

Color Health - Maryland HB 214 Comission on Public

Uploaded by: Alyssa Canter

Position: FAV



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

January 26, 2023

The Honorable Joseline Peña-Melnyk
Chair, House Health and Government Operations Committee
Maryland House of Delegates
House Office Building, Room 241
6 Bladen Street, Annapolis, MD 21401

Re: Letter of Support - House Bill 214 - Commission on Public Health - Establishment

Dear Chair Peña-Melnyk,

On behalf of Color Health Inc. ("Color"), we appreciate the opportunity to comment on House Bill 214, 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 House Health and Government Operations 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

NCADD-MD - 2023 HB 214 FAV - Commission on Public

Uploaded by: Ann Ciekot

Position: FAV



House Health & Government Operations Committee

January 26, 2023

House Bill 214

Commission on Public Health - Establishment

Support

NCADD-Maryland supports House Bill 214. 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 House Bill 214 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 House Bill 214.

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.

HB214 Commission on Public Health – Establishment

Uploaded by: Annie Coble

Position: FAV

TO: The Joseline Peña-Melnyk, Chair
House Health and Government Operations Committee

FROM: Annie Coble
Assistant Director, State Affairs

DATE: January 26, 2023

RE: HB214 Commission on Public Health – Establishment

Johns Hopkins **supports HB214 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 **HB214**.

Legislation 2023 - MHCC - Ltr of Support (HB 214-C

Uploaded by: Ben Steffen

Position: FAV



January 26, 2023

The Honorable Joseline Pena-Melnyk
Chair
Health and Government Operations Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Re: HB 214 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Pena-Melnyk,

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 (Commission) 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 that 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 are very pleased to be named to this Commission and look forward to being an active participant. 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

cc: HGO Committee

HB214_ Committee Hearing Written Testimony_UMD SPH

Uploaded by: Boris Lushniak

Position: FAV



January 24, 2023

Testimony before the House Health and Government Operations Committee
HB 214 – Commission on Public Health – Establishment
Favorable

Chair Peña-Melnyk, Vice-Chair Kelly and Members of the Health and Government Operations Committee,

As the Dean of the School of Public Health at the University of Maryland, I stand before you to offer expert testimony with a public health perspective related to House Bill 214.

I submit this testimony in my second term as Dean with a rich history of public health knowledge, practice and service. Prior to becoming the Dean in January 2017, I wore the uniform of a Commissioned officer in the United States Public Health Service, from which I retired after 27 years of service. In that time, I was Acting US Surgeon General from July 2013 to December 2014, Deputy Surgeon General from November 2010 to September 2015, Food and Drug Administration (FDA) Assistant Commissioner, Director of the Office of Counterterrorism and Emerging Threats, and Medical Officer at the Centers for Disease Control and Prevention.

This proposed legislation presents a timely opportunity to address critical public health needs across our state that will most certainly enhance our public health infrastructure, workforce, services and practices. Relatedly, the 10 Essential Public Health Services (EPHS), recently revised and released in September 2020, should serve as a framework to assist in the creation and execution of this Commission. These 10 EPHS are a result of a collaborative effort by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation and a task force, on which I served, of public health experts, leaders, and practitioners and engaged the public health community in activities to inform the changes. As a member of this task force, I think the updated 10 EPHS are essential to the creation of this Commission and as it convenes, assesses and makes recommendations to inform local, regional, and state-wide changes to public health activities.

The mission of this bill is in direct alignment with the mission of our School—"To promote and protect the health and well-being of the diverse communities throughout Maryland (and in turn the nation and world) through leadership and collaboration." The responsibilities of the Commission match our goals of engaging in education, research, practice and public policy to advance this mission. Ultimately, our shared vision is to positively impact the physical, mental and social health and well-being of all Marylanders at individual, family and community levels.

As Dean of Maryland's only School of Public Health at a public institution of higher education I am pleased to state that this bill will offer a pathway to modernize and strengthen our public health system as a whole. We are looking forward to joining the Commission and lending our leadership

and expertise for the public good. The Commission will offer an opportunity for public health experts to join in concert with individual and community partners to take a deep dive into the public health infrastructure and needs of the state with an interdisciplinary and inclusive approach. It comes at a unique time of a changing public health workforce, new innovations, and the addition of lessons we all have learned and continue to learn from the syndemics of the COVID-19 pandemic, racism, gun violence, political upheaval, and climate change.

