

Color Health - Maryland SB 281 Comission on Public

Uploaded by: Alyssa Canter

Position: FAV



COLOR HEALTH, INC.
831 Mitten Road, Suite #100
Burlingame, CA 94010

February 15, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street, Annapolis, MD 21401

Re: Letter of Support - Senate Bill 281 - Commission on Public Health - Establishment

Dear Chair Griffith,

On behalf of Color Health Inc. ("Color"), we appreciate the opportunity to comment on Senate Bill 281, and write to express our support for this legislation.

Color is a healthcare company that provides population health solutions that lower the cost of care delivery and directly drive outcomes. From high-throughput infectious disease testing to hereditary cancer and heart disease risk testing, Color provides the technology and infrastructure to power large-scale public health initiatives that improve access to care and health outcomes for populations. Color works with health systems, Fortune 500 employers, researchers, physicians and national health initiatives nationally to drive positive health outcomes. Overall, Color has supported more than 13,000 care delivery sites in more than 25,000 zip codes across the US, in places like churches, community centers, barber shops, schools, parking lots, correctional facilities, public libraries and other community spaces.

We applaud the State of Maryland for the many steps it has taken to improve the public health system in recent years. The COVID-19 pandemic has made clear the importance of bolstering the delivery and availability of public health services to ensure individuals have access to the care they need in a seamless fashion. The Commission that would be established through this bill would be a foundational step to ensuring a robust public health infrastructure across the state, which would ensure swift response to addressing population health moving forward.

Color agrees that we need to rethink the way that we deliver public health services in communities across the country to ensure such services better serve and meet the needs of patients.



COLOR HEALTH, INC.
831 Mitten Road, Suite #100
Burlingame, CA 94010

This bill would provide an opportunity to evaluate and therefore improve the delivery of foundational public health services around chronic and communicable disease prevention and management, taking lessons from the COVID-19 pandemic to improve the way individuals access care.

Increasing access to and delivering care in frictionless ways is what Color Health does best, and we would be happy to be a partner to the Commission in this effort should this bill pass. As such, we strongly encourage the Senate Finance Committee to support this legislation.

Thank you for your consideration. Please contact me at 917-710-0091 or alyssa.canter@color.com with any questions.

Sincerely,

Alyssa Canter
Head of Government Relations and Public Affairs

SB281 - Johns Hopkins - Support.pdf

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Melony Griffith, Chair
Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs

DATE: February 15, 2023

RE: SB281 - Commission on Public Health – Establishment

Johns Hopkins **supports HB281 Commission on Public Health – Establishment**. This bill establishes the Commission on Public Health to make recommendations to improve the delivery of foundational public health services in Maryland. This Commission not only demonstrates the State’s acknowledgement of the importance of dedicating more resources to public health, but also the need to create intentional short- and long-term strategies that connect all of the aspects that impact public health and informs and insures resources are deployed to the best and highest purposes.

Johns Hopkins University and Medicine is a leader in public health. Whether through the research conducted at the Johns Hopkins Bloomberg School of Public Health, data collected and information disseminated through the Coronavirus Resource Center, or the vital preventative and community-based care provided across the State, Johns Hopkins plays an essential role in the provision of public health at all levels. This expertise and practical, hands-on experience provide an important perspective for policy makers as they work to address one of the State’s and Nation’s most complex problems.

Public health is an incredibly important field that promotes and protects the health of people and communities. Specifically, public health professionals deal with critical large-scale issues such as access to health care; chronic disease control; mapping, predicting, and containing outbreaks of infectious disease; as well as researching factors such as gender, poverty, and education that contribute to health outcomes. Public health also has close ties with medicine through clinical and biomedical research and healthcare policy. The relationship between public health and medicine has strengthened over time; commencing as simply “prevention” versus “treatment” to now understanding how both make for the healthiest population. The creation of this Commission would continue to develop this relationship to support the health of all Marylanders.

While the COVID-19 pandemic highlighted the importance of public health, it also exposed some of the existing limitations due to lack of investment in this field. The Commission proposed under this bill would provide the avenue for advocating and implementing the necessary investments to develop a comprehensive public health system in Maryland.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB281**.

Legislation 2023 - MHCC - Ltr of Support (SB 281-C)

Uploaded by: Ben Steffen

Position: FAV



February 15, 2023

The Honorable Melony Griffith
Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 281 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Griffith and Committee Members,

The Maryland Health Care Commission (MHCC) is submitting this letter of support for *HB 214 - Commission on Public Health – Establishment*. The bill would create a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the State.

The bill requires the Commission, by October 1, 2024, to conduct an assessment of the capability of the Maryland Department of Health and local health departments to provide foundational public health services and requiring an assessment to consider the State's response to COVID-19, overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

We agree that it is to everyone's benefit to make sure there is a strong robust public health infrastructure in the State. A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs, such as those to prevent suicide, obesity, maternal and child health, and environmental health threats. The proposed work of the Commission aligns with many of the areas of focus for the MHCC.

We understand the House Health and Government Operations (HGO) Committee has adopted amendments to HB 214 and as amended the MHCC will be in a consultant role. While in SB 281 we are a member of the Commission, we look forward to being an active participant in whatever role the legislature wishes us to play.

If you would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,

Ben Steffen,
Executive Director

Maryland Catholic Conference_FAV_SB281.pdf

Uploaded by: Brian Barnwell

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 15, 2023

SB281

Commission on Public Health – Establishment

Senate Finance Committee

Position: Favorable

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 281 establishes the Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the State. The Bill requires the Commission to conduct an assessment of the capability of the Maryland Department of Health and local health departments to provide foundational public health services to state residents. The assessment is to be completed on or before October 1, 2024. The bill requires the assessment to consider the State's response to COVID-19 and overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State. Furthermore, the bill requires the Commission to submit a report on or before October 1, 2025 to the Governor and specific Legislative Committees with their finding and recommendations.

One of the most important roles of government is to make sure their citizens are safe and protected. This role is tested when widespread public health concerns and issues threaten its citizens. As we observed recently with the COVID pandemic, government played a large role in the health crisis. It is important to assess how the government handled a particular situation to help them improve in the future. The bill in question will research how to improve the delivery of public health services in various fields. These fields include, Communicable Diseases, Chronic Disease and Injury Prevention, Environmental Public Health, Maternal, Child, and Family health, and Access to and Linkage with Clinical Care.

According to Maryland's Department of Health, close to 16,000 Marylanders have died due to COVID.¹ This Commission's efforts could go a long way in helping prevent similar outcomes in the future.

Asthma, Cancer, Heart Attacks, and Life Expectancy are just some of the issues that will be studied under this Commission's responsibility to examine Environmental Public Health Issues. Currently, Marylanders have a higher life expectancy than the average United States life expectancy.² As it relates to asthma, In 2018, there were 3,113 asthma-related hospitalizations in Maryland, totaling \$27.7 billion in healthcare costs.³ According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS), in 2020 3.6% of Maryland adults had a diagnosis of angina or coronary heart disease, 3.4% of Maryland adults have experienced a heart attack (myocardial infarction) at some point in their life, and 2.8% have experienced a stroke at some point in their life.⁴ Heart disease is the number one cause of death in Maryland.⁵ The statistics show that more work needs to be done. Having the Commission study these health issues to determine how to help improve health outcomes is in the best interest of all Marylanders.

As it relates to Maternal Health, Maryland's Maternal Death Rates were lower than the national rate, after being consistently higher than the national rate in previous years. However, there is still a large disparity between the rates among Black non-Hispanic and White non-Hispanic Women when it comes to maternal deaths. While the overall maternal death rate is decreasing, the disparities are increasing.⁶ The Maryland Catholic Conference will always stand up for life and the efforts to make sure that Women have a safe environment to bring life into this world. The Commission's work will be helpful in this endeavor.

The statistics show that this Commission is necessary to study how to improve foundational public health services to state residents. This Commission will go a long way in helping improve the health and welfare of Marylanders. For these reasons, the Maryland Catholic Conference asks for a favorable report on SB281. Thank you for your consideration.

¹ <https://coronavirus.maryland.gov/>

² <https://health.maryland.gov/phpa/OEHFP/EH/Pages/LifeExpectancy.aspx>

³ <https://health.maryland.gov/phpa/OEHFP/EH/Pages/Asthma.aspx>

⁴ <https://health.maryland.gov/phpa/ccdpc/heart/Pages/about.aspx>

⁵ <https://health.maryland.gov/phpa/ccdpc/heart/Pages/about.aspx>

⁶ <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7C2%A72013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

SB0281 Commission on Public Health FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0281
Commission on Public Health – Establishment

Bill Sponsor: Senator Lam

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0281 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

Maryland's health care system was strained just as every health care system in the world was during the height of the pandemic. As the pandemic recedes, it is a good time to look at the capabilities of our system and determine how it can be improved.

This bill would create a Commission of Public Health in Maryland, which would be tasked with assessing the ability of our health care system to provide foundational health care services in an equitable and comprehensive way. Recommendations from this Commission could help us be better prepared for the next catastrophe and could also help us address the disparities that we know exist and lead to better health outcomes.

We support this bill and recommend a **FAVORABLE** report in committee.

