

February 16, 2021

Dear Senator Sanborn, Representative Tepler, and Members of the Health Coverage, Insurance and Financial Services Committee

The American Heart Association (AHA) is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, whose mission is to be a relentless force for a world of longer, healthier lives. We are writing to support LD. 274, *Resolve, Directing the Maine Health Data Organization to Determine the Best Methods and Definitions to Use in Collecting Data To Better Understand Racial and Ethnic Disparities in the Provision of Health Care in Maine*. The American Heart Association advocates for evidence-based strategies that promote equitable social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all. We support evidence-based strategies that implement methods to increase health care access and reduce disparities in health outcomes among racial and ethnic minorities, immigrants, and refugee populations and strategies to reduce health disparities and improve minority health. We support increasing the capacity in the state for the collection of high-quality Race, Ethnicity and Language (REaL) data that is specific to understanding disparities across all systems at the state and local level to identify disparities and promote utilization of data to inform improvements, policies and procedures.

The American Heart Association advocates for the expansion of the state's public health infrastructure with adequate funding. This includes robust noncommunicable disease public health surveillance and funding to better understand and address structural racism, as a public health issue. The COVID-19 pandemic has underscored the serious gaps in our public health infrastructure resulting from years of chronic underfunding. A strong public health enterprise that prevents and protects all individuals and families from all diseases and preventable conditions—communicable and noncommunicable—requires robust, sustained investment in the public health departments at the state, local, territorial, and tribal levels. To ensure the State is sufficiently prepared to prevent and respond to future public health crises, funding should be prioritized for vaccine distribution, epidemiology, and laboratory capacity—including surveillance system modernization and data quality—public health and hospital preparedness, public communication and education, and community partnerships. In reference to this bill, we believe that \$600,000 (\$300K/year for the 2 years) would allow for the State to ramp up the implementation of the findings of the Maine Health Data Organization.

In addition, for your reference the American Heart Association has created a Quality Improvement Registry to better understand the clinical treatment patterns and variations, including the collection of biomarkers, and cardiovascular outcomes in hospitalized COVID-19 patients across the nation. The registry focuses on real-time, granular data from acute care hospitals to better help clinicians and researchers understand and provide feedback to healthcare organizations on how to best treat COVID-19 patients. Real time reports for the individual hospital and for larger benchmark groups, including state level insights or enterprise-wide health system aggregation are available in the registry. We will continue to leverage our

scientific enterprise, education, quality improvement, and advocacy work to support national awareness of structural racism and promote health equity for all. We look forward to working with you on this issue in the future.

Sincerely

Allyson Perron Drag

American Heart Association/ Stroke Association

Government Relations Director

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