As HB 214 moves forward I'd like to make the following recommendations for ways to make the commission even stronger and more effective: 1) changing the composition of the Commission to reflect consumers as well as health officers distinctly representing rural, suburban and urban communities; and, 2) moving up the start time and reporting deadline of the Commission to allow this important work to begin sooner.

As a public health leader and professional, I know that recommendations like the 10 Essential Public Health Services and other best practices for review and recommendations support HB 214's goals of establishing a Commission on Public Health to assess the current and changing landscape of public health and make recommendations to positively and significantly impact the total and well-being of all Marylanders and beyond.

Sincerely,



Boris D. Lushniak, MD, MPH, RADM (Ret), USPHS
Dean and Professor

Endnotes

1. 10 Essential Public Health Services at <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Maryland Catholic Conference_FAV_HB214.pdf

Uploaded by: Brian Barnwell

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

January 26, 2023

HB214

Commission on Public Health – Establishment

House Health and Government Operations 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.

House Bill 214 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 HB214. 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>

HB 214 - FAV Sponsor Testimony

Uploaded by: Delegate Ariana Kelly

Position: FAV

ARIANA KELLY
Legislative District 16
Montgomery County

Vice Chair, Health and Government
Operations Committee

Subcommittees

Chair, Public Health and
Minority Health Disparities



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Ariana.Kelly@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony
HB 214 – Commission on Public Health
Committee on Health and Government Operations
January 26, 2023

Good afternoon Madam Chair and members of the Committee. Thank you for the opportunity to present House Bill 214 for consideration. The bill creates a commission that will recommend modernizing Maryland’s public health activities and response to public health challenges.

The impetus for this bill for me starts with our pandemic experience – over the last three years, more than 16,000 Marylanders have died of COVID.

Under the circumstances, I’m proud of how we as a state managed the pandemic. It hasn’t been easy. But we have come together and saved lives.

Still our collective experience the last few years has shown us that we need to invest strategically in our public health planning and infrastructure.

Despite being one of the richest states in the nation, the Centers for Disease Control recently ranked Maryland 25th in life expectancy, 29th in infant mortality and 45th in drug overdose deaths.

These facts have a few things in common.

First, these tragedies do not affect all groups equally. The lowest life expectancies, the highest rates of infant mortality, COVID mortality and drug overdose deaths are among people of color.

Second, many of these deaths were not just premature. They were preventable. Preventable deaths leave us all asking what could have been done – and what more can yet be done.

What is the future of public health in Maryland?

Public Health is defined as what we, as a society, do collectively to assure the conditions in which people can be healthy and thrive.

In Maryland, we rely on the Department of Health and 24 local health departments to provide essential public health services. These services keep our food and water safe, reduce the spread of infectious disease, help people quit smoking, improve birth outcomes for parents and newborns alike, and so much more.

Most times, public health is invisible. During the pandemic, however, the work of public health became visible. And what we saw in Maryland, as well as around the country, was a system that sometimes struggled to serve the people in a moment of crisis.

Our public health workers have been heroic. They worked long and hard to make sure we had access to masks, medicines and vaccines. Yet they struggled to use old systems to report information. They relied on old HR and procurement systems to quickly hire the staff and make the partnerships they needed. **They did their best, knowing the whole time that it would be possible to do better.**

HB 214 starts the conversation of what **better** looks like.

This bill, if successfully enacted, would establish a commission to study Maryland's response to major challenges, - including COVID, maternal health, drug overdose – and make recommendations for the future.

A key focus of the commission would be on the core capabilities of public health and how they could best be organized and supported in Maryland. These capabilities are what allow our public health officers to monitor for health and disease, partner with community organizations and businesses, communicate effectively, prepare for emergencies, and advance equity.

Maryland's approach to these core tasks is outdated. This bill allows us to ask in 2023 and beyond, in a new era for our state, how we can do better.

Thank you for your consideration of this bill. I urge a favorable report.

HB 214 Commission on Public Health- Establishment-

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

January 26, 2023

To: The Honorable Joseline Peña-Melnyk, Chair, House Health & Government Operations Committee

Re: Letter of Support - House Bill 214 - Commission on Public Health - Establishment

Dear Chair Peña-Melnyk:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 214. 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 HB 214 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 urge a *favorable* report on HB 214.