SB281_CommissionPH_KennedyKrieger_support.pdf

Uploaded by: Emily Arneson

Position: FAV



Kennedy Krieger Institute

DATE: February 15, 2023 **COMMITTEE:** Finance
BILL NO: Senate Bill 281
BILL TITLE: Commission on Public Health – Establishment
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 281 - Commission on Public Health – Establishment

Bill Summary:

SB281 would establish the Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the State; requiring the Commission, by October 1, 2024, to conduct an assessment of the capability of the Maryland Department of Health and local health departments to provide foundational public health services; and requiring the assessment to consider the State's response to COVID-19 and overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

While the COVID-19 pandemic exacerbated racial and ethnic disparities within health outcomes across the United States, these disparities have long been an issue leading to overwhelming disproportionality in deaths among Black Americans, Hispanic Americans, and other racial and ethnic groups (1)(2)(3). Public health advocates, leaders, and practitioners have long been aware of the disproportionate burden and impact of COVID-19 among racially and ethnically diverse populations.

As it pertains to overdose-related deaths and maternal mortality, Maryland continues to see rates increasing above the national average (4)(5). In the United States, Black women have approximately 2.4 times greater mortality than white women. In Maryland, that risk is even greater given maternal mortality rates continue to be higher than the national average (5)(6). Between 2013 and 2017, the maternal mortality rate for Black women was four times greater than for White women. When you disaggregate this data, we see a trend of maternal mortality decreasing for White women, yet remaining elevated for black women (6). Additionally, in 2020 the number of drug and alcohol-related intoxication death has increased in Maryland, following a steady increase in mortality for the last decade (7) Among the highest overdose death rates are American Indian/Alaska Native, white, and Black American adults compared to Asian adults (8).

Preventable morbidity, mortality, and racial and ethnic disparities resulting from inadequate care, lack of access, structural racism, financial barriers, and other social determinants of health is a public health emergency that would be addressed by the Commission on Public Health. Allocating funding for the creation and equity-focused service delivery of the Maryland Department of Health Commission on Public Health will improve

public health data collection, informed prevention, response, and intervention strategies and promote the health and well-being of all Marylanders.

Kennedy Krieger Institute requests a favorable report on Senate Bill 281.

References

1. Romano, S. D., Blackstock, A. J., Taylor, E. V., Burai Felix, S. E., Adjei, S., Singleton, M., Fuld, J., Bruce, B. B., & Boehmer, T. K. (2021). Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020. *Morbidity and Mortality Weekly Report*, 70(15), 560-565. <https://doi.org/10.15585/mmwr.mm7015e2>
2. Gauthier, G. R., Smith, J. A., García, C., Garcia, M. A., & Thomas, P. A. (2021). Exacerbating Inequalities: Social Networks, Racial/Ethnic Disparities, and the COVID-19 Pandemic in the United States. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 76(3), e88.
3. Tai DBG, Shah A, Doubeni CA, Sia IG, Wieland ML. The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clin Infect Dis*. 2021;72(4):703-706. doi:10.1093/cid/ciaa815
4. Gadson A, Akpovi E, Mehta PK. Exploring the social determinants of racial/ethnic disparities in prenatal care utilization and maternal outcome. *Semin Perinatol*. 2017;41(5):308-317. <https://www.sciencedirect.com/science/article/pii/S0146000517300502>. doi: 10.1053/j.semperi.2017.04.008.
5. Holdt Somer SJ, Sinkey RG, Bryant AS. Epidemiology of racial/ethnic disparities in severe maternal morbidity and mortality. *Semin Perinatol*. 2017;41(5):258-265. <https://www.sciencedirect.com/science/article/pii/S0146000517300423>. doi: 10.1053/j.semperi.2017.04.001
6. Maryland Maternal Mortality Review 2019 Annual Report Health – General Article § 13-1207—13-1208, Maryland Department of Health
7. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020, Maryland Department Health (June 2021)
8. American Health Rankings: https://www.americashealthrankings.org/explore/annual/measure/drug_deaths_1yr/state/MD

Contact information: Emily Arneson, AVP Government Affairs – 443.631.2188 or arneson@kennedykrieger.org
707 North Broadway Baltimore, Maryland 21205

SB281_CommissionPublicHealthEstablishment_LOS.pdf

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 14, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 281 - Commission on Public Health – Establishment

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 281. Since March 2020, the need for a robust public health infrastructure has become clear. Nationwide investment in and attention to our public health institutions have been chronically underfunded or ignored for decades.

Maryland has taken several steps to bolster the public health system. The General Assembly passed [HB 1123](#) during the 2021 legislative session, [supported by MHA](#), which increased funding for local health departments. Further, the Health Services Cost Review Commission and the Center for Medicare and Medicaid Innovation established the [Statewide Integrated Health Improvement Strategy](#) (SIHIS) as part of Maryland's unique Total Cost of Care Model. SIHIS includes three population health goals for diabetes, opioid use disorder, and maternal and child health.

The link between clinical outcomes and public health has been established, and the state has recognized these linkages; however, there is still work to be done. The Commission established under SB 281 will recommend building on the foundation of Maryland's public health infrastructure, including workforce needs, to ensure the state can improve population health into the future.

A 2022 [GlobalData report](#) requested by MHA, estimates a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses in a variety of care settings. Without intervention, shortages could double or even triple by 2035. The Commission should consider a similar approach to estimating public health workforce needs.

The hospital field looks forward to being a part of this conversation during the legislative session and as the Commission begins work.

For these reasons, we request a favorable report on SB 281.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

WDC 2023 Testimony SB0281_Final.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

Senate Bill 281
Commission on Public Health-Establishment
Finance Committee – February 15, 2023
SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2023 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB0281. This bill will establish the Commission on Public Health to make recommendations to improve the delivery of foundational public health services and provide an assessment of the state's response to COVID-19, overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the state. Foundational areas include (1) communicable disease control; (2) chronic disease and injury prevention; (3) environmental public health; (4) maternal, child, and family health; and (5) access to and linkage with clinical care. The commission is the beginning of a four-year project to improve health equity and access to clinical care in the state. It would start by figuring out where the system is failing patients.

Racial and ethnic disparities in maternal mortality and birth outcomes have been recognized as a huge problem in Maryland for many years. Passage of this bill would focus policy decisions and resources on reducing these rates, thus improving the lives of many underserved women and children. The legislation will address not only structural barriers but also social determinants of health including financial instability, unreliable transportation, lack of access to education, and inadequate housing.

We ask for your support for SB0281 and strongly urge a favorable Committee report.

Diana E. Conway
WDC President

Margaret Hadley
WDC Advocacy Committee

SB0281.pdf

Uploaded by: Jonathan Dayton

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Melony Griffith

February 14, 2023

Senate Bill 0281: Commission on Public Health – Establishment

POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0281, Commission on Public Health – Establishment. COVID-19 highlighted a specific need for our public health workforce and a study on Maryland’s effectiveness is essential for ongoing improvements. We’d like to highlight the importance of the 1.8 million rural Marylanders and encourage representation by someone living in a rural community. We’d also encourage consideration writing in the Maryland Rural Health Association as a representative as was done on HB0368 Task Force of Oral Health (2021 Session).

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

HFAM Testimony SB 281.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**
Senate Bill 281: Commission on Public Health - Establishment
February 15, 2023
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 281.

HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our skilled nursing members provide the majority of long-term and post-acute care to Marylanders in need and can be found in nearly every jurisdiction of the state.

Senate Bill 281 establishes the Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the State; requires the Commission to conduct an assessment of the capability of the Maryland Department of Health and local health departments to provide foundational public health services; and requires the assessment to consider the State's response to COVID-19 and overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

As we have all seen during the COVID-19 pandemic, it is critical that all Marylanders have access to quality care. Together we have a tremendous opportunity to work in partnership to rebuild, reform, and come back stronger than before. In order to move forward, we must have systems and policies in place to ensure we understand where to place resources and provide support to better advocate and improve the health of all Marylanders – especially those who have been negatively impacted by health inequity.

Given Maryland's Total Cost of Care contract and our population health initiatives, it is universally beneficial for all stakeholders that we study and improve the delivery of foundational public health services across Maryland.

For these reasons, we respectfully request a favorable report from the Committee on Senate Bill 281.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 0281 Sharfstein.pdf

Uploaded by: Joshua Sharfstein

Position: FAV

Testimony on Senate Bill 0281
Commission on Public Health - Establishment
Before the Senate Finance Committee

Joshua M. Sharfstein, M.D.
Professor of the Practice of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health
February 15, 2023

Thank you for the opportunity to testify in support of Senate Bill 0281, which would establish a commission to modernize public health in Maryland.

In my testimony, I'll discuss the rationale for this commission, how the bill relates to similar activities in other states, and the opportunity that this legislation presents for the health of Maryland families and communities for years to come.

For those who do not know me, I am a former health commissioner of Baltimore City from 2005 to 2009 and the Secretary of the Maryland Department of Health and Mental Hygiene from 2011 through 2014. I am testifying on my own behalf alone. I should also note that Johns Hopkins University has expressed support for this legislation.

Rationale for the Commission

Like traffic lights and fire trucks, public health services are part of the background of our lives, protecting us even when we do not think of them every day.

