
TESTIMONY IN SUPPORT OF HOUSE BILL 202
Social Isolation and Loneliness Pilot Grant Program
House Health Committee
February 10, 2026

Social Work Advocates for Social Change strongly supports HB 202, which would establish the Social Isolation and Loneliness Pilot Grant program and require the Maryland Department of Health to award grants for the expansion or maintenance of programs that provide socioemotional support to the populations most impacted. HB 202 can improve care for vulnerable Marylanders and improve social integration.

As a coalition and as future social work professionals, we advocate for the equitable opportunity to access mental health resources and the significance of social connectedness. In the wake of the Covid-19 pandemic, we realized how profoundly disconcerting it is to be cut-off and disconnected from your community. The devastating mental health impacts of social isolation are still being felt, and we must confront the reality that many Marylanders are suffering without a lifeline.

Loneliness and social isolation are a public health crisis. In 2023, the United States Surgeon General released an advisory on the epidemic of loneliness and isolation. This report outlined current trends in social connection and the expansive health consequences of social isolation.¹ Lackluster social connection has been associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.² These consequences are not limited to individuals; weak community connection affects Marylanders across every stage of life. Seniors, middle-schoolers, new parents — all have a lower quality of life when they don't have support and opportunities to leave their home and engage with other people. Social connection benefits all Marylanders through improving neighborhood safety, boosting the local economy, and encouraging individuals to feel invested in their communities. As a social work coalition, we have seen firsthand how these programs would help bolster care and engagement.

Loneliness and social isolation have a long-term costs beyond mental and community health. As a subsection under the Aging Population, research from the American Health Rankings, using Census Data, has found that the impact of loneliness and isolation has reached a total cost of 6.7 billion in Medicaid costs annually in the state of Maryland.³ The pilot programs included in HB 202 are an opportunity to study the implementation of inclusion programs at a fraction of the annual costs brought on by the underlying situation.

Social isolation is disproportionately felt by Maryland's most vulnerable communities, and the programs funded by HB 202 are imperative because of their capacity to directly benefit Marylanders from underserved populations – in particular, seniors and people with disabilities. Seniors are limited in access, mobility, and inclusion in society leading to higher rates of social isolation and loneliness. 34% of aging Marylanders experience loneliness on a regular basis, which leaves them vulnerable to physical and cognitive disparities like, "increased risk of mortality and higher rates of dementia, coronary heart disease and stroke."⁴ The 13% of Marylanders who identify as disabled are uniquely disadvantaged, with huge barriers to accessing public institutions and

resources. In their 2025 testimony, ARC Maryland further explains that “adults with a disability are 51% more likely to be socially isolated, 246% more likely to report low levels of social support, and 438% more likely to be lonely compared to those without a disability”.⁵

As a social work coalition, we have seen firsthand how improving social connectedness can save lives. The following example of heat-related illness is an extreme case of an effective program. In a short intervention led by students at UMB, seniors in Baltimore City subsidized housing reported that improved social relationships saved them during the severe heat waves of summer 2025. As social isolation is a strong predictor of succumbing to serious heat-related illness – and death – one intervention (having a phone-call buddy system) led to a seniors’ life being saved. Addressing social isolation has real consequences on people’s lives, and we need to understand more about effective social programming in vulnerable populations.

As a coalition, we advocate for the improvement of local economies, advancing individual and community well-being, and the importance of building relationships. Through intentional programming, HB 202 can advance all these goals.

Social Work Advocates for Social Change urges a favorable report on HB 202.

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy and to engage the communities impacted by public policy in the policymaking process.

¹ Office of the Surgeon General (OSG). (2023). *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*. US Department of Health and Human Services.

² Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*. 2016;102(13):1009-1016

³ Flowers L, Houser A, Noel-Miller C, et al. Medicare Spends More on Socially Isolated Older Americans. Washington, D.C.: AARP Public Policy Institute; 20174United Health Foundation. (2023). *Explore risk of social isolation - age 65+ in the United States* | *Ahr. Americas Health Rankings*. https://www.americashealthrankings.org/explore/measures/isolationrisk_sr_b

⁴ United Health Foundation. (2023). *Explore risk of social isolation - age 65+ in the United States* | *Ahr. Americas Health Rankings*. https://www.americashealthrankings.org/explore/measures/isolationrisk_sr_b

⁵ Rondeau J., 2025, HB141 – Task Force on Loneliness and Isolation – Support with Amendment, (testimony), The Arc Maryland