



Committee: Education, Energy, and the Environment Committee

Testimony on: HB1268 – Environmental Permits - Requirements for Burden Analysis, Issuance and Renewal, and Public Participation (Cumulative Harms for Environmental Restoration for Improving Shared Health - CHERISH Our Communities Act)

Position: Favorable

Hearing Date: March 3, 2026

Submitted on behalf of Chesapeake Physicians for Social Responsibility (CPSR). CPSR is a statewide evidence-based organization of over 900 physicians and other health professionals and supporters that addresses existential public health threats: nuclear weapons, the climate crisis, and the issues of pollution and toxic effects on health, as seen through the intersectional lens of environmental, racial, and social justice.

CPSR strongly supports the CHERISH Act (HB1268). As written, this legislation would authorize the Maryland Department of the Environment (MDE) and Public Service Commission of Maryland (PSC) to incorporate a community’s environmental justice score and cumulative pollution burden into decisions regarding environmental permits. At present, MDE and PSC evaluate permit applications largely in isolation, without formal authority to consider cumulative impacts or environmental justice scoring in their final determinations. The CHERISH Act would correct this structural gap.

Under HB1268, if a proposed project would increase pollution in an already overburdened community, MDE and PSC would be required to impose meaningful conditions or secure a community benefits agreement before issuing a permit. Other states, including New York¹ and New Jersey², have enacted similar cumulative impact legislation, recognizing that environmental burdens are not evenly distributed.

As medical trainees and physicians caring for patients across Baltimore City, we see firsthand the consequences of cumulative pollution exposure. Communities located near facilities such as the WIN Waste incinerator, the Curtis Bay medical waste incinerator, and the CSX coal export terminal face disproportionate exposure to pollutants, including particulate matter (PM2.5) and nitrogen oxides (NOx). These pollutants are strongly associated with asthma, chronic obstructive pulmonary disease, cardiovascular disease, cancer risk, and premature mortality.

A 2025 analysis of Baltimore incinerators estimated that in 2024 alone, the combined health damages attributable to the WIN Waste and Curtis Bay medical waste incinerators totaled approximately \$97 million.³ These facilities are located in majority-Black and low-income neighborhoods that already experience structural barriers to healthcare access.

Asthma illustrates the cumulative toll. According to The Abell Foundation, approximately 20% of children in Baltimore City have asthma- more than double the national prevalence of 9%.⁵ Baltimore City's asthma hospitalization rate is nearly three times the national average and more than twice the Maryland average.⁶ Children hospitalized or treated in the emergency department for asthma are disproportionately Black and from lower-income households.⁵

Without a cumulative impact review, additional pollution sources risk compounding these disparities. Curtis Bay is one community that showcases why cumulative burden analysis is necessary. This community is surrounded by numerous industrial facilities, including an open-air coal export terminal, medical and municipal waste incinerators, a wastewater treatment plant, truck corridors, and other infrastructure. A detailed environmental justice analysis found that Curtis Bay ranks in the 99th percentile nationally for proximity to facilities with elevated risk of explosions, leaks, or hazardous material releases.⁴

In 2021, a coal dust explosion occurred at the CSX terminal, leaving coal residue on nearby homes and schools.⁷ In 2017, a major residential fire displaced nearly two dozen residents.⁸ The area also receives some of the lowest water quality scores in the Baltimore region, largely due to chronic sewage overflows.⁹

These environmental and infrastructural stressors do not occur in isolation. They layer upon one another, increasing respiratory risk, cardiovascular disease burden, and overall community vulnerability. The CHERISH Act would provide MDE with the authority to account for these existing cumulative risks before approving new or renewed permits.

The CHERISH Act advances fairness, transparency, and public health. It strengthens Maryland's permitting process by ensuring that cumulative harms are evaluated before additional burdens are imposed on already vulnerable communities. It does not halt economic development. Rather, it ensures that development proceeds responsibly, with meaningful community participation and appropriate safeguards.

Maryland has the opportunity to lead by prioritizing health equity in environmental decision-making. CPSR respectfully urges a favorable report on HB1268.

Sincerely,
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