## MISSION

To protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

## VISION

A future in which all Marylanders and their families enjoy optimal health and well-being.

# **KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

# **OFFICE OF HEALTH CARE QUALITY**

### https://health.maryland.gov/ohcq/

### Goal 1. To minimize delays in handling serious complaint investigations in nursing home facilities.

**Obj. 1.1** Annually, the Long Term Care Unit will initiate on-site investigation of complaints alleging immediate jeopardy within two working days.

| Performance Measures  | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of complaint investigations completed                    | 33        | 8         | 5         | 7         | 20        | 24        | 28        |
| Percentage of investigations initiated within two business days | 100%      | 100%      | 100%      | 100%      | 70%       | 100%      | 100%      |

Goal 2. To provide timely and comprehensive annual surveys for the continuing protection of individuals with developmental disabilities receiving services from agencies licensed by the Developmental Disabilities Administration.

Obj. 2.1 Annually, the Developmental Disabilities Unit will perform annual surveys at 100 percent of the licensed providers.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of licensed providers                                 | 276       | 304       | 333       | 365       | 340       | 375       | 405       |
| Percentage of licensed providers with required annual survey | 33%       | 33%       | 36%       | 36%       | 78%       | 88%       | 98%       |

Goal 3. To provide timely and comprehensive annual surveys of Assisted Living sites for the continuing protection of individuals receiving services from communitybased assisted living providers.

**Obj. 3.1** Annually, the Assisted Living Unit will perform 100 percent of required annual surveys.

| Performance Measures     | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of licensed sites | 1,650     | 1,672     | 1,687     | 1,721     | 1,625     | 1,700     | 1,775     |

# PREVENTION AND HEALTH PROMOTION ADMINISTRATION

https://phpa.health.maryland.gov

## INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH SERVICES

### Goal 1. To reduce the incidence of infectious diseases in Maryland.

- Obj. 1.1 On a calendar year basis, at least 80 percent of two-year-olds (the Centers for Disease Control (CDC) national goal for states) will have up-to-date immunizations.
- **Obj. 1.2** At least 85 percent of reported primary and secondary syphilis cases will be treated within 14 days.
- Obj. 1.3 The rate of chlamydia in 15-24 year olds will not increase by any more than 20 percent of the calendar year 2015 rate. (Comparison: CDC 2015 U.S. national rate for 15-24 year olds was 2,231 cases per 100,000 population).

| Performance Measures (Calendar Year)                                       | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percent of two-year-olds with up-to-date immunizations                     | 74%       | 75%       | 75%       | 76%       | 76%       | 76%       | 76%       |
| Rate of primary/secondary syphilis per 100,000 population                  | 14.4      | N/A       | 12.7      | 14.2      | 14.6      | 14.3      | 14.2      |
| Percent of syphilis cases treated within 14 days                           | 85%       | N/A       | 74%       | 80%       | 82%       | 82%       | 82%       |
| Rate of chlamydia (# of cases/100,000 population), all ages                | 568.6     | N/A       | 506.7     | 579.8     | 580.0     | 582.7     | 571.6     |
| Percent change from calendar year 2015 (all ages)                          | 24.4%     | N/A       | 10.9%     | 26.9%     | 26.9%     | 27.5%     | 25.1%     |
| Rate of chlamydia (# of cases/100,000 population), 15- to 24-<br>vear-olds | 3,109.9   | N/A       | 2,527.2   | 2,751.3   | 2,777.4   | 2,945.9   | 2,871.1   |
| Percent change from calendar year 2015 (15- to 24-year-olds)               | 36.5%     | N/A       | 11.0%     | 20.8%     | 21.9%     | 29.3%     | 26.1%     |
| Number of cases of tuberculosis  | 149       | 196       | 159       | 201       | 205       | 200       | 200       |
| Number of new HIV Diagnoses  | 716       | 761       | 762       | 659       | 589       | 515       | 447       |
| Percent change from calendar year 2015                                     | -40.1%    | -36.4%    | -36.3%    | -44.9%    | -50.8%    | -56.9%    | -62.6%    |
| Number of new AIDS diagnoses   | 397       | 442       | 403       | 217       | 156       | 95        | 34        |
| Percent change from calendar year 2015                                     | -37.9%    | -30.8%    | -36.9%    | -66.0%    | -75.6%    | -85.1%    | -94.7%    |
| Rate of HIV diagnoses  | 12.1      | 13.4      | 13.6      | 10.6      | 9.3       | 8.0       | 6.7       |
| Rate of AIDS diagnoses   | 6.6       | 7.9       | 7.1       | 3.2       | 2.1       | 1.0       | 0.0       |