Our state's 24 public health departments and the Maryland Department of Health respond to infectious disease outbreaks, help us to avoid heart disease and diabetes, respond to environmental hazards, protect children from lead poisoning, and connect people to clinical care.

Unfortunately, Maryland's approach to public health is antiquated. Many programs use outdated computer systems or pencil and paper. In some areas, there may be duplication of services with the private sector; in others, large gaps may persist. Many staff are retiring, and HR challenges have made it difficult to replace them.

We all experienced the stresses of the system during the pandemic. Public health workers rose to the challenge, saving many, many lives. Yet data moved slowly, communication efforts were overrun by waves of misinformation, and many partnerships had to be developed in the heat of crisis. More than 16,000 Marylanders died.

The rationale for the commission is to take stock of Maryland's approach to public health services and make recommendations for improvement.

A commission can ask tough questions about how well Maryland's health departments provide what are considered foundational public health services and capabilities.

A commission can learn the lessons of the fight against the pandemic and other public health challenges.

A commission can recommend changes to structures, financing, and programs to modernize the state's approach to public health for the benefit of every Marylander.

Other States and Public Health Modernization

A number of other states are already moving in this direction. Washington, Oregon, and Ohio have developed tools to identify gaps across the state in protecting their residents, and then applied these tools to close these gaps.¹

Indiana established a commission to "identify both strengths and weaknesses" of public health and find ways to "improve the delivery of public health services across the state."²

Kentucky has embarked on a public health transformation effort both to improve financial stability and "improve the health of its citizens."³ In recent years, Michigan, Massachusetts and Oklahoma have also embarked on similar projects.

This legislation aims to incorporate the best practices of these experiences – looking not only in the rear view mirror at COVID but also ahead to urgent public health challenges, from respiratory disease to overdose to maternal health, facing the state today.

The Opportunity of a Public Health Commission

At the Johns Hopkins Bloomberg School of Public Health, I teach a class on crisis and response. One of the common questions that comes up as a major crisis fades is whether anything will change to prevent the chance that tragedy will strike again. There's a magnetic pull towards business as usual – putting the problem in the past and moving forward as if the crisis didn't happen at all. It is easy to be swept back into the current of the day to day challenges and fail to learn even from major catastrophes.

¹ PHNCI. Foundational public health services and public health modernization. Background report. 30 November 2021. <https://phnci.org/uploads/resource-files/FPHS-Background-Paper-2021.pdf>

² Indiana Governor's Public Health Commission. 1 August 2022. <https://www.in.gov/health/files/GPHC-Report-FINAL-2022-08-01.pdf>

³ Public health transformation. Inspiring change for a healthier Commonwealth. Commonwealth of Kentucky 2022. <https://www.chfs.ky.gov/agencies/dph/Pages/pht.aspx>

What matters most after crisis is leadership – respecting those who lost their lives by embracing the fact that we can do better next time. Establishing this commission is an opportunity for Maryland to write a new chapter for public health in this state.

Thank you for your consideration, and I look forward to questions.

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Uploaded by: Maryland State of

Position: FAV

February 15, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill 281 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Griffith and Committee Members:

The Health Services Cost Review Commission (HSCRC) supports the passage of Senate Bill 281, which establishes a Commission on Public Health. The work of the Public Health Commission includes the following priority areas: 1) the State's response to COVID-19, 2) the State's response to overdose deaths, and 3) racial and ethnic disparities in maternal mortality and birth outcomes in the State. While the leadership for each of these topic areas resides in other State agencies, HSCRC has made significant investments related to each area.

As described in HSCRC's recent report on "[The Maryland Health Model and COVID-19](#)", Maryland's all-payer rate setting system for hospitals, supported by the Total Cost of Care (TCOC) Model Agreement with the federal Center for Medicare and Medicaid Innovation (CMMI), allowed HSCRC to act quickly to provide financial support to hospitals at the start of the pandemic. HSCRC adopted the following three policies which provided adjustments to the global budgets which apply to acute care hospitals in Maryland:

1. **Global Budget Guarantee:** HSCRC allowed hospitals that did not have enough patient volume to meet their annual global budget to increase charges and/or roll over expected revenue in the next year.
2. **COVID Surge Funding:** HSCRC provided additional funding for hospitals whose volume of patients exceeded the expected volume used to calculate the hospital's Global Budget Revenue (GBR) due to COVID-19 patients.
3. **COVID Expense Adjustment:** HSCRC designed this policy to support hospitals facing high expenses and reduced margins due to the pandemic.

These financial supports would not be possible in other States, which do not have state-wide hospital rate setting. These policies were successful in supporting hospitals financially during fiscal years 2020 and 2021. The State of Maryland (through general funds) and the Federal Government also provided direct funding to support hospitals. These policies were important to ensuring access to emergency and urgent hospital services during the COVID-19 pandemic.

Adam Kane, Esq
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen, RN, MBA

James N. Elliott, MD

Maulik Joshi, DrPH

Sam Malhotra

Katie Wunderlich
Executive Director

Allan Pack
Director
Population-Based Methodologies

Gerard J. Schmith
Director
Revenue & Regulation Compliance

William Henderson
Director
Medical Economics & Data Analytics

In 2021, CMMI approved Maryland's Statewide Integrated Health Improvement Strategy (SIHIS). Under this agreement, the State has committed to meet performance outcomes in three population health areas: 1) diabetes, 2) opioid use and 3) maternal and child health, with a focus on severe maternal morbidity and childhood asthma. These focus areas were selected with the input of over a hundred stakeholders. The second and third focus areas align well with the priority areas in SB 281. The purpose of SIHIS is to focus Statewide public and private efforts to drive improvements in these areas. To support SIHIS, HSCRC has made significant investments in behavioral health crisis services (which helps support the goals of reducing opioid overdoses) and maternal and child health.

HSCRC, through the hospital rate-setting system, has directed \$40 million in cumulative funding for four years (FY22 – FY25) to support maternal and child health interventions led by Medicaid, Managed Care Organizations (MCOs), and the Prevention and Health Promotion Administration (PHPA) under the Maryland Department of Health (MDH). This funding supports new services not previously offered to Medicaid beneficiaries as well as continued efforts to reduce healthcare disparities. The funded programs include reimbursement for doula services, enhanced reimbursement for CenteringPregnancy (an evidence-based model to improve birth outcomes), expansion of the Maternal Opioid Misuse (MOM) Model, expansion of Medicaid's asthma home visiting program, and expansion of home visiting programs through community-based grants..

HSCRC has also invested \$79.1 million seed funding over five years to develop sustainable, evidence-based crisis services in Maryland through the HSCRC's Regional Partnership Catalyst Program. The Regional Partnership Catalyst Program provides funding to hospital-led projects that work across statewide geographic regions to build infrastructure for interventions that align with goals of the TCOC Model and support population health goals in the SIHIS. One of the three population health priority focus areas in SIHIS is opioid overdose mortality. Opioid use is directly connected to broader behavioral health issues, as many people who use opioids also have other behavioral health concerns. To support this SIHIS goal, HSCRC used the Regional Partnership Catalyst Program to support the implementation and expansion of the evidence-based "CrisisNow" behavioral health crisis management model in Maryland.¹ Funding recipients are implementing and expanding at least one of the three main elements of the CrisisNow Model:

1. Crisis call centers and "Air Traffic Control" services, which help connect individuals in crisis to needed services;
2. Community-based mobile crisis teams, and
3. Short-term, "sub-acute" residential stabilization programs.

Through a competitive process, HSCRC awarded funds to three regional partnerships. A core goal of the Regional Partnership Catalyst Program is to foster widespread collaboration between hospitals and community partners. Under this program, hospitals are partnering with neighboring hospitals and diverse community organizations including local health departments (LHDs), local behavioral health authorities (LBHAs), provider organizations, and non-profits to expand behavioral health crisis services infrastructure. In 2021, Regional Partnerships worked with a total of 136 community partners to expand crisis services.

¹ The CrisisNow Model is described in "Crisis Now: Transforming Services is Within Our Reach" action plan developed by the National Action Alliance for Suicide Prevention.

Table: Regional Partnership (Behavioral Health) Jurisdictions and Funding Amounts

Regional Partnership	Jurisdiction	5 Year Funding Amount (2021-2025)
Greater Baltimore Regional Integrated Crisis System (G-BRICS)	Baltimore City/County, Howard, Carroll Counties	\$44,862,000
Totally Linking Care (TLC)	Prince George's County	\$22,889,722
Tri-County Behavioral Health Engagement (TRIBE)	Lower Eastern Shore	\$11,316,332

The second funded year of these programs has just ended. In the first year (2021), Regional Partnerships prioritized putting business agreements in place, finalizing memorandums of understanding, and procuring contracts necessary for implementing activities in CY 2022. TRIBE focused on preparing to open two crisis stabilization centers. Both of these centers opened in 2022 and are serving individuals in crisis on the lower eastern shore. G-BRICS and TLC focused efforts on procuring software to implement “air traffic control” systems and expanding mobile crisis teams in their service area in CY 2022. GBRICS has also continued to expand access to same-day care through its Open Access Pilot and TLC plans to open its stabilization center in Prince George’s County this year.

The HSCRC, through the TCOC Model and the hospital all-payer rate setting system, has important tools that complement the work of the MDH and other State agencies to strengthen the public health system in Maryland. HSCRC looks forward to assisting the Commission established by SB 281.

