



2018 Legislative Session

Baltimore City Health Department Activity Summary

The Baltimore City Health Department is the oldest, continuously-operating health department in the country, with approximately 800 employees and an annual budget of approximately \$126 million. The mission of the Health Department is to protect health, eliminate disparities, and ensure the well-being of every resident of Baltimore through education, advocacy, and direct service delivery. The Health Department advocates for public health policy at the federal, state, and local levels to ensure the health and well-being of our community and to protect our most vulnerable residents.

Life Course and Core Services

Health Insurance – Individual Market Stabilization – Maryland Health Care Access Act of 2018 (HB1782/SB387) – Passed

Changes at the federal level concerning the health insurance market have put the stabilization of the market in danger. This bill requires insurance companies to subsidize the exchange and expands the duties of the Maryland Health Insurance Coverage Commission to make recommendations concerning individual and group market stability. The Health Department repeatedly supported this legislation at multiple hearings as expanded insurance coverage promotes positive health outcomes.

ACA Individual Mandate (HB1167/SB1101) – Rescinded as part of HB1782 introduction and passage

The passage of the Affordable Care Act significantly increased the number of Maryland residents with health insurance and has provided important safe guards for the health of vulnerable members of our population. The recently-passed removal of federal enforcement of the individual mandate places the delicate structure of protections in the ACA in peril. This bill would have allowed Maryland to continue enforcing the individual mandate requirement, while placing the collected funds toward individual down payments for insurance through the Maryland Health Benefit Exchange. The Health Department supported this effort to protect the reduction in the uninsured rate resulting from this aspect of the ACA, and its inclusion in HB1782 will be a benefit to all Marylanders.

ACA Basic Health Plan (HB726/SB90) – Review by commission incorporated into HB1782



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This bill would have commissioned a study group to explore the viability of a state-sponsored Basic Health Plan, created through a mechanism in the ACA. The ACA allows individual states to implement federally-subsidized basic health plans for individuals looking to purchase insurance through the state's individual marketplace. The Health Department supported this initiative and its potential to expand Marylanders' health insurance options. Going forward, HB1782 requires the Maryland Health Insurance Coverage Commission to study the feasibility of a state-operated basic health plan.

Maryland Prenatal and Infant Care Coordination Services Grant Program Fund - Thrive by Three Fund (HB1685/SB912) – Passed

This critical bill establishes the Maryland Prenatal and Infant Care Coordination Services Program Fund, which will provide grant opportunities for care coordination services for low-income pregnant and postpartum woman as well as children under three. The Health Department advocated for this legislation, as its passage will lead to a strengthening of B'more for Healthy Babies and its care-coordination services.

Family Law – Child Conceived Without Consent – Termination of Parental Rights – Rape Survivor Family Protection Act (HB1/SB2) – Passed

A perpetrator of rape, a heinous crime with reverberating consequences, should not be able to subsequently enjoy parental rights or exert any sort of legal power over the victim in the event that a child results from the act. The Rape Survivor Family Protection Act prevents the conferment of parental rights to the perpetrator and safeguards the autonomy of the child's mother. The Health Department supported the passage of this bill.

Health Occupations – Advanced Practice Dental Hygiene (SB 544/HB879) – Failed

Ensuring the dental health of Marylanders is critical to the protection and promotion of the state's general welfare. This bill would have created a new category of dental hygienists capable of licensure in the state called advanced practice dental hygienists. The addition of this category would have expanded the provision of care and allowed for greater dental health, especially among underserved populations. The Health Department supported this legislation.

Local Health Services Funding – Modifications (HB1620/SB976) – Failed

Local Health Departments (LDH) perform important public health imperatives and concern themselves with the care of every member of the community they serve. This bill would have increased funding to LDHs by tying core funding to CPI-U for medical care in the Baltimore-Washington metropolitan area, the most accurate gauge of increased costs to the medical community. The Health Department supported this initiative.

