

Department of Legislative Services  
Maryland General Assembly  
2010 Session

FISCAL AND POLICY NOTE

House Bill 1459 (Delegate Nathan-Pulliam, *et al.*)  
Health and Government Operations

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**Maryland Medical Assistance Program - Analysis and Reduction of Racial and Ethnic Health Care Disparities**

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This bill requires the Secretary of Health and Mental Hygiene to require Medicaid program staff to work with the Office of Minority Health and Health Disparities to: (1) analyze by race and ethnicity the health care utilization patterns and quality indicators relating to program enrollees; (2) develop strategies and provide guidance to managed care organizations and program providers to reduce any racial and ethnic health disparities found in the analysis and promote equity across health care quality indicators for all program enrollees; and (3) analyze the cost of racial and ethnic health disparities among Medicaid enrollees and the potential benefits of investing in the reduction of disparities. Beginning January 1, 2011, Medicaid and the office must submit a biennial joint report to the Governor and General Assembly on the efforts to analyze and reduce racial and ethnic health disparities among program enrollees.

The bill takes effect July 1, 2010.

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**Fiscal Summary**

**State Effect:** The bill's analysis, strategy development, and reporting requirements can be handled with existing governmental resources. This estimate assumes no implementation of any strategies developed; implementation of strategies could increase Medicaid expenditures.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

**Current Law:** Chapter 443 of 2004 created the Office of Minority Health and Health Disparities within the Department of Health and Mental Hygiene (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.

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.

Medicaid provides health care coverage to children, pregnant women, elderly or disabled individuals, and indigent parents who pass certain income and asset tests.

**Background:** Documented health disparities exist in the United States and Maryland among racial and ethnic minority populations. DHMH's most recent report on health disparities in Maryland 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.

DHMH advises that it does collect racial/ethnic data on Medicaid enrollees.

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## Additional Information

**Prior Introductions:** None.

**Cross File:** None.

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

**Fiscal Note History:** First Reader - March 22, 2010  
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