HSCRC urges a favorable report of SB 281. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at me at katie.wunderlich@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,



Katie Wunderlich
Executive Director

4c - X - SB 281 - FIN - MHCC - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



February 15, 2023

The Honorable Melony Griffith
Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 281 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Griffith and Committee Members,

The Maryland Health Care Commission (MHCC) is submitting this letter of support for *HB 214 - Commission on Public Health – Establishment*. The bill would create a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the State.

The bill requires the Commission, by October 1, 2024, to conduct an assessment of the capability of the Maryland Department of Health and local health departments to provide foundational public health services and requiring an assessment to consider the State's response to COVID-19, overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

We agree that it is to everyone's benefit to make sure there is a strong robust public health infrastructure in the State. A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs, such as those to prevent suicide, obesity, maternal and child health, and environmental health threats. The proposed work of the Commission aligns with many of the areas of focus for the MHCC.

We understand the House Health and Government Operations (HGO) Committee has adopted amendments to HB 214 and as amended the MHCC will be in a consultant role. While in SB 281 we are a member of the Commission, we look forward to being an active participant in whatever role the legislature wishes us to play.

If you would like to discuss this legislation or our existing efforts, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at ben.steffen@maryland.gov or Tracey DeShields, Director of Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,

Ben Steffen,
Executive Director

NCADD-MD - 2023 SB 281 FAV - Commission on Public

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

February 15, 2023

Senate Bill 281

**Commission on Public Health - Establishment
Support**

NCADD-Maryland supports Senate Bill 281. The experience we have had the last few years with both the opioid overdose crisis and the COVID-19 pandemic has shown the need for a robust public health response from the state.

There were 2,499 opioid-related deaths in 2020, an increase of 18.7 percent from 2019. In the first two quarters of 2021 (the most recent data available), there were 1,217 opioid-related fatal overdoses in this time frame, a slight increase over the number in the time period the year before. And the data is most concerning among communities of color. Between 2016 and 2020, there was a 120% increase in the number of fatal overdoses among non-Hispanic Black people 55 years old and over, compared to a 56% increase in non-Hispanic white Marylanders.

The public health response needed must focus on proven successful strategies that include harm reduction to not only save people's lives from an overdose, but prevent the spread of HIV and Hepatitis C. A Commission as envisioned in Senate Bill 281 could bring Maryland closer to reversing the trends of this long-standing crisis while also preparing us for the next one.

We urge a favorable report on Senate Bill 281.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0281-DTMG-FAV-2-15-23.pdf

Uploaded by: Olivia Bartlett

Position: FAV



Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Finance

Testimony on: SB0281 – Commission on Public Health – Establishment

Position: Favorable

Hearing Date: February 15, 2023

Bill Contact: Senator Clarence Lam

DoTheMostGood (DTMG) is a progressive grass-roots organization with members in all districts in Montgomery County as well as several neighboring counties. DTMG supports legislation and activities that keep all Maryland residents healthy and which promote equity across all our diverse communities. SB0281 directly addresses these goals.

Maryland's public health system has struggled to meet the opioid crisis and the numerous impacts of the COVID pandemic. It is important to investigate ways to strengthen our public health system so that it benefits all Maryland residents most effectively and equitably.

SB0281 will create a public health commission to assess the ability of the Maryland Department of Health and local health departments to provide core elements of health care in Maryland. Areas to be evaluated include communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child and family health, and access to and linkage with clinical care. The commission will then recommend reforms to improve the delivery of essential public health services to all residents across Maryland.

Enactment of SB0281 and establishment of this commission will be the beginning of a four-year project to improve health equity and access to clinical care across Maryland. Expected results include creation of a behavioral health and drug treatment system in all counties for those seeking help and the ability to train more providers of essential health services.

SB0281 is supported by a number of Maryland public health organizations, including the Network for Public Health Law, the Maryland Association of County Health Officers, and Dr. Joshua Sharfstein, Vice Dean for Public Health Practice and Community Engagement at Johns Hopkins Bloomberg School of Public Health. Lori Doyle, director of public policy for the Community Behavioral Health Association of Maryland, has emphasized that the goal of public health is to get people outpatient therapy and services before their condition deteriorates to the point where they end up in a hospital emergency room or in jail from drug addiction. Enactment of SB0281 is exactly the type of first step needed to achieve that goal.

DTMG is proud to join these distinguished public health experts in supporting SB0281, and we urge a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
DoTheMostGood Maryland Team
olviabartlett@verizon.net
240-751-5599

SB281_Oral Testimony_Favorable_MdPHA_2.15.23.pdf

Uploaded by: Oluwatosin Olateju

Position: FAV



Mission: To improve public health in Maryland through education and advocacy **Vision:** Healthy Marylanders living in Healthy Communities

**TESTIMONY IN SUPPORT OF SENATE BILL 0281
SB0281 - Commission on Public Health - Establishment
Before the Senate Finance Committee
By: Maryland Public Health Association (MdPHA)
Hearing Date: 02/15/2023**

Good afternoon, Chair Griffith and Members of the Senate Finance Committee. My name is Oluwatosin Olateju. I am a Doctor of Public Health and an assistant professor of nursing. I am here on behalf of the Maryland Public Health Association and would like to thank you for this opportunity to testify in support of Senate Bill 0281. This bill would establish a commission to make recommendations that would strengthen the delivery of foundational public health services in the State.

The State's public health facilities continue to operate in the post-COVID-19 pandemic period while grappling with existing realities in the workforce, such as low salaries, recruitment and hiring challenges, and limited funding for public health programs¹ which can impact the ability for programs to achieve equitable outcomes. Consequently, it is essential to prioritize having a public health commission in place. Furthermore, It is important to note that the concept of foundational public health capabilities on cross-cutting skills and capacities needed to support essential public health protections have gained new salience.² Hence, the need for this commission to provide a comprehensive assessment of the capability of the Maryland Department of Health and local health departments in providing core public health services while considering factors such as the State's response to COVID-19 and overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

The recommendations that are proffered upon completing this assessment could raise the benchmark of efficient and effective public health program delivery and ultimately improve the quality of the residents' health in the state. Therefore, we urge a favorable report for Senate Bill 0281.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

**Maryland Public Health Association (MdPHA)
PO Box 7045 · 6801 Oak Hall Ln · Columbia, MD 21045-9998
GetInfo@MdPHA.org www.mdpha.org 443.475.0242**

¹ Nganga-Good, C., Chayhitz, M. & McLaine, P. (2022). Overcoming Barriers and Improving Public Health Nursing Practice. Public Health Nursing, 1-10.

² Tilgner, S. (2021). Public Health National Center for Innovations at the Public Health Accreditation Board and the Funders' Forum. Retrieved February 9, 2023, from <https://phnci.org/uploads/resource-files/FPHS-Background-Paper-2021.pdf>

SB281_Wrritten Testimony_Favorable_MdPHA_2.15.23.p

Uploaded by: Oluwatosin Olateju

Position: FAV



Mission: To improve public health in Maryland through education and advocacy ***Vision:*** Healthy Marylanders living in Healthy Communities

**TESTIMONY IN SUPPORT OF SENATE BILL 0281
SB0281 - Commission on Public Health - Establishment
Before the Senate Finance Committee
By: Maryland Public Health Association (MdPHA)
Hearing Date: 02/15/2023**

Chair Griffith and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 0281. This bill would establish a commission to make recommendations that would strengthen the delivery of foundational public health services in the State.

The State's public health facilities continue to operate in the post-COVID-19 pandemic period while grappling with existing realities in the workforce, such as low salaries, recruitment and hiring challenges, and limited funding for public health programs¹ which can impact the ability for programs to achieve equitable outcomes. Consequently, it is essential to prioritize having a public health commission in place. Furthermore, It is important to note that the concept of foundational public health capabilities on cross-cutting skills and capacities needed to support essential public health protections have gained new salience.² Hence, the need for this commission to provide a comprehensive assessment of the capability of the Maryland Department of Health and local health departments in providing core public health services while considering factors such as the State's response to COVID-19 and overdose deaths, and to racial and ethnic disparities in maternal mortality and birth outcomes in the State.

The recommendations that are proffered upon completing this assessment could raise the benchmark of efficient and effective public health program delivery and ultimately improve the quality of the residents' health in the state. Therefore, we urge a favorable report for Senate Bill 0281.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

**Maryland Public Health Association (MdPHA)
PO Box 7045 · 6801 Oak Hall Ln · Columbia, MD 21045-9998
GetInfo@MdPHA.org www.mdpha.org 443.475.0242**

¹ Nganga-Good, C., Chayhitz, M. & McLaine, P. (2022). Overcoming Barriers and Improving Public Health Nursing Practice. Public Health Nursing, 1-10.

² Tilgner, S. (2021). Public Health National Center for Innovations at the Public Health Accreditation Board and the Funders' Forum. Retrieved February 9, 2023, from <https://phnci.org/uploads/resource-files/FPHS-Background-Paper-2021.pdf>

2023 ACNM SB 291 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 291

Title: Commission on Public Health - Establishment

Hearing Date: February 15, 2023

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 291 - Commission on Public Health - Establishment*. The bill will establish a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the state.

