



Election 2018: Candidate Information Session

Health Policy Issues

Policy Issue #1: Ensure that Howard County residents have access to quality, affordable health insurance coverage that includes behavioral health and oral health. Having such coverage protects individual health and the financial stability of families.

Background

- The Affordable Care Act has led to significant coverage gains in Howard County. Currently 95% of all Howard Countians reported having insurance coverage of some kind though Hispanics (79%) and lower income individuals (87%) reported statistically less coverage ([HCHAS, 2016](#)).
- Not all health care plans adequately cover behavioral health (e.g., high co-pays, co-insurance) and many plans do not cover oral health care at all. Oftentimes because of cost, nearly 20% of Howard Countians have not seen a dentist in 2 or more years ([HCHAS, 2016](#)).
- Having a primary care doctor leads to better care coordination, less cost, and better health outcomes. The percentage of residents who reported visiting a doctor's office for care when they are sick or need medical attention, however, has declined markedly since 2012, moving from 77% in 2012 to 74% in 2014 to 68% in 2016. More residents are choosing instead to get their health care at urgent care centers (19%) ([HCHAS, 2016](#)). Urgent care centers are more expensive and offer less coordinated care than primary care offices.
- Limited plan provider networks may make it hard to find a provider close to home and/or work and could be a barrier to care for some. A 2015 Mental Health Association of Maryland study found that more than half of all psychiatrists listed in three provider directories could not be reached. Of those that could be reached, only 40% said that they accepted the insurance listed and 18% were seeing new patients. (<https://bit.ly/2Np0tNb>)
- People of color and lower income residents are much less likely to have access to quality, affordable health care than Whites and higher-income people. Health outcomes differ as a result ([HCHAS, 2016](#)).

Policy opportunities to address issue

- [STATE] Protect medicaid – nearly 45,000 low-income county residents depend on Medicaid for coverage. Federal changes to the Affordable Care Act will add additional cost-sharing to states putting pressure on state lawmakers to stem enrollment or reduce coverage.
- [STATE] Shore up the Exchange – nearly 7,000 residents in 2017 purchased insurance through the Maryland Health Benefit Exchange. Most of those who applied received federal subsidies that reduced their overall insurance premium. Federal changes to the Affordable Care Act will add costs and eliminate or reduce subsidies which could make insurance unaffordable for many.
- [STATE] Ensure network adequacy – continue to monitor and improve network adequacy so that county residents can receive the right care, at the right time, in a language they understand, and get this care without having to travel unreasonably far.
- [STATE] Support adequate reimbursement for providers – primary care and mental health providers are typically not adequately paid for the services they provide. Continue to monitor and improve reimbursement rates for both primary care and mental health providers.

- [STATE] Promote the adoption of advance care plans by county residents – only 30% of residents report having had conversations about their health care wishes with loved ones and fewer still have documented their health care agent and/or living will. Quality care at the end of life depends on these plans being expressed and respected by the health care system.
- [STATE] Add a comprehensive dental benefit to Maryland Medicaid – only children in Medicaid are guaranteed a comprehensive dental benefit. That benefit should be extended to adults in Medicaid.
- [COUNTY] Invest in behavioral health – ensure that treatment gaps in mental health and substance abuse disorder systems are filled, that navigation services exist to help residents who seek care, that community mental health services are available to families, that crisis services are available 24/7, and work to destigmatize seeking help for mental illnesses.
- [COUNTY & BOE] Expand in-school mental health services pilot – if proven effective, the BOE and County should budget appropriately to expand services to students in all schools.
- [BOE] Improve HCPSS data sharing – improved data sharing between HCPSS and the health department will lead to improved health and better service coordination for families (e.g., children who don't have a primary care provider, are homeless, have a chronic disease that requires treatment during the school day, etc.)

Policy Issue #2: Reduce chronic disease deaths and make it easier for your constituents to live productive, healthier lives through the enactment of policy changes, system reforms, and sustainable budgets.

Background

- In 2016, cancer, heart disease, stroke, and diabetes accounted for more than half of all Howard County deaths.
- These diseases are largely preventable. They are mostly caused by a poor diet, lack of exercise, excess weight, and smoking.
- Policies that reduce sugar intake/improve diet quality, increase exercise, reduce weight, and result in less smoking have been shown to reduce risk of chronic disease and lower health care costs.

Policy opportunities to address issue

- [STATE] Support higher taxes on tobacco and sugary drinks – as prices increase for these harmful products, consumption decreases. For example, enacting a penny-per-ounce sugary drink tax in Maryland could reduce sugary drink consumption by up to 21% and raise up to \$254 million annually that could be used to improve access to health care, further educate residents about the dangers of sugar consumption, and expand early childhood education (all of which would equitably improve health).
- [STATE] Fight state preemption – in other states, Big Tobacco and Big Soda have worked behind the scenes to prevent local governments from enacting public health ordinances – local laws that promote and protect the health of residents. Preemptive state laws often end up hurting communities of color in Maryland who frequently inhabit cities and highly populated counties to a larger degree.
- [STATE & COUNTY] Increase the budget for public health – state funding for public health has been dramatically cut over the past decade. Cuts to chronic disease prevention budgets make it harder for county health departments to educate the population, promote/protect public health, and prevent chronic disease deaths.
- [COUNTY] Pass ordinances that will reduce sugary drink consumption – make healthier drinks the default offering on restaurant children's menus, require at least some sugary-drink free check-out aisles in retail stores, and require point-of-sale signage in stores where sugary drinks are sold to educate consumers about the dangerously high sugar found in sugary drinks.