## Goal 2. To reduce firearm violence, harm from firearm violence, and misuse of firearms in the State.

**Obj. 2.1** Decrease firearm-related deaths in Maryland from 15.23 per 100,000 in 2021 to meet the U.S. Healthy People 2030 target of 10.7 per 100,000 in 2029, resulting in a rate target schedule of 15.07 per 100,000 in 2022, 14.91 per 100,000 in 2023, 14.76 per 100,000 in 2024, 14.02 per 100,000 in 2025, 13.32 per 100,000 in 2026, 12.65 per 100,000 in 2027, 11.64 per 100,000 in 2028.

|   | Performance Measures (Calendar Year)                        | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | Age-adjusted rate of firearm-related deaths in Maryland per |           |           |           |           |           |           |           |
|   | 100,000 people.   | 13.22     | 15.14     | 13.48     | 13.13     | 12.79     | 12.44     | 12.09     |

#### FAMILY HEALTH AND CHRONIC DISEASE SERVICES

#### Goal 3. To improve the health status of Marylanders and their families by assuring the provision of quality primary, preventive and specialty care services.

- Obj. 3.1 By calendar year 2028, the infant mortality rate will be no more than 5.2 per 1,000 live births for all races and 8.5 per 1,000 live births for Non-Hispanic Black infants.
- Obj. 3.2 By calendar year 2028, the percentage of infants born to women receiving prenatal care in the first trimester will be at least 82 percent.
- Obj. 3.3 By calendar year 2028, the teen birth rate will be no more than 8.0 per 1,000 women.

|   | Performance Measures (Calendar Year)                 | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | Infant mortality rates per 1,000 live births         | 5.7       | 6.1       | 6.2       | 6.0       | 5.7       | 5.5       | 5.4       |
| 1 | Infant mortality rate for Non-Hispanic Black infants | 10.1      | 9.8       | 10.3      | 9.9       | 9.5       | 9.1       | 8.9       |
| 2 | Percent births with first trimester care             | 70.2%     | 71.8%     | 73.4%     | 75.0%     | 76.6%     | 78.2%     | 79.8%     |
| 2 | Teen birth rate per 1,000 women, ages 15-19          | 13.0      | 11.3      | 11.3      | 10.2      | 9.8       | 9.3       | 8.8       |

### Goal 4. To improve maternal mortality in Maryland.

Obj. 4.1 Decrease the Non-Hispanic (NH) Black maternal mortality rate from 31.4 deaths per 100,000 live births to 23.6 deaths per 100,000 live births in 2024-2028.

| Performance Measures (Calendar Year)               | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Maternal mortality rate                            | 17.5      | 21.7      | 21.3      | 20.6      | 19.9      | 19.2      | 18.6      |
| Five-year rolling NH Black maternal mortality rate | 29.2      | 32.7      | 31.4      | 29.9      | 28.6      | 27.2      | 26.0      |

#### Goal 5. To prevent chronic diseases and disabilities, detect cancer early, and ensure accurate public health surveillance.

Obj. 5.1 By calendar year 2028, reduce breast cancer mortality to a rate of no more than 20.6 per 100,000 persons in Maryland.

Obj. 5.2 By calendar year 2028, reduce the heart disease mortality rate in Maryland to a rate of no more than 160.1 per 100,000 persons of all races and 153.8 per 100,000 Non-Hispanic Black persons.

| Performance Measures (Calendar Year)                       | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Breast cancer mortality rate                               | 21.5      | 21.3      | 21.0      | 20.8      | 20.7      | 20.6      | 20.5      |
| Heart disease mortality rate for all races                 | 168.3     | 160.1     | 159.2     | 158.7     | 158.1     | 157.0     | 156.6     |
| Heart disease mortality rate for Non-Hispanic Black adults | 202.9     | 188.4     | 189.3     | 190.0     | 190.8     | 189.5     | 190.2     |

#### Goal 6. To reduce unintentional cannabis exposure.

Obj. 6.1 By 2030, reduce the number of calls to poison control for unintentional exposures by 10% for children 9 and under from a 2023 baseline of 238 calls.

