

## Written Testimony

### **SB0190—Estates and Trusts—Interpretation of Wills—Evidence of Intent (Granny's Law) Recommendation: Favorable**

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Hello,  
My name is Lawrence Grandpre.

I'm writing to urge the judicial proceedings to issue a favorable review of Granny's Law, **SB0190** which would allow for extrinsic evidence to be introduced to support the right of personal representative to clarify intent in the instance of donations related to health equity.

As one of the issues I have worked extensively on is policing reform, hearing the story of Ms. Jennifer Johnson was extremely disturbing. No individual should face the possibility of police action and incarceration solely for standing up for what you believe is the sincere wishes of a loved one. Racial bias in the court system has been long-established, and the possibility of future Black residents of Maryland facing such a terrifying result seems to require legislative intervention. Beyond the technical and legalistic concerns around extrinsic evidence, I believe that the fundamental need to rectify the possibility of anything like this happening again makes this bill necessary.

Moreover, as my professional work touches on issues of wealth and health inequity, this issue of health disparities is of substantial importance to me. The Office of Minority Health and Health Disparities reported in 2024 that health gaps in preventable mortality are increasing in the state of Maryland for common causes of mortality such as stroke, diabetes, and infant mortality.<sup>1</sup> Even in so-called "affluent" counties like Howard County, Black people have the highest rates of heart disease and are hospitalized for high blood pressure at three times the rate of white residents.<sup>2</sup> This goes to show the need for investments in health equity in Maryland.

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<sup>1</sup> The Office of Minority Health and Health Disparities. *Office of Minority Health and Health Disparities Report Annual Report 2023*, Maryland Health Department, 1 Mar. 2024, [health.maryland.gov/mhhd/Documents/MHHD\\_FY2023\\_Annual\\_Report.Final \(1\).pdf](https://health.maryland.gov/mhhd/Documents/MHHD_FY2023_Annual_Report_Final_(1).pdf).

<sup>2</sup> Kurtz, Josh. "Report: Even in Md.'s Wealthiest County, Health Disparities Persist." *Maryland Matters*, 31 Jan. 2020, [marylandmatters.org/2020/01/31/report-even-in-md-s-wealthiest-county-health-disparities-persist/](https://marylandmatters.org/2020/01/31/report-even-in-md-s-wealthiest-county-health-disparities-persist/).

This need to respect the ability of personal representatives is made more important when the role of racial income and wealth inequity is considered. Nationwide, post pandemic the Black-White wealth gap has continued to widen, creating almost a quarter of a million dollars on average in 2022.<sup>3</sup> In Maryland, Black individuals make only .70 cents to every dollar white individuals make.<sup>4</sup> Areas of the state that have the highest percentages of minorities (Baltimore City, Baltimore County, and Prince George's County) have the highest rates of incarceration, which studies have shown has had an extreme negative effect on every metric of health and wealth in these communities.<sup>5 6</sup> In the face of targeted racial systemic violence, the idea that Black families who were lucky enough to be able to accumulate wealth would not have the ability to decide where this wealth goes after death is profoundly concerning.

This concern is magnified when it comes to the issue of investments in health equity. Unlike any other donation, investments in health equity are literally an issue of life and death. America's long history of medical racism means even well-meaning investments framed as "health equity" can have devastating health consequences for communities. For example, in the 1990s, the Abell Foundation invested in contraceptive implants and funded their use in Baltimore City public schools, causing a nationwide debate about informed consent and concerns over racial bias.<sup>7</sup> Some of these implants had long-term negative health outcomes for the individuals who received them, leading to a lawsuit against the manufacturer.<sup>8</sup>

This is not to single out the Abell Foundation, but to make the point that, from their perspective, cutting teen pregnancy was a desirable health equity goal, and, for another, the way in which they pursued that end violated their notions of racial justice. This is precisely why health equity investment requires the maximum amount of input and control on behalf of a personal representative. Not only are we dealing with the possibility of funding interventions that can lead to real physical harm, or even legal liability, but, most importantly, depending on what the interpretation of the individual is, they may end up funding interventions that may do the opposite of the donor's intent.

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<sup>3</sup> Alyasah Ali Sewell, Keon L. Gilbert, and Camille Busette Gabriel R. Sanchez. "Black Wealth Is Increasing, but so Is the Racial Wealth Gap." *Brookings*, 18 Jan. 2024, [www.brookings.edu/articles/black-wealth-is-increasing-but-so-is-the-racial-wealth-gap/](http://www.brookings.edu/articles/black-wealth-is-increasing-but-so-is-the-racial-wealth-gap/).

<sup>4</sup> Kent, Ana Hernandez. "Examining U.S. Economic Racial Inequality by State: St. Louis Fed." *Federal Reserve Bank of St. Louis*, Federal Reserve Bank of St. Louis, 10 Jan. 2023, [www.stlouisfed.org/publications/bridges/volume-3-2020/examining-us-economic-racial-inequality-by-state](http://www.stlouisfed.org/publications/bridges/volume-3-2020/examining-us-economic-racial-inequality-by-state).

<sup>5</sup> McKay, Tasseli. *Stolen Wealth, Hidden Power: The Case for Reparations for Mass Incarceration*. University of California Press, 2022.

<sup>6</sup> Office of Social Equity. "Community Reinvestment and Repair Fund Survey Results Report." *Office of Social Equity*, Dec. 2023, [ose.maryland.gov/Documents/CRRF\\_Report\\_-\\_OSEv3.pdf](http://ose.maryland.gov/Documents/CRRF_Report_-_OSEv3.pdf).

<sup>7</sup> Licata, Justina Carmela. "The Politics of Norplant: Feminism, Civil Rights, and Social Policy in the 1990s." *NC Docks*, 2020, [libres.uncg.edu/ir/uncg/f/Licata\\_uncg\\_0154D\\_12994.pdf](http://libres.uncg.edu/ir/uncg/f/Licata_uncg_0154D_12994.pdf).

<sup>8</sup> *ibid*

The reality is one person's legitimate health equity investment is another person's example of illegitimate overreach, and it should not be up to the donor institution and judge alone to make this determination when the money to pursue these interventions comes from the hard-earned wealth of the residents of Maryland. This is especially true when the investment comes from Black and Brown Marylanders intending for the fruits of their life's work to reflect their specific vision of health equity. This is not merely a question of confusion on donor intent akin to confusion over the name of a relative; it's a fundamental distinction when donor money may be used to fund the opposite of donor intent with serious consequences.

I hope you take these comments in the spirit they are given. I understand there are legal precedents that have determined how these processes have functioned in the past. However, given that civil rights laws only passed in the 50s and 60s, we are dealing with one of the first generations of Black wealth being passed down intergenerationally from baby boomers to future generations. Thus, the legal system may not have had to consider these unique concerns when it comes to bequests focused on racial equity and the power imbalance between Black and Brown personal representatives and the legal system. Despite wealth inequity, Maryland, as home to two of the wealthiest majority Black communities in the country, and with increased ability to target their resources toward health equity, I believe these investments will have a substantial impact on health equity.

Thank You,  
Lawrence Grandpre