

[Draft DLS Analysis Link](#)

MDH ATTENDEES: Laura Herrera Scott, MD, MPH, Secretary
Amalie Brandenburg, MDH Chief Financial Officer
Nilesh Kalyanaraman, MD, Deputy Secretary, Public Health
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Promotion Administration

Available For Questions: Peter DeMartino, PhD, Director, Infectious Disease Prevention and
Health Services Bureau, Prevention and Health Promotion
Administration

Maryland Department of Health (MDH) Prevention and Health Promotion Administration
Fiscal Year 2025 Operating Budget
Response to Department of Legislative Services Analysis

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Emily Shetty
February 7, 2024

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Cory McCray
February 8, 2024

The Department thanks the Governor, the Department of Budget and Management (DBM), and the Budget Committees for their support. We thank the Department of Legislative Services for its insightful budget analysis and for its recommendations to concur with the Governor's allowance.

PHPA should explain its process for selecting MFR goals related to tobacco usage and provide updated goals for the proportion of Maryland adults who currently use cigarettes in calendar 2022 and on. The agency should also discuss the availability of more up-to-date performance and outcome measures to evaluate the effectiveness of increased State investment in tobacco use prevention and cessation efforts, especially related to tobacco and ESD use among youth. The agency should also describe whether it collects tobacco use data at a more granular level by geographic region, jurisdiction, or more specific age groups and the feasibility of including this data in future MFR submissions. (Page 7)

The tobacco-related measures listed within the MFRs were first established in 2000 when the Cigarette Restitution Fund Program started. Measures are based on populations and requirements outlined in state statute.¹ The Department collects data on tobacco use in Maryland through the biennial CDC-developed Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) and the adult annual Behavioral Risk Factor Surveillance System (BRFSS). Both surveys collect jurisdiction-level data on tobacco use, including electronic smoking device (ESD) use. The YRBS/YTS is conducted during the fall of even calendar years. The BRFSS is conducted annually.

Prior MFR reporting was limited to youth cigarette smoking. These measures failed to capture the rapid decline in cigarette use and a sharp rise in ESD use among youth, which drives overall tobacco use rates. During the 2018-19 school year, data indicates that high school youth use ESDs almost five times more than cigarettes. In 2020, the MFRs were updated to include current ESD use and “any tobacco product use” among youth. Any tobacco product use includes cigarettes, cigars, smokeless tobacco, and ESDs. ESD measures were not added for the Maryland adult population since cigarettes are the most used tobacco product among adults.

Tobacco data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) is available at a jurisdiction level, as well as by age and race/ethnicity. The Department will work to update MFR measures and will include health equity-related measures in future submissions where feasible. Full data from the [YRBS is available on the Department’s website.](#)

PHPA should provide additional detail for the planned uses of the Cannabis Public Health Fund in fiscal 2025 and explain how the remaining \$310,000 in special funds will be Used. (Page 8)

PHPA has developed the necessary infrastructure to manage the public health response to adult-use cannabis legalization. This includes the creation of the Cannabis Public Health Branch within the Center for Tobacco Prevention and Control and related recruitment; staffing the newly created Cannabis Public Health Advisory Council; collaborating with the Maryland Cannabis Administration (MCA) and the Alcohol, Tobacco and Cannabis Commission (ATCC); executing a large public health media contract (in partnership with MCA); supporting the creation of a first of its kind Cannabis Public Health Policy Resource Center at the University of Maryland, Baltimore; developing the first iteration of a data dashboard; conducting a needs assessment within local health departments (LHDs) and their partners; and distributing funds to jurisdictions based on community-identified needs.

¹ Health General §13–1001

The remaining \$310,000 will be allocated as grants to further support local and school-based initiatives.

PHPA should provide an update on its current data collection efforts and availability of data related to the public health impacts of adult-use cannabis legalization, specifying performance measures and outcomes that could be developed for use in MFR submissions. The agency should also clarify its data collection role for cannabis-related measures compared to that of MCA and ATCC. The Department of Legislative Services (DLS) recommends adopting committee narrative requesting that PHPA set annual performance goals and provide performance and outcome measures for the prevalence of cannabis use among Maryland adults and youth shown separately, including any other measures related to public health effects of adult-use cannabis that the department deems necessary. (Page 9)

PHPA is working closely with the Department's Chief Data Officer to gather existing data sources and compile them into an internal and public-facing dashboard. The Cannabis Public Health Advisory Council has also made recommendations regarding data collection and reporting to measure the impact of cannabis consumption and legalization. The first iteration of the dashboard is currently going through the data validation process. Specifically, data is being collected to capture:

- Emergency room visits related to cannabis use
- In-patient and out-patient reports of cannabis related health incidence
- Mortality rates
- Adult and youth use
- Use during pregnancy
- Call volume to poison control centers related to cannabis use

Relevant data sources, which are unique to the Department and not collected by ATCC and MCA are as follows.

- Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
- Health Services Cost Review Commission (HSCRC)
- Vital Statistics Administration (VSA)
- Maryland Violent Death Reporting System (MVDRS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Poison Control Centers
- Maryland Public Behavioral Health System (PBHS)

While the Department collects information on the public health impact of cannabis use, MCA's dashboard covers topics such as: sales and volume data, demographics of those purchasing

cannabis, licenses, maps of dispensaries, and plants grown. MCA, MDH and ATCC also have bi-weekly interagency meetings to ensure open communication and status on any enforcement related issues that have come about related to cannabis.

The Department needs at least a year of baseline data since the July 1, 2023 inception of adult use legalization in order to set targets for adult and youth use of cannabis and public health measures, as noted above. Data will be reviewed in fall of 2024 to develop MFRs going forward.

DLS recommends reducing the fiscal 2025 appropriation for the center to \$2.0 million to account for (1) the bills' October 1 effective date; (2) startup time needed to establish a new center; and (3) the May 2025 due date for the preliminary State Plan. (Page 15-16)

The Department respectfully disagrees with the DLS recommendation.

The Department currently engages in injury and violence prevention work and has long-standing partnerships with the firearm violence prevention advocacy and community-based organizations as well as academic centers that evaluate and recommend evidence-based policies and intervention. Planning to implement required objectives of the Center for Firearm Violence Prevention is underway, in parallel to the development of the State Plan due in May 2025. Reducing funding will limit our ability to be aggressive in our efforts to address and end the epidemic of firearm violence.

Due to reported underspending of \$736,676 for fiscal 2024 grants from the Maryland Prenatal and Infant Care Grants Program Fund, DLS recommends reducing the fiscal 2025 allowance by \$1.0 million to continue funding the program at the current level of \$2.1 million. (Page 17)

The Department respectfully disagrees with the DLS recommendation. It is imperative that we address infant mortality, especially excess Black infant deaths. PHPA plans to allocate the \$1.0 million to the two jurisdictions with the highest excess gap of Black Infant Deaths - Baltimore City and Prince George's County. Starting in FY2025 and then for a three-year grant cycle, Baltimore City Health Department would receive \$800,000 per year and Greater Baden Medical System in Prince George's County would receive \$200,000 per year.

Moreover, Baltimore City Health Department recently notified PHPA that their ability to continue critical work in maternal and child health is at risk due to projected \$2 million decline in private and public funding for FY2025.

MDH should specify the timing of when the contractual conversions will be reflected in the fiscal 2024 working appropriation. The department should also provide a list of the remaining 47 new positions and 3 position transfers budgeted in fiscal 2025 that details each position's title, the program it will support, and the need for the new position. (Page

18)

DBM has already effectuated the budget neutral FY 2024 realignments from special payments payroll to merit payroll in the state budget system for the 50 PPHA contractual conversions authorized by the Board of Public Works (BPW) during their 10/25/23 meeting. The two PPHA contractual conversions authorized by the BPW during their 1/3/24 meeting will be reflected in the budget system in the coming weeks.

See table below for an explanation of the remaining 47 new state merit positions included in PPHA’s FY 2025 Allowance.

