

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 915

(Delegate Amprey)

Health and Government Operations

Education, Health, and Environmental Affairs

Workgroup on Black, Latino, Asian American Pacific Islander, and Other
Underrepresented Behavioral Health Professionals

This bill establishes the Workgroup on Black, Latino, Asian American Pacific Islander, and Other Underrepresented Behavioral Health Professionals. The University System of Maryland (USM) and the Maryland Department of Health (MDH) must jointly provide staff for the workgroup. A member of the workgroup or any established subgroup of the workgroup may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations. The workgroup must submit a report of its findings and recommendations to the Governor and the General Assembly by July 1, 2022. **The bill takes effect July 1, 2021, and terminates June 30, 2023.**

Fiscal Summary

State Effect: Any expense reimbursements for members of the workgroup or a subgroup of the workgroup and staffing costs for USM and MDH are assumed to be minimal and absorbable within existing budgeted resources, as discussed below. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup must identify and study the shortage of behavioral health professionals in the State who are Black, Latino, Asian American Pacific Islander, or otherwise underrepresented in the behavioral health profession. The workgroup must also

assess and make recommendations on incentives or other methods to increase the number of (1) specified or underrepresented students who study at an institution of higher education in the State to be behavioral health professionals and (2) specified or underrepresented behavioral health professionals who provide behavioral health services in the State, especially in underserved communities.

The workgroup may establish a subgroup within the workgroup to assist in carrying out the workgroup's duties, including by conducting research and producing reports. A subgroup may include an individual who is not a member of the workgroup.

Current Law: The Office of Minority Health and Health Disparities was established within MDH in 2004. The purpose of the office is to address social determinants of health and eliminate health disparities by leveraging resources, providing health equity consultation, impacting external communications, guiding policy decisions, and influencing strategic direction on behalf of the Secretary of Health.

In 2007, the Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals convened to examine (1) barriers to accessing mental health services by culturally competent health care professionals; (2) barriers to licensure or certification for foreign-born and foreign-trained mental health professionals; (3) other states' initiatives to facilitate licensure or certification of specified professionals; (4) mental health workforce shortages and the potential strategies for using specified professionals to alleviate the shortages; and (5) options for enhancing currently licensed and certified mental health professionals' cultural competency. A copy of the workgroup's final report can be located [here](#).

For more information on health disparities, please see the **Appendix – Health Disparities**.

State Expenditures: Although MDH advises that it needs one part-time staff person to fulfill its staffing requirements under the bill, the Department of Legislative Services (DLS) disagrees. DLS advises that MDH can likely provide staff for the workgroup within existing budgeted resources as MDH is staffing the workgroup jointly with USM.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): University System of Maryland; Morgan State University; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 24, 2021
rh/jc Third Reader - April 1, 2021
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Appendix – Health Disparities

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

Health Disparities in Maryland

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

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

Maryland Office of Minority Health and Health Disparities

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

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

Other Major Efforts to Address Health Disparities Since 2004

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

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

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

Senate President's Advisory Workgroup on Equity and Inclusion

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

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