Equity is a core value of ACNM and we applaud this bill's emphasis on assessing racial and ethnic disparities in maternal mortality and birth outcomes in the state. According to the most recent Maryland Maternal Mortality Review Annual Report, the "preponderance of pregnancy-related deaths is occurring among non-Hispanic Black women."¹ This bill will allow the state to dive deeper into the statistics, hear from the experts on potential causes and solutions to this issue, and move the needle in a significant way towards fewer maternal deaths.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

2023 LCPCM SB 291 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 291

Title: Commission on Public Health - Establishment

Hearing Date: February 15, 2023

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 291 – Commission on Public Health - Establishment*. The bill will establish a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the state. Foundational public health services are defined as foundational areas and foundational capabilities; these include communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child, and family health, access to care, assessment and surveillance, community partnership development, equity, organizational competencies, policy development and support, accountability and performance management, emergency preparedness and response, and communications.

LCPCM applauds this bill in its holistic approach to working towards meaningful reform to our public health system and for recognizing the importance of access to, and linkage with, clinical care. Maryland has a history of insufficient psychiatric bed availability, crisis support, funding, and long emergency department wait times and at the same time there are a number of programs that the state could better utilize to alleviate these concerns. This bill would create a Commission to dive deep into the challenges that persist in the state, including opportunities for public comment so that people can share their own personal challenges and successes while navigating the systems within a variety of foundational areas, and offer up collaborative solutions that cross state departments.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 MCHS SB 291 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: House Health and Government Operations Committee

Bill Number: Senate Bill 291 - Commission on Public Health - Establishment

Hearing Date: February 15, 2023

Position: Support

The Maryland Community Health System supports *Senate Bill 291 – Commission on Public Health - Establishment*. The bill establishes the Commission on Public Health to study and make recommendations to address the infrastructure needs of the Maryland Department of Health and local health departments.

As a network of federally qualified health centers, we collaborate closely with the State and local health departments. These public health agencies have historically been under-resourced. The COVID-19 pandemic has created an unprecedented strain on the public health system, revealing the gaps in our public health workforce, information technology, and communications systems.

We strongly support this bill as it will advance the mission of MDH and local health departments to safeguard public health and improve health outcomes in all of our communities. There is a seat for a representative of a safety net provider. We strongly recommend that the safety net provider be an FQHC, as we are the safety net providers that ensure our communities have access to the full continuum of care including somatic, behavioral and oral health. Our health centers stayed open for both in-person and telehealth services throughout the pandemic.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2023 MNA SB 291 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 291 - Commission on Public Health - Establishment

Hearing Date: February 15, 2023

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 291 – Commission on Public Health - Establishment*. The bill forms a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in the state. Foundational public health services are defined as foundational areas and foundational capabilities; these include communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child, and family health, access to care, assessment and surveillance, community partnership development, equity, organizational competencies, policy development and support, accountability and performance management, emergency preparedness and response, and communications.

We support this legislation because it is an opportunity to bring together experts from across state agencies and the public to look at the public health infrastructure in Maryland and determine ways to improve the lived experience of Marylanders. We note that one charge of the Commission is to make recommendations for reform in funding which is a well-documented barrier to access of many of the foundational capabilities listed above; many health programs receive most of their funding from grants, which are a less stable funding source.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB281_Written_Testimony.pdf

Uploaded by: Shruti Police

Position: FAV



TESTIMONY IN SUPPORT OF SENATE BILL 281

Commission on Public Health – Establishment

Before the Senate Finance Committee

By Shruti Police, Intern, Maryland Citizens' Health Initiative, Inc.

February 15, 2023

Chair Griffith, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 281. We also thank Senators Lam and Rosapepe for being the lead sponsors for this bill. I am submitting this testimony today as an intern on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition. Our mission is to ensure that all Marylanders have access to quality affordable health care coverage, and one of our top priorities is health equity.

This bill would create a Commission of Public Health to assess the capability of Maryland's health departments to provide foundational public health services, including responses to COVID-19, overdose deaths, and racial and ethnic inequities in maternal mortality and birth outcomes. We cannot over-emphasize the importance of raising up consumer voices in the Commission's process as it works to make recommendations to improve the delivery of foundational public health services. We thank the Committee for all of its leadership which has resulted in over 400,000 Marylanders getting health coverage since the passage of the Affordable Care Act, and in the creation of programs to improve health equity like those enabled by the Health Equity Resource Act. Senate Bill 281 will continue Maryland's progress. We urge the Committee to give a favorable report for Senate Bill 281.

SB 281 - Support - Quest Diagnostics.pdf

Uploaded by: Thomas Tompsett

Position: FAV

February 7, 2023

The Honorable Melony Griffith
Chair Senate Finance Committee
3 East - Miller Senate Office Building
Annapolis, MD 21401

RE: Support – Senate Bill 281: Commission on Public Health – Establishment

Dear Chair Griffith and Honorable Members of the Committee,

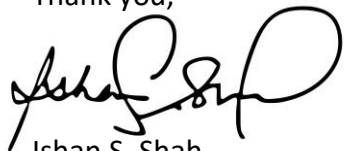
On behalf of Quest Diagnostics, I appreciate the opportunity to offer comments regarding Senate Bill 281: Commission on Public Health – Establishment (SB 281), which establishes a Commission of Public Health to make recommendations to improve the delivery of "foundational public health services" in the state. Quest Diagnostics is the world's leading provider of diagnostic information services and serves one in three adult Americans and half the physicians and hospitals in the United States annually. We are particularly proud of our presence in Maryland, which includes over 1,100 employees, 2 rapid response laboratories, and 52 walk-in patient service centers throughout the state. With our robust infrastructure in Maryland, we service over 14,000 physicians and 49 hospitals.

Quest Diagnostics has been at the forefront of the response to the COVID-19 pandemic in Maryland since we first launched our laboratory-developed COVID-19 molecular test in March 2020. As you know, widespread patient hesitancy to return to healthcare services combined with closed or limited availability of healthcare services during the pandemic has created a hidden epidemic of deferred care. The result has been an underdiagnosis and a gap in care, with missed opportunities to provide timely and appropriate treatments, consequently leading to increased chronic disability and mortality.

The long-term impact of the collateral adverse effects of pandemic-related deferred care is staggering and may be felt for a generation. For example, one of several Quest studies illustrating the impact of the hidden epidemic showed new diagnoses of eight common types of cancer declined by 46% during most of the first 13 months of the pandemic. Quest Diagnostics and clinical laboratories' public health leaders must do everything possible to ensure patients return to care. SB 281 is a meaningful step in that direction.

Quest Diagnostics appreciates the efforts of this committee to improve the public health response in light of lessons learned from COVID-19. With our unique ability to provide diagnostic insights, the inclusion of a clinical laboratory will strengthen the makeup of the Commission. Please do not hesitate to contact me at (201) 234-9261 or Ishan.S.Shah@QuestDiagnostics.com if you have any questions or would like additional information.

Thank you,



Ishan S. Shah

Senior Manager, Government Affairs

SB281.MPhA.pdf

Uploaded by: Aliyah Horton

Position: FWA



Date: February 14, 2023

To: The Honorable Melony Griffith, Chair

From: Aliyah N. Horton, CAE, Executive Director, MPhA, 240-688-7808

Cc: Members, Senate Finance Committee

Re: FAVORABLE WITH AMENDMENT SB 281 – Commission on Public Health – Establishment

The Maryland Pharmacists Association (MPhA) recommends a **favorable report with amendment** for **SB 281 – Commission on Public Health- Establishment**, which will create an entity to improve the delivery of foundational public health services in the state. We strongly support the effort to develop a commission that reflects the diversity of stakeholders engaged in public health.

MPhA seeks to amend the bill to establish a seat on the commission for dedicated representation of a pharmacist.

The American Public Health Association (APHA) has policy 20064 entitled “The Role of the Pharmacist in Public Health.” The full policy can be accessed here: <https://bit.ly/3EunaJ9>

While we understand there is a seat for a healthcare provider, APHA’s policy is a strong statement in support of normalizing the role of pharmacists in the public health conversation. A dedicated pharmacist seat on the commission is an opportunity to do just that.

Supporting language within the APHA policy states.

A. Role Recognition

Pharmacists are not formally classified as a profession within the public health work force, unlike public health nutritionists, nurses and physicians. The public health role of the pharmacist is yet to be clearly defined, broadly recognized and sufficiently promoted by public health agencies, pharmacy educators or other health care professionals.⁶ Pharmacists offer an accessibility that is rare among health care professionals. The pharmacist has health knowledge on which to build and is often uniquely sited in the community to provide public health services, in some cases 24 hours per day. No appointment is needed at most community pharmacies. Pharmacists work in a variety of public settings, including hospitals, drug, grocery and retail stores, and nursing homes. This convenience creates a large window of opportunity in which to provide public health services, therefore filling a void related to access to care and prevention. Further, pharmacists in the community are in an ideal position to act as information resources on lifestyle changes that can influence healthy outcomes.^{7,8} Pharmacists are involved in health screenings (e.g., diabetes, cholesterol, osteoporosis),⁹⁻¹¹ immunizations,¹² pain control,¹³ participatory and clinical research, and counseling/ health education.¹⁴ They also provide information on self-management (e.g. hypertension, asthma, HIV), smoking cessation,^{15,16} alcohol, tobacco and other drug use prevention, family planning,¹⁷ medication indications and conditions (dyslipidemia).^{7,15}

Additional comments in the policy document include,

“There are many functions of public health that can benefit from pharmacists' unique expertise that may include pharmacotherapy, access to care, and prevention services.

