



**TESTIMONY BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE**
January 27, 2021
Senate Bill 172: Maryland Health Equity Resource Act
Written Testimony Only

POSITION: SUPPORT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 172. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 172 would require the Secretary of Health to designate certain areas as Health Equity Resource Communities, which would be geographic areas that demonstrate measurable and documented health disparities and poor health outcomes. These areas would be small enough to allow for the incentives offered to have a significant impact on improving health outcomes and reducing disparities, and have a minimum population of 5,000 residents. The purpose of these communities would be to target state resources to reduce health disparities, improve health outcomes, improve access to primary care, promote prevention services, and reduce healthcare costs and hospital admissions and readmissions.

Under this legislation, the Secretary of Health also would establish a Health Equity Resource Community Advisory Committee to provide guidance, approval, and monitoring of Health Equity Resource Communities. For an area to receive designation as a Health Equity Resource Community, a nonprofit community-based organization, nonprofit hospital, institution of higher education, or a local government agency shall apply to the Secretary on behalf of the area. Areas designated as Health Equity Resource Communities would be supported through a Health Equity Resource Community Reserve Fund.

The highest honor of my work is visiting with residents, patients, and staff in Maryland skilled nursing and rehabilitation centers and on assisted living campuses. Before it became unsafe to visit due to the COVID-19 pandemic I was made these visits, on average, every two weeks. I bring up these visits relative to our support for SB 172 because the majority of Marylanders providing and receiving quality care in our setting come from diverse backgrounds. They have experienced and suffered from healthcare inequity, social determinants of health, and tragic outcomes of racism.

(more)

As I have often shared, and as this legislation points out, COVID-19 has highlighted the disparities that exist in healthcare, among both those providing and receiving care, and especially in communities of color and among those who are economically disadvantaged. Healthcare disparity and social determinants of health are a national embarrassment. Together, we MUST do better.

In order to do better, we must identify areas that need assistance and provide that assistance in tangible, measurable ways that are data-driven and documented. SB 172 is critical to ensuring we fully understand and can better advocate to improve minority health and find solutions to inequities in healthcare.

While none of us caused COVID-19, we all have ownership in public policies associated with and our individual actions on healthcare, transportation, local access to key businesses, access to care, and homelessness that are in part to blame for people and communities of color being disproportionately attacked by COVID-19.

I admired the late Kaiser Permanente CEO Bernard Tyson, who said about the intersection of healthcare disparity and public policy, "Such a small part of healthcare actually happens in the doctor's office." He was right.

For these reasons we request a favorable report from the Committee on Senate Bill 172.

Submitted by:

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