

# **SB 445 - Maryland Food Bank - FAV.pdf**

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Position: FAV

**Senate Bill 445**  
**Maryland Department of Health – 2-1-1 Maryland – Oversight**  
**Senate Education, Energy, and the Environment Committee**  
**February 8, 2024**

**Position: SUPPORT**

Senate Bill 445 aims to strengthen the coordination between the 2-1-1 Maryland and state agencies, including the Department of Health, and generally clarifies the coordination of efforts for the program.

The Maryland Food Bank estimates that 1 in 3 Marylanders is at risk of food insecurity. A person who is food insecure does not have consistent access to healthy and nutritious food on any given day, and this problem persists in every area of the state. There are also communities and populations that are disproportionately affected by food insecurity, including communities of color, families with children, and older adults. The drivers of food insecurity are complex and often include additional factors such as low income, lack of reliable transportation, and access to healthcare.

The Maryland Food Bank is very supportive of the 2-1-1 program, its reach across the state, and the impact it has on the lives of many Marylanders, including those who are facing food insecurity. Our partnership with 2-1-1 includes responsiveness to callers who are needing access to food resources; though, because of the breadth of services and connections 2-1-1 is able to sustain, its work in its entirety helps support families and indeed entire communities address circumstances hindered by a lack of adequate resources. 2-1-1 connects the Maryland Food Bank to Marylanders in need of food delivered to their home, playing a role in the over 25,000 prepacked Back Up Boxes totaling over 750,000 pounds of food we distributed in this way in FY 23.

Any clarification in the law and additional increased coordination between state agencies that will make 2-1-1 stronger will prove beneficial for Marylanders all across the state. 2-1-1 is a trusted resource and considered a lifeline for many, due especially its wide availability for help and its integration into the many different services a caller might need assistance or referrals with. The Maryland Food Bank contends that that there are root causes of hunger and drivers of hardship that lead 1 in 3 Marylanders to be at risk for food insecurity, and ensuring that *all* of those needs are met is the only way food security will be achieved statewide. 2-1-1 is emblematic of this mission.

For these reasons, the Maryland Food Bank respectfully requests a favorable report on SB 445.

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Uploaded by: Jonathan Dayton

Position: FAV



**Statement of Maryland Rural Health Association (MRHA)**

To the Education, Energy, and the Environment Committee

Chair: Senator Brian Feldman

February 7, 2024

***Senate Bill 0445: Maryland Department of Health - 2-1-1 Maryland - Oversight***

**POSITION: SUPPORT**

*Chair Feldman, Vice Chair Kagan, and members of the committee, the Maryland Rural Health Association (MRHA), is in SUPPORT of Senate Bill 0445: Maryland Department of Health - 2-1-1 Maryland - Oversight.*

*The Maryland Rural Health Association supports altering the definition of "2-1-1 Maryland" to clarify that it is the entity that administers the 2-1-1 system in the State.*

*Sincerely,*

*Jonathan Dayton, MS, NREMT, CNE, Executive Director*

[jdayton@mdruralhealth.org](mailto:jdayton@mdruralhealth.org)

**SB445 FAV.pdf**

Uploaded by: Morgan Mills

Position: FAV



February 8, 2024

Chairman Feldman, Vice Chair Kagan, and distinguished members of the Education, Energy, and the Environment Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

NAMI MD believes that community systems must be comprehensive, person-centered, and integrated. 211 Maryland does that by offering information about health care, education, and a broad array of services that support wellness, resiliency, and recovery. We recognize that the use of effective, integrated health and human services resources lead to better health outcomes for those living with mental illness, and, in turn, to better and longer lives. NAMI MD proudly works with 211 Maryland as an outreach partner and collaborator because we know that, together, we can change the face of mental health for Maryland.

This bill updates legislatively language to accurately reflect the transformation of 211 Maryland from a proactive service to a more integrated system for coordinating health and human services.

NAMI MD urges a favorable report.