Prevention and Health Promotion Administration		
Initiative	No. New PINs	Purpose
Cannabis Public Health Fund	3.0 new PINs <ul style="list-style-type: none"> ● Community Health Educator (2) ● Program Manager (1) 	Staffing to support programmatic activities as required by state statute (Health General §13–4505), provide technical assistance for the Governor-Appointed Cannabis Public Health Advisory Council, coordinate with key partners including MCA and ATCC.
Center for Firearm Violence Prevention and Intervention	3.0 new PINs <ul style="list-style-type: none"> ● Program Manager (1) ● Epidemiologist (1) ● Health Policy Analyst (1) 	Staffing to support public health framework for addressing firearm violence through data collection and dissemination and implementing evidence-based strategies to identify the root causes of firearm suicides, homicides, and injuries.
Women’s Health	2.0 new PINs <ul style="list-style-type: none"> ● Program Manager (1) ● Health Policy Analyst (1) 	Staffing to support women’s health strategy focused on protecting reproductive rights, advancing birth equity, and improving maternal and infant health outcomes in Maryland.
Youth Camps	2.0 new PINs <ul style="list-style-type: none"> ● Administrator (1) 	Staffing to support Youth camp criminal record checks

	<ul style="list-style-type: none"> • Office Clerk (1) 	processing.
Ongoing Program Support	37.0 new PINs <ul style="list-style-type: none"> • 18 positions in Infectious Disease and Environmental Control • 19 positions in Family Health and Chronic Disease Services 	Staffing to support the work of existing PHPA programs. These new merit positions are supported by existing budget resources.

MDH should clarify the number of vacant positions and vacancy rate within PHPA as of January 3, 2024, and discuss how it will spend salary and fringe benefit savings resulting from having more vacancies than necessary to meet budgeted turnover. (Page 18)

As of February 2, 2024, PHPA has a total of 39 vacancies in addition to the 50 SPP contractual conversion positions, authorized by the BPW on 10/25/23, which will move current contractual employees into merit positions. The remaining 39 vacancies correlate to an 8.48% vacancy rate and eight positions more than the budgeted turnover. PHPA plans to fill these positions as quickly as possible and active recruitment efforts are underway. We do not expect to have any significant salary savings to reallocate.

PHPA should clarify the fiscal 2024 appropriation for the MADAP case management system and explain why a negative appropriation of \$1.5 million is listed in the Governor’s fiscal 2025 budget books. (Page 21)

In FY 2024, the MADAP Program Case Management System is supported by special funds from MADAP rebates (\$555,408) brought into the Department’s budget via Budget Amendment 039-24, and by general funds (\$110,771) budgeted within DoIT for project oversight.

The negative \$1.5 million figure cited by DLS refers to an FY 2024 adjustment made against the \$2,104,650 special funds brought into the project budget in FY 2023, to account for updated MADAP rebate revenue projections. This adjustment is part of a Budget Highlight chart showing available funding over the life of the project, and does not represent an adjustment to the project’s actual appropriation level in FY 2024.

DLS determined the report to be in compliance with the language and recommends the release of \$50,000 in general funds restricted in fiscal 2024 pending the submission of a report regarding timeliness of MIECHV contracting and fund distribution and will process a letter to this effect if no objections are raised by the subcommittees. (Page 24)

The Department thanks DLS for its review and for recommending the release of funds.



Prevention and Health Promotion Administration (PHPA) Fiscal Year 2025 Budget Hearings