Obj. 6.2 Beginning in 2025, no more than a 10% increase in calls to poison control for unintentional exposure from a 2023 baseline of 295 calls.

| Performance Measures (Calendar Year)   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of calls to poison control for unintentional exposures for children 9 and under | 78        | 114       | 225       | 238       | 234       | 230       | 226       |
| Number of calls to poison control for unintentional exposure<br>from all age groups    | 125       | 156       | 292       | 295       | 324       | 324       | 324       |

### Goal 7. Prevent overdose deaths through Naloxone distribution.

- **Obj. 7.1** Increase the number of bystander Naloxone administrations reported to PHPA by 15 percent from the 2016 baseline year.
- Obj. 7.2 Increase the number of individuals trained in overdose response through the Overdose Response Program by 5 percent from the 2016 baseline year.
- Obj. 7.3 Increase the number of Naloxone doses dispensed by PHPA to potential overdose bystanders by 10 percent from the prior year.

| Performance Measures                                       | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of bystander Naloxone administrations reported to   |           |           |           |           |           |           |           |
| РНРА   | 921       | 1,435     | 1,190     | 824       | 1,815     | 1,906     | 2,001     |
| Percent increase over baseline year                        | 6.7%      | 66.3%     | 37.9%     | -4.5%     | 110.3%    | 120.9%    | 131.9%    |
| Number of individuals trained in overdose response program | 43,013    | 57,796    | 79,131    | 112,395   | 147,401   | 154,771   | 162,510   |
| Percent increase over baseline year                        | 95.6%     | 162.8%    | 259.9%    | 411.1%    | 570.3%    | 603.9%    | 639.1%    |
| Number of Naloxone doses dispensed by PHPA                 | 93,583    | 156,817   | 213,583   | 315,107   | 408,188   | 428,597   | 450,027   |
| Percent increase over baseline year (PHPA)                 | 249.6%    | 485.8%    | 697.8%    | 1077.0%   | 1424.7%   | 1501.0%   | 1581.0%   |
| Number of Naloxone doses dispensed by MCPA                 | 22,979    | 28,617    | 33,413    | 38,284    | 34,198    | 35,566    | 36,989    |
| Percent increase over baseline year (MCPA)                 | 553.9%    | 714.4%    | 850.9%    | 989.5%    | 873.2%    | 912.1%    | 952.6%    |

## CIGARETTE RESTITUTION FUND - CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

### Goal 8. To reduce overall cancer mortality in Maryland.

- Obj. 8.1 By calendar year 2028, reduce overall cancer mortality to a rate of no more than 129.7 per 100,000 persons (age-adjusted to the 2000 U.S. standard population).
- Obj. 8.2 By calendar year 2028, reduce colorectal cancer mortality to a rate of no more than 11.6 per 100,000 persons in Maryland (age-adjusted to the 2000 U.S. standard population).

## Goal 9. To reduce disparities in cancer mortality between ethnic minorities and whites.

**Obj. 9.1** By calendar year 2028, ensure disparities in overall cancer mortality between blacks and whites are at a rate of no more than 1.1 (age adjusted to the 2000 U.S. standard population).

|   | Performance Measures (Calendar Year)          | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | Cancer mortality rate per 100,000 Marylanders | 142.3     | 139.9     | 137.6     | 135.3     | 132.3     | 129.7     | 127.2     |
| 1 | Colorectal cancer mortality rate              | 12.7      | 12.3      | 12.2      | 12.0      | 11.8      | 11.6      | 11.4      |
| 1 | Cancer death rate ratio between blacks/whites | 1.2       | 1.2       | 1.2       | 1.2       | 1.1       | 1.1       | 1.1       |

CIGARETTE RESTITUTION FUND - TOBACCO USE PREVENTION AND CESSATION PROGRAM

### Goal 10. To reduce the proportion of Maryland youth and adults who currently smoke cigarettes.

- **Obj. 10.1** By the end of calendar year 2028, decrease the proportion of Maryland middle and high school youth who currently smoke cigarettes by 93.2 percent and 85.2 percent, respectively, from the calendar year 2000 baseline rate.
- **Obj. 10.2** By the end of calendar year 2028, reduce the proportion of Maryland adults who currently smoke cigarettes by 31.9 percent from the calendar year 2011 baseline rate.
- Obj. 10.3 Reduce the proportion of Maryland middle and high school youth that currently use any tobacco products by 5.6 percent and 1.8 percent, respectively, from the calendar year 2018 rate.
- Obj. 10.4 Reduce the proportion of Maryland middle and high school youth that currently use electronic smoking devices (ESDs) by 8.5 percent and 2.2 percent, respectively, from the calendar year 2018 rate.