The pharmacist's centralized placement in the community and clinical expertise are invaluable.

... the pharmacist's contribution to the public health work force, health education, disease prevention and health promotion, public health advocacy, and health quality will aid in achieving optimal public health outcomes.”

The policy recommendation specifically states:

2. ...the need for increased awareness of the role of pharmacists in public health through the dissemination of information among schools of public health, professional societies, policy-makers and other health care employers;
3. Encourages the transdisciplinary collaborations of health planning agencies, schools of public health, schools of pharmacy, public health agencies, policy-makers and pharmacy and public health professionals to develop legislation and advocate for plans that address health care needs spanning from local to worldwide.

MPhA strongly urges the Committee to add a dedicated seat on the commission for a pharmacist to support the transdisciplinary effort to address public health needs. Having a pharmacist engaged in the Commission deliverables will ensure all public health workforce knowledge, expertise and capabilities are included.

MARYLAND PHARMACISTS ASSOCIATION (MPhA)

Founded in 1882, MPhA is the only state-wide professional society representing all practicing pharmacists in Maryland. Our mission is to strengthen the profession of pharmacy, advocate for all Maryland pharmacists and promote excellence in pharmacy practice.

SB 281_Public Health Commission_SWA.pdf

Uploaded by: Allison Taylor

Position: FWA



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 15, 2023

The Honorable Melony Griffith
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 281 – Support with Amendments

Dear Chair Griffith and Members of the Committee:

Kaiser Permanente is pleased to support SB 281, “Commission on Public Health – Establishment” with the amendments adopted by the House.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

KP supports the state’s effort to study and make recommendations to improve the state’s public health infrastructure. As demonstrated in the Governor’s budget, more than two-thirds of the state’s funding for public health programs are federal funds.² The Governor’s FY 24 budget for the Prevention and Health Promotion Administration – the state agency that provides the foundational public health services outlined in the bill – is \$294.5 million, of which \$197.2 million is federal funds. To that end, we think the Commission could benefit from inclusion of someone with experience in federal foundational public health services. The crossfile, which was voted on by the HGO Committee last week incorporated a provision creating a workgroup to look at federal funding, which we see as a positive development.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Permanente

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

² The Governor’s FY 24 budget for the Prevention and Health Promotion Administration,

SB281 CareFirst Testimony - Support.pdf

Uploaded by: Deborah Rivkin

Position: FWA

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981



SB 281 – Commission on Public Health

Position: Favorable with amendments

Thank you for the opportunity to provide written comments in support of Senate Bill 281. This bill establishes a Commission on Public Health to make recommendations to improve the delivery of foundational public health services in Maryland. CareFirst applauds the intent of this legislation and is committed to driving the transformation of the healthcare experience with and for all our members and communities, with a focus on quality, equity, affordability, and access to care.

The COVID-19 pandemic exposed the need for all stakeholders responsible for the health of our communities to be able to better respond to urgent public health crises. In 2020, CareFirst started participating in a public-private regional COVID-19 partnership with the State of Maryland, the City of Baltimore, Johns Hopkins, the University of Maryland Medical System, and other local hospital systems, to centralize coordination and regional mobilization of resources to provide higher quality integrated care to Maryland residents. During the height of the COVID-19 pandemic, CareFirst utilized health indicators and member data to develop an interactive web-based resource that was made available to every hospital and health department in the region.

The COVID-19 pandemic also exacerbated striking differences in health outcomes tied to race, income, and other demographic factors, creating a spotlight on existing inequities that have plagued our communities long before COVID-19. CareFirst is confident the Public Health Commission established by Senate Bill 281 will contribute to strengthening Maryland's public health infrastructure. However, we believe collaboration and continued conversations among all healthcare stakeholders, including the payer voice on the Commission, are necessary in order for us to collectively tackle longstanding health inequities. To that end, **CareFirst appreciates the inclusion of payors on the workgroups under the Commission and respectfully requests that Senate Bill 281 be conformed to House Bill 214, as voted out by the House Health and Government Operations Committee.** As the largest health insurer in the Mid-Atlantic region, we have a deep understanding of the importance of delivering coordinated care to Marylanders and believe insurers can offer an important perspective to the Commission. As an example, we have invested over 10 million in regional funding to address diabetes and upstream social determinant of health factors, and have partnered with SociallyDetermined in a first-of-its-kind expansion of their SocialScape platform and advisory services, giving CareFirst greater ability to identify people with elevated health risks due to social factors.

CareFirst strongly supports the policy goals advanced by Senate Bill 281. We look forward to partnering with legislators, health departments, public health groups, and other stakeholders to advance a transformative healthcare experience, particularly as we deploy targeted strategies through our own organization to ensure the health and well-being of our members, provider partners, employees, and communities.

We urge a favorable report with amendments that conform to match House Bill 214.

About CareFirst BlueCross BlueShield

As the largest healthcare insurer in the Mid-Atlantic region, CareFirst provides health insurance products and administrative services to 3.6 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. We participate in the individual, small group and large employer markets, as well as in Medicare and Medicaid. CareFirst is Maryland's only nonprofit health service plan and consistent with our not-for-profit mission, we are committed to improving the overall health of the communities we serve, and increasing the accessibility, affordability, safety, and quality of healthcare throughout our service area.

To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

MMCOA SB281 02 15 2023 FWA.pdf

Uploaded by: Jennifer Briemann

Position: FWA



**MMCOA
Board of Directors**

Senate Bill 281 – Commission on Public Health- Establishment

President
Kathlyn Wee
CEO
UnitedHealthcare
of the Mid-Atlantic, Inc.

FAVORABLE WITH AMENDMENT

**Senate Finance Committee
February 15, 2023**

*Vice President/
Secretary*
Vincent M. Ancona
President
Wellpoint

Thank you for the opportunity to submit this testimony in support of Senate Bill 281- Commission on Public Health- Establishment. We respectfully ask for an amendment to the bill to include a representative of the Maryland Managed Care Organization Association (MMCOA) serve on the Commission on Public Health, established by the bill's provisions.

Treasurer
Edward Kumian
CEO
Priority Partners MCO, Inc.

The Maryland Managed Care Organization Association's (MMCOA) nine member Medicaid MCOs that serve over 1.5 million Marylanders through the Medicaid HealthChoice program support efforts aimed at preventing and controlling communicable and chronic disease, improving maternal and child health outcomes, strengthening health equity initiatives, improving overall public health outcomes, and increasing linkage to clinical care for the population we serve. We support the establishment and the goals of the Commission on Public Health as outlined in Senate Bill 281.

Angelo D. Edge
CEO
Aetna Better Health

Maryland's MCOs play a significant and meaningful role in the lives of our members who often experience negative physical and behavioral health conditions stemming from certain health care inequities. Given the experience and knowledge that MCOs have in the public health sector, including the Medicaid Program, we respectfully ask that Senate Bill 281 be amended to include a representative of MMCOA to serve as a member of the Commission on Public Health.

Mike Rapach
President & CEO
CareFirst Community
Health Plan Maryland

Maryland's HealthChoice members- as well as all Marylanders- will benefit from the much-needed work of the Commission, and the MCOs welcome the opportunity to be involved in this effort to improve the health and well-being of those we serve.

Jai Seunarine
CEO
Jai Medical Systems

Shannon McMahan
*Executive Director, Medicaid
Policy*
Kaiser Permanente - Mid-
Atlantic States

Jason Rottman
CEO
Maryland Physicians Care

Lesley Wallace
Executive Director
MedStar Family Choice, Inc.

Please contact Jennifer Briemann, Executive Director of MMCOA, with any questions regarding this testimony at jbriemann@marylandmco.org.

SB 281 - Commission on PH - Estab - FIN 2-15-23 -

Uploaded by: Larry Polsky

Position: FWA



SENATE BILL 281

Commission on Public Health - Establishment

**WRITTEN TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

Laurence Polsky, MD, MPH, Calvert County Health Officer

For the Maryland Association of County Health Officers (MACHO) Position:

Support with Amendments – February 15, 2023

The Maryland Association of County Health Officers (MACHO) is in support of SB 281 as amended in the House of Delegates (HB 214). Prior to the COVID-19 pandemic, the public health infrastructure at both the local and state levels struggled to meet the needs of Marylanders. Chronic underfunding and pay scales that lapsed significantly behind comparable positions in the private sector and federal government resulted in agencies that were understaffed and lacked the capacity to adequately address acute and chronic diseases. In addition, state and local agencies were strapped with outdated IT systems that were insufficient to track or efficiently report data ranging from cancer to overdoses to health disparities. The COVID-19 pandemic further exacerbated the strain at both the Maryland Department of Health and local health departments (LHDs).

