

AGENDA ITEM #11  
February 8, 2011

**Public Hearing**

**MEMORANDUM**

February 4, 2011

TO: County Council

FROM: Amanda Mihill, Legislative Analyst *A. Mihill*  
Linda McMillan, Senior Legislative Analyst *L. McMillan*

SUBJECT: **Public Hearing:** Bill 1-11, Administration – Department of Health and Human Services - Duties

Bill 1-11, Administration – Department of Health and Human Services - Duties, sponsored by Councilmembers Leventhal, Navarro, and Rice, was introduced on January 18, 2011. A Health and Human Services Committee worksession is tentatively scheduled for February 17 at 9:30 a.m.

Bill 1-11 would:

- authorize the Department of Health and Human Services to provide direct access to health care;
- authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services based on gender, race, ethnicity, and poverty;
- authorize the Department to provide health education and promotion programs;
- amend the functions of the Commission on Health; and
- generally amend the law regarding health and human services and health and sanitation.

**Background**

The 2009 US Census American Community Survey estimates that approximately 110,000 county residents do not have health insurance that would provide a regular source of primary care. In FY10, the Montgomery Cares safety net clinics saw over 26,000 adult uninsured patients, a 25% increase over the number of patients seen in FY09. A majority of those receiving care were aged 40 to 64 and 65% were women. Over half identified themselves as Hispanic.

A lack of a primary care medical home can cause people to seek medical care in emergency rooms for conditions that can be treated in a much less costly setting. In FY10, 3,052 low income uninsured or Medicaid insured patients were referred from Montgomery County hospital emergency rooms to community clinics through the Primary Care Coalition's Emergency Room Diversion project.

In FY10, the Care for Kids Program provided 5,000 primary care visits and 3,224 routine dental visits to 3,366 children who are not eligible for Maryland's Children's Health Insurance Program. Almost one-half of these children were from families with incomes below 100% of the Federal Poverty Level (\$22,050 for a family of four).

There are disparities in access to health care and preventive health services, including health education and promotion, and they can adversely impact health conditions among races and ethnic groups in Montgomery County. For example, the 2009 infant mortality rate for Black babies was 10.7 per 1,000 births compared to 3.9 for Whites and 5.5 for all races. The African American Health Program's 2009 Strategic Plan notes that 7.6% of Black residents in the county report having been diagnosed with diabetes compared to 5.5% for the general population; Blacks comprise over 72% of all county AIDS cases; and, Black women are less likely to be diagnosed with breast cancer but are more likely to die from it than Whites. In its 2008 health priorities report, the Asian American Health Initiative noted that Asian Americans have a 60% higher prevalence of diabetes compared to non-Hispanic Whites and that Asian Americans and Pacific Islanders account for over one-half the chronic Hepatitis B cases and deaths from Hepatitis B in the United States. In 2008, the Latino Health Initiative reported in its Blueprint that in Maryland in 2005, Latinos had 1.6 times as many new HIV diagnoses as non-Hispanic Whites; that diabetic and hypertensive end-stage renal failure was significantly higher than for non-Latino Whites; and that the rate of obesity is a growing problem for Latinos. All three Minority Health Initiatives have called for improved data and research on the social determinants of health and increased access to culturally competent health care and preventive health services.

This packet contains:

Bill 1-11

Legislative Request Report

Circle

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Bill No. 1-11  
Concerning: Administration –  
Department of Health and Human  
Services – Duties  
Revised: 2/3/2011 Draft No. 4  
Introduced: January 18, 2011  
Expires: July 18, 2012  
Enacted: \_\_\_\_\_  
Executive: \_\_\_\_\_  
Effective: \_\_\_\_\_  
Sunset Date: None  
Ch. \_\_\_\_\_, Laws of Mont. Co. \_\_\_\_\_

## COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

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By: Councilmembers Leventhal, Navarro, and Rice

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**AN ACT** to:

- (1) authorize the Department of Health and Human Services to provide direct access to health care;
- (2) authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services;
- (3) authorize the Department to provide health education and promotion programs;
- (4) amend the functions of the Commission on Health; and
- (5) generally amend the law regarding health and human services and health and sanitation.

