

**Department of Legislative Services**

Maryland General Assembly

2001 Session

**FISCAL NOTE**House Bill 4 (Delegate Stern, *et al.*)

Environmental Matters

---

**Maryland Office of Women's Health - Women's Health Care Grant Fund**

---

This bill creates an Office of Women's Health (office) within the Department of Health and Mental Hygiene (DHMH), and establishes a special, continuing nonlapsing Women's Health Care Grant Fund (fund) consisting of grants, appropriations, and gifts from federal, State, and local agencies, private foundations, or individuals. The office, in addition to its other enumerated duties, will serve as a clearinghouse and resource library for information about women's health, conduct in-depth studies and prepare reports on specific health issues, and award monetary grants from the fund to programs designed to improve women's health care. Any unspent portions of the fund by year-end are to remain in the fund for the next year's grants. DHMH may employ an executive director, two staff members, and any other staff and consultants required to carry out the requirements of this bill. Beginning November 1, 2002, the office must provide an annual report to DHMH, the Governor, and the General Assembly on the implementation of the bill. The Office of Legislative Audits will audit the accounts and transactions of the fund.

---

**Fiscal Summary**

**State Effect:** General fund expenditures could increase by \$273,500 in FY 2002. Future general fund expenditures reflect annualization and inflation. Federal fund and special fund revenues and expenditures could each increase by \$100,000 annually beginning in FY 2003.

(in dollars)	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
SF Revenue	\$0	\$100,000	\$100,000	\$100,000	\$100,000
FF Revenue	0	100,000	100,000	100,000	100,000
GF Expenditure	273,500	352,700	361,700	371,300	381,500
SF Expenditure	0	100,000	100,000	100,000	100,000
FF Expenditure	0	100,000	100,000	100,000	100,000
Net Effect	(\$273,500)	(\$352,700)	(\$361,700)	(\$371,300)	(\$381,500)

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

**Local Effect:** None.

**Small Business Effect:** Minimal.

## Analysis

**Current Law:** No applicable current law.

**Background:** There is no specific office or commission on women's health in Maryland. There is, however, a Maryland Commission for Women within the Department of Human Resources, with members appointed by the Governor. The commission was established in 1971 to promote the social, political, and economic equality of Maryland women and is charged with studying and reviewing the status of women in the State. The commission is required to submit an annual report, including recommendations based on its studies, to the Governor and the General Assembly.

**Exhibit 1** below specifies State spending on women-specific health programs from fiscal 1997 through 2001.

### Exhibit 1

	<b><u>FY 97</u></b>	<b><u>FY 98</u></b>	<b><u>FY 99</u></b>	<b><u>FY 00</u></b>	<b><u>FY 01</u></b>
	<b><u>Actual</u></b>	<b><u>Actual</u></b>	<b><u>Actual</u></b>	<b><u>Actual</u></b>	<b><u>Appn.</u></b>
<b>Non-Medicaid</b>					
All Funds	\$27,711,006	\$31,412,902	\$36,075,958	\$45,250,695	\$47,820,804
General Funds	16,107,644	17,124,237	21,137,844	28,701,201	30,594,585
<b>Medicaid</b>					
All Funds	265,677,393	217,737,856	208,077,158	217,133,131	189,842,392
General Funds	131,675,329	108,087,587	103,369,432	107,600,947	94,222,000
<b>Total</b>					
All Funds	293,388,399	249,150,758	244,153,116	262,383,826	237,663,196
General Funds	147,782,973	125,211,824	124,507,276	136,302,148	124,816,585

According to the National Conference of State Legislatures, more states are considering the unique needs of women as women's health issues acquire national attention. State legislatures have responded to women's health needs by enacting legislation beyond reproductive issues related to maternity. Specifically, California, Illinois, Indiana, Kentucky, North Carolina, Ohio, and Rhode Island have created, in statute, offices or commissions on women's health, and Tennessee has a special joint committee to study women's health issues. The particulars are detailed below:

