



**Testimony of Maine Public Health Association In Support of:
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**

Joint Standing Committee on Health Coverage, Insurance and Financial Services
Room 220, Cross State Office Building
Tuesday, February 23, 2021

Good morning Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today in support of 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.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities and we take that responsibility seriously.

This bill directs the Maine Health Data Organization (MHDO) to identify a strategy for improving the collection, analysis and use of health care data to understand racial and ethnic disparities. MHDO is a state agency that collects medical data from hospitals, payers, MaineCare and MediCare, and makes those (de-identified) data available to researchers, policymakers, and the public.

Per a recent article in *The New England Journal of Medicine*, "Racial health inequities are not signs of a system malfunction: they are the by-product of health care systems functioning as intended. For example, the U.S. health insurance market enables a tiered and sometimes racially segregated health care delivery structure to provide different quality of care to different patient populations. This business model results in gaps in access to care between racial and ethnic groups and devastating disparities like those seen in maternal mortality."¹

This bill aims to improve systems that can perpetuate racism and health disparities – but which also have capacity and potential to improve health outcomes. Identifying these inequities requires data about health status and other determinants of health for subgroups of the population. These data can be difficult to obtain due to small sample sizes, missing data, and measurement errors.² Through the directives in this bill, MHDO will identify how to improve the collection, analysis and use of medical data to understand racial and ethnicity disparities, addressing these common barriers. These efforts will better equip public health and health care

professionals with the information needed to develop and implement strategies for reducing health disparities and improving health care and outcomes.

Maine Public Health Association supports the provisions in this bill. Thank you for your time and consideration.

¹Hardeman, R.R., Medina, E.M., Boyd, R.W. (2020). Stolen breaths. *N Engl J Med* 2020; 383:197-199.

²Bilheimer, L. T., & Klein, R. J. (2010). Data and measurement issues in the analysis of health disparities. *Health services research*, 45(5 Pt 2), 1489–1507.