By amending

Montgomery County Code  
Chapter 2, Administration  
Section 2-42A

Chapter 24, Health and Sanitation  
Sections 24-22 and 24-24

<b>Boldface</b>	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

*The County Council for Montgomery County, Maryland approves the following Act:*



- 28 (G) the Mental Health Advisory Council.
- 29 (H) the Juvenile Court Committee;
- 30 (I) the Commission on Health;
- 31 (J) the Board of Social Services;
- 32 (K) the Adult Public Guardianship Review Board; [and]
- 33 (L) the Victim Services Advisory Board;
- 34 (M) the Advisory Board for the Montgomery Cares Program;
- 35 and
- 36 (N) any program created to achieve health equity among
- 37 County residents.

38 **24-22. Policy.**

39 (a) It is the policy of Montgomery County to protect and promote the  
 40 public health and safety and general welfare by fostering the  
 41 development of a health care system that provides for all citizens,  
 42 financial and geographic access to quality health care at a reasonable  
 43 cost. To accomplish this purpose it is essential that plans for  
 44 maintaining the health of the citizenry and developing health services to  
 45 meet the current and future health needs of the citizens of the county be  
 46 prepared, programs to implement these plans be developed and  
 47 executed, and proposed developments or alterations of health services  
 48 be publicly reviewed and commented upon. Health planning should  
 49 address the overall health status of County residents and health  
 50 disparities within social, economic, geographic, racial and ethnic  
 51 groups.

52 \* \* \*

53 **24-24. Functions.**

54 (a) To advise the County Executive and the County Council, the  
55 Commission must:

56 (1) Periodically review available County public health programs,  
57 services, and facilities and data on the health status of the County  
58 population and subgroups within it;

59 (2) Comment on gaps, deficiencies, or duplication in County public  
60 health programs, services, and facilities, including health status  
61 disparities and inequities;

62 \* \* \*

63 (5) Advise on local public health planning needs based on health  
64 status data;

65 \* \* \*

66 *Approved:*

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Valerie Ervin, President, County Council Date

68 *Approved:*

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Isiah Leggett, County Executive Date

70 *This is a correct copy of Council action.*

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Linda M. Lauer, Clerk of the Council Date

## LEGISLATIVE REQUEST REPORT

Bill 1-11

Administration – Department of Health and Human Services - Duties

<b>DESCRIPTION:</b>	Bill 1-11 would authorize the Department of Health and Human Services to provide direct access to health care; authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services based on gender, race, ethnicity, and poverty; authorize the Department to provide health education and promotion programs; amend the functions of the Commission on Health; and generally amend the law regarding health and human services and health and sanitation.
<b>PROBLEM:</b>	The 2009 US Census American Community Survey estimates that approximately 110,000 county residents do not have health insurance that would provide a regular source of primary care. A lack of a primary care medical home can cause people to seek medical care in emergency rooms for conditions that can be treated in a much less costly setting.
<b>GOALS AND OBJECTIVES:</b>	To authorize the Department to provide direct access to health care, administer programs to reduce disparities in access to health care, and provide health education and promotion programs
<b>COORDINATION:</b>	Department of Health and Human Services, Commission on Health
<b>FISCAL IMPACT:</b>	To be requested.
<b>ECONOMIC IMPACT:</b>	To be requested.
<b>EVALUATION:</b>	To be requested.
<b>EXPERIENCE ELSEWHERE:</b>	To be researched.
<b>SOURCE OF INFORMATION:</b>	Amanda Mihill, Legislative Analyst, 240-777-7815
<b>APPLICATION WITHIN MUNICIPALITIES:</b>	To be researched.
<b>PENALTIES:</b>	N/A