



Maryland  
Hospital Association

## **House Bill 309- Public Health- Data- Race and Ethnicity Information**

**Position: *Support***

January 26, 2021

House Health & Government Operations Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 309.

HB 309 would improve collection of health data stratified by race and ethnicity—delivering information to help achieve health equity in our state. The bill requires the Office of Minority Health and Health Disparities (OMHHD) to coordinate with the Department of Health and Maryland Health Care Commission to assess data annually to inform the Office's programs. It also requires health occupation boards to collect data, which will show the racial and ethnic composition of Maryland's health workforce.

Meaningful public policy that improves health equity and builds a diverse health care workforce requires access to robust, accurate, and Maryland-specific data. Past efforts to improve data collection on health outcomes, quality, and patient satisfaction by race were not coordinated or sustainable. HB 309 rectifies this misalignment and empowers OMHHD to carry out its mission.

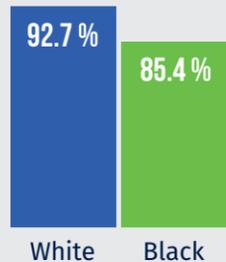
In the past, the focus has been to gather data to improve outcomes for patients. Less work has been done to track the racial and ethnic makeup of our health care workforce. Building a workforce that reflects the communities hospitals serve is critical to improve the health and wellbeing of all Marylanders. HB 309 requires all health occupations boards to include an optional question on new license applications and renewals and requires the boards to encourage licensees to provide this information. This data can guide programs to increase the diversity of our health care heroes.

COVID-19 makes it impossible to deny or ignore historic health disparities. OMHHD needs to have all available data to ensure the right targeted programs and policies are in place to advance the health of all Marylanders.

For these reasons, we encourage a favorable report on HB 309.

For more information, please contact:  
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HIGH-SCHOOL GRADUATION IN MARYLAND



**NON-HIGH SCHOOL GRADUATES DESCRIBE THEIR HEALTH AS POOR**  
 - 2X MORE THAN H.S. GRADS  
 - 4X MORE THAN COLLEGE GRADS  
 More education reduces risk of heart disease and diabetes.

Health equity = all Marylanders have the opportunity to attain **full health potential**

# Paving the Way to Health Equity

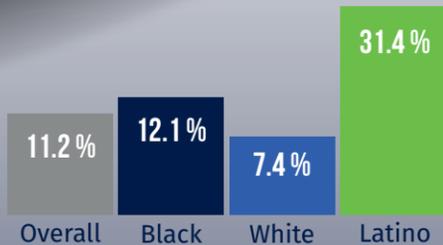


**PATIENTS DRIVE 45+ MINUTES FOR YOUTH PSYCHIATRIC SERVICES IN 15 MD COUNTIES**  
 Lack of transportation keeps 4 million Americans from accessing health care annually.



**MD MEDIAN INCOME INEQUALITY AMONG HIGHEST IN U.S.**  
 Marylanders of color are 3x more likely to be without health insurance, well above the national average.

FORGOING DOCTOR VISIT DUE TO COST



**MARYLAND 39TH IN HOUSING AFFORDABILITY**  
 Higher rates of infectious disease and chronic health conditions. Homeless 5x more likely to be hospitalized. Limits access to preventive health care.



**11% OF MARYLAND HOUSEHOLDS ARE FOOD INSECURE**  
 Percentage is higher for Black & Hispanic families, who suffer more disease, higher hospital readmissions.

How **you** can help:  
 Support policies that promote health equity and the health of **ALL** Marylanders.