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

HB 214 LJeffrey FAV

Uploaded by: Jeffrey Levi

Position: FAV

**Written Testimony on HB 214
Establishment of a Commission on Public Health
Maryland General Assembly
House Health and Government Operations Committee
January 25, 2023**

**Jeffrey Levi, PhD
Professor of Health Policy and Management
Milken Institute School of Public Health
George Washington University**

I am pleased to offer this testimony in support of HB 214, which establishes a Commission on Public Health that would focus on improving Maryland’s ability to deliver foundational public health services. I present these comments with a background of over 40 years working in public health as an advocate, a government official, and an academic. In addition to 25 years at the School of Public Health at George Washington University – where much of my work has focused on building a stronger public health system – I also spent 10 years as executive director of Trust for America’s Health, a national advocacy organization that promotes a stronger public health system and assesses the varied capacity of state and local public health agencies to meet the needs of their residents. In addition, I had the privilege of participating in the [Public Health Leadership Forum](#) convened by RESOLVE in 2013 that first defined in detail the foundational public health services (FPHS) model and assessed the cost of assuring these services across the nation.

The concept of foundational public health services – as defined in this legislation – is consistent with a growing consensus among public health professionals and among policy makers across the nation, that these are the building blocks of a strong public health system, one that protects the health of all residents, wherever they may live. Indeed, as many federal, state, and local policy makers assess how the public health system can be modernized or strengthened as we draw lessons from the COVID-19 pandemic, FPHS are the centerpiece for discussion. The following is a quick summary that demonstrates the breadth of consensus regarding foundational public health services and the value of this model for states thinking about how to improve their public health system.

- The Public Health Accreditation Board (PHAB), which is the accrediting body for public health agencies, has integrated FPHS into its recently [updated accreditation standards](#).
- PHAB also runs the Public Health National Center for Innovation (PHNCI), which in 2022 [updated](#) the definitions for foundational public health services, reflecting broad activity across the nation using this model. The major revision involved the addition of equity as a foundational capability.
- [PHNCI documented](#) the broad use of the foundational public health services model in a diverse set of states to drive assessment of public health capacity as well as investment in

improving the state's capacity. These include: Colorado, Indiana, Kansas, Massachusetts, Minnesota, Missouri, Ohio, Oregon, and Washington. In addition, PHCNI is working with 18 states across the nation using this model as a building block for a [21st Century Learning Community](#).

- The [Commonwealth Fund Commission on a National Public Health System](#), which was comprised of a distinguished group of public health leaders, recommended using the FPHS model as the basis for a public health system that guaranteed health protection to all Americans, regardless of where they lived.
- The federal government, through the Centers for Disease Control and Prevention, has just released \$3.2 billion in new 5- year [grant funding](#) to support public health workforce and infrastructure – with an emphasis in building the foundational capabilities of health departments across the country, using the FPHS model as a guide. With additional funding in the FY23 Omnibus Appropriation and expected additional resources in FY 24, total funding is expected to approach \$4 billion. Maryland's share of this funding is \$46.9 million. Baltimore City is also receiving \$8.4 million.

It is this last opportunity – the \$46.9 million Maryland has available over the next five years to modernize its public health system – that makes creation of this Commission on Public Health so critical and timely. These federal dollars – and other underlying federal and state resources – really must be invested purposefully to improve the health of all Marylanders by modernizing how public health is conducted in the state. Taking the time to step back and assess current capabilities, documented unmet capacities and need, and then leveraging these new resources in a way that builds toward assuring foundational public health services across the state is the wisest possible stewardship of existing and new funding.

I hope the General Assembly will move expeditiously to pass this important legislation that can frame the future of public health in Maryland for years to come.

WDC 2023 Testimony HB0214_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

House Bill 214
Commission on Public Health-Establishment
Health and Government Operations Committee – January 26, 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 the largest and most active Democratic clubs in our county with hundreds of politically active members, including many elected officials.

WDC urges the passage of HB0214. 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 HB0214 and strongly urge a favorable Committee report.

Diana E. Conway
WDC President

Margaret Hadley
WDC Advocacy Committee

HFAM Testimony HB 214.pdf

Uploaded by: Joseph DeMattos

Position: FAV



TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
House Bill 214: Commission on Public Health - Establishment
January 26, 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 House Bill 214.

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.

House Bill 214 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 House Bill 214.

