



Testimony of Whitney Parrish
LD 274 - Ought To Pass
Joint Standing Committee on Health Coverage, Insurance and
Financial Affairs
February 23, 2021

Good morning Senator Sanborn, Representative Tepler, and distinguished members of the Committee on Health Coverage, Insurance and Financial Affairs:

My name is Whitney Parrish, and I am the Advocacy and Communications Director of Health Equity Alliance (HEAL). Health Equity Alliance is a nonpartisan nonprofit public health and harm reduction organization that envisions and works toward a world where health justice is realized for all Mainers, including and especially our most vulnerable. We are here to urge you 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*.

Racial disparities are a pervasive and ever-present problem persistent throughout all aspects of U.S. health care. From the staggering disparities seen in access to quality primary care servicesⁱ to the truly unconscionable maternal mortality rates experienced by Black women in this countryⁱⁱ, the data surrounding inequities in the system are indisputable. The problem is real, it is unacceptable, and it must be addressed.

But the issue of racial disparities in health care does not exist in a vacuum. Health outcomes are the consequence of public health initiatives, and individual health is deeply impacted by health policy. If we are to begin to address racial disparities in our delivery of health care, we must first be willing to confront the data that describe the unjust outcomes.

One does not need to hold an MPH to see the disparity. Last week, NPR reported on new dataⁱⁱⁱ released by the CDC surrounding the shocking decline in life expectancy recorded since the beginning of the pandemic. Even taken as a whole, the numbers are sobering. The U.S. population saw a full year of decline in life expectancy during the past year; a drop we have not seen since the height of World War II. But as we look more closely at the data, an even more disturbing picture becomes clear. While white Americans saw their life expectancy drop 0.8 years, Black men in America suffered a staggering loss of 3 full years.^{iv} To put that number into perspective, it took two decades for the Black community to build

ⁱ *Racial and Socioeconomic Disparities in Access to Primary Care Among People With Chronic Conditions*. Journal of the American Board of Family Medicine. <https://www.jabfm.org/content/27/2/189>

ⁱⁱ *Racial and Ethnic Disparities in Pregnancy Deaths*. CDC. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>. 2019

ⁱⁱⁱ *American Life Expectancy Dropped By A Full Year In 1st Half Of 2020*. NPR. <https://www.npr.org/2021/02/18/968791431/american-life-expectancy-dropped-by-a-full-year-in-the-first-half-of-2020>

^{iv} *Provisional Life Expectancy Estimates for January through June, 2020*. CDC. <https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf>



those 3 years of pre-2020 life expectancy, and just the first 4 months of the pandemic to wipe it away.^v

And it is not just Black men. Every category of non-white Americans saw a greater decline than their white counterparts. And the report did not even include data that distinguished Native American/Indigenous life expectancy, despite the shocking disparities we have witnessed in health outcomes for Indigenous people during the COVID-19 crisis.

And while it may seem that this decline is COVID-19-specific, it is not. A surge in drug overdose deaths also contributes to the decline. As a harm reduction organization working with people who actively use drugs, we urge the committee to consider the vital role these data play in reducing overdose mortality rates—the clearer we can evaluate the picture, informed by data, the better we can address the actual crisis at hand and work to save lives. Access to more accurate, context-relevant data means we will be able to deliver health care and encourage better health outcomes for individuals, vulnerable populations, and the public more effectively.

As noted, the above National Centers for Disease Control and Prevention data does not include disparities experienced by Native American and Tribal communities. We do urge the committee to take steps to ensure this data is captured in Maine.

We believe LD 274 is an important step in creating the health care system that we all deserve: one that helps, not hurts, Mainers; one that improves health outcome while recognizing deep historic trauma and exclusion; and one that commits to the significant amount of work we need to do to reduce racial and ethnic disparities. We are hopeful this bill will support that effort. We urge you to vote ‘Ought to Pass’ on LD 274.

Thank you for your time and consideration. I am happy to answer any questions you may have.

^v Table 15. Life expectancy at birth, at age 65, and at age 75, by sex, race, and Hispanic origin: United States, selected years 1900–2016. CDC. <https://www.cdc.gov/nchs/data/hus/2017/015.pdf>