

**Testimony of Rev. Frederick K. Weimert, Vice President of the Board
of the Central Maryland Ecumenical Council
4 E. University Parkway, Baltimore, MD 21218
Before the Senate Budget and Taxation Committee
In Support of SB 172, The Maryland Health Equity Resource Act
January 27, 2021**

Mr. Chairman and Members of the Committee thank you for this opportunity to testify in favor of this very important health care legislation sponsored by Senator Antonio Hayes. The Central Maryland Ecumenical Council is a Christian organization representing many denominational judicatories across the state of Maryland. Among them are: the United Methodist, Presbyterian Church USA, Evangelical Lutheran Church in America, Disciples of Christ, United Churches of Christ, Episcopal Diocese, Society of Friends, American Baptist Churches of the South, and, as such, we have a great concern for the health of all people in our congregations and communities. The COVID pandemic has magnified the inequities of health care delivery in our state and nation awaking churches leaders to our state's need to help provide care for the most vulnerable of our neighbors.

I thank the members of this body who have been so visionary in extending health care and providing prescription protection for many in Maryland. Among the actions you have taken was a bill that set up a pilot program, from 2012-2016, establishing Health Enterprise Zones in five of the most health insecure areas of our state. The Johns Hopkins' Bloomberg School of Public Health released a study of that program on October 1, 2018 which can be found: (<https://www.jhsph.edu/news/news-releases/2018/maryland-health-enterprise-zones-linked-to-reduced-hospitalizations-and-costs.html>). That article concluded that even though emergency room visits increased in those Enterprise Zones the over all cost savings far exceeded those expenses. The conclusion of the author of the study, Dr. Darryll Gaskin, was "*Policymakers should consider extending the Health Enterprise Zones to other eligible communities.*"

The pilot program initially covered 16 zip codes in our state and recognized that there were 94 other zip codes which would have met the same criterion of need. This legislation is seeking to begin the process of addressing the needs of these other areas of our state. It is also seeking to provide a method of financing this expansion through a sales tax of one cent per dollar on alcoholic beverages which, because of the pandemic, would be delayed for two years for alcoholic beverages served in restaurants and bars. We also believe that this sales tax may help contribute to a reduction in drunk driving and underage drinking.

As religious leaders in Maryland we strongly endorse this program which would aid so many of our congregants and neighbors in finding health and wholeness.

Thank you for this opportunity to testify for SB 172, the Maryland Health Equity Resource Act.