| Performance Measures (Calendar Year)  | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Middle school students who currently smoke cigarettes                           | N/A       | 1.3%      | 1.2%      | N/A       | 1.1%      | N/A       | 1.0%      |
| High school students who currently smoke cigarettes (all ages)                  | N/A       | 3.6%      | 3.2%      | N/A       | 3.1%      | N/A       | 3.0%      |
| <sup>1</sup> Percent of adults who currently smoke cigarettes                   | 10.9%     | 10.1%     | 9.6%      | 9.1%      | 8.6%      | 8.1%      | 7.6%      |
| Percent of Maryland middle school youth using tobacco products                  |           |           |           |           |           |           |           |
|   | N/A       | 6.3%      | 6.9%      | N/A       | 6.0%      | N/A       | 5.7%      |
| Percent of Maryland high school youth using tobacco products                    | N/A       | 15.6%     | 15.9%     | N/A       | 15.6%     | N/A       | 15.3%     |
| Percent of Maryland middle school youth using electronic smoking devices (ESDs) | N/A       | 5.2%      | 5.9%      | N/A       | 5.6%      | N/A       | 5.3%      |
| Percent of Maryland high school youth using electronic smoking devices (ESDs)   | N/A       | 14.7%     | 14.3%     | N/A       | 14.0%     | N/A       | 13.7%     |

## Goal 11. To reduce the prevalence of current smoking among minority populations.

- **Obj. 11.1** By the end of calendar year 2028, decrease the proportion of Non-Hispanic Black adults who currently smoke cigarettes by 31.2 percent from the calendar year 2011 baseline rate.
- **Obj. 11.2** By the end of calendar year 2028, decrease the proportion of Hispanic adults who currently smoke cigarettes by 54.8 percent from the calendar year 2011 baseline rate.

|   | Performance Measures (Calendar Year)                      | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | Percent of Non-Hispanic Black adults who smoke cigarettes | 11.9%     | 10.7%     | 10.3%     | 9.8%      | 9.3%      | 8.8%      | 8.3%      |
| 1 | Percent of adult Hispanics who currently smoke cigarettes | 5.1%      | 6.1%      | 7.3%      | 7.0%      | 6.7%      | 6.4%      | 6.1%      |

#### Goal 12. Eliminate new cases of lead poisoned children in Maryland.

Obj. 12.1 By 2026, reduce the number of overall new cases of lead poisoning by 50 percent between 2022 and 2026; for Black children the goal is to reduce the number of new cases by 60 percent.

| Performance Measures (Calendar Year)  | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of new cases of lead poisoning in children under 72 months (6 years) of age (defined as a blood lead reference value |           |           |           |           |           |           |           |
| of 5 micrograms/deciliter)  | 901       | 1,107     | 1,320     | 1,054     | N/A       | N/A       | N/A       |

## **OFFICE OF THE CHIEF MEDICAL EXAMINER**

#### https://health.maryland.gov/ocme

#### Goal 1. Provide timely death investigation with sensitivity and balance towards family members.

- **Obj. 1.1** 99 percent of all medical examiner cases requiring further examination will be examined and ready for release within 24 hours of admission to the Office of the Chief Medical Examiner.
- **Obj. 1.2** 90 percent of all autopsy reports will be completed within 60 calendar days.

| Performance Measures                               | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total deaths investigated                          | 16,779    | 18,600    | 17,422    | 16,458    | 16,574    | 16,740    | 16,907    |
| Total bodies examined                              | 6,004     | 6,744     | 6,341     | 5,898     | 5,612     | 5,668     | 5,725     |
| Percent of cases examined within 24 hours          | 98%       | 95%       | 79%       | 98%       | 99%       | 99%       | 99%       |
| Examinations performed                             | 6,004     | 6,281     | 6,138     | 5,792     | 5,477     | 5,532     | 5,587     |
| Percent of total bodies examined with full autopsy | N/A       | 67%       | 71%       | 73%       | 79%       | 79%       | 79%       |
| Total toxicology tests performed                   | N/A       | 45,101    | 45,880    | 43,768    | 44,696    | 45,000    | 45,000    |
| Number of Medical Examiners (full-time equivalent) | 19        | 16        | 18        | 20        | 21        | 23        | 21        |
| Ratio of autopsies to Medical Examiners            | 310       | 390       | 339       | 293       | 261       | 241       | 266       |
| Percent of reports completed within 60 days        | 83%       | 78%       | 65%       | 78%       | 81%       | 85%       | 90%       |

Goal 2. Provide State's Attorneys with autopsy reports on all medical examiner cases where further investigation is deemed advisable.

