Maryland
State and Local Health Equity Policy Checklist

MAY 2021

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.	⊖	Montgomery County passed a bill **in 2019** that mandates equity impact statements for all new bills and budget measures.[1] In 2020, **the council voted** to require a racial equity and social justice impact statement for every new zoning decision.[2]
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.	☒	**A 2017 law** engaged the University of Maryland School of Public Health's Center for Health Equity to advise lawmakers on healthy public policy and specifies that the Maryland Center for Health Equity will conduct a health impact assessment on issues of access to safe and affordable housing, education, employment opportunities, environment and public safety, among others.[3] However, these assessments are not tied to legislation.

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	⊖ *One or more cities/ counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.*	Montgomery County has declared racism a public health crisis and has implemented steps to address it. **Montgomery County's Council** committed to promoting racial equity and social justice by: understanding how racism has impacted past work and creating new policies to lessen that impact; identifying activities to enhance racial equity; promoting equity and social justice through all Council-approved policies; and promoting policies that prioritize the health of all people, particularly people of color, by mitigating exposure to adverse childhood experiences.[4] **Prince George's County** has also declared racism a public health crisis and has committed to establishing a Racial Equity Task Force to address systemic and structural racism and promote equity in the county.[5] In addition, the resolution states that the county will work to craft policy and legislation to foster a livable, fair and equitable community, specifically mentioning access to nutritious food and healthcare.

Summary and scoring methodology reports are available at
www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact **hubinfo@altarum.org**.

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State Health Planning & Programs (continued)

POLICY	SCORE	NOTES
Develop a 'Health in All Policies' strategy at the state or local level.	☒	Established in 2017, the University of Maryland School of Public Health, Center for Health Equity Workgroup on Health in All Policies makes recommendations to state and local legislators to inform laws and policies that will promote health equity and have a positive impact on the life of Maryland residents.[6,7] The Workgroup's 2019 report, no longer accessible online, included a recommendation to establish a Health in All Policies Commission to develop a Health in All Policies framework in the state. Though it does not adopt a Health in All Policies approach, the Maryland Commission on Health Equity Act, passed in the 2021 legislative session, establishes the Maryland Commission on Health Equity which is tasked with fostering collaboration between units of government and developing policies to reduce health inequities and establishing a state plan for achieving health equity in alignment with other statewide planning activities.[8,9]
Establish Health Equity Zones to better address social determinants of health.	⊖ *The state established Health Equity Zones (or something similar) to better address social determinants of health, but the program is no longer active.*	Maryland had a 4-year pilot program called the Health Enterprise Zone (HEZ) initiative that enabled nonprofit community-based organizations or local health departments to create a comprehensive plan to address disparities in a defined geographic area.[10] A Health Affairs study from 2018 found that the initiative reduced hospital cost and utilization in underserved communities.[11] A white paper by the Johns Hopkins Center for Health Disparities Solutions found that the five HEZs were each able to improve the health of their respective community members.[12] In 2021, Maryland passed the Health Equity Resource Act, which will create and fund Health Equity Resource Communities to reduce racial disparities in health outcomes by improving access to care.[13,14]
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.	✓	Maryland published the Maryland Plan to Eliminate Minority Health Disparities, 2010-2014.[15] Though the Office of Minority Health and Health Disparities provides annual reports, they have not released an Equity Strategic Plan in recent years.[16]
Fund community-driven health equity action plans.	☒	
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.	☒	The mayors of Takoma Park and Hyattsville have expressed interest in the participatory budgeting process.[17,18]

