

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader

Senate Bill 796

(Senator Eckardt)

Finance

Health and Government Operations

**Maryland Office of Minority Health and Health Disparities and Maryland
Health Care Commission – Reporting Requirements**

This bill expands the *Health Care Disparities Policy Report Card* published by the Office of Minority Health and Health Disparities (OMHHD) to include the racial and ethnic composition of the individuals who hold a license or certificate issued by a health occupations board (rather than only the physician population). The report card must also compare racial and ethnic variations in insurance coverage for low-income, nonelderly individuals and the racial and ethnic composition of individuals licensed or certified by a health occupations board with previously published report cards including the same information. By December 31, 2021, OMHHD, in coordination with the Maryland Health Care Commission (MHCC) and the Maryland Department of Health (MDH), must submit a plan to the General Assembly on goals and implementing actions to eliminate minority health disparities.

Fiscal Summary

State Effect: The bill's requirements can likely be handled with existing budgeted resources, as discussed below. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Among other duties, OMHHD must, in collaboration with MHCC, publish annually on the MDH website and provide in writing on request a *Health Care Disparities Policy Report Card* that includes (1) an analysis of racial and ethnic variations in insurance

coverage for low-income, nonelderly individuals; (2) the racial and ethnic composition of the physician population compared to the racial and ethnic composition of the State's population; and (3) the racial and ethnic disparities in morbidity and mortality rates for cardiovascular disease, cancer, diabetes, HIV/AIDS, infant mortality, asthma, and other diseases identified by MHCC.

For additional information on health disparities in Maryland, please see **Appendix – Health Disparities**.

State Expenditures: OMHHD is currently required, among other duties to publish an annual report card in collaboration with MHCC. (However, the Department of Legislative Services notes that a report card was last produced in 2010.) OMHHD staff includes a part-time (75%) epidemiologist. Thus, this analysis assumes that OMHHD can expand any future report card to include information on the racial and ethnic composition of all health occupations and include comparison of such data and racial and ethnic variations in insurance coverage with prior versions of the report card using existing budgeted resources, particularly if, as MDH advises may be necessary, a vacant but funded research statistician position is filled.

The health occupations boards currently collect race and ethnicity information on applicants for statistical purposes, although provision of such information is typically voluntary. Thus, the boards can submit available information on the racial and ethnic composition of various health occupations to OMHHD for inclusion in a report card using existing budgeted resources.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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Appendix – Health Disparities

Racial and ethnic minorities are more likely to experience poor health outcomes as a consequence of their social determinants of health, including access to health care, education, employment, economic stability, housing, public safety, and neighborhood and environmental factors. A broad body of research has quantified the existence of health disparities between Black, Hispanic, and Native American individuals and their White counterparts, including a greater risk of heart disease, stroke, infant mortality, maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes, cancers, respiratory diseases, and autoimmune diseases.

Health Disparities in Maryland

Data consistently shows ongoing and in some cases growing health disparities in Maryland, including the impact of COVID-19, maternal and infant mortality, incidence of HIV, and emergency room (ER) visits for substance use, asthma, diabetes, and hypertension. For example:

- While Black individuals comprise 29.8% of the Maryland population, they represent 36% of COVID-19 deaths as of January 18, 2021.
- Maryland’s maternal mortality rate for Black women is 3.7 times that of White women, and the racial disparity has widened in recent years.
- Maryland’s infant mortality rate for all races/ethnicities has remained level but remains highest (10.2 per 1,000 in 2018) among the Black non-Hispanic population, nearly 2.5 times higher than the rate for the White non-Hispanic population.
- The incidence of HIV for all races/ethnicities has generally declined in Maryland; although the incidence among the Black non-Hispanic population (49.0 per 100,000) remains 2.4 times that of the total population.
- In 2017, ER visits for the Black non-Hispanic population compared with all races/ethnicities were 50% higher for substance use disorder; nearly 200% higher for asthma-related ER visits; 86% higher for diabetes-related ER visits; and 89% higher for hypertension-related ER visits.

