



Testimony in Support of Senate Bill 172

January 25, 2021

Senate Budget and Taxation Committee

SB-172 Maryland Health Equity Resource Act

George Escobar

CASA, Chief of Programs and Services

Honorable Members of the County Council:

My name is George Escobar, I am Chief of Programs and Services at CASA, the mid-Atlantic region's largest immigrant serving and advocacy organization with over 90,000 members statewide. On behalf of my organization and our members, I urge you to vote in favor of Senate Bill 172, which would prioritize health resources for traditionally under resourced communities through officially designating them as Health Equity Resources Communities.

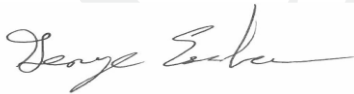
As an organization with over 25 years of experience providing health education, navigation, assessment and enrollment assistance, CASA has witnessed firsthand how health disparities experienced chronically by the Latino and immigrant population in particular led to devastating consequences as seen in the disproportionate impact of the COVID-19 pandemic on communities of color. These disparities, a result of generations of structural inequities present in our health system, which allow you to predict an individual's health outcomes depending on their race, ethnicity, immigration status, or place of residence, requires a dedicated effort to reverse. It is such an effort that this bill intends to begin to tackle.

Through the designation of Health Equity Resource Communities, underserved communities around the state may compete for grants and other financial incentives to address poor health outcomes that contribute to inequities by race, ethnicity, disability, and geographic location. Further these Communities would be working to collaboratively leverage state and local non-profit resources in a transparent and inclusive process that will count the local population as an integral planning partner. The ability to leverage and coordinate these various resources may help to further scale the impact of the project. Similar initiatives across the country have proven to be successful as well as right here in Maryland where a 2012-2016 pilot successfully increased access to health resources, improved residents' health, reduced hospital admissions, and created cost savings.

It is our hope that as we build Health Equity Resource Communities, we also lay the groundwork to address one of our community's greatest disparities – access to healthcare itself. As a State, Maryland has much to be proud of in its efforts to address barriers accessing health care. Through its embrace of the Affordable Care Act, expansion of Medicaid, and investments in navigation support, it can deservedly boast about its accomplishments in significantly reducing the rate of uninsured Marylanders statewide. However, still these accomplishments mask some glaring disparities in the composition of the population that remains uninsured without any access to reliable healthcare. According to the Pew Research Center for example, more than 27% of the Latino population in Maryland remain uninsured. That's more than one in every 4 Latinos across the state. In fact, the experience of being an immigrant is in itself a significant social determinant affecting health and mental health, which has a profound impact on one's wellbeing. And the lack of access to healthcare has been a major factor in determining exposure and treatment to the Coronavirus.

Although CASA will continue to fight for health coverage for all regardless of immigration status, we see SB-172 as a key, innovative and proven tool in addressing the many health disparities experienced by communities of color and thus highly recommend enactment of the bill.

Thank you for your time



George Escobar

Chief of Programs and Services