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans	⊖	Maryland does not have a publicly available State Health Assessment online, though the Maryland Department of Health shares state health improvement plan (**SHIP) measures** and data on their website.[19] In addition, Maryland **Public Health Services' Quality Improvement Plan for 2018-2019** states that they are seeking continuous and ongoing measurable improvements in equity and community health related quality indicators.[20] There was also a Public Health Services Strategic **Plan** for 2017-2019 that discusses equity concerns.[21] Montgomery County's **2017-2019 Community Health Improvement Plan** lists achieving health equity for all residents as a goal, and is using a core measures to highlight known disparities and inequities that can be reduced or eliminated.[22] The Prince George's County **Health Department's 2017-2021 Strategic Plan** also lists increasing health equity as a priority, with a specific objective being for the department to implement a health equity policy.[23]
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.	✓	The Maryland Behavioral Health **Administration** is using the SAMHSA State Opioid Response grant to provide funding to support Minority Outreach and Technical Assistance (MOTAs), faith-based organizations and community-based organizations.[24] The Administration prioritizes funding for current MOTAs and organizations vested in the community with the ability to establish relationships needed to reach racial and ethnic minority populations. They also prioritize finding for services that are culturally sensitive and appropriately tailored to target minority populations and tribal community members who have an opioid use disorder. In 2021, the Office of Minority Health and Health **Disparities** created a funding opportunity for community-based organizations (CBO) seeking to improve health outcomes of the Latinx/Hispanic Community.[25]
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.	✓	The Maryland Diabetes Action **Plan** specifically notes inequities in diabetes diagnosis, outcomes and prevalence, and explains the connection between social determinants of health and diabetes complications.[26] The plan creates action tables describing steps key stakeholders and partners (state government, schools, health insurance payors, providers, etc.) could take to decrease the prevalence of diabetes in their communities by addressing SDoH and barriers to participating in healthy lifestyle activities. In addition, in 2020 **Maryland adjusted membership** requirements for the state's maternal mortality review program, making the work group more inclusive of those impacted by maternal death.[27] The state requires that stakeholders convened under the review program be more racially/ethnically diverse and include representatives of women who have experienced near maternal death, a high-risk pregnancy or other challenges during pregnancy, or a maternal death and their families.[28] The Maternal Mortality Review Committee and the Stakeholder Group provide recommendations to reduce maternal mortality in **their annual reports.**[29]

State Health Planning & Programs (continued)

POLICY	SCORE	NOTES
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.	✓	**Multiple counties and cities** in Maryland participate in GARE.[30]

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.	✓	The **2021 Maryland Commission on Health Equity Act** requires the commission, in coordination with the state-designated health information exchange, to establish an advisory committee to make recommendations on equity-focused data collection, needs, quality, reporting, evaluation and visualization by the health information exchange.[31] The advisory committee must define the parameters of a health equity data set to be maintained by the health information exchange.
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.	✓	Maryland's Office of Health Equity reports on health equity data, with reports dating back to **2013**.[32] The Office's 2019 **report** focused on infant mortality and featured charts showing data on disparities in mortality.[33] In addition, in 2009, the Office of Minority Health and Health Disparities **created a chartbook** of minority health disparities data, with sections on gender-and jurisdiction-specific health.[34]
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.	✓	Along with their Community Health Needs Assessment (CNHA), nonprofit hospitals are **required** to submit an annual community benefits report to the Health Services Cost Review Commission.[35] The report includes a description of the hospital's efforts to track and reduce health disparities in the community the hospital serves, among other things. Maryland does not **specify** a minimum level of community benefits that a nonprofit hospital must provide.[36]
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.	⊖	The Maryland Health Improvement and Disparities Reduction Act of 2012 requires the Health Services Cost Review Commission (HSCRC) to study the feasibility of including racial and ethnic performance data tracking in quality incentive programs. The HSCRC must report data by race and ethnicity in quality incentive programs to the **General Assembly** and submit a report to the **governor** explaining when data can't be reported and necessary steps that can be taken to overcome limitations.[37,38] In response, HSCRC convened the Hospital Race and Ethnicity Disparities Workgroup to review the recommendations from the Maryland Health Disparities Collaborative Workgroups. The HSCRC also provided **funding** to support the training of hospital staff on best practices in race and ethnicity data collection by the Center on Health Disparities at Adventist Healthcare.[39]

Data & Reporting (continued)