Submitted by:

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

HB 0214 Sharfstein.pdf

Uploaded by: Joshua Sharfstein

Position: FAV

Testimony on House Bill 0214
Commission on Public Health - Establishment
Before the Health and Government Operations Committee

Joshua M. Sharfstein, M.D.
Professor of the Practice of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health
January 26, 2023

Thank you for the opportunity to testify in support of House Bill 0214, 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, and my views do not necessarily represent those of my employer Johns Hopkins University.

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.

2b - HB 214 - HGO - HSCRC -LOS .docx.pdf

Uploaded by: Maryland State of

Position: FAV



January 26, 2023

The Honorable Josaline Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

RE: House Bill 214 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Peña-Melnyk and Committee Members:

The Health Services Cost Review Commission (HSCRC) supports the passage of House Bill (HB) 214, 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 HB 214. 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.

HSCRC is grateful to have a position on the Commission established by HB 214. 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. As a member of the Commission, HSCRC will be able to ensure these tools (and their limitations) are considered as the Commission conducts its work.

HSCRC urges a favorable report of HB 214. 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

2c - HB 214 - HGO - MHCC - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



January 26, 2023

The Honorable Joseline Pena-Melnyk
Chair
Health and Government Operations Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Re: HB 214 – Commission on Public Health - Establishment – Letter of Support

Dear Chair Pena-Melnyk,

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 (Commission) 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 that 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 are very pleased to be named to this Commission and look forward to being an active participant. 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

cc: HGO Committee

HB0214-DTMG-FAV-1-26-23.pdf

Uploaded by: Olivia Bartlett

Position: FAV



Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Health and Government Operations

Testimony on: HB0214 – Commission on Public Health – Establishment

Position: Favorable

Hearing Date: January 26, 2023

Bill Contact: Delegate Ariana B. Kelly

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. HB0214 directly addresses these goals.

HB0214 would create a public health commission to assess the ability of the Maryland Department of Health and local health departments to provide foundational 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 across Maryland.

Enactment of HB0214 and establishment of this commission will be the beginning of a four-year project to improve health equity and access to clinical care all 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.

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 HB0214 is a necessary first step in achieving that goal.

Therefore, DTMG strongly supports HB0214 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

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

2023 ACNM HB 214 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: House Health and Government Operations Committee

Bill Number: HB 214

Title: Commission on Public Health - Establishment

Hearing Date: January 26, 2023

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 214 - 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%20C2%A7C2%A7%2013-1207%2013-1208%20and%20C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

2023 LCPCM HB 214 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: House Health and Government Operations Committee

Bill Number: House Bill 214

Title: Commission on Public Health - Establishment

Hearing Date: January 26, 2023

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *House Bill 214 – 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 MASBHC HB 214 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: House Health and Government Operations Committee

Bill Number: House Bill 214 - Commission on Public Health - Establishment

Hearing Date: January 26, 2023

Position: Support

The Maryland Assembly on School-Based Health Centers supports *House Bill 214 – Commission on Public Health - Establishment*. The bill creates the Commission on Public Health to make recommendations to address the infrastructure needs of the Maryland Department of Health and local health departments.

School-based health centers are community health centers within a school. We are supported by the Bureau of Maternal and Child Health under the Department of Health. At the local level, all school-based health centers collaborate with local health departments, with some local health departments serving as the sponsoring organization. Our state and local health departments have been underfunded and under-resourced for years, creating a system that was stretched beyond capacity to respond to the COVID-19 pandemic. The bill offers an opportunity to focus on the needs of our public health agencies to rebuild their infrastructure, including workforce.

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 MCHS HB 214 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: House Health and Government Operations Committee

Bill Number: House Bill 214 - Commission on Public Health - Establishment

Hearing Date: January 26, 2023

Position: Support

The Maryland Community Health System supports *House Bill 214 – 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 HB 214 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: House Health and Government Operations Committee

Bill Number: House Bill 214 - Commission on Public Health - Establishment

Hearing Date: January 26, 2023

Position: Support

The Maryland Nurses Association (MNA) supports *House Bill 214 – 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.

HB 214_MCHI_Support.pdf

Uploaded by: Stephanie Klapper

Position: FAV



TESTIMONY IN SUPPORT OF HOUSE BILL 214

Commission on Public Health – Establishment

Before the House Health and Government Operations Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative

January 26, 2023

Chair Peña-Melnyk, Vice-Chair Kelly and Members of the House HGO Committee, thank you for this opportunity to testify in support of House Bill. We especially thank Vice-Chair Kelly for being the lead sponsor for the bill. We are pleased to support House Bill 214. 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 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. House Bill 214 will continue Maryland's progress and we urge the Committee to give a favorable report.

