



Maryland
Hospital Association

**Senate Bill 52- Maryland Commission on Health Equity- The Shirley Nathan-Pulliam
Health Equity Act of 2021**

Position: Support
February 2, 2021
Senate Finance 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 Senate Bill 52.

Maryland is consistently identified as one of the richest states in the nation, with a median income of approximately \$80,000, well above the national average according to U.S. News and World Report.¹ However, the state also has the dubious distinction of having one of the highest rates of income inequality. Marginalized communities in Maryland struggle with social and economic adversity. Access to educational opportunities, affordable housing, reliable transportation, healthy food, safe play spaces, and health care, are not equally distributed throughout the state. Additionally, research has shown that racism is a “core social determinant of health that is a driver of health inequities” which profoundly impacts children and young adults.²

For these reasons, MHA strongly supports SB 52. To fully address the systemic issues facing many of Maryland's communities, and meaningfully improve the health of all Marylanders, issues beyond direct medical care must be considered. The creation of the Maryland Commission on Health Equity would ensure every government agency is engaged on issues of health equity. This is critical because medical care is just one factor that influences an individual's health. Environmental and social factors play a role in determining health outcomes and contributing to health inequities.³

The bill also provides the Commission access to all data available to inform their recommendations by creating a data advisory committee in conjunction with the state designated health information exchange, Chesapeake Regional Information System for our Patients (CRISP). Leveraging available data through the statewide infrastructure ensures the Commission can develop data informed recommendations to improve health equity. By engaging CRISP early, the Commission's advisory committee can shape the health equity dataset using the diverse public and private data available.

¹ Leins, Casey. (May 16, 2019). *The 10 Richest States in America*. Usnews.com

² The American Academy of Pediatrics. (2019). [The Impact of Racism on Child and Adolescent Health](#).

³ Centers for Disease Control and Prevention. (2019). [NCHHSTP Social Determinants of Health \(SDH\) Frequently Asked Questions](#).

Lastly, dedicating this legislation to former Senator Shirley Nathan-Pulliam acknowledges her legacy. Senator Nathan-Pulliam worked tirelessly to improve health equity in Maryland during her two-decade career. This Commission is an important step to fully realizing the health in all policy framework Senator Nathan-Pulliam brought to the state and championed years ago.

For these reasons, we urge you to give SB 52 a favorable report.

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