

TESTIMONY OF MICHAEL KEBEDE, ESQ.

**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**

LD 274 - Ought To Pass

**JOINT STANDING COMMITTEE ON HEALTH COVERAGE,
INSURANCE, AND FINANCIAL SERVICES**

February 23, 2021

Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Michael Kebede and I am Policy Counsel for the ACLU of Maine, a statewide organization of approximately 7,000 members. The ACLU is dedicated to the principles of liberty and equality embodied in the U.S. and Maine Constitutions. In furthering those principles, I am here today to urge you to vote that LD 274 ought to pass.

This bill would mark an important step in our journey to creating a more just and equal Maine. If passed, LD 274 would require the Maine Health Data organization to determine the best way to collect data about the racial and ethnic disparities in health care. This proposal is modest and commonsense.

For a time, Maine had the largest racial disparity for COVID-19 infections in the country.¹ Black, indigenous and other people of color only represent about five percent of the state's population, but last summer, they represented almost one third of those who tested positive for COVID-19.²

¹ Kevin Miller, *Maine has nation's worst COVID-19 racial disparity*, Press Herald (June 21, 2020), <https://www.pressherald.com/2020/06/21/maine-has-nations-worst-covid-19-racial-disparity/>.

² ACLU of Maine analysis of Maine CDC data. Available upon request. Although the racial disparity in COVID-19 infection rates is no longer as large, it still persists. Of those people who tested positive whose race is known, Black, indigenous and other people of color still make up more than 10 percent. See Maine Center for Disease Control Division of Disease Surveillance, COVID-19: Maine Data, Covid-19 data by Race, available at

These circumstances were not an accident.³ They resulted from a complex set of factors. One of these factors is a long history of laws and policies that have created a system designed to result in better outcomes for white people and worse outcomes for racial and ethnic minorities. This is what we mean by systemic racism.

For the most part, we have moved past lawmaking that specifically targets racial and ethnic minorities for worse treatment. But as our experience with COVID-19 has shown us, it doesn't matter that our laws are "race neutral." All lawmaking interacts with historical racial inequities. Unless legislators are vigilant and intentional about their lawmaking, we will keep cementing these inequities.

To be vigilant and intentional, policymakers need data. You need data in every aspect of your lawmaking. It is why you consider the potential fiscal impacts of every bill that comes before you. Data about racial and ethnic disparities will ensure that you can legislate more fairly, more justly, and more wisely.

I urge you to support LD 274. Voting *ought to pass* would affirm Maine's commitment to ending the epidemic of racism.

Thank you.

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml> (last accessed on February 1, 2021).

³ Nor are they attributable to "genetic difference," as numerous studies have disproven that notion. Rather, racial disparities in health outcomes mirror the systemic social inequalities historically disadvantaged racial and ethnic groups have experienced. Additionally, studies have found the experience of racism itself creates worse health outcomes, through exposure to chronic stress and segregated housing in unhealthy environments. *See generally*, Dorothy E. Roberts, "Debating the Cause of Health Disparities: Implications for Bioethics and Racial Equality," 21 CAMBRIDGE Q HEALTHCARE ETHICS 332 (2012), available at https://scholarship.law.upenn.edu/faculty_scholarship/573. *See also*, David R. Williams and Toni D. Rucker, "Understanding and Addressing Racial Disparities in Healthcare," 21 HEALTH CARE FIN. REV. 75 (2000), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/>.