryland has both **the resources and the moral imperative** to ensure **“excellence” in care** for our military community. **I urge you to support the SFC Matthew Fast Act** and help build a healthcare system that truly serves those who have sacrificed so much for our country.

Thank you.

Testimony for SB0740_Jessica Fast.pdf

Uploaded by: Jessica Fast

Position: FAV

Tuesday, March 4, 2025

TESTIMONY ON SB0740 - POSITION FAVORABLE
SFC Matthew Fast Act for Warrior Healthcare

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

FROM: Jessica Fast (Sykesville, Maryland 21784)

Good afternoon, Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee. Thank you for welcoming me here today. I'm humbled to stand before you, carrying both the memory of my late husband, SFC Matthew "Matt" Fast, and the hope that together we can protect other families from the heartbreak mine has endured.

I also want to extend my heartfelt appreciation to Senator Ellis and Senator Folden for their service, and to recognize Senator Gile and Senator Mautz for their important role as military families. Each of you has demonstrated a steadfast commitment to supporting our men and women in uniform, past and present. Senator Folden, thank you for your leadership on this legislation on behalf of the Warrior Community. You have always stood up for veterans, their families, law enforcement, and our broader community—and I am honored to call you a friend.

I am here today to testify in support of Senate Bill 0740, **the SFC Matthew Fast Act for Warrior Healthcare**. Matt was just twenty-nine when he passed away suddenly and unexpectedly at home. He was strong, kindhearted, and honorable, fueled by an unshakable duty to his beloved Maryland and to this nation.

What we believed to be a passing illness turned out to be far more serious. After a few days of "heaviness" in his chest, we went to an urgent care where he was tested for strep throat. When that test came back negative, he was sent home and advised to rest. Three days later, he was gone—taken by an undetected heart condition that might have been caught if only our providers had been equipped to recognize the unique health risks of his military service.

A week after he passed, I learned I was pregnant with our son, Matthew II. He will know his father only through photos, videos, and cherished memories. One simple question—"Have you served?"—can spare other families this devastation. What if providers had known to ask about Matt's exposure to burn pits or other hazards? How many families might remain whole if civilian healthcare systems had a standardized way to identify, screen, and treat those who have served?

That's why I began looking for ways to ensure others would not suffer the same fate, which has led me here. More than 500,000 Marylanders—Veterans, Active Duty Service Members Reservists, National Guard members, and their families—comprise our Warrior Community, most of which, like my husband, receive their healthcare outside of the VA. Because providers often aren't aware they're treating a former service member, they miss critical opportunities to diagnose and address service-connected risks.

The SFC Matthew Fast Act takes a crucial step toward helping our healthcare system better identify and care for these patients without imposing an undue burden on the state budget. By designating Warriors as a vulnerable population, we align with existing community benefit and accreditation requirements while making a genuine difference in how we screen, diagnose, and treat chronic conditions that disproportionately affect veterans—heart disease, stroke, cancer, and more.

Had these standards been in place when Matt sought treatment, I firmly believe his doctors would have seen the full picture—his deployments, his exposures, and his risks—and could have intervened in time. That, at its core, is why this bill matters: it's a practical, life-saving measure that honors every individual who has served.

To quote Senator Ready from [an op-ed he wrote in November 2024](#), "it's important to consider how we can take real steps to support and help veterans, particularly those returning from intense, difficult deployments... it's really the least we can do for all the sacrifices that they and their families have made."

Today, I stand before you with hope and determination that we can honor my husband's memory—and the service of countless others—by ensuring no Warrior in Maryland slips through the cracks of civilian healthcare. I refuse to let Matt's story end in tragedy when it could spark life-saving change for so many others. I respectfully urge this committee to vote in support of SB0740, and help us protect the health and future of those who have given so much.

Thank you for your time and consideration.

The Story of Matt Fast: Demand Better Healthcare for Warriors [VIDEO]



The Story of Matt Fast: Demand Better Healthcare for Warriors

View Video: <https://youtu.be/1YXuzPcCnIQ?si=FrGPJUp5dMAvbXdK>

Final Written Testimony of Ronald Steptoe- SB0740

Uploaded by: Ronald Steptoe

Position: FAV

Testimony of Ronald Steptoe

In Support of **SB 740 – SFC Matthew Fast Act for Warrior Healthcare**

Before the **Maryland General Assembly**

Date: March 4th, 2025

Chairperson, Vice Chair, and Members of the Committee,

Thank you for this opportunity, and a special thanks to **Jessica Fast** for her courage in sharing **SFC Matthew Fast's** story. No warrior should ever be failed by the system and community they served.

