

House Bill 1106

Maryland Commission on Womens Health Advancement

Position: Favorable with Amendments

Chair and Members of the Committee,

My name is The Honorable Dr Cashenna A Cross. I serve as Councilwoman At Large for the City of Glenarden, a retired United States Air Force veteran, and a long standing advocate for equitable access to health services and community centered public policy across Maryland.

I respectfully submit testimony in Favorable with Amendments for House Bill 1106 establishing the Maryland Commission on Womens Health Advancement.

Throughout my years in municipal leadership and public service, I have witnessed firsthand the direct relationship between womens health outcomes and the long term stability of families, local economies, and community safety. When women lack access to coordinated maternal care, preventative screenings, behavioral health services, and culturally competent treatment, municipalities absorb the consequences through increased emergency response demand, workforce disruption, and generational health disparities.

House Bill 1106 appropriately recognizes that Maryland must study the feasibility of a statewide womens hospital and clinical network. The focus on lifespan care, underserved populations, and measurable health gaps reflects responsible governance and forward planning. The inclusion of patient advocates, public health experts, and regional representation demonstrates an understanding that womens health policy must be informed by lived experience as well as clinical expertise.

However, several amendments would strengthen accountability and ensure the commission delivers practical outcomes rather than producing a study without implementation value.

Recommended Amendments:

First, include representation from municipal leadership or local government practitioners. Cities and towns are often the first to identify public health trends and service gaps. Municipal inclusion will ensure that policy recommendations reflect real community conditions.

Second, require measurable performance metrics within the initial action plan, including reductions in maternal health disparities, access timelines for preventative services, and

geographic equity indicators.

Third, require coordination with existing hospital systems and community clinics in Prince Georges County and other underserved regions to avoid duplication of infrastructure and to prioritize strengthening existing care networks where feasible.

Fourth, include periodic public transparency briefings so residents understand how findings translate into policy decisions and resource allocation.

These amendments align with principles of good governance, transparency, and responsible stewardship of public resources. As a veteran and local elected official, I strongly believe government must not only study problems but remain accountable for outcomes that improve quality of life.

Maryland has the opportunity to lead nationally by addressing womens health disparities through coordinated planning grounded in data, equity, and community engagement. With the proposed amendments, House Bill 1106 can serve as a meaningful step toward closing long standing gaps while ensuring fiscal responsibility and measurable progress.

For these reasons, I respectfully urge a Favorable with Amendments report on House Bill 1106.

Respectfully submitted,

The Honorable Dr Cashenna A Cross

Councilwoman At Large

City of Glenarden

Retired United States Air Force Veteran