



Maryland Consumer Rights Coalition

**Testimony to the House Health & Government Operations Committee  
HB463: Maryland Health Equity Resource Act  
Position: Favorable**

February 2, 2021

The Honorable Shane Pendergrass, Chair  
Health & Government Operations Committee  
Room 241, HOB  
Annapolis, MD 21401  
cc: Members, Health & Government Operations Committee

Honorable Chair Pendergrass and Members of the Committee:

The Maryland Consumer Rights Coalition (MCRC) is a statewide coalition of individuals and organizations that advances financial justice and economic inclusion for Maryland consumers through research, education, direct service, and advocacy. Our 8,500 supporters include consumer advocates, practitioners, and low-income and working families throughout Maryland.

I write today in strong support of HB463.

HB463 aims to create designated Health Equity Resource Communities in underserved communities across our state. These communities would be eligible to apply for grants and other financial incentives which would address poor health outcomes that contribute to inequities based on race, ethnicity, gender, geographic location, and disability.

We are in support of HB463's intention to fund Health Equity Resources Communities by enacting a modest 1% increase to alcohol sales taxes. We also support the provision to postpone the sales tax increase on retail establishments for another two years so our restaurant industry may recover from the economic crisis caused by the Covid-19 pandemic. Historically, more drastic increases in alcohol sales taxes have shown to improve the health of Marylanders. After the 2011 alcohol sales tax increase in Maryland, a report by the Abell Foundation published in 2018 found that since the sales tax increase, the state has seen a 17% reduction in binge drinking, a 26% reduction in high school students who had consumed alcohol in the preceding 30 days, and a 31% reduction in high school students reporting having ridden in a vehicle operated by a driver who had been drinking alcohol<sup>1</sup>.

Maryland has long been a worldwide leader in healthcare, with revered research institutions such as Johns Hopkins University and the University of Maryland paving the way in innovation with the rest of the world following suit. Despite Maryland's reputation as a global leader in healthcare, we still possess a breadth of health disparities in our own communities. We believe the diversity of our state to be a great

---

<sup>1</sup> <https://abell.org/sites/default/files/files/Abell%20Public%20Health%20Report%20022718.pdf>



source of strength and civic pride. But within this diversity lies sources of health inequities based upon race, ethnicity, gender, geographic location, age, disability and income level.

According to the 2017 Baltimore City Neighborhood Health Profile Report, in the diverse and predominantly working class and poor Southwest Baltimore neighborhoods of Brooklyn, Curtis Bay, and Hawkins Point, the average life expectancy is 70 years of age, while in wealthy, white Greater Roland Park the average life expectancy is 84 years of age<sup>2</sup>. The report found that in our Southwest Baltimore neighborhoods, 26.9% of deaths were the result of heart disease while 18.6% of deaths in Roland Park were caused by heart disease. In detailing infant mortality rates, the report found that Greater Roland Park had an infant mortality rate of 3.6 deaths per 1,000 live births while Southwest Baltimore had an infant mortality rate of 9 deaths per 1,000 live births.

The 2017 report went on to specify that in Greater Roland Park, 73.6% of mothers received prenatal care during their first trimester of pregnancy while only 46.6% of mother's in Southwest Baltimore received the same first trimester care. According to a 2016 article from the Baltimore Sun, even as a city with some of the best healthcare offerings, Baltimore City has not only some of the worst healthcare outcomes in the state, but in the entire country as well<sup>3</sup>.

Baltimore City is not the only place in the state that falls victim to health inequities and poor outcomes. While Garret County has an average life expectancy of 78 years, which is on par with national averages, 30% of deaths in the county were caused by heart disease. According to data gathered by the March of Dimes, Garrett County has an infant mortality rate of 9.6 per 1,000 live births<sup>4</sup>. According to the 2017 Community Health Needs Assessment, our state's poorest county, Somerset has an average life expectancy of 77, an infant mortality rate of 9 deaths per 1,000 live births and a patient to doctor ratio of 3,230 to 1. According to reports released by the Horizon Foundation and the Baltimore Sun, Howard County, our state's richest, has an average life expectancy of 82, an infant mortality rate of 5.5 deaths per 1,000 live births, and a patient to doctor ratio of 506 to 1. Even within our richest county, the mortality rate of Black infants is twice that of white infants. The average infant mortality rate in the US is 5.5 deaths per 1,000 live births<sup>5</sup>.

---

<sup>2</sup> <https://health.baltimorecity.gov/neighborhoods/neighborhood-health-profile-reports>

<sup>3</sup>

<https://www.baltimoresun.com/maryland/howard/cng-ho-health-racial-disparities-20200130-2edul2kbefcmfo6qlskgwenzgm-story.html>

<sup>4</sup>

<https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=24&top=6&stop=91&lev=1&slev=4&obj=18>

<sup>5</sup>

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#:~:text=About%20Inf>



Maryland Consumer Rights Coalition

During the Covid-19 pandemic, equity in healthcare is more urgent than ever. In our state, the pandemic's effects have fallen along racial and geographic divides. According to a report compiled by Maryland Matters, Black Marylanders make up 29% of the state's residents but 28% of Covid-19 cases and 34.9% of all Covid-19 deaths<sup>6</sup>. Hispanic Marylanders make up 8% of our state's population but account for 16% of all Covid-19 cases and 9% of Covid-19 deaths. White Marylanders account for 54.7% of our population but 34% of Covid-19 cases and 50.5% of Covid-19 deaths. Rural Somerset, Allegany, and Washington Counties account for the highest number of cases per 1,000 people and Allegany, Garrett and Kent Counties have the highest Covid-19 death rates per 1,000 people.

These disparities, which only represent a fraction of inequities in our state, are entirely unacceptable considering the wealth of healthcare resources Maryland has to offer. The Health Equity Resource Communities pilot program has proven successful at providing urgently needed healthcare infrastructure/healthcare to our communities most in need. We believe that passing HB463 will help to end these disparities in our state. Increasing the state alcohol sales tax by 1% would be a small price to pay to ensure that all residents, regardless of race, ethnicity, gender, geographic location, age, disability and income level would receive the world class healthcare we pride ourselves on having available here in Maryland.

For these reasons we strongly support HB463 and urge a favorable report.

Best,

Ashleigh Maples

SOAR Social Work Intern

---

[nt%20Mortality,-Infant%20mortality%20is&text=In%202018%2C%20the%20infant%20mortality,deaths%20per%201%2C000%20live%20births.](#)

<sup>6</sup> <https://www.marylandmatters.org/covid-19-in-maryland-2/#counties>