I'm **Ronald Steptoe**, a **34-year Maryland resident, veteran, and West Point graduate**, along with my wife. My family's legacy of military service dates back 8 generations to the Revolutionary and Civil Wars. For the past **17 years**, I've worked to address **military and veteran health disparities**, particularly those linked to **toxic exposures**. In my work as a Principal Investigator and Innovator in partnership with the **Department of Defense R&D programs**, I've collaborated with **Walter Reed** and the **Air Force's 59th Medical Wing**.

Here's the reality:

- **80% of veterans** and almost all National Guard and Reserve members and their families get care in **civilian hospitals and outpatient facilities**.
- **Only 57% of hospitals ask about military service.**
- **Only 10% do anything with that information.**

With the **PACT Act of 2022**, **toxic exposure risks** are finally **recognized**—but that means nothing if **hospitals and outpatient facilities don't ask the right questions**.

This issue is personal.

At **57**, I was diagnosed with **Stage 2 prostate cancer**—a disease usually found at **67**. My **primary care doctor at LifeBridge**, my **urologist at Chesapeake Urology**, the **chief of urology at Johns Hopkins Howard County Hospital**, and my **surgeon at MedStar** all

recognized my **higher risk as an African American male**. But **none recognized my veteran status—because it wasn't in my medical record at any of these healthcare organizations**.

Here's why that matters:

- **1 in 8 men** will develop prostate cancer.
- **1 in 6 African American men** will develop it.
- **1 in 5 veterans** will develop it.

I had to tell **each doctor** about my risk as a veteran. **How many veterans don't know to do that?**

Recently, a Maryland health system executive told me that the Warrior Community, which includes the National Guard, Reserves, Active-Duty, Veterans, and their families, will not be a strategic priority at-risk population for the health system over the next 2 to 5 years.

That's unacceptable.

As a **professional and citizen**, I know this bill is necessary and critical to public safety and national security.

As a **veteran**, I **beg** you to pass it.

As a **cancer patient**, I plead with you for **action**.

Our warriors don't have time to wait.

Thank you.

Ronald J. Steptoe, *CMR, DABDA*

Board Certified Diplomate of the

American Board of Disability Analyst

SB 740 - MDH - FIN - LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 4, 2025

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

RE: Senate Bill (SB) 740 – Health Care Facilities - Warrior Community Members (SFC Matthew Fast Act for Warrior Healthcare) – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 740 – Health Care Facilities - Warrior Community Members (SFC Matthew Fast Act for Warrior Healthcare).

SB 740 requires all healthcare facilities to screen patients for military service affiliation, document this designation in medical records, and comply with The Joint Commission's National Patient Safety Goal on Health Equity. Additionally, the bill mandates that warrior community members, including service members, veterans, and their families, be classified as a vulnerable population and requires annual reporting to the Governor and General Assembly, beginning in 2026, on their healthcare needs, the extent to which healthcare facilities are meeting those needs, and progress toward achieving health equity.

The Department understands that the legislation's intent aligns with the state's ongoing efforts through the "Ask the Question" initiative, which encourages healthcare providers to systematically ask, "Have you or a family member ever served in the military?" during patient intake.

The "Ask the Question" initiative is intended to enhance data collection, improve service referrals, and facilitate better care coordination for military-affiliated individuals. Initial implementation efforts are focused on provider education, electronic health record (EHR) integration, and expanding awareness among healthcare professionals.

Implementing SB 740 would require statewide data collection and analysis to track warrior community healthcare needs and facility compliance. This process would involve new data-sharing agreements, IT system modifications, and increased coordination with healthcare providers to ensure accurate reporting.

To fulfill the bill's requirements, the Department anticipates it would require additional personnel for compliance monitoring to manage data collection, compliance oversight, reporting functions, and Information system updates to the existing Electronic Health Record systems and state health databases, which may require modifications; the fiscal cost of fulfilling this legislation's

requirement for the Department is estimated to be \$150,000 for IT system upgrades and an ongoing annual cost of approximately \$499,000, including staffing, IT support, and compliance monitoring.

I hope this information is useful. If you would like to discuss this further, 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 that reads "Ryan B. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan B. Moran, Dr.P.H, MHSA
Acting Secretary