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SB 52

Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021) Hearing of the Senate Finance Committee

February 2, 2021

1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports SB 52, which would establish the Maryland Commission on Health Equity.

To eliminate health inequities, Maryland must address systemic racism and discrimination. Health is determined by many aspects of an individual's life, including access to safe housing, economic security, involvement in the criminal justice system and quality schooling. Often left off the list of social determinants of health is racism. The accumulated stress from racist insults and discrimination in many areas of life, such as work, housing, and police encounters, takes a physical toll on the body. The physical impact of racism and bias is known as weathering.

The COVID-19 pandemic has exacerbated health disparities and illuminated the discrimination experienced by communities of color who face inequities in accessing care and treatment. Discrimination can lead to chronic and toxic stress and impacts the social and economic factors that can put people of color at an increased risk for COVID-19.¹ True health equity cannot be achieved in Maryland without addressing systemic racism and its impact on the health outcomes of Marylanders of color. SB 52 pushes the State to recognize the intersection of race and health and develop a plan to achieve health equity.

SB 52 promotes a holistic approach to health through collaboration across state agencies. Addressing health inequities requires breaking down siloes, building new partnerships and advancing intersectional thinking.

¹ Centers for Disease Control and Prevention, Health Equity: Promoting Fair Access to Health, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>, (last visited on January 21, 2021).
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“Health in All Policies” is an approach that improves the health of individuals by fusing health considerations into policy and decision-making across different sectors of government.² Key to this approach is authentically and meaningfully involving stakeholders to ensure that the work is responsive to the needs of the community.³ SB 52 would not only empower local government to share resources and lessons learned but would also foster innovative thinking between state officials and stakeholders in identifying systemic health issues and developing solutions.

SB 52 would improve language data collection and compliance with language access laws and standards. SB 52 requires the Maryland Commission on Health Equity to examine and make recommendations in several areas, including training for health care providers on consistent and proper collection of patient self-identified language data and requirements to comply with, and enforcement of, National Standards for Culturally and Linguistically Appropriate Services in Health Care. Over the years, PJC’s Health Rights Project has grown increasingly concerned about the ability of Maryland’s Limited English proficient (LEP) population to access quality healthcare. Though Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act prohibit discrimination against protected classes by federal funds recipients in administering programs and activities, we continually see situations in which healthcare providers do not provide interpretation or translation services to LEP individuals trying to access care.

When we have challenged denials of access to care for LEP patients, we have heard from some providers that they were not prepared to accommodate language needs of this population. We have also heard accounts from patients and patient advocates of situations where language services were not provided to a patient because the provider believed that the patient could speak more English than they revealed to the provider. The health of the LEP population in Maryland is significantly impacted by failures of healthcare providers to provide language services. Vital information that a LEP patient communicates to their healthcare provider is lost when culturally and linguistically appropriate language services are not provided. This can lead to poor comprehension and adherence to treatment and poor health outcomes, including undiagnosed or untreated illness and death. If passed, SB 52 would improve data collection on language and hold health care providers accountable for complying with state and federal language access laws.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 52**. If you have any questions, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

² Public Health Institute, et al., *Health in All Policies: A Guide for State and Local Governments* (2013), <http://www.phi.org/wp-content/uploads/migration/uploads/application/files/udt4vq0y712qpb1o4p62dexilgxlhogpq15gr8pti3y7ckzysi.pdf>.

³ *Id.*