February 2023



PHPA by the numbers

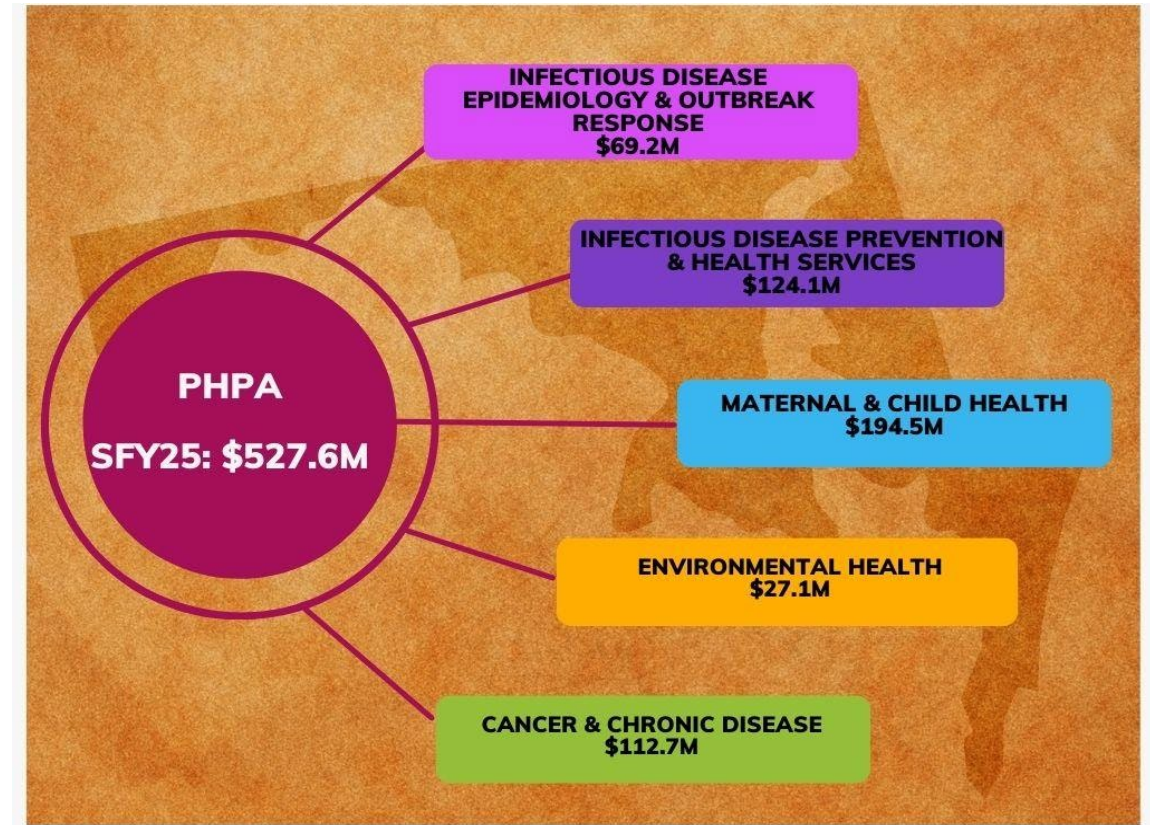
Our mission is to protect, promote, and improve the health and well-being of Marylanders through the provision of public health leadership and community-based health efforts.

FY25 Allowance

General Funds - \$ 99 Million
 Federal Funds - \$304 Million
 Special Funds - \$110 Million
Reimbursable Funds - \$15 Million
Total Funds - \$528 Million



	<u>FY 24</u> <u>Working</u>	<u>FY 25</u> <u>Allowance</u>	<u>FY 24-25</u> <u>Change</u>
Regular Positions	460.00	560.00	100.00
Contractual FTEs	<u>119.97</u>	<u>74.15</u>	<u>-45.82</u>
Total Personnel	579.97	634.15	54.18



Maternal and Child Health Bureau

Protect Reproductive Rights

- Launched new partnership with Upstream USA to expand access to contraceptive care.
- Initiate the development of the Abortion Care Clinical Training Program
- Formed and staffed the new Protected Health Care Commission

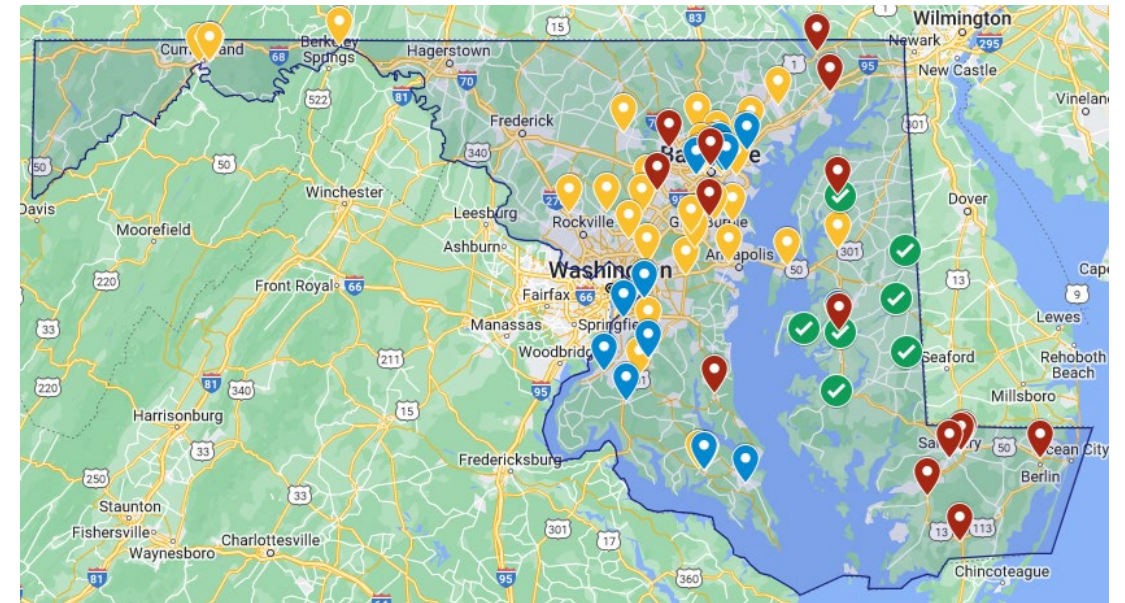
Advance Birth Equity, especially Black Maternal and Infant Health

