
Testimony 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”

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Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Care, Insurance, and Financial Services. I am James Myall, a Policy Analyst at the Maine Center for Economic Policy. MECEP provides citizens, policymakers, advocates, and media with credible and rigorous economic analysis that advances economic justice and prosperity for all Maine people.

MECEP supports LD 274 as an important new tool to collect information on racial disparities in health care in Maine because that data is critical to ensuring equitable health outcomes for all people in our state.

If enacted, LD 274 would direct the Maine Health Data Organization to develop a methodology to collect and analyze data on health care disparities for Maine’s racial and ethnic populations. MHDO would report back to this committee later this year with their recommendations, setting the committee up to vote on legislation next session to create an annual reporting process on racial disparities in Maine health care.

This past year has laid bare just how stark racial and ethnic disparities in health care can be. The COVID-19 pandemic has affected Black, Latino, and Indigenous people in the United States at much higher rates than white Americans. This is true in Maine, which — at one point — had some of the worst racial disparities in our COVID-19 cases of any state.¹ As of February 11, almost one in ten Black Mainers had tested positive for COVID-19, a rate almost four times higher than the white population. Asian and Latino Mainers also had infection rates slightly higher than the white population.²

Yet COVID-19 is the only the latest example of racial disparities in health outcomes. Black, indigenous, and people of color in the United States are more likely than whites to suffer heart disease, breast cancer and maternal mortality.³

Over centuries, the United States has built up a complex system of policies, practices, and institutions that have created barriers to health for people of color. Researchers have identified several contributors to health disparities: Implicit and unintentional bias by practitioners plays a role,⁴ as do social determinants of health like environment, poverty, and education.⁵

The Maine Health Data Organization is well-suited analyze is disparities in treatment and patient outcomes.

This data is sorely needed in Maine. While we have some information available on mortality by race in Maine, we have very little information on treatment and outcomes other than death. With a small overall population and a relatively small population of people of color, it's important for Maine to have more detailed information. We can't improve health outcomes for people of color if we don't know how they're faring in earlier stages of diagnosis and treatment.

Other states have already taken steps to analyze disparities in health care: Colorado, Connecticut, Georgia, Maryland, New Jersey, New Mexico, Rhode Island, and Utah have been highlighted as leaders in this field and could provide models for Maine to look to.⁶

LD 274 is an important step in the process of closing racial disparities in health care in our state. We all want Maine to be a place where everyone can live happy, healthy lives. To achieve that, we must address these health care disparities, and that starts with collecting and analyzing data systematically. I urge you to vote "ought to pass" on LD 274, and look forward to hearing the recommendations of MHDO next session.

As always, I'm happy to answer any questions now, or by email at jmyall@mecep.org

Notes

¹ Myall, James, "Black Mainers are 8 times more likely than white Mainers to be hospitalized for COVID-19," *Maine Center for Economic Policy*, June 30, 2020. <https://www.mecep.org/blog/10858-2/>

² MECEP analysis of Maine CDC data.

³ Hostetter, Martin and Sarah Klein, "In Focus: Reducing Racial Disparities in Health Care by Confronting Racism," *Commonwealth Fund*. Sept 18, 2018. <https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>; US Centers for Disease Control, *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*, Sept 5, 2019 <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

⁴ Bridges, Khiara, "Implicit Bias and Racial Disparities in Health Care," *American Bar Association*. Accessed Feb 12, 2021. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/

⁵ Artiga, Samantha, Kendal Orgera and Olivia Pham, "Disparities in Health and Health Care: Five Key Questions and Answers," *Kaiser Family Foundation*, Mar 4, 2020. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>

⁶ Hanlon, Carrie, Jill Rosenthal and Larry Hinkle, "State Documentation of Racial and Ethnic Health Disparities to Inform Strategic Action," *US Agency for Healthcare Quality and Research*. Jan 30, 2011. https://www.hcup-us.ahrq.gov/reports/race/R_E_Disparities_rpt.jsp

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Please find attached testimony in support of LD 274, on behalf of the Maine Center for Economic Policy