Department of Legislative Services

Maryland General Assembly
2006 Session

FISCAL AND POLICY NOTE
Revised

House Bill 1455 (Delegate Nathan-Pulliam, *et al.*)
Health and Government Operations Education, Health, and Environmental Affairs

Cultural Competency and Health Outcomes - Pilot Program

This bill requires the Family Health Administration, in consultation with the Office of Minority Health and Health Disparities to provide technical assistance to qualified community-based entities for a pilot program that addresses: (1) cultural competency training of health care providers, with an emphasis on community-based providers; and (2) health outcomes and community-based models for targeting health outcomes as determined by tracking indicators relating to the specific health care needs of the population in a specified area.

The bill terminates December 31, 2009.

Fiscal Summary

State Effect: The Department of Health and Mental Hygiene could provide the required technical assistance with existing budget resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The program must track at least two of the following indicators: (1) improvement in body mass index and hemoglobin A1C levels for individuals with diabetes; (2) improvement in blood pressure, hypertension, and cholesterol levels for individuals with cardiac disease; and (3) increased cancer screening for prostate cancer;

(4) increased cancer screening for breast cancer; or (5) increased cancer screening for cervical caner.

The pilot program must be implemented in a State-based community teaching hospital system that: (1) elects to implement the program; (2) is not a subsidiary of a system that operates an academic medical institution; (3) serves a medically-underserved area, a health professional shortage area, and a medically-underserved population; (4) operates an accredited medical residency training program in at least four disciplines and enrolls no fewer than 100 students; (5) engages in formal relationships with health care professional and allied health training programs; (6) is engaged in a formal relationship with community-based entities that have demonstrated cultural competency; (7) demonstrates the capacity to seek a public-private partnership and funding to implement the pilot program; and (8) agrees to collect the outcome measures.

Current Law: None applicable.

Background: Racial disparities in the provision and quality of health care have long been documented. One report on the subject indicates that racial and ethnic disparities persist in health care for a number of medical conditions and services, even when comparing individuals of similar income and health insurance coverage.

Racial and ethnic differences are apparent when looking at the percentage of individuals who have no health insurance. As illustrated in **Exhibit 1**, in 2003, 13% of whites lacked health insurance, while the uninsured rates for minorities ranged from 20% to 34%.

Exhibit 1
Nonelderly Uninsured by Race/Ethnicity, 2003*

Race/Ethnicity	Uninsured Rate
White (non-Latino)	13%
Asian/Pacific Islander	20%
African American (non-Latino)	21%
American Indian/Alaskan Native	28%
Latino	34%
National Rate	18%

*Kaiser Commission on Medicaid and the Uninsured/Urban Institute 2004

The availability of health care providers in a community also impacts the care obtained. Minorities are more likely to live in medically underserved areas that lack adequate health care sources. Twenty-eight percent of Latinos and 22% of African Americans report having little or no choice in where to seek care, while only 15% of whites report this difficulty. When minorities are able to find accessible health care providers, language and cultural barriers sometimes present difficulties. Approximately 30% of Latinos say they have had a problem communicating with health care providers.

While the gaps in quality of care among races have decreased over the past several years, African Americans are still getting far fewer operations, exams, medications, and other treatments than whites. One study published in the *New England Journal of Medicine* measured gaps in care provided to whites and African Americans, looking at such screenings and treatments as breast cancer screening, diabetes care, beta blocker prescriptions after myocardial infarction, and cholesterol management after myocardial infarction or coronary procedures. Over the seven-year period studied, quality of care increased for both whites and blacks, and disparity gaps decreased. However, African Americans still received less treatment than whites, particularly related to cholesterol management.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Family Health Administration), Department of Legislative Services

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