The Commission proposed under SB 281 provides an opportunity to systematically study the strengths and weaknesses of our public health system. This review should set the framework for strategic improvements at both state and local levels. The Health Officers appreciate this step forward and agree with the amendments from the House that:

- Provide local health department representation from one rural, one suburban, and one urban jurisdiction
- Streamline the composition of the Commission to allow more focused and timely work
- Advance the reporting date of the Commission to December 2024

The parameters set forth by the amended House version of the bill will ensure diversity of input from historically underrepresented demographics across the state, including racial minorities and rural regions that struggle with access to care. The amended bill will also allow members of the Commission to focus on the most critical needs in Maryland's public health infrastructure and match relevant experts to specific workgroups.

Unnecessary delays in the findings of the Public Health Commission come at the cost of health and lives of Maryland's residents. The state's health officers applaud the willingness of the House of Delegates to advance the Commission's reporting date to December 2024. We hope the Senate agrees with this schedule.

For these reasons MACHO supports SB 281 with the amendments approved by the House of Delegates. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaiora1@jhu.edu or 410-937-1433.

SB281_Senate Finance_Written Testimony_PRESTON.pdf

Uploaded by: Leni Preston

Position: FWA

Leni Preston
Independent Consumer Voice on Health Policy
6306 Swords Way, Bethesda, MD 20817
Email: lenipreston@verizon.net; Cell: 301.351.9381

FAVORABLE WITH AMENDMENTS
SENATE BILL 281
Commission on Public Health - Establishment
Senate Finance Committee
15 February 2023

As a consumer advocateⁱ with expertise on Maryland's public health system, and a particular focus on the need to address racism and the resulting inequities in our health care system, I recommend a **Favorable with Amendments** report on Senate Bill 281. I do so with the caveat that the legislation requires amendments in order to leverage the work being undertaken in related areas, including the work of the Maryland Commission on Health Equity (MCHE). The strengthening of Senate Bill 281 would: (1) build upon currently successful programs; (2) identify new opportunities; and (3) optimize the resources, both human and financial, that undergird our current health care system.

The following recommendations are based upon my two decades of service as a consumer advocate on state and national health policy and they would, I believe, significantly strengthen Senate Bill 281 to better serve Marylanders' interests and needs.

- **Amend the bill's language** for the referenced "foundational" areas [13-408 (C) (1)] to reflect those of the Centers for Disease Control and Prevention (CDC) for "Essential Public Health Services"ⁱⁱ which better underscores the importance of equity. They do so by introducing the Essential Public Health Services as the means to "actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression."

- **Address the intersection with the work of the Maryland Commission on Health Equity (MCHE).** In 2021 the General Assembly wisely passed the Shirley Nathan-Pulliam Health Equity Act. The Commission established under that law was charged with addressing the structural racism that, among other things, "exacerbates health disparities among Black, Hispanic and Native American residents..."ⁱⁱⁱ Included in its charge were some of those identified in Senate Bill 281. Most importantly however, the MCHE was to "establish a state plan for achieving health equity in alignment with other statewide planning activities in coordination with the state's health and human services, housing, transportation, education, environment, community development and labor systems;..."
One of the most exciting and unusual aspects of the 2021 law was that it recognized the centrality of social disparities in creating inequitable access, treatments and outcomes. To address that, the law takes an all-government approach with representation from every state agency. Maryland is the only state that has executed this approach. Despite the fact that it

has gotten off to a slow start, there is every reason to hope that new leadership will ensure that the state does not seize this opportunity to become, once again, a national model.

With that background, it should be evident that there are two approaches to ensure that there is no duplication of effort between the two Commissions that would result in a waste of time and resources, including tax dollars, and with the unfortunate potential for less than optimal outcomes. The first would be to expand the scope of the MCHE to encompass the purpose of the proposed Commission. If that were not deemed appropriate, then amend Senate Bill 281 [Section 13-4805] to require substantive coordination between the two Commissions.

A few examples may serve to illustrate the need for an amendment. One is the recommendation, contained in the Policy Committee's section of the 2022 MCHE Report,^{iv} that there be a standardization of data collection across all departments. Obviously this is critical for the assessment process required of the public health system. Another is the recommendation to institute a Health in All Policies approach that would be instituted through the policy development process.

- **Expand Commission membership** [Section 13-4803] There are two aspects to this issue:
 - (A) As written, there is minimal representation of those most directly impacted by the state's public health system. Therefore, it would seem advisable to increase informed consumer representation (Section 13-4803 (6)(X). This should be addressed in two ways: (1) Currently the bill calls for "a state resident with expertise in health equity" [Section 13-4803 (6)(VI). How that is to be defined is not clear. But, in so doing, it may be helpful to ensure that there are three representatives from each of the following - urban, suburban and rural areas and/or different regions of the state. (2) Experience has shown on other similar groups that it is advantageous to have at least two consumer health advocates representing relevant constituencies [Section 13-4803 (6)(X).
 - (B) If the legislation is amended to require coordination with the MCHE then consideration should be given to adding the chairs of its Data and Policy Committees and others if additional committees are created.
- **Emphasize effective communications** - this is a public health imperative, which became alarmingly clear as a result of the Covid-19 pandemic and if there is no substantive improvement the long-term ramifications could be devastating. Therefore, it is recommended that Communications be added to the assessments called for in Section 13-4806(B) and in the list of recommendations for reform in Section 13-4806(C)(1) In addition, the legislation, should include the requirement to work with the Horowitz Center on Health Literacy at the University of Maryland's School of Public Health.

Leni Preston
Independent Consumer Voice on Health Policy
6306 Swords Way, Bethesda, MD 20817
Email: lenipreston@verizon.net; Cell: 301.351.9381

- **Consider that a recommendation in the MCHE Report** (p.15) - that the Health Equity Framework it was charged with preparing be seen as a living document - be incorporated into Senate Bill 281. The MCHE recommendation stated that the Framework should "... reflect: (a) ongoing analysis of Maryland's progress on its vision and mission; (b) the most-current and -comprehensive data; (c) analysis of the best practices and models being carried out in Maryland and in other states; and (d) the voice and input of Maryland residents, specifically those impacted by the history of racism and other exclusionary practices that helped to produce the inequities we see today." That directly corresponds with one of the CDC's Essential Public Health Services - "Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement."

The sponsors of this bill have provided an important service in raising very important issues and challenges in our public health system. I appreciate the opportunity to provide my perspective on this and to urge a Favorable With Amendments report on Senate Bill 281 - Commission on Public Health - Establishment.

ⁱ My career as a health policy/consumer advocate has spanned two decades and included serving as founder and president of Consumer Health First, with a mission to achieve health care and equity for all. In that capacity I served on multiple committees at the Maryland Health Benefit Exchange and the Health Services Cost Review Commission. I currently serve as a member of the Policy Committee for the Maryland Commission on Health Equity (MCHE).

ⁱⁱ <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

ⁱⁱⁱ https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_750_sb0052E.pdf

^{iv} <https://health.maryland.gov/mche/Documents/MCHE%20Annual%20Report%20-%20Final.pdf>

SB281_MoCoDHHS_Frey_SWA.pdf

Uploaded by: Leslie Frey

Position: FWA



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 281

DATE: February 15, 2023

SPONSOR: Senator Lam, et al.

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENT (Department of Health and Human Services)

Commission on Public Health – Establishment

Along with frontline health care workers, county health departments were at the forefront of public health delivery during the pandemic and have on-the-ground insights into many of the areas that will be studied by the Commission on Public Health established by Senate Bill 281. These insights include lessons learned from COVID and strengthening the public health infrastructure to better anticipate, respond, and protect Marylanders from future pandemics. This bill will also allow for the opportunity to study best practices and recommend changes that will improve the general health of all Marylanders and reduce the health disparities that plague us.

Because of the importance of addressing health equity in the recommendations made by the Commission, this expertise must exist in more than just one member of the commission. Montgomery County Department of Health and Human Services (MCDHHS) recommends that experience in health equity be a criterion through which all persons are evaluated for membership on the Commission. Montgomery County is proud of our combined health and human services approach to public health services delivery and believe that this unique organizational structure enables us to meet the holistic public health needs of our residents. We ask that the Commission recognize that counties have different needs and capabilities, and a variety of models may be effective across the state. To that end it will be important to have representation on the Committee from a variety of health departments across the State.

To be most impactful, the Commission should act quickly to capitalize on the lessons learned from COVID and work to a stronger, healthier Maryland. MCDHHS encourages a faster timeline for the report required by the bill, in order to more quickly implement the needed support for public health infrastructure that will be recommended by the Commission.

MCHDDS supports Sente Bill 281 and its endeavor to take a clear-eyed look at the essential work of our state and local health departments and ask the committee to issue a favorable report with the amendments suggested above.

4e - X - SB 281 - FIN - MACHO - LOSWA.docx.pdf

Uploaded by: Maryland Department of Health /Office of Governmental Affairs

Position: FWA



SENATE BILL 281

Commission on Public Health - Establishment

**WRITTEN TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

Laurence Polsky, MD, MPH, Calvert County Health Officer

For the Maryland Association of County Health Officers (MACHO) Position:

Support with Amendments – February 15, 2023

The Maryland Association of County Health Officers (MACHO) is in support of SB 281 with the amendments below. Prior to the COVID-19 pandemic, the public health infrastructure at both the local and state levels struggled to meet the needs of Marylanders. Chronic underfunding and pay scales that lapsed significantly behind comparable positions in the private sector and federal government resulted in agencies that were understaffed and lacked the capacity to adequately address acute and chronic diseases. In addition, state and local agencies were strapped with outdated IT systems that were insufficient to track or efficiently report data ranging from cancer to overdoses to health disparities. The COVID-19 pandemic further exacerbated the strain at both the Maryland Department of Health and local health departments.