Obj. 2.1 90 percent of all autopsy reports of homicide cases will be completed for the State's Attorney's office within 90 calendar days.

| Performance Measures                                 | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total homicide cases                                 | N/A       | 687       | 656       | 567       | 506       | 550       | 550       |
| Percent of homicide reports completed within 90 days | N/A       | 83%       | 75%       | 76%       | 85%       | 90%       | 90%       |

## **OFFICE OF PREPAREDNESS AND RESPONSE**

#### https://preparedness.health.maryland.gov

- Goal 1. To improve Maryland's ability to maintain operational readiness to respond to public health emergencies by achieving the planning and operations standards set forth by the Centers for Disease Control and Prevention (CDC) Medical Countermeasure (MCM) Operational Readiness Review (ORR) Guidance.
  - **Obj. 1.1** To demonstrate readiness through submission and acceptance of 100% of all preparedness planning elements required by CDC.
  - Obj. 1.2 To ensure all Local Health Departments' (LHDs) readiness will be no less than "established" on at least 90 percent of the preparedness planning elements on the CDC MCM Operational Readiness Review Tool.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percent of preparedness planning elements submitted and accepted by the CDC on an annual basis                           | N/A       | N/A       | N/A       | N/A       | 100%      | 100%      | 100%      |
| Percent of LHDs with 90 percent of preparedness planning elements rated as "established" on the ORR tool as evaluated by |           |           |           |           |           |           |           |
| MDH  | 71%       | N/A       | 75%       | 80%       | 80%       | 100%      | 100%      |

#### Goal 2. To integrate long-term care facilities into the all hazard preparedness and response planning.

**Obj. 2.1** To increase the representation of long-term care facilities in the regional healthcare coalitions.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percentage of long-term care facilities actively engaged in all  |           |           |           |           |           |           |           |
| hazard emergency preparedness planning with their jurisdiction's |           |           |           |           |           |           |           |
| regional healthcare coalition                                    | N/A       | 12%       | 8%        | 8%        | 10%       | 12%       | 12%       |

#### Goal 3. To improve availability and utilization of Maryland Responds volunteers for state and local public health emergencies.

Obj. 3.1 To increase the number of deployable Maryland Responds volunteers for state and local public health emergencies.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Annual percentage increase of deployable volunteers also known as "Ready Responders" |           |           |           |           |           |           |           |
|  | 30.8%     | 51.0%     | 56.0%     | 71.0%     | 97.4%     | 98.0%     | 98.5%     |

# **OFFICE OF POPULATION HEALTH IMPROVEMENT**

#### https://pophealth.health.maryland.gov

Goal 1. To increase the community health worker (CHW) workforce certifications based on the completion of an accredited CHW certification training program through the implementation of the CHW certification and CHW certification training program accreditation processes.

**Obj. 1.1** Increase the number of CHWs certified based on the completion of an accredited CHW certification training program by 20 percent per year.

**Obj. 1.2** Increase the number of accredited CHW certification training programs by 10 percent per year.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of community health workers (CHWs) certifications<br>based on the completion of an accredited CHW certification |           |           |           |           |           |           |           |
| training program   | N/A       | 52        | 194       | 417       | 889       | 1,067     | 1,280     |
| Number of accredited community health worker (CHW)   |           |           |           |           |           |           |           |
| certification training programs  | N/A       | 7         | 12        | 18        | 20        | 22        | 24        |

# OFFICE OF PROVIDER ENGAGEMENT AND REGULATION

#### https://health.maryland.gov/ocsa

#### Goal 1. To improve the prescribing and dispensing of Controlled Dangerous Substances (CDS).

Obj. 1.1 Annually, ensure all prescribers with a CDS registration are Prescription Drug Monitoring Program (PDMP) -registered.

Obj. 1.2 Annually, ensure that there are at least one million PDMP queries per quarter by clinical users.

| Performance Measures (Calendar Year)                            | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percentage CDS Registrant Prescribers that are PDMP-            |           |           |           |           |           |           |           |
| registered  | 85%       | 96%       | 96%       | 96%       | 95%       | 95%       | 95%       |
| Average number of clinical user queries per fiscal year quarter | 4,778,859 | 4,713,147 | 4,905,881 | 5,434,563 | 5,533,214 | 5,550,000 | 5,560,000 |

Goal 2. To increase the number of CDS registrants using the Office of Controlled Substances Administration (OCSA) online CDS Renewal Service to renew their registration and thus decrease the registration turn-around time.

