

Sufficient Public Health Funding Is Essential for Healthy, Equitable Maryland Communities

Position Statement in Support of Senate Bill 563

Given before the Senate Budget and Taxation Committee

Local health departments play a vital role in protecting Maryland communities from infectious disease and providing access to basic health services. The COVID-19 pandemic has shone a light on the importance of an effective, sufficiently funded public health infrastructure. But state support for local health departments has plummeted during the last 30 years, weakening their ability to keep Marylanders healthy and likely making it harder for the state to respond to the pandemic. The Maryland Center on Economic Policy supports Senate Bill 563 because it would strengthen the basic standards that ensure local health departments have the resources they need to serve their communities.

The state has slashed support for county boards of health multiple times over the last 30 years and failed each time to fully rebuild.¹ This means that each round of cuts led to fewer staff and increasingly inadequate public health services – everything from reduced access to childhood vaccines to fewer water quality tests. Some county leaders have said the reduced health department staffing due to years of inadequate funding made it harder to perform administrative tasks associated with the pandemic response.

- The state responded to a fiscal crisis in the early 1990s by cutting state funding for county health departments from \$47.8 million in fiscal year 1990 to only \$14.6 million in 1993, a 69 percent decline. The state slowly rebuilt public health aid in the subsequent years, but by 2003 funding was still a quarter below its 1990 level.
- Public health aid remained essentially steady during the early-2000s economic expansion, but policymakers targeted county health departments for cuts again during the Great Recession. The state reduced public health aid by \$10 million in fiscal year 2009 and by another \$20 million in 2010 – a 44 percent cut over two years.
- These funding cuts translated into lower staffing, reduced services, and less efficient operations. All 24 county health departments cut staffing between 2009 and 2011, eliminating 449 or more employee and contractual positions altogether. These included 44 positions in communicable disease control and 110 positions in maternal and child health.
- Health departments ultimately had to terminate some services altogether. The Frederick and Montgomery County health departments stopped providing vaccinations at public schools. The Howard County health department closed its HIV clinic. The department in Cecil County ceased water sampling. The cuts forced some departments to charge higher fees and made it harder to adopt up-to-date electronic health records systems.

An effective public health system is especially important to heal the wounds inflicted by centuries of racist policies that have put Black and Brown Marylanders in greater danger of facing serious health problems.

As of February 12, 2021, more than 317,000 Marylanders have contracted COVID-19 since the beginning of the pandemic, and at least 7,282 have died of the virus:ⁱⁱ

- About 9.3 percent of Latinx Marylanders have been diagnosed with COVID-19 since the beginning of the pandemic, compared to 5.8 percent of Black Marylanders and 4.2 percent of white Marylanders. Only 2.1 percent of Asian Marylanders have contracted the virus.
- Black Marylanders have died of COVID-19 at a rate 25 percent higher than Marylanders who are not Black.

Health barriers were heavily racialized even before the pandemic:ⁱⁱⁱ

- Both Black parents and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth. Both Black and Latinx parents are less likely to receive adequate prenatal health care than their white counterparts, and
- Between 2012 and 2014, Black children in Maryland were twice as likely as white children to have asthma.
- In 2016, children in Baltimore City were five times as likely as those in other counties to have lead poisoning, with the highest rates among those living in rental housing built before 1950. Black households are more than twice as likely to live in this housing type as white households.

Protecting Maryland communities from COVID-19 and ensuring every Marylander is able to live a healthy life will require a comprehensive policy approach. Strengthening funding for local health departments is one important step in the right direction.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Senate Budget and Taxation Committee make a favorable report on Senate Bill 563.

Equity Impact Analysis: Senate Bill 563

Bill summary

Senate Bill 563 would require increased state funding for local health departments beginning in fiscal year 2023 and would expand allowable uses of this funding to include purchase of personal protective equipment for health professionals, data enhancements, and other activities related to communicable disease control.

Background

State policymakers have made multiple rounds of deep cuts to core public health funding during the last 30 years, with a pattern of sharp decreases during fiscal crises followed by inadequate increases in subsequent years. In FY 2019, core state funding for local health departments was less than half its level in FY 1990, adjusted for inflation and population growth.^{iv}

Equity Implications

An effective public health system is especially important to heal the wounds inflicted by centuries of racist policies that have put Black and Brown Marylanders in greater danger of facing serious health problems.

As of February 12, 2021, more than 317,000 Marylanders have contracted COVID-19 since the beginning of the pandemic, and at least 7,282 have died of the virus:^v

- About 9.3 percent of Latinx Marylanders have been diagnosed with COVID-19 since the beginning of the pandemic, compared to 5.8 percent of Black Marylanders and 4.2 percent of white Marylanders. Only 2.1 percent of Asian Marylanders have contracted the virus.
- Black Marylanders have died of COVID-19 at a rate 25 percent higher than Marylanders who are not Black.

Health barriers were heavily racialized even before the pandemic:^{vi}

- Both Black parents and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth. Both Black and Latinx parents are less likely to receive adequate prenatal health care than their white counterparts, and
- Between 2012 and 2014, Black children in Maryland were twice as likely as white children to have asthma.
- In 2016, children in Baltimore City were five times as likely as those in other counties to have lead poisoning, with the highest rates among those living in rental housing built before 1950. Black households are more than twice as likely to live in this housing type as white households.

Impact

Senate Bill 563 would likely **improve racial and economic equity** in Maryland.

ⁱ Christopher Meyer, “Lessons from the Great Recession: Policymakers Must Reject Deep Budget Cuts for a Strong Recovery,” Maryland Center on Economic Policy, 2020, <http://www.mdeconomy.org/recession-budget-cuts/>

ⁱⁱ MDCEP analysis of Maryland Department of Health COVID-19 data and U.S. Census Bureau 2019 Population Estimates.

ⁱⁱⁱ Christopher Meyer, “Budgeting for Opportunity: How our Fiscal Policy Choices Can Remove Barriers Facing Marylanders of Color and Advance Shared Prosperity,” Maryland Center on Economic Policy, 2018, http://www.mdeconomy.org/budgeting-for-opportunity-health-education-transportation/#_edn13

^{iv} Meyer, 2020.

^v MDCEP analysis of Maryland Department of Health COVID-19 data and U.S. Census Bureau 2019 Population Estimates.

^{vi} Christopher Meyer, “Budgeting for Opportunity: How our Fiscal Policy Choices Can Remove Barriers Facing Marylanders of Color and Advance Shared Prosperity,” Maryland Center on Economic Policy, 2018, http://www.mdeconomy.org/budgeting-for-opportunity-health-education-transportation/#_edn13