

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 4-20

INTRODUCED BY: IDEA Task Force

SUBJECT: Chief Health Officers in Maryland’s Health Care Systems

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1 Whereas, significant health disparities, inequities, and bias in healthcare delivery continue to  
2 cause differences in length and quality of life, rates of disease, disability, and death, severity of  
3 disease, and access to treatment in Maryland and the United States; and  
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5 Whereas, individual healthcare systems and hospitals possess many unique challenges to creating  
6 health equity in the communities they serve; and  
7  
8 Whereas, healthcare systems and hospitals often have difficulty funding innovations that have  
9 not yet been shown to increase quality and decrease cost; and  
10  
11 Whereas, all healthcare systems and hospitals possess many common challenges to creating  
12 health equity in the communities they serve; and  
13  
14 Whereas, the Health Services Cost Review Commission Regional Partnership Catalyst Grant  
15 Program is intended to support hospitals’ continuing work with community resources on building  
16 the foundation needed to sustainably support the population health goals of the Total Cost of  
17 Care (TCOC) Model and could be leveraged to fund initiatives that explicitly target health  
18 disparities; and  
19  
20 Whereas, unconscious (implicit) bias in healthcare delivery is associated with health disparities  
21 and inequities; and  
22  
23 Whereas, significant personnel time is required for the successful coordinating of, monitoring the  
24 effects and metrics of, establishing evidence-based protocols for, and participating in process  
25 research in efforts to improve the social determinants of health, to decrease bias and to improve  
26 health equity; and  
27  
28 Whereas, successful administration of all such efforts at each institution requires an imbedded  
29 health equity champion; therefore be it  
30  
31 Resolved, that MedChi advocate for each hospital system to establish a “Chief Health Equity  
32 Officer” position to be funded by mechanisms free of hospital/healthcare system financial  
33 obligations; and that each hospital that is not affiliated with a hospital system to identify an  
34 individual within their administrative staff who will be responsible for the hospital’s health  
35 equity initiatives; and be it further  
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37 Resolved, that MedChi supports requiring that health equity initiatives for hospitals and health  
38 systems include the development of a comprehensive health equity plan, created in collaboration  
39 with local health officers and medical societies, to address health equity issues that recognize  
40 social determinants of health and the development of a training program, created in conjunction  
41 with community partners, to educate and address problems associated with implicit bias.  
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44 Fiscal Note: Included in existing legislative advocacy budget.