- Expanded CenteringPregnancy Model to serve more Marylanders. Four new clinics will offer this group-based prenatal care program shown to improve maternal and infant health outcomes.
- Address complications due to hemorrhage, a leading cause of pregnancy-related deaths, through the Maryland Perinatal Quality Collaborative

Support Behavioral Health Needs

- Launched the Strengthening Families in Recovery Program (SFRP) to support pregnant Marylanders in recovery

Maryland Department of Health and Upstream Recruitment Sites

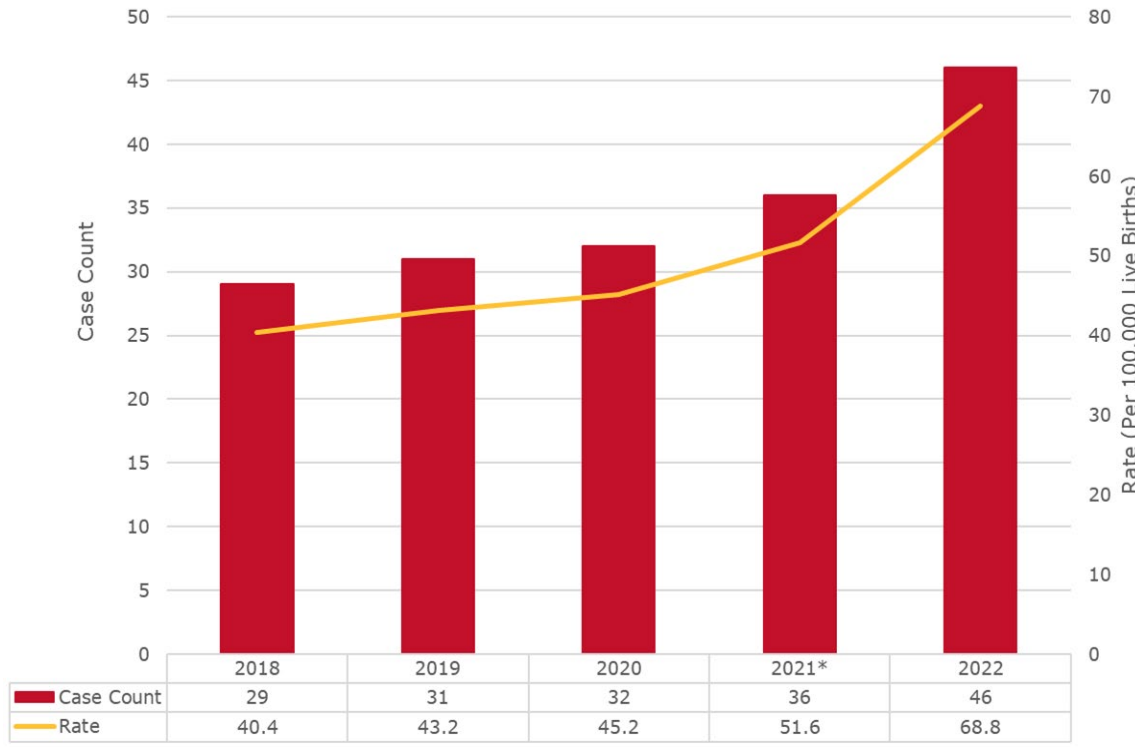


Green - signed mou, Blue - finalizing agreement, Yellow - ongoing recruitment, Red - declined



Infectious Disease Prevention and Health Services Bureau

Congenital Syphilis Cases and Rates, Maryland, 2018-2022



FY24 Education and Training Activities:

- 4 trainings on Syphilis Staging and Treatment for clinicians w/ 75-120 attendees each session
- 3 trainings (and scheduled biweekly until end of FY24) on Congenital Syphilis (CS) NBS (state STI database) for CS investigators and reviewers
- 1 Congenital Syphilis 101 course w/ 30 CS investigators and reviewers

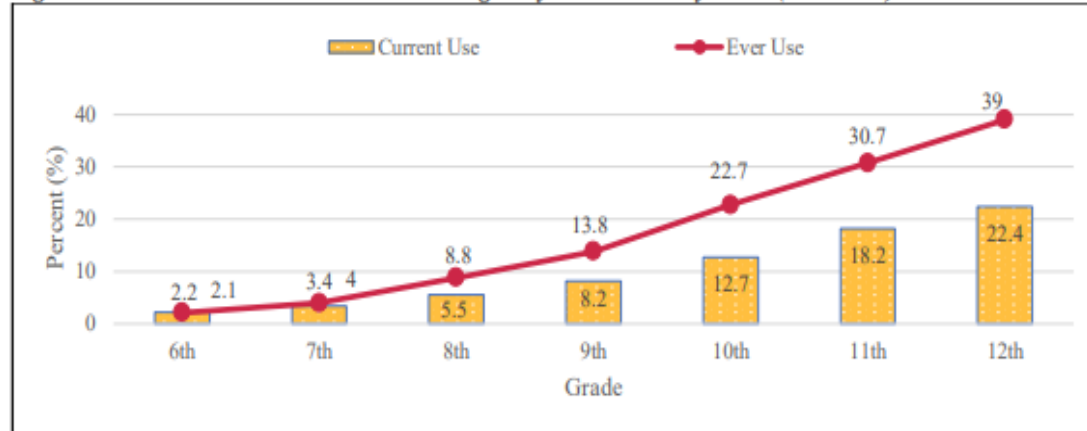
Proposed HB 117/SB 305 Public Health - Giving Infants a Future Without Transmission (GIFT) Act in 2024 Legislative Session: requires universal syphilis screening at the time of labor and delivery for all pregnant women

Cancer and Chronic Disease Bureau

Cannabis

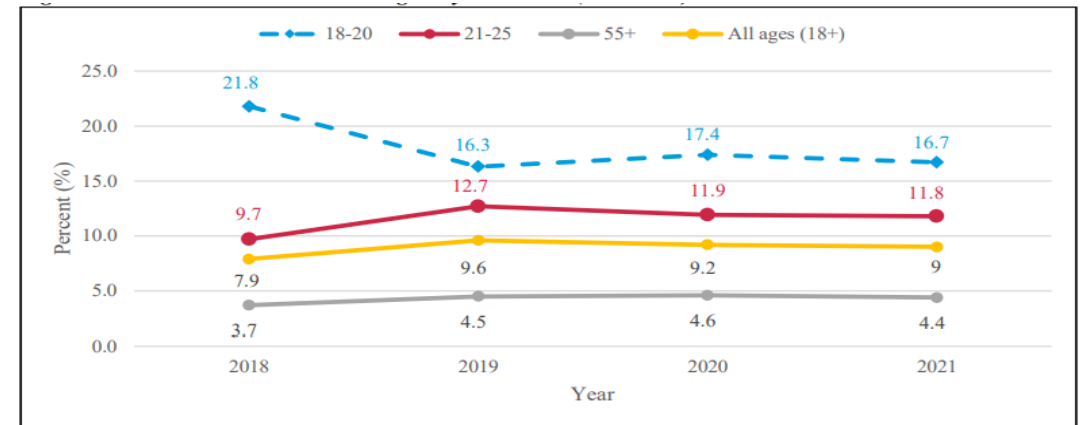
- Created Cannabis Public Health Branch and staff new Cannabis Public Health Advisory Council
- Launched statewide media and outreach campaigns (in partnership with the Maryland Cannabis Administration).
- Developing monitoring and surveillance plan
- Supporting community-based programs to prevent youth use and misuse

Figure 2: Current and Ever Cannabis Use Among Maryland Students by Grade (2021-2022)



Source: Maryland YRBS/YTS 2021-2022
Ever-use is defined as at least once in their lifetime.