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Morgan Mills  
Compass Government Relations  
Mmills@compassadvocacy.com

**SB445\_Zucker\_FAV.pdf**

Uploaded by: Senator Craig Zucker

Position: FAV

CRAIG J. ZUCKER  
Legislative District 14  
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Budget and Taxation Committee  
Chair, Capital Budget Subcommittee

Chair, Senate Democratic Caucus

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

Testimony of Senator Craig J. Zucker  
Senate Bill 445 - Maryland Department of Health - 2-1-1 Maryland - Oversight  
Senate Education, Energy, and the Environment Committee  
February 8<sup>th</sup>, 2024  
1:00 PM  
Position: Favorable

Good afternoon, Chair Feldman, Vice Chair Kagan, and distinguished members of the committee. It is my pleasure to testify today in **support of Senate Bill 445 - Maryland Department of Health - 2-1-1 Maryland - Oversight.**

2-1-1 Maryland is the only entity in the state that provides 24/7/365 connection to vital health and human services, such as suicide and crisis intervention, food resources, housing and shelter, aging & disabilities, and much more. Senate Bill 445 transfers oversight from the Maryland Department of Health (MDH) back to the 2-1-1 board, as intended by the Thomas Bloom Raskin Act which passed unanimously in the House and Senate in 2021.

Over the years, 2-1-1 Maryland has evolved into the Maryland Information Network, establishing itself as the state's central hub for connecting residents to a broad array of human service programs. This transformation has enabled us to serve Marylanders more effectively, ensuring they have access to the support they need, when they need it. As part of this evolution, board membership has expanded to ensure more comprehensive oversight and better alignment with the diverse needs of our communities.

The value of the 2-1-1 system as a trusted resource for state agencies continues to grow. For instance, their partnership with the Maryland Primary Care Program under the Maryland Department of Health has significantly improved access to dependable health and human service resources. Additionally, the Behavioral Health Administration's recent expansion of care coordination services through 2-1-1 exemplifies their system's critical role in addressing the state's health service needs.

As 2-1-1 Maryland continues to grow and more Marylanders seek out resources, Senate Bill 445 will assist 2-1-1 in effectively carrying out their mission and connecting Marylanders to important services they need. For these reasons, **I urge a favorable report on Senate Bill 445.** Thank you for your kind consideration.



**SB445\_MIN\_FAV.pdf**

Uploaded by: Therese Hessler

Position: FAV



**February 8, 2024**

**Senate Bill 445**

**Maryland Department of Health- 2-1-1 Maryland- Oversight  
Education, Energy, & Environment Committee**

**Position: SUPPORT**

Dear Chair, Vice Chair, and Esteemed Committee Members,

My name is Quinton Askew, serving as the President/CEO of the Maryland Information Network, home to 211 Maryland. It's an honor to advocate for Senate Bill 445, which pertains to the oversight of the Maryland Department of Health and 2-1-1 Maryland. 211 Maryland stands as a pivotal resource, offering a straightforward and memorable way for Marylanders to access health and human services. Our extensive database connects individuals to local assistance around the clock, every day of the year, in over 150 languages. Through our network of call centers, we provide crucial support to residents, guiding them seamlessly to the right services with a "No Wrong Door Approach."

In Fiscal Year 23 alone, we facilitated over 1.37 million connections via phone, text, chat, and web. This achievement underscores the collaborative effort between our partners and the Call Center Network to broaden our impact, improve service quality, and coordinate care efficiently for those in need. The Maryland Information Network, the driving force behind 211 Maryland, has evolved significantly. It has become an essential tool for state agencies to enhance access to dependable services, aid emergency departments in care coordination, and disseminate critical emergency management information.

I am proud to endorse SB445, a bill that accurately reflects the mission of the Maryland Information Network as the state's primary connector for health and human services. It also clarifies the roles and responsibilities between the board and the Department.

This past year, we've seen considerable growth in both the board and our organization, ensuring the 211 system can meet Marylanders' needs and secure the necessary funding to do so. SB445 aims to solidify our partnership with the department, fostering more sustainable funding solutions and enhancing collaboration with other government entities.

We are grateful to the General Assembly for acknowledging the critical role of 2-1-1 Maryland and for the legislative efforts previously made to support our mission sustainably.

Therefore, we respectfully request your FAVORABLE consideration of Senate Bill 445.

Thank you for your time and consideration.

Sincerely,

*Quinton Askew*

Quinton Askew,

President/CEO Maryland Information Network, 211 Maryland

**12 - SB445 - EEE - MDH - LOSWA.pdf**

Uploaded by: Jason Caplan

Position: FWA



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 8, 2024

The Honorable Brian J. Feldman  
Chair, Education, Energy, and the Environment  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

### **RE: Senate Bill 445 – Maryland Department of Health - 2-1-1 Maryland - Oversight – Letter of Support with Amendment**

Dear Chair Feldman and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for HB353 - Maryland Department of Health - 2-1-1 Maryland - Oversight.

