

**SB 52 Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**

Senator Mary Washington, Lead Sponsor Health and Government Operations Committee

Hearing: March 23, 2021

**SUPPORT**

My name is Anika Alvanzo and I am an addiction medicine physician. I appreciate the opportunity to submit written testimony on behalf of The Maryland-DC Society of Addiction Medicine (MDDCSAM). MDDCSAM is a chapter of the American Society of Addiction Medicine and represents physicians and associated healthcare professionals from different disciplines with expertise in treatment of addiction. Our goals are to diagnose, treat, and advocate for people with the chronic disease of addiction and its related problems.

As addiction medicine physicians and other professionals, we treat patients with a disease that has been highly stigmatized and criminalized, with **profound racial and ethnic disparities in the consequences of substance use and differential access to evidence-based treatment**. Thus, we are keenly aware of the importance of **regular collection and dissemination of data to inform health policy designed to mitigate racial and ethnic disparities**. Additionally, we recognize the importance of **having a diverse and inclusive health care workforce, with providers who are aware of their own subconscious prejudices and biases and thus are better equipped to respond to and implement policies designed to advance health equity**.

Therefore, we strongly endorse the legislative package that includes:

- **Senate Bill 52 – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021):** This bill establishes the Maryland Commission on Health Equity to ensure State agencies use a health equity lens when developing policies, an approach that will enhance the State’s efforts to address social determinants of health;
- **Senate Bill 5 – Implicit Bias Training and the Office of Minority Health and Health Equity:** This bill **provides funding for the Office of Minority Health and Health Disparities** (the Office). Additionally, HB0028 would require **that health providers complete an accredited implicit bias training** prior to licensure or certification and at least every 2 years thereafter; and
- **Senate Bill 565 – Public Health – Data – Race and Ethnicity Information:** This bill enhances the capacity of the **Office of Minority Health and Health Disparities to collect and annually disseminate a Health Care Disparities Policy Report Card**, inclusive of data on racial and ethnic disparities in medical comorbidities, health insurance coverage and the population of physicians and other health care professionals. This data would be used to guide policy decisions to address health inequities, inclusive of but not limited to **establishment of priorities** for programs, services, and resources **designed to mitigate and eliminate minority health disparities** in the State; **funding of community-based programs designed to reduce or eliminate these disparities; funding community-based organizations and historically black colleges and universities to research the efficacy and effectiveness of projects** targeting at-risk racial and ethnic minority populations; and developing a **statewide plan for creating a more racially and ethnically diverse and inclusive health care workforce**.

MDDCSAM is committed to being an active participant in addressing health equity. We urge a favorable vote on SB 52.

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