HB214_cbaur_fav amend.pdf

Uploaded by: Cynthia Baur

Position: FWA



FAVORABLE WITH AMENDMENTS
House Bill 214
Commission on Public Health - Establishment
House Health and Government Operations Committee
Hearing January 26, 2023

I encourage a **Favorable with Amendments** report on HB214 for the following reasons and with amendments.

Maryland's public health system is the foundation not only for emergencies and crises such as COVID-19 and opioid-caused deaths, but also for the everyday work of diabetes and heart disease prevention, environmental health and other issues that affect every Maryland community and resident. The public health system was stressed and stretched to its maximum during the last few years, and it is timely and necessary to consider what worked and what needs attention, support, and investments for the future.

Proposed Amendment #1, Section 13-4801:

Sub-section C Foundational Public Health Services (areas and capabilities) should align with the 10 Essential Public Health Services model (revised 2020). This model identifies both the foundational areas and capabilities for public health. Topics of interest, such as maternal and child health and environmental health, can be listed as priority topics. The model also includes communication, community engagement and partnership, which are also foundational services as well as capabilities. The model is available on the CDC website under "Public Health Professionals Gateway."

Proposed Amendment #2, Section 13-4803:

The Commission's membership should be evenly divided between agency representatives/public health experts (50% of members) and consumer/lay members of the public (50% of members). At least some portion of the consumer/lay seats should be designated for rural residents. The draft legislation proposes a single "consumer health advocate" on an 18-seat Commission, which is inadequate to capture the wide range of lived experiences and perspectives of Maryland's 6 million plus residents. This Commission is supposed to be about updating a structure that protects and promotes the health of the public, and the public must be robustly represented in these discussions.

Sub-section A should add the Maryland Community Health Resources Commission (CHRC) as a member. CHRC funding often supplements public health and community health services and fills gaps in the healthcare safety net. The programs and services it funds are a critical part of the state's public health infrastructure.

In addition, A-6-II should specify that the UMD (College Park) School of Public Health is one of the two state academic institutions. UMD is a land grant campus with a public service mission, and the School of Public Health is the state's only public School of Public Health. The School serves a highly diverse student body and has a unique perspective on the state's public health workforce and needs. Also, the School houses both the Horowitz Center for Health Literacy and the Maryland Center for Health Equity. The Horowitz Center is Maryland's newly designated Consumer Health Information Hub.

Proposed Amendment #3, Section 13-4806:

Sub-section A should amend the date to align with the opening day of the 2024 Legislative session so that legislators have the Commission's draft recommendations as they consider bills and funding requests. Public comment can happen while the Legislature is also considering the recommendations, and the Commission can use all the input to create a final report of its findings and recommendations.

The factors listed in B-I should be expanded to include residents' access to digital public health information and services. Given the state's emerging reliance on telehealth, websites, portals, and social media channels to provide information and services, any review of the state's public health infrastructure must consider both the health departments' and residents' ability to access and use digital public health information and services. For example, registration for the initial round of COVID-19 vaccines required the public to have internet or wifi access and devices to register online. Maryland is investing \$95 million to build out broadband networks and \$4-\$6 million in digital literacy, and these investments must be considered as part of the Commission's assessments.

The named factors should also include residents' access to plain language information and services in their preferred languages. Part of the public health infrastructure is ensuring language access, and the Commission should be able to provide the Legislature an accurate picture of the extent to which residents can find and access information and services in their preferred languages for public health tasks, such as registering for COVID-19 vaccines or signing up for mental health services, maternal health programs or diabetes prevention programs.

A third additional factor that should be named in the list is urban, suburban and rural health factors. Maryland's rural counties have different needs, priorities, and resources to build and sustain public health systems than suburban and urban counties, and the assessment and recommendations should consider and address these differences.

Sub-section B-3-III should specify that workgroups should have a minimum of one-third consumer/lay membership and that the Commission should consult with the leadership of the state's 20 Local Health Improvement Coalitions (LHICs), a Maryland Department

of Health supported network of community coalitions with shared interests in local health issues.