POLICY	SCORE	NOTES
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements. (continued)		However, through these activities and analyses, the HSCRC acknowledged that it is not currently feasible to use the race and ethnicity data collected by hospitals for performance comparisons linked with incentives.[40]
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.	✓	Maryland's all-payer claims database requests that payors submit race and ethnicity data. However, because submission is optional, analyses by the Maryland Health Care Commission show that there is a low percentage of this data in the APCD. The commission is exploring other resources such as hospital discharge data to enhance the availability of race and ethnicity data in the state's APCD.[41]

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.	✓	**Maryland has expanded** Medicaid eligibility to 138% of the Federal Poverty Level.[42]
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.	✓	CMS has approved Maryland's 1332 **waiver** to create the Maryland Reinsurance Program.[43]
Provide one-year continuous eligibility for Medicaid and CHIP.	✗	Maryland **does not** provide continuous eligibility for **Medicaid and CHIP**.[44,45]
Provide coverage options to undocumented and recent immigrants.	✓	Maryland provides emergency medical services for undocumented immigrants. For Medicaid, the 5-year waiting period applies and only certain immigrants qualify. Regardless of status, lawfully residing pregnant women and children under 21 are not subject to the waiting period **and are not required to prove their "qualified" status**.[46]

Health Reform – Delivery		
POLICY	**SCORE**	**NOTES**
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.	☒	
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.	⋯	Maryland **does not have Medicaid ACOs**, though there was once substantial interest in pursuing them as a strategy.[47,48]
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.	✓	**Maryland** requires their Medicaid Managed Care Organizations (through a **Section 1115(a) waiver**) to identify homeless individuals and connect them to services.[49,50] In addition, Maryland's **Community Pathways Waiver** provides employment services, environmental assessment and modification, individual and family directed goods and services, personal supports, behavioral support services and other supports.[51]
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.	☒	Maryland's Medicaid's Managed Care Plans (MCPs) **conduct two Performance Improvement Projects** (PIP) annually.[52] In 2019 these included Asthma Medication Ratio PIP and the Lead Screening PIP. While MCPs are required to collect certain HEDIS and EQRO quality measures, none of these performance measures specifically focus on disparities or equity. **Qlarant**, the entity performing the annual review of MCP services, recommends that MCPs ensure their interventions address differences among population subgroups, such as differences in healthcare attitudes among racial/ethnic groups to better identify disparities.[53]
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.	☒	The Maryland Department of Health (MDH) requires **Medicaid Managed Care Organizations** (MCOs) to report on four NCQA domains for HEDIS reporting, including: effectiveness of care; access/availability of care; utilization and risk adjusted utilization; and health plan descriptive information. While many of these measures could reveal disparities, there is no indication that scoring is based on MCO effectiveness at reducing health disparities.[54]

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area. *(continued)*		MDH releases annual performance **report cards** for consumers on the MCO health plans, which show star ratings in the following areas: access to care; doctor communication and service; keeping kids healthy; care for kids with chronic illnesses; taking care of women; and care for adults with chronic illnesses.[55]
Create or expand Accountable Communities for Health with a focus on increasing health equity.	✓	In 2020, the Baltimore City Health Department got a **5-year grant** from the Center for Medicaid and Medicare Innovation to design, implement and evaluate a city-wide Accountable Health Communities model to address beneficiaries' health-related social needs and drive stakeholder alignment with social needs resources.[56]
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.	✓	Maryland's Office of Rural **Broadband** partners with local jurisdictions and the private sector to offer funding and technical assistance to help entities qualify for federal financing opportunities.[57] Maryland also has a broadband funding structure through the Local Government Infrastructure Financing program. In 2006, the Maryland Broadband **Cooperative** was created to work with ISPs to offer service to underserved and unserved areas across the state.[58] In addition, the **Digital Connectivity Act of 2021** established the Office of Statewide Broadband to ensure that all residents have high-quality broadband service at an affordable price by December 2026.[59] The new office is required to develop a statewide plan to meet this 2026 goal and to partner with local jurisdictions in offering funding and technical assistance to qualify for federal funding opportunities. The office also must help jurisdictions plan, design and construct broadband infrastructure.
Subsidize internet access to expand opportunities for telehealth.	⊖	Anne Arundel County has allocated CARES Act funding to **provide high-speed internet access** to low-income families who qualify for internet essentials from Comcast.[60] Families may be eligible if they qualify for programs like the National School Lunch Program, housing assistance, social security insurance, or the Supplemental Nutrition Assistance Program.
Expand coverage for telehealth services.	✓	Maryland's Medicaid **program reimburses** for live video, store-and-forward and remote patient monitoring delivered via telehealth.[61] A **2021 law** mandates that state-regulated insurers and nonprofit health service plans may not exclude from coverage a healthcare service solely because it is provided through telehealth and not an in-person visit.[62] They must also cover healthcare appropriately delivered through telehealth.