- California has an interagency task force on women's health and an Office of Women's Health to develop a coordinated strategy for addressing women's health needs.
- Illinois law designates a staff member of the state Department of Public Health to handle, address, and promote women's health issues not currently or adequately addressed by the department.
- Indiana has an Office of Women's Health within the state Department of Health to educate about and advocate for women's health. The office also serves as a clearinghouse and resource for information regarding women's health data, services, and programs as well as developing and recommending funding and program activities for educating the public about women's health initiatives. The law provides that an annual report be submitted to the Governor, the legislative council and the Indiana Commission for Women regarding the successes of the programs, priorities, and services of the Office of Women's Health. Provisions in the law are also made for the appointment of staff and advisory committee members by the health commissioner.
- Kentucky has an Office of Women's Health in the Cabinet for Health Services which serves as a repository for data and information affecting women's health and mental health.
- North Carolina has an Office of Women's Health within the Department of Environment, Health, and Natural Resources in order to expand the state's public health concerns and focus to include a comprehensive outlook on the overall health status of women. The goals of the office are to prevent disease and improve the quality of life for women over their entire lifespan.
- Ohio has an Office of Women's Health Initiatives within the Department of Health. The office identifies, reviews, and assists in the coordination of programs and resources the department is committing to women's health concerns and advocates for women's health by requesting that the department conduct, sponsor, encourage, or fund research. The office is required to submit biennial reports of

recommended programs, projects, and research that address critical issues in women's health to the director of health.

- Rhode Island has a Commission on Women to advance women toward full equity in all areas of life and to promote rights and opportunities for all women. The commission will study, make recommendations, and promote constructive action on issues related to women which include: economic development, education, employment, health, legal rights, political participation, and the quality of individual and family life. The commission is required to make an annual report to the Governor and the General Assembly on all activities undertaken in fulfilling its purpose and responsibilities.
- Tennessee has a special joint committee to study women's health issues.

**State Revenues:** DHMH and the Department of Legislative Services concur that a viable fund would require at least \$300,000 annually. It is anticipated that of this \$300,000, one-third would come from special funds acquired through private and other grants and gifts, one-third would come from federal fund grants, and one-third would come from State general funds. Special and federal fund revenues would not be affected in fiscal 2002 while the office commences operations and begins to apply to various sources for funding. Beginning in fiscal 2003, as various grants and gifts are received, special and federal fund revenues would each increase by \$100,000 annually.

**State Expenditures:** General fund expenditures could increase by an estimated \$273,456 in fiscal 2002, which accounts for the bill's October 1, 2001 effective date. This estimate reflects the cost of three new positions: one program administrator; one research statistician; and one office secretary. It includes salaries, fringe benefits, one-time start-up costs, and ongoing expenses. It also includes \$75,750 in contractual services to develop outreach and intervention programs and conduct in-depth studies and prepare reports that focus on health issues, and \$75,000 to support the fund. Special fund and federal fund expenditures would not be affected in fiscal 2002, but each would increase by an estimated \$100,000 annually beginning in fiscal 2003 as grants are made to programs designed to improve women's health care.

Salaries and Fringe Benefits	\$104,486
Contractual Services	75,750
Operating Expenses	18,220
Grants	<u>75,000</u>
<b>Total FY 2002 State Expenditures</b>	<b>\$273,456</b>

Future year expenditures reflect: (1) full salaries with a 6.5% increase in fiscal 2003 and a 4.5% increase each year thereafter, with a 3% employee turnover; (2) 1% annual increases in ongoing operating expenses; and (3) \$300,000 annually for grants (\$100,000 general, \$100,000 special, \$100,000 federal).

---

### **Additional Information**

**Prior Introductions:** None.

**Cross File:** SB 180 (Senator Lawlah, *et al.*) – Economic and Environmental Affairs.

**Information Source(s):** Department of Health and Mental Hygiene, Department of Human Resources (Maryland Commission on Children), National Conference of State Legislatures, Department of Legislative Services (Office of Legislative Audits)

**Fiscal Note History:** First Reader – January 30, 2001  
ncs/jr

---

Analysis by: Sandra Steele

Direct Inquiries to:  
John Rixey, Coordinating Analyst  
(410) 946-5510  
(301) 970-5510