Part C-1 should name the following additional areas for recommendations.

1. Maryland Department of Health Office of Minority Health and Health Disparities. This Office has been tasked with significant responsibilities to address and mitigate health disparities and inequities, such as convening and staffing the Maryland Commission on Health Equity and facilitating health professional training in implicit bias, health literacy and cultural competence. The Office's structure, staffing and resources will be critical to future progress on any of its many mandated responsibilities.
2. Public access to information and services in plain language and their preferred languages and formats. The Commission can coordinate its work with the state's Consumer Health information Hub at the UMD Herschel S. Horowitz Center for Health Literacy and the state's broadband and digital literacy initiatives.
3. Workforce including human resources should also name Public Information Officers as an especially important role for assessment and recommendations

Proposed Amendment #4, Section 13-4807: Amend the law's effective date to July 1, 2023 and final report submission date to June 30, 2024, so that report with its recommendations is available for budget and legislative planning in upcoming cycles.

HB 214 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



HB 214 – Commission on Public Health

Position: Favorable with an amendment

Thank you for the opportunity to provide written comments in support of House Bill 214. 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 House Bill 214 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 respectfully asks for an amendment to include "one representative of a health insurance carrier providing health insurance in the state" to serve on the Commission, established by the bill's provisions.** 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 House Bill 214. 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 an amendment.

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 HB214 01 26 2023.pdf

Uploaded by: Jennifer Briemann

Position: FWA



**MMCOA
Board of Directors**

House Bill 214 – Commission on Public Health- Establishment

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Jason Rottman
CEO
Maryland Physicians Care

Lesley Wallace
Executive Director
MedStar Family Choice, Inc.

SUPPORT WITH AMENDMENT

**House Health and Government Operations Committee
January 26, 2023**

Thank you for the opportunity to submit this testimony in support of House Bill 214- 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.

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 House Bill 214.

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 House Bill 214 be amended to include a representative of MMCOA to serve as a member of the Commission on Public Health.

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.

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

HB 214, FWA, DFLA Education Fund.pdf

Uploaded by: John Quinn

Position: FWA



10521 Judicial Drive, Unit 200,
Fairfax, Virginia 22030

(703) 424-6663

info@dflaef.org



HB 214

Favorable With Amendment (FWA)

This testimony is submitted on behalf of the DFLA Education Fund, a registered 501c3 nonprofit dedicated to advancing the consistent life ethic. Our chief policy concerns include access to quality healthcare—especially for mothers and children—and just solutions to racial inequalities. For these reasons, we welcome this legislation creating a Public Health Commission in Maryland to study these important issues.

We would like to respectfully suggest that the Commission study the possibility of establishing the following policy goal: reaching zero deaths in infant and maternal mortality in Maryland. Similar policy goals have been pursued in similar contexts, such as zero airline fatalities and zero traffic deaths. In those contexts, pursuit of this ambitious goal has yielded positive results, including the outright achievement of the goal in many years and localities.¹ We ask the Commission to include in its study of policy recommendations how the adoption of this goal might contribute to the reduction of infant and maternal mortality in Maryland.

We also respectfully insist on the adoption of an amendment to focus this Public Health Commission on the three factors identified in the bill's text. These three factors are of paramount importance. They are complex. Addressing them will easily consume the entire resources of the Public Health Commission. Additionally, we highly value the transparency achieved by specifying these three factors. If legislators feel additional factors are necessary, we ask that those factors also be named so that they may go through the transparent legislative process and be subject to public feedback. For these reasons, we reiterate the necessity of concentrating the Commission's attention solely on the three factors currently named by the legislation. This testimony includes an appendix which details an amendment which, if adopted, would accomplish the goal of focusing the Public Health Commission's work.

We look forward to supporting this legislation if our proposed amendment (or similar language to achieve this goal) is included in the final bill text. Thank you for your attention to our testimony.

¹ Address to United States Conference of Mayors by Secretary of Transportation Pete Buttigieg, 20 January 2023, [relevant clip available via C-SPAN](#).