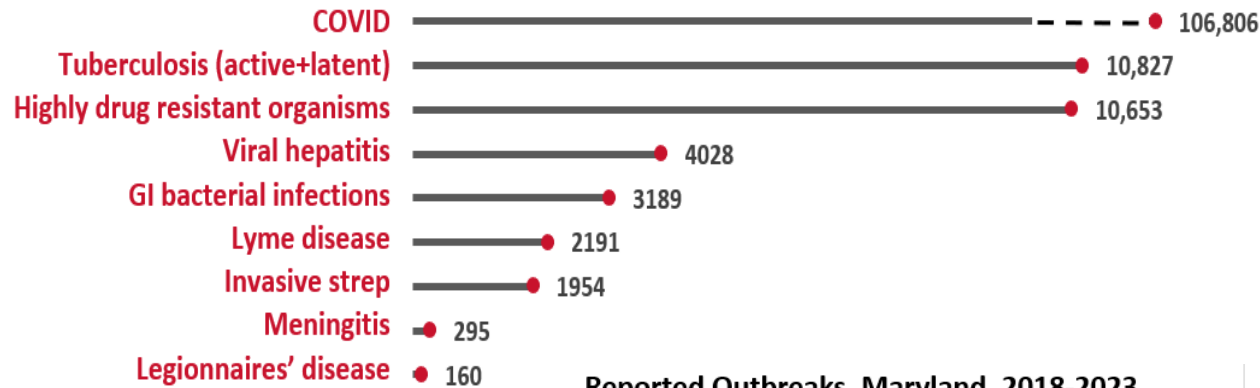
Current Maryland Cannabis Use Among Maryland Adults (2018-2021)



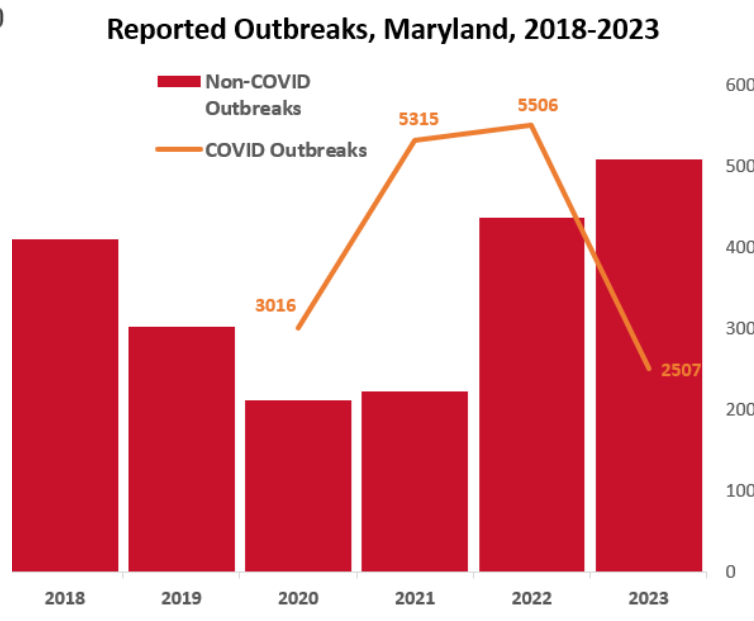
Source: Maryland BRFSS 2018-2021

Infectious Disease Epidemiology and Outbreak Response Bureau

2023 Cases: Selected Conditions (Provisional)



Reported Outbreaks, Maryland, 2018-2023



- Responded to the privatization of COVID vaccines during fall 2023
 - Existing: VFC program for un- and under-insured children
 - New: Bridge Access Program for un- and under-insured adults by partnering with FQHCs and other adult providers
- Responded to the release of new tools to prevent RSV infections
 - Vaccines for adults 60+ and pregnant women
 - Monoclonal antibody product (nirsevimab/Bayfortus)
- Continued to monitor all Maryland mpox cases



Environmental Health Bureau

Workforce Development

- MDH is developing an innovative environmental health workforce apprenticeship program in collaboration with a HBCU
- Maryland has lacked training programs for environmental health specialists for decades
- Environmental health specialists protect Marylanders by:
 - ensuring safe food and water
 - inspecting waste disposal systems, retail and manufacturing food facilities, youth camps, swimming pools (to name a few)
 - investigating complaints related to any of the above
 - protecting us from dangerous products: in FY24, MDH's Environmental Health Bureau initiated the recent national recall of candlenuts advertised for weight loss