- [COUNTY] Make Howard County a more bikeable and walkable place to live. For several years, county government has grossly underfunded quality biking and walking infrastructure. Neighboring counties spend up to 5 times what Howard County spends per capita on creating safe and accessible places to routinely walk and bike.
- [County & BOE] Expand in-school mental health services – if the current HCPSS school-based mental health service pilot is effective, the BOE and County should budget appropriately to expand these services to students of all schools.
- [BOE] Continue to improve and implement Policy 9090 (aka, school wellness policy) – continue to implement and improve this nationally ranked and lauded health policy that helps to fuel and sustain high student academic excellence. HCPSS should continue to improve the quality, taste, and appearance of school breakfast and lunch in order to increase participation rates, improve students’ diet quality, reduce student food insecurity, and improve academic performance. HCPSS and the County should also invest in creative ways to equitably increase low-cost access to physical activity for students both during school hours and immediately after.
- [BOE] Improve HCPSS data sharing – collect and share aggregate student health risk data to ensure more effective county resource allocation.

Policy Issue #3: The State of Maryland’s unique hospital regulatory system constrains Howard County General Hospital’s (HCGH) ability to support critical areas such as population health, behavioral health and other wellness programs. Because Howard County is one of the fastest growing counties in the state with also a booming aging population, there is an ongoing need for county and state governments to continue investment in HCGH infrastructure and community programs that have been successful in keeping people healthy and out of the hospital, connecting them with doctors and other services.

Background

- Maryland is the only state where the federal government “waived” federal Medicare rules to allow Maryland’s Health Services Cost Review Commission (HSCRC) to set hospital payments at the State level for over 40 years. The federal “waiver” requires that all payers – Medicare, Medicaid, and commercial insurance companies – pay the same rate for the same hospital service at the same hospital. In return, hospitals across the state must meet performance criteria.
- As part of the waiver, in 2014 Maryland hospitals shifted away from volume-based revenue and began a capped revenue model where each hospital is allowed to charge a total fixed amount annual for inpatient and outpatient services. There are no payment adjustments for patient volume or case severity so hospitals must be efficient by eliminating potentially avoidable utilization/readmission and deliver care in the lowest cost setting. Beginning Jan 2019, the next phase of the waiver will focus on reducing the total cost of care across the health care system.
- HCGH is the only hospital in Howard County, and it is doing very well in containing costs and improving quality. HCGH provided services to approximately 202,000 people in 2017, including outreach and wellness programs to more than 35,000 people.
- HCGH’s Emergency Department and inpatient psychiatric unit volumes have remained steady in the past 4 years with about 77,000 emergency visits and 2,289 psychiatric visits annually.
- For psychiatric patients, the length of stay has increased from 28.3 hours in 2015 to 37.6 hours in 2017. This increase is attributed to a lack of access of community-based care for individuals with serious mental illness.
- 55% of deaths in Howard County are from chronic disease (heart disease, stroke, diabetes, cancer), some of which are preventable. Chronic diseases are challenging because they last a lifetime, are complex to manage, are expensive to treat and are prevalent in an older population.
- The Howard County senior population is projected to double over the next 25 years. As this group grows, the burden of chronic disease and disability grows as well. Of Howard County residents over 55 years old, 46% have high blood pressure, 49% have high cholesterol, 13% have

diabetes, 7% have chronic obstructive pulmonary disease. In 2017, HCGH launched the Howard Health Partnership to focus on this target population.

- Programs exist to connect pediatric and adult patients seen in the hospital with appropriate and rapid community resources for urgent, outpatient mental health services within 2 days (funded by Horizon Foundation, HCGH and MSA Child & Adolescent Center). HCGH recently received funds from the County to hire Behavioral Health Navigators in the Emergency Department and will coordinate with a similar position hired by the Health Department to extend reach outside the hospital walls.

Policy opportunities to address issue

- [STATE] Support HCGH as it develops a network of care by working with state agencies and commissions around incentives and priorities that have not historically been aligned.
- [STATE] Support a fully integrated system of care to fund behavioral health services and somatic services in the same manner, and increase access to care for behavioral health patients in ERs.
- [STATE] Support expansion of Medicaid coverage of telemedicine.
- [STATE] Oppose changes to current law that prohibits physicians from “self-referral” – referring patients to imaging centers or other services where they have a financial interest in equipment.
- [STATE & COUNTY] Support HCGH’s future funding requests for community wellness and care management programs, as well as for capital needs.
- [STATE & COUNTY] Support universal screening (SBIRT) and recommendations for follow up services for patients with a positive screen. Howard County recognizes the need for a crisis diversion/crisis stabilization center.