

*Testimony in Support of HB0463 - the Maryland Health Equity Resource Act
Representative Anthony G. Brown of Maryland's 4th Congressional District*

- Madam Chairwoman, it is an honor and a privilege to testify before the House Committee on Health and Government Operations in strong support of HB0463
- Across the United States, disproportionate infections, hospitalizations and quality of care are impacting Black and Brown communities -- this is a systemic issue
- The Maryland Health Equity Resource Act seeks to address this issue by creating a program modeled on the success of the Health Enterprise Zone pilot initiative that I launched as Lt. Governor, in partnership with this committee
- The program set out to reduce health disparities by increasing access to primary care, while lowering healthcare costs and in-hospital stays
- We designated five Health Enterprise Zones (or HEZs) in rural, suburban, and urban areas across the state -- considered underserved by our healthcare system -- including:
 - Capitol Heights in Prince George's County,
 - Greater Lexington Park in St. Mary's County,
 - Downtown Annapolis,
 - Dorchester and Caroline Counties, and
 - West Baltimore City
- We recruited doctors and health workers to improve access and to promote healthier behaviors
 - And each Zone's initiative was tailored to the needs of each community:

- To meet the specific health priorities of each local, such as mental and behavioral health, prenatal medicine, or primary care
 - And to improve care and health outcomes for seniors in hard-to-reach areas, food insecure children, low-income families, minority populations, and more
- The initiative was led by collaborative partnerships between community-based organizations and the local health department or hospital
 - Through this innovative approach, the program and its administrators were able to address complex socio-economic issues in these underserved areas
- The results were a resounding success:
 - According to a 2018 Johns Hopkins University study published in Health Affairs, HEZs saw a decrease of more than 18,000 inpatient stays during the pilot program
 - This resulted in a savings of over \$108 million in health care costs, far outweighing the \$15 million cost to implement the program
 - And we were able to reinvest these dramatic savings back into our communities to further improve health outcomes
- Unfortunately, this program was allowed to expire by Governor Hogan.
- Targeted programs like this initiative are efficient and can dramatically improve health outcomes in minority and underserved communities
 - That's why I introduced a similar bill in Congress to take this to a much larger scale
 - My federal bill is built on the goals and strategies of Maryland's original HEZ program -- and by combining market based incentives

with traditional federal resources -- we can take Maryland's success and make it America's success.

- Justice and equity must extend throughout our communities -- including our health care system
 - Prioritizing health equity must be a permanent, long-term part of our strategy to improve care and health outcomes in our state
 - We must ensure that we are setting our most underserved communities up for success, by providing the tailored care and attention they need.
 - And looking forward -- we must work to meet these challenges now so that our most health sensitive communities are not so devastatingly impacted by future public health crises, as we have seen during this Covid pandemic.
- This bill will do just that.
- I stand ready to work with each of you on this shared goal.
- Thank you Chairwoman Pendegrass.