Obj. 2.1 Annually, at least 85 percent of all CDS registrants renewing a CDS registration will utilize the OCSA online CDS renewal service.

**Obj. 2.2** Annually, the average turn-around time for a CDS registration renewal will not exceed 10 days.

| Performance Measures  | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total number of online CDS registration renewals                  | 12,349    | 6,722     | 17,342    | 13,186    | 10,632    | 15,615    | 17,826    |
| Total number of paper application renewals                        | 1,914     | 1,200     | 1,200     | 419       | 115       | 25        | 15        |
| Total number of CDS registration renewals                         | 14,263    | 7,922     | 18,542    | 13,605    | 10,747    | 15,630    | 17,831    |
| Percent online registration renewals/ total registration renewals | 87%       | 85%       | 94%       | 97%       | 95%       | 99%       | 99%       |
| Average turn-around time for a CDS registration renewal           | 19        | 13        | 10        | 15        | 9         | 7         | 5         |

- Goal 3. To provide timely and comprehensive regulatory oversight of registrants to ensure CDS are available for legitimate medical and scientific purposes and to protect, promote and maintain the health and welfare of the people of the State of Maryland.
  - Obj. 3.1 Annually, the actual number of total inspections conducted will exceed estimated projection of total inspections by at least 5 percent.

| Performance Measures  | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pharmacy inspections performed                              | 596       | 591       | 630       | 398       | 868       | 640       | 650       |
| Other CDS establishment inspections performed               | 871       | 147       | 905       | 126       | 578       | 800       | 825       |
| Dispensing inspections performed                            | 430       | 135       | 670       | 204       | 179       | 200       | 210       |
| Total number of inspections performed                       | 1,897     | 873       | 2,205     | 728       | 1,625     | 1,640     | 1,685     |
| Projected number of inspections to be performed             | 1,225     | 1,400     | 2,205     | 1,400     | 1,400     | 1,640     | 1,685     |
| Percent increase: actual inspections/ projected inspections | 55%       | -38%      | 0%        | -48%      | 16%       | 0%        | 0%        |

## LABORATORIES ADMINISTRATION

#### https://health.maryland.gov/laboratories

- Goal 1. Adopt cutting edge scientific technology to improve the quality and reliability of public health laboratory practice for prevention of disease and promotion of health.
  - **Obj. 1.1** Annually maintain the number of new tests developed or validated and implemented to detect and characterize emerging and reemerging infectious diseases, bioterrorism, anti-microbial and anti-viral drug resistance agents in clinical specimens, and chemical, radiological, microbiological contaminants in environmental matrices.

| Performance Measures                       | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of genetic amplification techniques | 40        | 42        | 44        | 46        | 48        | 50        | 52        |

#### Goal 2. Promote quality and reliability of laboratory test results to support public health, environmental, and BT/CT programs.

**Obj. 2.1** Annually maintain accuracy of 90 percent or greater for proficiency testing of infectious bacterial disease, viral disease, newborn screening for hereditary disorders, environmental, and bleeding time/clotting time (BT/CT) based on nationally standardized testing programs.

| Performance Measures   | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percent accuracy of environmental testing in proficiency testing | 98%       | 99%       | 99%       | 100%      | 99%       | 99%       | 99%       |

## **Vital Statistics Administration**

#### https://health.maryland.gov/vsa/Pages/Home.aspx

#### Goal 1. Increase the life expectancy for all Marylanders by 2030.

- **Obj. 1.1** Increase the overall life expectancy among Marylanders from 77.3 in 2020 to 80 in 2030
- **Obj. 1.2** Decreased the 2020 disparity between Black and White life expectancy by 50 percent by 2030.

| Performance Measures                           | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Act. | 2025 Est. | 2026 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <sup>1</sup> Annual calculated life expectancy | 77.30     | 77.80     | 78.50     | N/A       | N/A       | N/A       | N/A       |
| <sup>1</sup> White-Black life expectancy gap   | 4.50      | 4.30      | 3.90      | N/A       | N/A       | N/A       | N/A       |

#### NOTES

<sup>1</sup> FY 2023 data is an estimate.

<sup>2</sup> FY 2022 and FY 2023 data is an estimate.