



January 27, 2021

The Honorable Guy Guzzone
Chair, Senate Budget & Taxation Committee
3W Miller Senate Office Building
Annapolis, MD 21401

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3E Miller Senate Office Building
Annapolis, MD 21401

Re: Support for Senate Bill 172 Maryland Health Equity Resource Act

Dear Chairs Guzzone and Kelley,

In 2012 the Maryland Health Improvement and Disparities Reduction Act of 2012 established Health Enterprise Zones (HEZs) to target state resources to reduce health disparities, improve health outcomes and reduce health costs and hospital admissions and readmissions in designated areas of the state. As this body may recall, Dr. Albert Reece, dean of the University of Maryland School of Medicine chaired the Health Disparities Workgroup on behalf of the Governor's Health Quality and Cost Council in 2011 that led to the recommendations found in the 2012 initiative. Several University of Maryland Medical System hospitals, University of Maryland Medical Center, Shore Regional Health and Capital Region Health, participated in three of the state's five geographically dispersed health enterprise zones. This four year initiative proved to be a viable way to reduce inpatient admissions and reduce health care costs in communities across the state by providing support to coalitions of health departments, other local government agencies, health care providers, and community-based social services organizations to address health care needs in designated underserved communities.

Based on the successful outcomes of establishing HEZs and with the COVID-19 pandemic once again highlighting health disparities across our state, we strongly support SB 172 which seeks to extend and expand the goal of HEZs by establishing Health Equity Resource Communities. In addition to the recent reminder of glaring health disparities COVID-19 continues to reveal, people with chronic conditions such as hypertension, heart disease, asthma, diabetes, and substance and mental health disorders continue to have worse health outcomes and are less able to get the care and treatment they need. These disparities are grounded in multiple, vexing issues which require sustained attention and which can be addressed by the goals and concomitant work plans contemplated by this bill.

As evidenced by the past pilot and data driven studies multicomponent community-based interventions are effective in improving access to care and health outcomes. As with HEZs, a Health Equity Resource Community will be configured to meet the area's unique combination of barriers to access to care, health problems faced in the zone, and availability of community-based services. Equity Resource Communities will build capacity within a community to address residents' health-related needs and broaden the health care safety net overall in that jurisdiction.

It is our firm belief that the health care industry needs to have a stronger presence and modern infrastructure throughout the state, but especially in areas where health disparities are most pronounced. Important steps must be taken to improve community factors that fall outside of the health care realm but directly affect health care outcomes.

In conclusion, to effectively promote health and improve health outcomes requires involvement from a broad spectrum of health care providers and community leaders. We look forward to partnering with the state and all appropriate stakeholders to create a seamless health care delivery system that empowers communities across Maryland.

Thank you for your support and consideration of SB 172.

Sincerely,



Bruce E. Jarrell, MD, FACS
President
University of Maryland, Baltimore



Mohan Suntha, MD, MBA
President & CEO
University of Maryland Medical System