



**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**FAVORABLE**

**SB 790 – Public Health Reform Act**

**Senate Finance Committee**  
**Senate Budget and Taxation Committee**  
**March 10, 2026**

**Health Care for the Homeless strongly supports SB 790**, Public Health Reform Act. This bill would, among other things:

- Direct the Department of Health to organize the Maryland Medicaid Reserve Corps, which would be a volunteer network of clinical and nonclinical personnel to assist emergency systems during crises that strain the health care system, including public health emergencies, disease outbreaks, and natural disasters;
- Create a workforce development fund, including a dedicated entity, the Maryland Community Health Resources Commission, to administer the fund; and
- Direct the Department of Legislative Services to develop a process to assess the health equity impacts of relevant legislation.

Life on the street is brutal. The lack of secure and stable shelter, food, income, hygiene and physical and behavioral health care makes it nearly impossible to be healthy, even without a public health emergency. As a Federally Qualified Health Center serving over 11,000 of Maryland’s most vulnerable individuals each year, we know the disproportionate impact that public health emergencies have on our clients.

**Homelessness creates new health problems and exacerbates existing ones**

Where someone with stable housing could easily manage a condition like diabetes, trying to manage diabetes in a shelters or on the street is virtually impossible – with no place to store their insulin and syringes, no consistent way to eat healthy when you don’t know where or when you’ll get your next meal, an otherwise manageable disease becomes unmanageable and sometimes fatal.

Unsurprisingly, individuals experiencing homelessness disproportionately exhibit the risk factors for hypertension: race, smoking, obesity, lack of exercise and lack of access to healthy food options. Living with a chronic disease or illness that requires a strict regimen to manage, such as the treatment of HIV/AIDS or Hepatitis C, it is difficult to stick to complex medicine regimens without access to stable housing, clean water, bathrooms, refrigeration and food. Children experiencing homelessness have a high rate of asthma and related respiratory challenges, which interfere with schooling and other important life and developmental events.

Those of us without stable housing are:

- 3-4x more likely to die prematurely

- 2x as likely to have a heart attack or stroke
- 3x more likely to die of heart disease if they are between 25 and 44 years old

The life expectancy of a person experiencing homelessness is just 48 years. Plainly, if you're sick, homelessness makes you sicker.

### **Public health crises disproportionately impact people experiencing homelessness**

The inability to stay healthy or manage health conditions is most evident during a public health crisis or emergency. We learned very quickly during COVID that our health systems are not equipped to address the level of need for our State and the people most likely underserved are those with the highest reliance on our social safety net systems. Our clinical teams quickly developed robust policies and procedures to address the needs of our clients during COVID and develop shelter spaces that could help keep them safe.

As Health Care for the Homeless Chief Medical Officer, Laura Garcia, CRNP describes, “many of the families we serve are in crisis. Children often lack access to consistent, nutritious food, increasing their vulnerability to illness and its complications. Parents frequently have no reliable support systems to care for their children should illness occur, and access to consistent, reliable health insurance coverage is often uncertain.”

A strong public health system plays a critical role in safeguarding our most vulnerable patients, particularly those who, due to social or economic barriers, have at times struggled to remain up to date with their [existing health regimens. The inadequate resources to care for Maryland’s most vulnerable residents is not only a tragedy for individual patients and families; in the words of CMO Laura Garcia, “it represents a failure of our health care system as a whole.”

When our systems are most taxed, such as during a public health crisis, the Public Health Reform Act would bring must-needed additional resources to help safeguard the health of communities that are already at disproportionate risk. We urge a favorable report.

*Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.*

*Our Vision: Everyone is healthy and has a safe home in a just and respectful community.*

*Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.*

*For more information, visit [www.hchmd.org](http://www.hchmd.org).*