Department of Legislative Services

Maryland General Assembly 2017 Session

FISCAL AND POLICY NOTE Enrolled - Revised

Senate Bill 503

(Senator Nathan-Pulliam)

Education, Health, and Environmental Affairs

Health and Government Operations

Health Occupations Boards - Racial and Ethnic Health Disparities

This bill requires each health occupations board within the Department of Health and Mental Hygiene (DHMH) to report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on efforts to educate individuals regulated by the boards regarding (1) reducing and eliminating racial and ethnic health disparities; (2) improving health literacy; (3) improving cultural and linguistic competency; and (4) achieving the goal of racial and ethnic health equity. The reports must be submitted by January 1, 2018.

The bill takes effect June 1, 2017, and terminates May 31, 2018.

Fiscal Summary

State Effect: The bill's requirements can be handled with existing resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background: DHMH's Office of Minority Health and Health Disparities reports certain health equity data for Maryland residents on its website at http://dhmh.maryland.gov/mhhd/Pages/Health-Equity-Data.aspx. The following statistics are from 2013 reports:

- Language Diversity: 10% of Maryland residents speak a language other than English at home and speak English "very well"; 6% of residents speak a language other than English at home and speak English "less than very well."
- American Indians and Alaskan Natives: More likely to not have health insurance compared to all Maryland residents. The HIV incidence rate was about twice that of non-Hispanic White residents.
- Asians and Pacific Islanders: Approximately 1.4 times more likely to not have health insurance and to not be able to afford to see a doctor than non-Hispanic White residents. Asian women had the lowest percentage of having a mammogram or Pap smear across all demographics.
- *Hispanics*: Five times more likely to not have health insurance and three times more likely to not be able to afford to see a doctor compared to non-Hispanic White residents. Hispanics were also 32% less likely than non-Hispanic White residents to have seen a provider for mental health problems, even though more Hispanics reported experiencing poor mental health.
- African Americans: Approximately two times more likely to not have health insurance and to not be able to afford to see a doctor compared to non-Hispanic White residents. White residents were also about twice as likely to see a provider for mental health problems compared to African Americans, even though the same or more African Americans reported experiencing poor mental health.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene; Department of

Legislative Services

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