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Appendix A: Amendment Proposal

Amending page 5 of the bill text, lines 12-6, sections 13–4806 B(1)(I)(4) through 13–4806 B(2)

Current language:

4. SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,
ANY ~~OTHER~~ FACTORS CONSIDERED APPROPRIATE BY THE COMMISSION; AND
(II) HOLD AT LEAST THREE PUBLIC MEETINGS IN DIFFERENT
AREAS OF THE STATE THAT INCLUDE AN OPPORTUNITY FOR PUBLIC COMMENT.
(2) THE COMMISSION MAY NOT CONSIDER ~~MORE THAN THREE~~
ADDITIONAL FACTORS UNDER PARAGRAPH (1)(I)4 OF THIS SUBSECTION.

Suggested language:

4. SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,
ANY FACTORS **DIRECTLY RELATED TO FACTORS UNDER PARAGRAPH (1)(I)1-3 OF
THIS SUBSECTION;** AND
(II) HOLD AT LEAST THREE PUBLIC MEETINGS IN DIFFERENT
AREAS OF THE STATE THAT INCLUDE AN OPPORTUNITY FOR PUBLIC COMMENT.
(2) THE COMMISSION MAY NOT CONSIDER
ADDITIONAL FACTORS UNDER PARAGRAPH (1)(I)4 OF THIS SUBSECTION.

HB 214 - Commission on Public Health - Establishme

Uploaded by: Larry Polsky

Position: FWA



HOUSE BILL 214
Commission on Public Health - Establishment
WRITTEN TESTIMONY BEFORE THE
HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
Laurence Polsky, MD, MPH, Calvert County Health Officer
For the Maryland Association of County Health Officers (MACHO)
Position: Support with Amendments – January 26, 2023

The Maryland Association of County Health Officers (MACHO) is in support of HB 214 with the below listed amendments. 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 HB 214 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 have several suggestions to allow the Commission to function in a more effective manner:

Local public health operates under diverse circumstances including varying geographic resources, job applicant pools, and different modes of county government. As a result, MACHO suggests three local health officers be appointed to the Commission. **We recommend amending Page 3, Line 16 to read:**

- (1) **Three local health officers- One representing a jurisdiction with >500,000 residents, one representing a jurisdiction with 150,000-500,000 residents, and one representing a jurisdiction with <150,000 residents.**

In addition, we suggest **on Page 3, following Line 8, the addition of: The Deputy Secretary of the Department of Budget and Management, or the Deputy Secretary's designee.** Successful enactment of many of the Commission's recommendations will require cooperation from DBM. Having real-time participation from the money people will lead to more realistic recommendations from the Commission and more expedited enactment of recommendations.

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, Line 21 through Page 4, Line 3 and Page 4, Lines 9-10.

These six positions should be encompassed by expertise from other Commission members, e.g., expertise in public health workforce, health equity, and licensed healthcare professionals, or more than one representative of a particular sector will be needed to effectively inform workgroups, e.g., information technology and consumer health advocates.

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 HB 214 with the suggested amendments. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaiora1@jhu.edu or 410-937-1433.

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Uploaded by: Leni Preston

Position: FWA

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FAVORABLE WITH AMENDMENTS
HOUSE BILL 214
Commission on Public Health - Establishment
House Health and Government Operations Committee
26 January 2023

Health and Government Operations Committee Vice Chair, Ariana Kelly, has provided an important service with her introduction of House Bill 214 to establish a Commission on Public Health. This legislation illuminates the scope of our public health system and the need to address its shortcomings. For this reason, I encourage a favorable report on the legislation, but strongly recommend that it be strengthened through an amendment process. The most important reason to do this is to align the proposed Commission with other efforts to improve equitable access to services that ensure the health and well being of all Marylanders. As such it 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 serving as a consumer advocate on state and national health policy - first as the founder and president of Consumer Health First¹¹ and now in my role as a member of the Policy Committee for the Maryland Commission on Health Equity (MCHE). I would ask the Committee to consider the following, which I believe would strengthen House Bill 214 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 House Bill 214. 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 House Bill 214 [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-

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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.

- **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 House Bill 214. 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."

I appreciate the opportunity to provide my perspective in favor of the goal of House Bill 214 - Commission on Public Health - Establishment. However, I do so by urging that, if this moves forward, it does so with amendments that strengthen its potential for real and constructive change for all Marylanders.

ⁱ The mission for Consumer Health First was to advance equitable, affordable and comprehensive health care for all Marylanders.

