Department of Legislative Services

Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Enrolled

Senate Bill 52 (Senator Washington)
Finance Health and Government Operations

Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021)

This bill establishes the Maryland Commission on Health Equity to (1) employ a "health equity framework" in specified examinations; (2) provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities; (3) facilitate coordination of expertise and experience in developing a comprehensive health equity plan addressing the social determinants of health; and (4) set goals for health equity and prepare a plan for the State to achieve health equity in alignment with other statewide planning activities. The commission must establish an advisory committee on data collection. The Maryland Department of Health (MDH) must staff the commission. The commission must submit an annual report by December 1 of each year; the 2023 report must include findings and recommendations on the health effects occurring in the State as a result of specified factors.

Fiscal Summary

State Effect: General fund expenditures increase by *at least* $64,300 beginning in FY 2022 to staff the commission, as discussed below. Future year expenditures reflect annualization and ongoing costs. Revenues are not affected.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	$0	$0	$0	$0	$0
GF Expenditure	64,300	75,400	77,700	80,500	83,300
Net Effect	($64,300)	($75,400)	($77,700)	($80,500)	($83,300)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None; participation of a local health department representative does not materially affect local finances or operations.

Small Business Effect: None.

Analysis

Bill Summary: "Health equity framework" means a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in Maryland by incorporating health considerations into decision making across sectors and policy areas.

Duties of the Commission

The commission must (1) examine and make recommendations regarding incorporating health considerations into decision making, implicit bias training, training on collection of patient self-identified data, and specified national standards; (2) foster collaboration between units of government and develop policies to improve health and reduce health inequities; (3) identify measures for monitoring and advancing health equity in the State; (4) establish a State plan for achieving health equity in alignment with other statewide planning activities; and (5) make recommendations and provide advice, as specified.

Membership of the Commission

The commission comprises one member of the Senate; one member of the House of Delegates; the Secretaries of Aging, Agriculture, Budget and Management, Commerce, Disabilities, the Environment, General Services, Health, Housing and Community Development, Human Services, Information Technology, Juvenile Services, Labor, Natural Resources, Planning, State Police, Transportation, and Veterans Affairs; the Commissioner of Correction; the State Superintendent of Schools; the Maryland Insurance Commissioner; a representative of a local health department; and specified additional representatives from MDH. Members may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations. The Governor must designate the chair from among the members. The commission must meet at least four times annually.

Advisory Committee on Data Collection

The commission, in coordination with the State-designated health information exchange (HIE), must establish an advisory committee to make recommendations on data collection, needs, quality, reporting, evaluation, and visualization.

The advisory committee must define the parameters of a health equity data set to be maintained by the HIE, including specified indicators. The data set must include data from health care facilities that report to the Health Services Cost Review Commission, health care payers that report to the Maryland Health Care Commission, and any other data source the advisory committee determines necessary. Data must be reported in the aggregate if

reported to the public or from the HIE to the commission. The commission may request data consistent with the recommendations of the advisory committee. Such data must be provided, to the extent authorized by federal and State privacy law, to the commission or the HIE.

The HIE must participate in the advisory committee and maintain a data set for the commission consistent with the parameters defined by the advisory committee.

Current Law: Chapters 558 and 559 of 2017 established the Workgroup on Health in All Policies to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents in the State. The workgroup, staffed by the University of Maryland School of Public Health, Maryland Center for Equity (better known as M-CHE) and MDH, was required to submit a report on its findings and recommendations, as well as draft legislation necessary to carry out the recommendations, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee; the report was completed on September 30, 2019. Among other recommendations, the workgroup suggested that a Health in All Policies Commission be established to develop a Health in All Policies framework in the State.

For more general information about health disparities in Maryland, see the **Appendix – Health Disparities**.

State Expenditures: MDH general fund expenditures increase by *at least* $64,329 in fiscal 2022, which accounts for the bill's October 1, 2021 effective date. The estimate reflects the cost to hire one full-time health policy analyst to provide staff support to the commission, coordinate research, and prepare the commission's required reports. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. Any additional costs for representatives of State agencies to participate as members of the commission, including expense reimbursement, can be handled within each respective agency's existing budgeted resources. This analysis does not include any additional costs to convene an advisory committee on data collection, for the HIE to maintain a data set, or to conduct the research necessary to complete the study that must be included with the commission's 2023 annual report.

Position	1.0
Salary and Fringe Benefits	$58,748
One-time Start-up and Ongoing Expenses	5,581
FY 2022 Expenditures	**$64,329**

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Additional Information

Prior Introductions: Similar legislation, SB 716 of 2020, received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 1528, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Designated Cross File: HB 78 (Delegate Pena-Melnyk, *et al.*) - Health and Government Operations.

Information Source(s): Department of Information Technology; Department of Commerce; Maryland State Department of Education; Maryland Department of Agriculture; Department of Budget and Management; Maryland Department of Disabilities; Department of General Services; Maryland Department of Health; Department of Housing and Community Development; Department of Human Services; Department of Juvenile Services; Maryland Department of Labor; Maryland Department of Planning; Department of Public Safety and Correctional Services; Department of State Police; Maryland Department of Transportation; Department of Veterans Affairs; Department of Legislative Services

Fiscal Note History: First Reader - January 24, 2021
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Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510

Appendix – Health Disparities

Racial and ethnic minorities are more likely to experience poor health outcomes as a consequence of their social determinants of health, including access to health care, education, employment, economic stability, housing, public safety, and neighborhood and environmental factors. A broad body of research has quantified the existence of health disparities between Black, Hispanic, and Native American individuals and their White counterparts, including a greater risk of heart disease, stroke, infant mortality, maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes, cancers, respiratory diseases, and autoimmune diseases.