The Commission proposed under SB 281 provides an opportunity to systematically study the strengths and weaknesses of our public health system. This review should set the framework for strategic improvements at both state and local levels. The Health Officers appreciate this effort and have several suggestions to increase the productiveness of Commission assessments and recommendations.

Local public health departments operate under diverse circumstances including varying geographic resources, job applicant pools, and different modes of county government. To represent those differences and take advantage of local opportunities, MACHO respectfully makes the following amendments for consideration:

MACHO suggests three local health officers be appointed to the Commission. **We recommend amending Page 3, Line 16 to read:**

(I) Three local health officers - ONE FROM A RURAL JURISDICTION, ONE FROM A SUBURBAN JURISDICTION, AND ONE FROM AN URBAN JURISDICTION

The current composition of the Commission may be too large to facilitate focused, efficient meetings that will allow work to move at an optimal pace. Slower work will delay implementation of valuable recommendations. MACHO recommends removal of the following proposed members as either redundant or *more appropriate for appointment by Commission members to focused workgroups, as needed:*

MACHO recommends the deletion of Page 3, Lines 13-26 and replace with:

(iv) THREE TO FIVE MEMBERS OF THE PUBLIC WITH DEMONSTRATED INTEREST IN PUBLIC HEALTH AND EXPERIENCE IN AT LEAST ONE OF THE FOLLOWING AREAS:

- 1. HEALTH EQUITY;**
- 2. INFORMATION TECHNOLOGY;**
- 3. WORKFORCE; AND**
- 4. POPULATION HEALTH.**

Expertise in many facets of public health, including financing, workforce, health equity, and information technology, will require a wider knowledge base than one representative of a particular sector can provide. The standing membership of the Commission will need the ability to appoint experts and advocates to workgroups as needed to fulfill its charge and produce a timely final report.

MACHO *strongly recommends* that the timeline for the Commission’s report to the Governor and Legislature should be accelerated. Moving forward with public health improvements should not wait more than 2 ½ years.

**We recommend that Page 7, Line 7 be amended to:
On or before October 1, 2024, the Commission shall submit...**

For these reasons MACHO supports SB 281 with the suggested amendments. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaiora1@jhu.edu or 410-937-1433.

SB0281-FIN_MACo_SWA.pdf

Uploaded by: Sarah Sample

Position: FWA



Senate Bill 281

Commission on Public Health - Establishment

MACo Position: **SUPPORT**
WITH AMENDMENTS

Date: February 15, 2023

To: Finance Committee

From: Sarah Sample

The Maryland Association of Counties (MACo) **SUPPORTS** SB 281 **WITH AMENDMENTS**. This bill establishes the Commission on Public Health to make recommendations for improving the delivery of public health services in Maryland.

Local health departments and their corresponding health officers manage a significant portion of public health services throughout the state. These leaders see the condition of their communities every day and have an acute awareness of the unique needs in each jurisdiction. However, even amongst health officers, priorities can vary greatly.

The work of all twenty-four local health departments is responsive to the demand for certain services based on community needs. This variability is reflected in a few ways – from budget distribution and types of clinical specialists on staff to the size and accessibility of the programs offered. Considering the geographic, demographic, and psychographic diversity of our state, the public health needs and services in Allegany County are not the same as those in Anne Arundel County. Recognizing this, counties support amendments offered by the Maryland Association of County Health Officers, to ensure that the composition and outcomes of this commission can sufficiently serve the needs of all Marylanders.

Local health departments understand local needs, so it follows that broadened geographic representation from them will benefit the work of this important study. For these reasons, MACo urges a **FAVORABLE WITH AMENDMENTS** report on SB 281.

4d - SB 281 - FIN - OCCC - LOSWA.docx (2).pdf

Uploaded by: State of Maryland

Position: FWA



OPIOID OPERATIONAL COMMAND CENTER

Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Opioid Response

February 15, 2023

The Honorable Senator Melony Griffith
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 281 – Commission on Public Health – Establishment – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Opioid Operational Command Center (OOCC) respectfully submits this letter of support with amendments for Senate Bill (SB) 281– Commission on Public Health – Establishment.

The OOCC supports this bill with one amendment. Governor Moore has stated that substance use is a public health issue and this bill references the state's overdose response, thus we are requesting that the Special Secretary of Opioid Response be added as an appointed member of this body.

If you would like to discuss this further, please do not hesitate to contact Teresa Heath, OOCC Deputy Director, at teresa.heath@maryland.gov or 443-381-9289.

Sincerely,

Emily Keller
Special Secretary of Opioid Response

4a - X - SB 281 - FIN - MDH - LOSWA.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 15, 2023

The Honorable Melony G. Griffith
Chair, Senate Finance Committee
3 East, Senate Office Building
Annapolis, MD 21401

RE: SB 281 – Commission on Public Health - Establishment - Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this Letter of Support with Amendments for Senate Bill (SB) 281 – Commission on Public Health - Establishment. SB 281 will establish a Commission on Public Health charged with assessing the State's response to COVID-19, overdose deaths, and the racial and ethnic disparities in maternal mortality and birth outcomes in the State, as well as the foundational services and capabilities of the state and local health departments (LHDs). This bill will require a report of the Commission's findings and recommendations to the Governor and General Assembly by October 1, 2025.

MDH is committed to strengthening Maryland's public health infrastructure at both the state and local levels and supports SB 281 with the considerations outlined below. MDH is in the initial stages of implementing the recently awarded CDC 5-year award for \$46,924,126: *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems*. This grant supports enhancing the state and local public health workforce and delivering foundational capabilities across the breadth of public health areas. One specific example of how funds will be applied is to extend a recently launched, highly successful internship program that attracts students to public health through paid work experience, which is currently funded under a different CDC award: the Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding.

MDH respectfully shares the following considerations for the Committee:

1. MDH suggests the Commission membership be updated to ensure inclusion from all relevant organizations focused on the delivery of foundational public health services. This includes adding the Community Health Resources Commission (CHRC). Additionally, while MDH values being included in the Commission, we encourage the Commission to lean on leadership and direction from the academic institutions who will co-chair the Commission and rely on MDH in an advisory capacity for specific requests, focus group discussions, etc.

2. Public health data modernization is a critical component of public health infrastructure. As such, MDH suggests that the State's Department of Information Technology (DoIT) would be an important stakeholder to advise the Commission.
3. In addition, MDH suggests narrowing the scope of the assessment. The current language requires the Commission, when assessing the capability of MDH and LHDs to provide services, to consider the following: (1) the State's response to COVID-19, (2) the State's response to overdose deaths, and (3) the racial and ethnic disparities in maternal mortality and birth outcomes. Understanding each of these is a significant effort in its own right and a narrower scope would allow stronger analyses and recommendations from the Commission.
4. Lastly, MDH suggests narrowing the scope of the areas for which recommendations are made. The current language in the bill states that the Commission shall make recommendations regarding organization, information technology, workforce (including human resources), procurement, funding, and any other appropriate areas. Some of these areas, such as procurement, are governed through State law, regulations, and processes that affect all State agencies. If the intent of the bills is to examine MDH's capacity and capability in these areas (vs. overall state processes), MDH recommends adding clarifying language.

I appreciate the continued strong interest and support of the General Assembly for Maryland's public health infrastructure. We are happy to discuss this and these proposed amendments with the sponsors further. Please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

UNFAV_SB281_LoveMarylandPAC.pdf

Uploaded by: Sarah Cusack

Position: UNF

Dear Chair Griffith, Vice-Chair Klausmeier, and Distinguished Members of the Senate Finance Committee,

On behalf of the Love Maryland PAC, we write to express our concerns about SB281: Commission on Public Health- Establishment. We believe that this bill is unnecessary and will result in handing an unprecedented amount of authority to non- elected public officials to the detriment of the State of Maryland.

The scope of the grant of authority in this bill is overly broad, and this type of authority over Maryland citizens' daily lives needs to remain with the General Assembly and Governor's Office- which are elected to represent their constituents. Handing this authority over every Marylanders' daily life to a non-elected, non-accountable commission will be disastrous for the people's faith in government, and may lead to worse health outcomes for Maryland's most vulnerable citizens.

Finally, the proposed commission set up with consensus decision making will result in dissenting members of the commission being effectively silenced- this is not how vital public policy should be made. Additionally, while there is some limited opportunity for public comment, considering that the minority voices on the commission will be marginalized: tax paying, voting citizens of the state of Maryland need to have an outsized number of opportunities for meaningful input, which the bill as written does not provide.

This full scale granting of authority to a non-elected body is especially unconscionable considering that often advisories to public health can and do change with the science during fast moving health crises, and commissions such as this struggle to keep up with the latest scientific evidence.

For these reasons, the Love Maryland PAC requests that the Finance committee not support SB281.

Thank you,

Megan Montgomery
Chair
Love Maryland PAC