

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE

House Bill 1240 (Delegate Nathan-Pulliam, *et al.*)
Health and Government Operations

Task Force to Study Health Disparities Among Minority Children with Learning Disabilities

This bill establishes a Task Force to Study Health Disparities Among Minority Children with Learning Disabilities, staffed by the Department of Health and Mental Hygiene (DHMH). The task force is charged with studying the extent and nature of health disparities among minority children with learning disabilities, as well as the causes and how to eliminate them; how to improve access and delivery of services to such children; the compliance of service providers with provisions of the federal Americans with Disabilities Act; and any other matter the task force deems relevant. The task force has to report its findings and recommendations to the Governor and the General Assembly by December 31, 2009. Task force members may not receive compensation but are entitled to reimbursement for travel expenses.

The bill takes effect June 1, 2009, and terminates May 31, 2010.

Fiscal Summary

State Effect: Given the State's fiscal difficulties, agency budgets have been constrained. Thus, the requirement to staff the task force and develop the required report is not absorbable within the existing budgeted resources of DHMH. Instead, general fund expenditures increase minimally in FY 2010. Future years are not affected. No effect on revenues.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Chapter 443 of 2004 created the Office of Minority Health and Health Disparities within DHMH to advocate for the improvement of minority health care and help the Secretary of Health and Mental Hygiene identify, coordinate, and establish priorities for programs, services, and resources that the State should provide for minority health and health disparities issues. The office, among other duties, also must obtain funding and, contingent upon the funding, provide grants to community-based organizations and historically black colleges and universities to conduct special research, demonstration, and evaluation projects for targeted at-risk racial and ethnic minority populations and support ongoing community-based programs designed to reduce or eliminate racial and ethnic health disparities and develop the criteria for awarding the grants.

DHMH must submit an annual report to the Governor and the General Assembly on the projects and services developed and funded by the office, the health care problems the grants are intended to ameliorate, and any recommendations.

The federal Individuals with Disabilities Education Act (IDEA) requires local school systems to identify and evaluate all children in the district who are in need of special education and related services (including children with learning disabilities) and to make special education services available to students in public and private schools.

Background: Documented health disparities exist in the United States and Maryland among racial and ethnic minority populations. DHMH released a report in June 2007 with the most recent data available on health disparities in Maryland. The report indicates that African American death rates exceed white death rates in all 22 Maryland jurisdictions where age-adjusted rates could be calculated. The report also includes results from the 2001 through 2004 Behavioral Risk Factor Surveillance System, which show that in Maryland:

- African American adults have at least twice as much diagnosed diabetes as do white adults;
- Hispanic adults have at least 50% more diagnosed diabetes than white adults; and
- in middle and older age groups, African American adults have 30% and 17% more diagnosed hypertension than white adults.

However, limited information exists on the health status of racial and ethnic minority children.

In September 2007, DHMH released a report titled *Best Practices in Capacity Building and Disease Management and Prevention to Address Minority Health Disparities*. The report presents examples of community-based activities, operational procedures, and capacity building approaches that address minority health disparities. The report also includes contacts, resources, and reference documents.

Almost all of the IDEA funds received by the State are distributed to local school systems, and State and local funds likewise support programs and services for students with disabilities (including those with learning disabilities). According to the Maryland State Department of Education, State criteria allow local school systems to apply for disproportionality discretionary grants (funded with federal IDEA funds) to address the needs of minority students with disabilities in special education. Local school systems with a high number of minority students with disabilities apply for these funds to reduce the disproportionate representation of minorities in special education.

Under IDEA, local school systems may use not more than 15% of their IDEA allocation to develop coordinated early intervening services. These funds are used to provide supports and services to students at risk of being identified as needing special education or related services and who need additional academic and behavioral support. Additionally, local school systems with significant disproportionate representation of minority students in special education are required to use 15% of their IDEA allocation to provide early intervening services, particularly to serve minority students who are significantly overrepresented in this area. The federal American Recovery and Reinvestment Act of 2009 will provide Maryland with an additional \$208.0 million in IDEA funds for use in fiscal 2010 and 2011.

Of the estimated 103,446 students with disabilities in the State, 33,355 (32%) had specific learning disabilities in 2008. Minority students represent about 59% of the 33,355 students with specific learning disabilities.

Additional Information

Prior Introductions: A similar bill, HB 1533, was introduced during the 2008 session. HB 1533 was heard by the House Health and Government Operations Committee but was later withdrawn.

Cross File: None.

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

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