Health Disparities in Maryland

Data consistently shows ongoing and in some cases growing health disparities in Maryland, including the impact of COVID-19, maternal and infant mortality, incidence of HIV, and emergency room (ER) visits for substance use, asthma, diabetes, and hypertension. For example:

- While Black individuals comprise 29.8% of the Maryland population, they represent 36% of COVID-19 deaths as of January 18, 2021.
- Maryland's maternal mortality rate for Black women is 3.7 times that of White women, and the racial disparity has widened in recent years.
- Maryland's infant mortality rate for all races/ethnicities has remained level but remains highest (10.2 per 1,000 in 2018) among the Black non-Hispanic population, nearly 2.5 times higher than the rate for the White non-Hispanic population.
- The incidence of HIV for all races/ethnicities has generally declined in Maryland; although the incidence among the Black non-Hispanic population (49.0 per 100,000) remains 2.4 times that of the total population.
- In 2017, ER visits for the Black non-Hispanic population compared with all races/ethnicities were 50% higher for substance use disorder; nearly 200% higher for asthma-related ER visits; 86% higher for diabetes-related ER visits; and 89% higher for hypertension-related ER visits.

Maryland Office of Minority Health and Health Disparities

A central effort to address health disparities in Maryland was the establishment of the Office of Minority Health and Health Disparities (OMHHD) in the Maryland Department

of Health (MDH) in 2004. The purpose of the office is to address social determinants of health and eliminate health disparities by leveraging resources, providing health equity consultation, impacting external communications, guiding policy decisions, and influencing strategic direction on behalf of the Secretary of Health. The office provides grants and technical assistance to community-based organizations, collects data on race and ethnicity, and targets programs and initiatives to three health conditions that disproportionately impact minorities in Maryland: infant mortality, asthma, and diabetes/prediabetes. The office's Minority Outreach and Technical Assistance Program provides grant funding for activities such as coordination and navigation of health care services, access to community-based health education, linkage to health insurance enrollment and social services, and self-management support through home visiting. In 2006 and 2010, the office prepared a *Maryland Plan to Eliminate Minority Health Disparities*.

Other Major Efforts to Address Health Disparities Since 2004

In January 2010, the Maryland Health Care Commission (MHCC) and OMHHD produced a *Health Care Disparities Policy Report Card*. The report card examined racial and ethnic distribution of Maryland physicians compared to the Maryland population and found that Black/African American, Hispanic/Latino, and American Indians/Native Americans were underrepresented in the physician workforce and in graduating classes from Maryland medical schools.

Other legislative efforts to address health disparities have focused on workforce development for health care providers, including convening a Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals; establishing a Cultural and Linguistic Health Care Provider Competency Program; facilitating the workforce development, training, and certification of community health workers; requiring health occupations boards to report on efforts to educate regulated individuals regarding reducing and eliminating racial and ethnic disparities, improving health literacy, improving cultural and linguistic competency, and achieving racial and ethnic health equity; and requiring evidence-based implicit bias training for perinatal health care professionals.

In recent years, legislative initiatives regarding health disparities have focused on maternal and child health, including requiring a study on the mortality rates of African American infants and infants in rural areas, requiring MDH to establish a Maternal Mortality Stakeholder Group to examine issues resulting in disparities in maternal deaths, and requiring the Maternal Mortality Review Program to make recommendations to reduce disparities in the maternal mortality rate (including recommendations related to social determinants of health) and to include information on racial disparities in its annual report.

Senate President's Advisory Workgroup on Equity and Inclusion

In August 2020, the President of the Senate appointed a Senate workgroup to address environmental justice, health care disparities, and wealth and economic opportunity for minority Marylanders. The workgroup issued a report in January 2021, which includes recommendations relating to health disparities, including:

- requiring the director of OMHHD to meet with MHCC and MDH at least once annually to examine the collection of health data that includes race and ethnicity information and identify any changes for improving such data;

- requiring OMHHD to prepare an updated plan to eliminate minority health disparities and requiring MHCC to prepare a revised health care disparities policy report card;

- extending Medicaid coverage for pregnant women until 12 months postpartum and providing care coordination and health literacy education for individuals as they transition from Medicaid coverage;

- establishing a standing Maternal and Child Health Committee in MDH to develop a Blueprint for Maternal and Child Health;

- ensuring that all pregnant women receive comprehensive prenatal care by increasing awareness of and access to resources for all women, including establishing an emergency program that covers prenatal care for undocumented immigrants;

- assessing certified nurse midwife privileges in Maryland hospitals and developing recommendations with major stakeholders;

- establishing a Medicaid Doula Pilot Program in two counties;

- taking actions to increase the number of minority health care providers;

- requiring the Cultural and Linguistic Health Care Professional Competency Program to identify and approve implicit bias training programs for all individuals licensed and certified under the Health Occupations Article; and

- reestablishing the five health enterprise zones permanently.