Correctional Facilities – Pregnant Inmates – Medical Care (SB629/HB787) – Passed

Lack of medical information and resources for pregnant women who are incarcerated fuels poor birth outcomes for mother and child. This bill ensures women in correctional facilities get access to care by requiring each local facility to adopt a written policy concerning the care of incarcerated women who are also pregnant. The Health

Department advocated for this legislation to help improve health outcomes for pregnant women in correctional settings in Baltimore and throughout Maryland.

Behavioral Health

Pharmacist Gag Bill (HB736/SB576) – Passed

The price of a medication should never present a barrier to use for those in need of aid. This bill removes an unconscionable gag rule that prevents pharmacists from providing patients with information concerning less expensive versions of pricier prescription medications. The Health Department supported this bill.

RX Transparency Commission Bill (HB1194/SB1023) – Failed

This bill would have created a prescription drug price transparency commission to monitor the causes of skyrocketing prices. The commission would have worked as a complement to legislation passed with the Health Department's support last year that gave the state's Attorney General the power to bring civil actions against pharmaceutical companies engaged in price gouging. The Health Department supported this initiative.

Public Health – Community Health Workers – Advisory Committee and Certification (SB163/HB490) – Passed

The lack of uniformity in certification processes consistently leads to discrepancies in the ability of Community Health Workers (CHWs) to bill effectively. This bill creates a uniform certification process for CHWs thus reducing the variability of their billing results. A positive externality of this shift is that it will expand the market of CHWs that are capable of serving residents, thus leading to significant public benefit. By creating more avenues to CHWs, this bill expands access to needed care. The Health Department supported this piece of legislation.

Violence Prevention

Public Safety – Maryland Violence Intervention and Prevention Program Fund – Establishment (HB432/SB0545) – Passed

Violence reduction is a top priority of the governing bodies of Baltimore City and the state of Maryland alike. This bill provides for the allocation of funds to local departments and agencies to implement and evaluate evidence-based programs to yield positive outcomes in the arena of violence reduction. The Health Department advocated for this critically important this legislation.

Child Abuse and Neglect – Disclosure of Identifying Information and Investigations (HB454/SB490) – Passed

The abuse and neglect of innocent children is unconscionable. This bill requires a court to give identifying information concerning an individual convicted of murder, attempted murder, or manslaughter of a child to the Secretary of Health. Additionally, it extends the birth match window, from five years to ten years. The bill also requires that the Department of Human Services and the Vital Statistics Administration contract with an organization to assess the effectiveness of the record sharing aimed at preventing child

abuse. The Health Department has been supportive of birth match legislation in the past, and this bill's passage represents significant progress on this issue.

Juvenile Law – Disclosure of Records (SB91) – Passed

Ensuring the well-being of minors engaged in the criminal justice system is an important responsibility of those administering justice. This bill establishes a statutory agreement between DJS and MDH, LHDs, DSS and other agencies that allows for agency access to confidential court records of a minor if for agencies providing critical health and social services for the minor. The Health Department supported this initiative to increase the care offered to minors.

Chronic Disease

Environment – Reduction of Lead Risk in Housing – Elevated Blood Lead Levels (HB304/SB801) – Failed

Lead poisoning leads to life-long complications and poor health outcomes. This bill would have lowered the blood lead level that triggers notification and the requirement of risk reductions. The Health Department supported this legislation, and continues to work to eliminate lead poisoning and its negative ramifications.

Public Health – Tobacco Control Funding (HB606/SB254) – Failed

There is conclusive evidence that the utilization of tobacco increases the risk of negative health outcomes. This piece of legislation would require that 21 million dollars be allocated from state coffers each year after FY 2019 to efforts to reduce tobacco use in Maryland. The Health Department supported this legislation.

Tobacco Products – Minimum Age and Civil Fines (SB456/HB 953) – Failed

Tobacco remains a significant contributor to health concerns across all ages, but those who begin to use the drug early in life have greater exposure to negative health outcomes and an increased risk of lifelong dependence. This bill sought to elevate the minimum age of use of tobacco from 18 to 21 in an attempt to reduce its harmful effects among emerging adults. The Health Department supported this legislation.