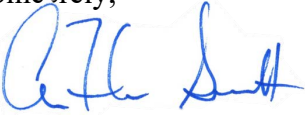
The Department provides oversight to 2-1-1 Maryland as outlined in their Articles of Incorporation and Maryland Statute. This bill further clarifies the Department's role. Under current statute, the Department is charged with evaluating the performance of each 2-1-1 Maryland call center. This legislation places this function back in the hands of 2-1-1 Maryland. The Department has contractual agreements with 2-1-1 Maryland to perform a variety of services and 2-1-1 Maryland in turn has contractual agreements with call centers to perform these services. 2-1-1 Maryland directly contracts with the call centers and is in the best position to evaluate their performance and ensure the work they are performing is aligned with the contractual agreements.

The Department generally agrees with the intent of this bill and respectfully recommends amendments to clarify 2-1-1 Maryland's role. This legislation adds the phrase "*behavioral health care coordination*". Care coordination is a technical term defined by the Agency for Healthcare Research and Quality (AHRQ) as "deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care." Due to the technical nature of this phrase and to further define 2-1-1 Maryland's role, the Department recommends striking the term behavioral health care coordination and inserting behavioral health into the definition of health and human services referral system.

The Department has included proposed amendment language for the Committee's consideration.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Scott". The signature is fluid and cursive, with the first name "Laura" and the last name "Scott" clearly distinguishable.

Laura Herrera Scott, M.D., M.P.H.  
Secretary

AMENDMENTS TO HOUSE BILL 353  
(First Reading File Bill)

AMENDMENT NO. 1

On page 2, lines 16 and 17, after “**preparedness**” strike “**and BEHAVIORAL HEALTH CARE COORDINATION**”.

AMENDMENT NO. 2

On page 1, line 24, after “**HEALTH**” insert “, **BEHAVIORAL HEALTH**”

On page 2, line 13, after “**health**” insert “, **BEHAVIORAL HEALTH**”

On page 2, line 15, after “**health**” insert “, **BEHAVIORAL HEALTH**”

# 2024 SB445 Opposition.pdf

Uploaded by: Deborah Brocato

Position: INFO



**Opposition Statement SB445**

Maryland Department of Health – 2-1-1 Maryland - Oversight  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**We oppose SB445**

On behalf of over 200,000 followers across the state, we object to SB445. As written, the bill would allow entities that promote and provide abortions to prey on women and girls. Maryland Right to Life requests an amendment to exclude the 2-1-1 information system from being used for abortion purposes. Because abortion is used as treatment for mental health conditions such as anxiety and depression, “behavioral health care coordination” could be exploited for abortion referral. The 2-1-1 information system should not be used as a client source for the abortion industry.

**Maryland fails to protect minor girls.** The Assembly reduced the age of medical consent for behavioral health services to 12 years of age. The Department of Health list mental health as a reason for public funding of abortion, including for minor girls. Many of the businesses that commit abortions are now dispensing puberty blockers and cross-hormones. Again, gender dysphoria is a mental health condition. Minor girls could seek abortion, the lethal chemical abortion drugs and gender identity drugs without parental consent or knowledge. **This bill allows an easy pathway for the abortion industry to prey on minor girls. The state of Maryland must do better to protect women and girls.**

**Abortion is not healthcare.** It is violence against the woman or girl and her unborn child. The baby is killed and the woman or girl suffers physically, emotionally and psychologically (see [www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)). 85% of OB/Gyns do not perform abortions on their patients indicating abortion is not an essential part of women’s healthcare. The Abortion Care Access Act of 2022, sponsored by former NARAL employee Delegate Ariana Kelly, removed abortion from the spectrum of healthcare by removing the physician requirement for abortion and allowing any “certified provider of abortion care” to perform or provide both chemical and surgical abortion through birth.

**D-I-Y Abortions Endanger Women: Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. “D-I-Y” abortion is normalizing “back alley abortion” where women self administer and hemorrhage without medical supervision or assistance.**

**Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.**

**Adopt Reasonable Health and Safety Standards:** The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements manifest both a trust in women and a justified concern for their welfare.



While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

**Patients before Profits:** Maryland policy makers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016 by allowing Planned Parenthood to practice tele-abortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

**Maryland Right to Life opposes the promotion of the abortion industry by the state through programs such as this 2-1-1 information system. For these reasons, without an amendment excluding abortion, we respectfully ask you to give an unfavorable report on SB445.**