

Written Testimony on Senate Bill 1029 (Granny's Law)

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Submitted by:

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The Chair and distinguished members of the committee, thank you for the opportunity to submit a written testimony. My name is Dr. Bunmi Ogungbe, Assistant Professor at Johns Hopkins School of Nursing and Bloomberg School of Public Health. I also serve as faculty at the Johns Hopkins Center for Health Equity and the Welch Center for Prevention, Epidemiology, and Clinical Research.

The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System.

I am here to express my strong support for Senate Bill 1029, also known as “Granny’s Law.” As a health equity researcher focused on addressing disparities in cardiovascular and kidney health outcomes, I can attest to the importance of this legislation.

This bill addresses a concerning and unjust gap in the current legal framework. When donors make bequests to health organizations with the intention of addressing health disparities—especially racial health disparities—**their intentions should be honored, not disregarded.** Unfortunately, the case that inspired this legislation demonstrates how easily donor intent can be undermined when not explicitly stated in testamentary language, even when the donor’s lifelong commitment to health equity is well-documented.

My research and that of my colleagues, and the literature consistently show that health disparities persist in Maryland despite our state’s policy commitment to addressing them. According to the Maryland Office of Minority Health and Health Disparities Report released in March 2024,¹ Black Marylanders are 50% more likely to die from heart disease compared to White Marylanders, and experience 2.3 times higher rates of diabetes-related mortality. The life expectancy gap between Maryland’s wealthiest and poorest areas is over 15 years. African American adults have 4 times the incidence of kidney failure (ESKD) compared to the general population, according to the Centers for Disease Control and Prevention’s (CDC) Chronic Kidney Disease in the United States, 2023 report.² When private citizens attempt to contribute to

¹ “Maryland Department of Health. Office of Minority Health and Health Disparities Annual Report FY 2023,” March 2024, <https://health.maryland.gov/mhhd/Documents/MHHD%20FY2023%20Annual%20Report.Final%20%281%29.pdf>.

² Centers for Disease Control and Prevention, “Chronic Kidney Disease in the United States, 2023” (Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2023), <https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html>.

alleviating these documented disparities through their charitable giving, we should honor and support these efforts rather than obstruct them.

In the case that prompted this legislation, a donor whose life reflected a commitment to addressing health disparities affecting African Americans—having witnessed these disparities firsthand through family losses to heart disease, Alzheimer’s, cancer, and mental health conditions—made a bequest to health organizations. Despite clear evidence of the donor’s intent and Maryland’s established policy of working to eradicate health disparities, a judge disregarded these factors, allowing the organizations to use the funds without addressing the intended health equity goals.

This is not merely about one case. This precedent threatens to undermine similar bequests, contradicting Maryland’s policy objectives and perpetuating the very disparities our state is committed to eliminating. **This disregard is an inequity in and of itself that granny’s law seeks to address.** Senate Bill 1029 provides an opportunity, a framework that would allow personal representatives to present evidence of a decedent’s intent when their will includes a legacy to a health organization. This approach respects donor autonomy.

The bill does not impose unreasonable burdens— rather, it simply creates a pathway to ensure that when someone has demonstrated a lifelong commitment to addressing health disparities, their final wishes in this regard will be honored. Furthermore, it allows for accountability to ensure funds are used as intended.

Maryland has declared the alleviation of health disparities a state priority. This legislation helps align private philanthropy with that priority. I urge you to support Senate Bill 1029 and affirm that in Maryland, we honor both our policy commitment to health equity and the final wishes of those who share that commitment.

Thank you for your time and consideration.

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