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.	⊖ *The state requires payment parity for some telehealth and in-person services by either Medicaid or private payers (not both). The state has temporary telehealth payment parity laws that expire after the current public health emergency.*	**Maryland law requires** private insurers to reimburse a healthcare provider for diagnoses, consultations and treatments that can be appropriately provided through telehealth, though no explicit payment parity is required.[63] Maryland Medicaid **reimburses** telehealth services in the same manner and at the same rate as in-person services; however, state regulations do not explicitly require payment parity.[64] From **July 2021 through June 2023**, insurers must reimburse for services appropriately provided by telehealth on the same basis and at the same rate as in-person services.[65]
Waive/limit cost-sharing for telehealth services.	☒	Maryland Medicaid has the **same cost-sharing** for telehealth as for in-person visits, but the program has **not waived** or reduced copays for telehealth services during the COVID-19 pandemic.[66,67] In addition, there has been no state guidance requiring private payers to waive or limit their cost-sharing for telehealth services. For the COVID-19 crisis, **private plans** on the Maryland Health Exchange are regulating their own telehealth cost-sharing.[68]
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.	✅	Maryland has had an All-Payer Model since 2014, which established global budgets for Maryland hospitals to reduce Medicare hospital expenditures and improve quality of care. This **model has shown** significant savings for Medicare and improved quality.[69] Maryland has moved on to a Total Cost of Care Model, creating more incentives for providers to coordinate with each other and provide patient-centered care. This model commits the state to a sustainable growth rate in per capita total cost of care spending for Medicare.
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.	✅	A **2012 Maryland law** requires health profession degree programs to report on the curricula they have developed to include cultural competency and health literacy.[70] The Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities and the University of Maryland College Park School of Public Health **developed a primer** in 2013 to guide university and college programs on how to incorporate these topics.[71] In Maryland, only **Community Health Worker** certification training programs require cultural competency training as a core competency.[72] Other provider types are able to take additional continuing education programs in cultural competency but are not required to do so.

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		A **2021 law** requires the Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities, to identify and approve implicit bias training programs to be recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education.[73] This law requires health professionals to undergo implicit bias training before renewing their license or certificate to practice. This builds on **a 2020 law** that requires healthcare perinatal providers to complete an implicit bias training every two years, beginning in 2022.[74]

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.	✓	Maryland reports **race and ethnicity** for administered vaccines, cases and mortality, but not for hospitalizations, recoveries or testing.[75]
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.	✓	**Maryland has** implemented a special enrollment period and has eliminated, waived or suspended enrollment fees, premiums or similar charges in Medicaid.[76]
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.	✗	Maryland does not cover **COVID-related** testing or treatment through Emergency Medicaid.[77]
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.	⊖	The Maryland General Assembly's **Joint Committee on Administration, Executive & Legislative Review** issued emergency regulations requiring health carriers to waive any cost-sharing, including co-pays, coinsurance and deductibles, for COVID-19 diagnosis or testing, regardless of the setting.[78] Health insurers must also waive any cost-sharing for lab fees and vaccinations for COVID-19.
Provide COVID-19 testing to residents free of charge.	⊖	All counties in Maryland provide free COVID-19 testing to residents, except for Worcester County and Calvert County.[79]

Notes

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