

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader

House Bill 747

(Chair, Health and Government Operations
Committee)(By Request - Departmental - Health and
Mental Hygiene)

Health and Government Operations

Finance

Public Health - Cigarette Restitution Fund Programs - Modifications

This departmental bill alters provisions relating to programs funded by the Cigarette Restitution Fund (CRF), specifically provisions relating to (1) the Baseline Tobacco Study conducted by the Department of Health and Mental Hygiene (DHMH) and (2) local public health tobacco or cancer grants.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: The bill is not expected to materially affect State finances or operations.

Local Effect: Local health departments that apply for local public health tobacco or cancer grants funded through CRF may experience improved efficiency in the application process and greater flexibility for the use of grant funds as a result of the bill's changes. Revenues are not affected.

Small Business Effect: DHMH has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment.

Analysis

Bill Summary/Current Law:

Baseline Tobacco Study

Under current law, DHMH must conduct a comprehensive, statewide Baseline Tobacco Study that includes, among other information, (1) the number and percentage of individuals younger than age 18 who smoke or otherwise use tobacco products, both statewide and in each county; (2) the number and percentage of minority individuals younger than age 18 who smoke or otherwise use tobacco products, both statewide and in each county; and (3) the number and percentage of households with individuals younger than age 18 in which at least one household member who is at least 18 years of age smokes tobacco products, both statewide and in each county.

The bill removes the requirements to collect this information regarding individuals younger than age 18 and instead requires DHMH to collect this information regarding individuals attending middle or high school.

Local Public Health Tobacco or Cancer Grants

Under current law, a local health officer may apply to DHMH for a local public health tobacco grant or a local public health cancer grant. Local health officers of two or more counties may also jointly apply for grants. DHMH determines the amount of the grants by specified formulas. In order to apply for a grant, local health officers must establish a community health coalition. A community health coalition must reflect the demographics of the county and include specified representatives of community-based groups. For a local public health tobacco or cancer grant, the community health coalition and local health officer must develop a comprehensive plan for tobacco use prevention and cessation or a comprehensive plan for cancer prevention, education, screening, and treatment to be submitted with the grant application, respectively.

The bill authorizes local health officers to use another coalition that is approved by DHMH instead of a community health coalition when applying for a local public health tobacco or cancer grant, and makes conforming changes.

Under current law, among other information, a comprehensive plan for cancer prevention, education, screening, and treatment (1) must describe how the plan will increase availability of and access to health care services for *uninsured* individuals and medically underserved populations and (2) demonstrate that priority consideration was given to persons that have demonstrated a commitment to providing specified services to *uninsured* individuals in the county and a proven ability to do so.

The bill expands these provisions to additionally require information relating to “underinsured individuals” in a comprehensive plan for cancer prevention, education, screening, and treatment. The bill defines “underinsured individual” as an individual (1) for whom the appropriate treatment is not adequately covered by private health insurance, Medicaid, Medicare, or the Maryland Children’s Health Program due to out-of-pocket costs, including required copayments, coinsurance, or deductibles and (2) who the department determines does not have the financial means to pay for appropriate treatment.

The bill also repeals provisions requiring a comprehensive plan for cancer prevention, education, screening, and treatment for specified counties to include a specific plan as to how the community health coalition will be used to achieve the county’s goals, and makes conforming changes.

Finally, under current law, a county or statewide academic health center that receives funds under a local public health cancer grant must dedicate at least 60% of the funds to cancer screening, diagnosis, and treatment. The bill removes this requirement and instead requires DHMH to determine the percentage of funds that must be allocated to cancer screening, diagnosis, and treatment prior to each fiscal year.

Background: According to DHMH, the Cancer Prevention, Education, Screening, and Treatment Program (CPEST), which is funded by CRF, has provided more than 95,000 cancer screenings and over 650 cancer diagnostic and treatment services to Maryland residents since it began in 2000. CPEST allows underserved residents to receive needed cancer prevention, education, screening, and treatment services that would otherwise be unavailable. While the federal Patient Protection and Affordable Care Act decreased the number of individuals seeking *clinical* cancer services from local public health entities (due to an increase in insured individuals), there is still an ongoing need for cancer prevention, education, and patient navigation and case management services. DHMH advises that repealing the requirement that 60% of funds awarded under local public health cancer grants be spent on clinical cancer services allows flexibility for local entities to spend more on other types of needed services.

DHMH also advises that adding “underinsured” individuals to requirements relating to comprehensive plans for cancer prevention, education, screening, and treatment allows for insured individuals with burdensome out-of-pocket costs (copayments, coinsurance, and/or deductibles) to be eligible for services. DHMH additionally advises that the bill’s changes align statute with current practice.

The bill’s changes regarding community health coalitions reflect recommendations from the Maryland Association of County Health Officers to allow local health departments to

use existing coalitions, instead of creating community health coalitions, to meet specified grant application requirements. This allows local health departments to streamline efforts and avoid duplicative activities. Additionally, removing requirements that comprehensive plans for cancer prevention, education, screening, and treatment include specific plans regarding community health coalitions also aligns statute with current practice.

Finally, DHMH advises that current reporting requirements for the Baseline Tobacco Study do not conform to the current reporting measures used by the U.S. Centers for Disease Control and Prevention (CDC). CDC collects information on youth tobacco use by surveying high school students, regardless of age. Therefore, DHMH advises that conforming State reporting requirements for the Baseline Tobacco Study to CDC reporting measures allows for easier comparison of State data with CDC data.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Baltimore City; Montgomery County; University of Maryland Medical System; Department of Health and Mental Hygiene; Department of Legislative Services

Fiscal Note History: First Reader - February 19, 2017
md/jc Third Reader - March 29, 2017

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES
Department of Health and Mental Hygiene
Session 2017

TITLE OF PROPOSAL: Public Health – Cigarette Restitution Fund Program – Modifications

PREPARED BY: Anne Carlin, MPP
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Bill Number: HB 747

PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS

There is no impact on small businesses as awards are made to local governments.