Maryland Office of Minority Health and Health Disparities

A central effort to address health disparities in Maryland was the establishment of the Office of Minority Health and Health Disparities (OMHHD) in the Maryland Department

of Health (MDH) in 2004. The purpose of the office is to address social determinants of health and eliminate health disparities by leveraging resources, providing health equity consultation, impacting external communications, guiding policy decisions, and influencing strategic direction on behalf of the Secretary of Health. The office provides grants and technical assistance to community-based organizations, collects data on race and ethnicity, and targets programs and initiatives to three health conditions that disproportionately impact minorities in Maryland: infant mortality, asthma, and diabetes/prediabetes. The office's Minority Outreach and Technical Assistance Program provides grant funding for activities such as coordination and navigation of health care services, access to community-based health education, linkage to health insurance enrollment and social services, and self-management support through home visiting. In 2006 and 2010, the office prepared a [Maryland Plan to Eliminate Minority Health Disparities](#).

Other Major Efforts to Address Health Disparities Since 2004

In January 2010, the Maryland Health Care Commission (MHCC) and OMHHD produced a [Health Care Disparities Policy Report Card](#). The report card examined racial and ethnic distribution of Maryland physicians compared to the Maryland population and found that Black/African American, Hispanic/Latino, and American Indians/Native Americans were underrepresented in the physician workforce and in graduating classes from Maryland medical schools.

Other legislative efforts to address health disparities have focused on workforce development for health care providers, including convening a Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals; establishing a Cultural and Linguistic Health Care Provider Competency Program; facilitating the workforce development, training, and certification of community health workers; requiring health occupations boards to report on efforts to educate regulated individuals regarding reducing and eliminating racial and ethnic disparities, improving health literacy, improving cultural and linguistic competency, and achieving racial and ethnic health equity; and requiring evidence-based implicit bias training for perinatal health care professionals.

In recent years, legislative initiatives regarding health disparities have focused on maternal and child health, including requiring a study on the mortality rates of African American infants and infants in rural areas, requiring MDH to establish a Maternal Mortality Stakeholder Group to examine issues resulting in disparities in maternal deaths, and requiring the Maternal Mortality Review Program to make recommendations to reduce disparities in the maternal mortality rate (including recommendations related to social determinants of health) and to include information on racial disparities in its annual report.

Senate President's Advisory Workgroup on Equity and Inclusion

In August 2020, the President of the Senate appointed a Senate workgroup to address environmental justice, health care disparities, and wealth and economic opportunity for minority Marylanders. The workgroup issued a [report](#) in January 2021, which includes recommendations relating to health disparities, including:

- requiring the director of OMHHD to meet with MHCC and MDH at least once annually to examine the collection of health data that includes race and ethnicity information and identify any changes for improving such data;
- requiring OMHHD to prepare an updated plan to eliminate minority health disparities and requiring MHCC to prepare a revised health care disparities policy report card;
- extending Medicaid coverage for pregnant women until 12 months postpartum and providing care coordination and health literacy education for individuals as they transition from Medicaid coverage;
- establishing a standing Maternal and Child Health Committee in MDH to develop a Blueprint for Maternal and Child Health;
- ensuring that all pregnant women receive comprehensive prenatal care by increasing awareness of and access to resources for all women, including establishing an emergency program that covers prenatal care for undocumented immigrants;
- assessing certified nurse midwife privileges in Maryland hospitals and developing recommendations with major stakeholders;
- establishing a Medicaid Doula Pilot Program in two counties;
- taking actions to increase the number of minority health care providers;
- requiring the Cultural and Linguistic Health Care Professional Competency Program to identify and approve implicit bias training programs for all individuals licensed and certified under the Health Occupations Article; and
- reestablishing the five health enterprise zones permanently.