

BILL NO: House Bill 1100
TITLE: Public Health – Equity Dashboard
COMMITTEE: Health and Government Operations
HEARING DATE: February 21, 2025
POSITION: **SUPPORT**

HB 1100 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. HB 1100'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.