

Sharon Duncan Jones-Eversley, DrPH, MA
Professor Emeritus -Social Epidemiologist
HB0375 General Assembly Written Testimony
Judiciary Committee
Scheduled February 4, 2026

Hello, I am Dr. Sharon Duncan Jones-Eversley. First, thank you for the opportunity to express my favorable endorsement of HB0375 Estates and Trusts - Interpretation of Wills - Evidence of Intent (Granny's Law). Granny's Law represent needed elevations of laws that protect the constitutional rights and human rights of the aging populations to make legally binding decisions of their wills and estates (Greene, 2025).

Legislative and judicial branches of government continue to be the gatekeepers to ensure living wills equity and estate protections of our society's most vulnerable citizens, the aging elderly populations (Glenn Tait, 2002; Pollack & Strahilevitz, 2021). Protecting them from judicial rulings that defy the elderly's will-estate autonomy as well as legislative policies (i.e., Medicaid estate recovery) that negate the elderly's' cognitive inheritance decisions for their families and beneficiaries (Diller, 2025; Spishak-Thomas et al., 2026).

I am a lifelong Marylander who was born, raised, and educated in public schools in Baltimore City. My three higher education degrees are from Maryland institutions: Morgan State University and the University of Baltimore.

I am a Professor Emeritus and Social Epidemiologist in the Family Science Department at Towson University. Please note that my testimony today does not represent Towson University. Rather, it reflects my over 40 years in human services and public health.

As a health disparities scholar in the early 2000s, under the leadership of Dr. Carlessia Hussein, I conducted analytical data, researched, and authored four (4) seminal reports for the Maryland Department of Health, Office of Minority Health and Health Disparities. Those reports guided Maryland's First Plan to Eliminate Minority Health Disparities in our great state.

While Granny's Law primarily addresses the interpretation of wills, it has significant implications in Maryland and the nation as we are in the largest era of intergenerational transfer of wealth (an estimated \$124 trillion) from older generations to their intended beneficiaries (Godbout, 2025; Hussain, 2026). Granny's Law provides essential safeguards against wealth-inequality, and it elevate wealth resilience of Maryland's aging population (Koss & Baker, 2018; Mitchell & Roussanov, 2025). The true intentions of all Maryland's elderly residents' estate-will decisions and intentions must be dutifully adhered to and respected and honored for their future generations and beneficiaries. Granny's Law also complements the Maryland Department of Aging's *Longevity Ready Maryland* initiatives to ensure a better quality of life and aging for all Marylanders, regardless of zip code, race, ethnicity, or other social demographics that contribute to variances in health care, health outcomes, and overall quality of life (Maryland's Multisector Plan for Aging, 2025).

However, more importantly, HB0375 aligns with the MD Code that addresses identifying and eliminating health disparities in Maryland. Persistent health disparities exist and remain among marginalized Marylanders ages 60 and older. In Maryland, African Americans are 84% more likely than whites to be diabetic. The revised prevalence of

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diabetic update marked a 10.5% increase from 2022 (Maryland BRFSS Surveillance Brief, 2022; Maryland BRFSS Surveillance Diabetes in Maryland Brief, 2025). They are also about 25% more likely to die from heart disease or stroke (Maryland BRFSS Surveillance Brief, 2022).

Similar to national data, Maryland Black Americans die sicker and younger than any other race or ethnicity Resulting in higher rates of chronic diseases (heart disease, cancer, stroke, diabetes, etc.), adverse health outcomes, and mortality (LaVeist et al, 1995; Maryland Department of Health, 2024; Penner, 2023). However, when we stratify the data to Black aging Marylanders' low life expectancy (73) and poverty rate (16%), their quality of health and life data are even more disturbing (America's Health Ranking, 2020; Meyerson, 2022; U.S. Department of Health and Human Services, 2026).

While Maryland has made progress in addressing social determinants of health, we must elevate our efforts to target social determinants of death among our aging population, particularly those marginalized and the older Black population 60 and older. Social determinants of death are risk or protective factors, events, characteristics (e.g., individual, familial, cultural, social, generational, environmental, economic, and behavioral) that affect health, life expectancy, and death (Jones-Eversley et al., 2020).

However, health disparities are not the only inequities that Black Americans and their families experience in America and Maryland. Unfortunately, they face judicial inequities in probate court to obtain their inheritance (Kurniawan, 2022; O'Brien, 2024). HB0375 is a much-needed, common-sense, equitable, and necessary update to the State of Maryland's legal obligation and moral responsibility to honor the lives and legacies of Maryland's aging population (McIntosh, 2024). It is unacceptable that any Marylanders' final probate wishes are overlooked, misinterpreted or overridden by excessive judicial discretion (Diller, 2025; Gordon & Spivack, 2025; Fioshin, 2019; Kurniawan, 2022; Garnar, 2024).

Instead, HB0375 injects more structure discretion that tames judicial discretion in inheritance matters that strength family protections, leverages autonomy while elevating wealth equity for families and beneficiaries Brenkel et al., 2018; Herrmann, et al., 2022; Martin et al, 2022). Hence, HB0375 represents a vital opportunity for Maryland to ensure equitable and impartial judicial decision-making for all Marylanders.

I urge the committee to pass House of Delegates Bill 0375 to empower Maryland's families to adhere to the true intentions of their deceased loved ones with dignity and justice (Crawford & Infanti, 2014; O'Brien, 2024).

Thank you for your time and consideration.

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