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>

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Position: FWA



DEPARTMENT OF HEALTH

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

January 26, 2023

The Honorable Joseline A. Peña-Melnyk
Chair, Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

RE: HB 214 – Commission on Public Health - Establishment - Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this Letter of Support with Amendments for House Bill (HB) 214 – Commission on Public Health - Establishment. HB 214 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 HB 214 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, MD, MPH
Secretary

Big Govt.pdf

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Position: UNF

STOP enlarging the pockets of our government by taking away from Maryland citizens. This is not the governments job. The role of government to protect the RIGHTS of citizens so they can provide for themselves. STOP the equal outcomes which only serve to race to the bottom for everyone. All people end up at the absolute bottom. Socialism is equal outcomes which equal poverty for everyone. Socialism is the stage of transition prior to communism and characterized by the imperfect implementation of collectivist principles. STOP the march toward communism NOW.

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Position: UNF



UNFAVORABLE

House Bill 214 – Commission on Public Health-Establishment

Laura Bogley, JD

Executive Director, Maryland Right to Life

On behalf of our Board of Directors and members across the state, we strongly object to House Bill 214 to the extent that it utilizes public funding for the promotion and commission of abortion. 60% of people polled in 2023 oppose the use of public funds for abortion. We oppose the appropriation and use of any public funds for the purposes of abortion, which is an unnecessary act of violence against the most vulnerable human beings, not a “foundational public health service”. We urge the Maryland General Assembly to divest itself from corporate abortion subsidies and invest in lifesaving alternatives for women and children including accessible quality prenatal care, the Maryland Safe Haven Program, parenting education and resources and affordable adoption programs.

SUBSIDIZING CORPORATE ABORTION - Abortion is big business in Maryland. According to the Maryland Department of Legislative Services in their Analysis of the FY2021 Maryland Executive Budget, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for elective abortions. We spent at least \$6 million for 9,660 abortions, of those zero were for rape, incest or life of the mother. Taxpayers pay many more millions of dollars through MDH and MDE grants as well as for subsidies to biomedical research labs that increase the demand for late term aborted babies in Maryland to conduct unnecessary and unsuccessful embryonic and fetal tissue research. Please see [BloodMoneytheFilm](#).

MDH IS FAILING PREGNANT WOMEN - The Maryland Department of Health has repeatedly failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides an annual public report on the number of abortions committed in Maryland and the effect on maternal health and morbidity. We know that abortion increases the risk of future pregnancy complications, including pre-term birth, miscarriage, and maternal morbidity. The state is failing to accurately assess women’s health risks caused by abortion due to the lack of transparency and reporting. Maryland is one of only four states that shields the abortion industry by failing to provide annual reports to the CDC.

- The Department has routinely failed to enforce existing state health and safety regulations for abortion clinics, even after two women were near fatally injured in botched abortions in 2020.
- The Department has routinely failed to provide women with information and access to

abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.

- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists and failing to regulate abortion practices.

ABORTION IS NOT HEALTH CARE - Abortion is NOT health care and is never medically necessary. No law in any state prohibits medical intervention to save the life of a mother, including in the case of miscarriage or ectopic pregnancy, which does not meet the definition of abortion- which is the intentional killing of the fetal human being. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

“D-I-Y” ABORTION IS UNSAFE - The practice of abortion in America has become the “red light district” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

Teleabortion and other reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination or any medical care. Because of the reckless Abortion Care Access Act of 2022, physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of

abortion pills. Instead non-medical abortion providers are authorized to commit both surgical and chemical abortion through birth and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers. The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, falsely claiming that the method is safe and easy. But the complications from chemical abortion pills are severely under reported. We can assess from emergency room visits, that chemical abortions are 4 (four) times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of abortion bias and ineffective enforcement of existing abortion regulations. The broad expansion of non-physician and even non-medical abortion providers will create an enforcement nightmare for the Maryland Department of Health. Any state agency or Commission should be required to provide a complete and accurate public report of the status of abortion in Maryland.

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

FUNDING RESTRICTIONS ARE CONSTITUTIONAL - The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. Prior to the 1973 federal abortion mandate, 46 states codes considered abortion a “crime against the person”. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

PREGNANCY IS NOT A DISEASE - The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

ABORTION IS BLACK GENOCIDE - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. People of color have long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org.

ABORTION IS A FAILED POLICY - 50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion. The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for the reproductive health needs of Maryland women and families.

For these reasons, we respectfully urge you to issue an unfavorable report against House Bill 214 and all measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Respectfully,

Laura Bogley, J.D.
Executive Director
Maryland Right to Life