

Department of Legislative Services  
Maryland General Assembly  
2003 Session

FISCAL AND POLICY NOTE  
Revised

House Bill 883

(Delegate Nathan-Pulliam, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

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Health Care Services Disparities Prevention Act

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This bill specifies that it is the intent of the General Assembly to encourage courses or seminars that address the identification and elimination of health care services disparities of minority populations as part of: (1) curriculum courses or seminars offered or required by institutions of higher education; (2) continuing education requirements for health care providers; and (3) continuing education programs offered by hospitals for hospital staff and health care practitioners.

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Fiscal Summary

**State Effect:** Staffing expenses related to the develop and implementation of a plan to reduce health care disparities are assumed to be minimal and able to be handled with existing resources of the entities required to assist in the development and implementation of the plan. No effect on revenues.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Bill Summary:** An institution of higher education may include courses or seminars in its curriculum for health care professional licensure that address the identification and elimination of health care disparities. A hospital with a continuing education program may offer and require the hospital's medical staff and health care practitioners to take a continuing medical education or continuing education unit course that addresses health care services disparities of minority populations.

The Department of Health and Mental Hygiene (DHMH), in consultation with the Maryland Health Care Foundation, must develop and implement a plan to reduce health care disparities based on gender, race, ethnicity, and poverty. The bill specifies 22 organizations that DHMH and the foundation must work with to develop and implement the plan. The foundation, the Morgan State University Graduate Public Health Program, the Johns Hopkins Bloomberg School of Public Health, and the Monumental City Medical Society must provide staffing and other assistance to implement the plan. The plan must include recommendations to coordinate existing programs related to health care disparities by: (1) identifying available funding; (2) identifying any gaps in service delivery based on gender, race, ethnicity, and poverty; (3) reducing the duplication of available health care services; (4) reducing the fragmentation of health care services; and (5) identifying outcome measures to reduce health care disparities.

By September 30, 2004, DHMH and the other entities involved in plan development and implementation must: (1) examine current continuing education programs offered by hospitals and physician organizations that are focused on health care disparities and examine current continuing education requirements of health occupation boards; (2) determine the content of a model course or seminar that addresses health care services disparities of minority populations; (3) assess the feasibility of requiring certain health care providers to take the course or seminar; and (4) identify the oversight that would be required by a health occupation board in order to determine compliance with continuing education requirements concerning health care disparities.

DHMH must submit a report to the Governor, the Senate Education, Health, and Environmental Affairs Committee, and the House Health and Government Operations Committee by September 30 of each year on the development and implementation of the plan to reduce health care disparities.

DHMH, in consultation with the Mental Hygiene Administration, the Alcohol and Drug Abuse Administration, the AIDS Administration, and the Advisory Council on Heart Disease and Stroke, must submit a report to the Senate Education, Health, and Environmental Affairs Committee, and House Health and Government Operations Committee by September 30, 2004 on recommendations and implementation plans for closing gaps in health services delivery and financial access to health services based on race, poverty, gender, and ethnicity.

The bill takes effect October 1, 2003. The bill's provisions requiring DHMH and other entities to develop and implement a plan to reduce health care disparities terminates September 30, 2008.

**Current Law:** Each health occupation board determines the number and types of continuing education courses required for licensees.

**Background:** According to the Institute of Medicine's report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive a lower quality of health care than nonminorities, even when access-related factors, such as patients' insurance status and income, are controlled. Despite marked improvement in the overall health of Americans, racial and ethnic minorities experience higher rates of morbidity and mortality than nonminorities. African Americans experience the highest rates of mortality from heart disease, cancer, cerebrovascular disease, and HIV/AIDS than any other racial or ethnic group in the U.S. American Indians disproportionately die from diabetes, liver disease, cirrhosis, and unintentional injuries. Hispanic Americans are almost twice as likely as non-Hispanic whites to die from diabetes. Some Asian American groups experience rates of stomach, liver, and cervical cancers that are well above national averages. While much of the disparities are attributable to access to health insurance and health care, concern is growing that even at equivalent levels of access to care, racial and ethnic minorities experience a lower quality of health services and are less likely to receive even routine medical procedures.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, University System of Maryland, Department of Legislative Services

**Fiscal Note History:** First Reader - February 24, 2003  
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