Committee: HHS
Committee Review: Completed
Staff: Robert H. Drummer, Senior Legislative Attorney
Purpose: Final action – vote expected
Keywords: #MontgomeryCaresAdvisoryBoard

AGENDA ITEM #4B
December 7, 2021
Action

SUBJECT

Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments

Lead Sponsor: Health and Human Services Committee

EXPECTED ATTENDEES

N/A

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

This Bill is sponsored by the HHS Committee based on its September 24 worksession. The Bill did not go back to Committee after introduction. **A motion is necessary to act on the Bill.**

DESCRIPTION/ISSUE

The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income, and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

SUMMARY OF KEY DISCUSSION POINTS

- Should the Board be continued?

<u>This report contains:</u>

Staff Report	Pages 1-4
Bill 43-21	© 1
LRR	© 6
HHS Committee Staff Memo – September 24, 2021	© 7
Montgomery Cares Advisory Board Memo – June 24, 2021	© 11
Montgomery Cares Annual Report FY 2021	© 15
OCA Bill Review Memo	© 61
Economic Impact Statement	© 62
Fiscal Impact Statement	© 65
Testimony of Dr. Christopher Rogers	© 67

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Agenda Item #4B
December 7, 2021
Action

M E M O R A N D U M

December 2, 2021

TO: County Council

FROM: Robert H. Drummer, Senior Legislative Attorney

SUBJECT: Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments

PURPOSE: Action – Vote Expected

This Bill is sponsored by the HHS Committee based on its September 24 worksession. The Bill did not go back to Committee after introduction. **A motion is necessary to act on the Bill.**

Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments, sponsored by the Health and Human Services Committee, was introduced on November 9, 2021. A public hearing for Bill 43-21 was held on November 30, 2021. Council action is scheduled for December 7, 2021 at 1:30PM.[1]

The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

Although the Bill did not go to Committee after introduction, the Council's Health and Human Services Committee held a worksession to discuss the continuation of the Board on September 24, 2021 and agreed to sponsor this Bill. The staff memo for the September 24, 2021 HHS worksession is at ©7. The Board's memo requesting to be continued with some changes to its mission and composition is at ©11. The Montgomery Cares Annual Report for FY21 is at ©15.

The County Attorney's Office concluded that the Bill does not raise any legal issues (©61).

[1] #MontgomeryCaresAdvisoryBoard

Public Hearing

Both speakers supported the Bill. Dr. Christopher Rogers, HHS Public Health Services Policy & Strategy Officer, speaking on behalf of the Executive, supported the Bill with some recommendations for changes (©67). Wayne Swann, Chair of the Advisory Board for the Montgomery Cares Program, also supported the Bill.

Issues

1. What would happen if the Bill is not enacted?

The law establishing the Advisory Board is set to expire on December 31, 2021. Therefore, if the Bill is not enacted, the Advisory Board must be disbanded. If the Council wants to re-authorize the Board after December 31, a new Bill would have to be introduced, enacted, and new Board members would have to be appointed.

2. What is the fiscal and economic impact of the Bill?

OMB estimated that adding 2 additional members of the Board would increase the costs by $2400 each year. OMB concluded that the Bill would not increase revenue to the County (©65). OLO estimated that the Bill would not directly impact the economic conditions in the County (©62).

3. What are the Executive's recommendations?

The HHS Committee discussed extending the Advisory Board and making the changes in the Bill after hearing from the Board, DHHS representatives, and Council staff on September 24. The DHHS representatives supported the extension of the Board with the changes included in the Bill. The Executive's testimony at the public hearing on November 30 raised several issues for the first time. Although the Executive supported the Bill, he requested the following amendments:

a. Adding a 3rd *ex officio* non-voting member of DHHS to the Board – the Chief of Children, Youth and Families or designee.

Board meetings are open to the public. DHHS is permitted to send as many representatives as it feels necessary to Board meetings.

If the Council wants to make this amendment, it could be done by:

Amend lines 22-27 as follows:

(b) *Ex officio members*. Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve as ex officio members of the Board:

(1) The County Health Officer or Officer's designee; **[[and]]**

(2) The Chief of the Department's Behavioral Health and Crisis Service or the Chief's designee; and

(3) The Chief of Children, Youth and Families or designee.

b. The Bill increases the public members from 3 to 5. The Executive suggested that the public members be individuals who are receiving services from the Program.

The Board already includes 2 individuals who are or have received services from the Program. Changing the 5 public members to individuals who receive services from the Program would likely make it more difficult to find volunteers to serve on the Board. In addition, the Executive can appoint public members who are receiving services from the Program now even though it is not a requirement.

If the Council wants to make this amendment, it can be done by:

Amend line 37 as follows:

(4) **[**3**]** 5 members of the public who are currently receiving services from the Program

c. Establish a flat fee for public members instead of reimbursement for expenses similar to the Racial Equity and Social Justice Advisory Committee.

The annual stipend for the public members of the RESJ Advisory Committee is $2000. The Executive explains that this would be easier. However, adding a stipend for this Board would raise significant issues for other Boards that do not receive a stipend. Reimbursement for actual expenses can be made simple without a set stipend that may overpay some and underpay others.

If the Council wants to make this amendment, it can be done by:

Amend lines 57-58 as follows:

(e) *Expenses*. A public member **[[**may request reimbursement for mileage and dependent care costs at rates established by the County**]]** must receive an annual stipend of $2,000 to compensate for expenses.

d. Work with DHHS to add a definition of underinsured.

The Executive did not suggest a definition of "underinsured." If this becomes a problem, the Executive can do this by regulation or submit a new bill after this Bill is enacted.

This packet contains: Circle #

	Circle #
Bill 43-21	1
Legislative Request Report	6
HHS Committee Staff Memo – September 24, 2021	7
Montgomery Cares Advisory Board Memo – June 24, 2021	11
Montgomery Cares Annual Report FY 2021	15
OCA Bill Review Memo	61
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Expedited Bill No. 43-21
Concerning: Health – Advisory Board for Montgomery Cares Program - Amendments
Revised: 10-13-21 Draft No. 3
Introduced: November 9, 2021
Expires: May 9, 2023
Enacted:
Executive:
Effective:
Sunset Date: None
Ch. [#], Laws of Mont. Co. [year]

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Health and Human Services Committee

AN EXPEDITED ACT to:

(1) continue the operation of the Advisory Board for the Montgomery Cares Program;
(2) repeal the automatic termination date for the Advisory Board for the Montgomery Cares Program;
(3) modify the mission and duties of the Board to include underinsured County residents;
(4) define low-income for the purposes of the Board's duties;
(5) modify the composition of the Board's members;
(6) require the Board to elect a vice chair; and
(7) generally amend the law governing the Advisory Board for Montgomery Cares.

By amending
Montgomery County Code
Chapter 24, Health and Sanitation
Sections 24-47, 24-49, 24-50, 24-51, 24-52, and 24-53

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

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

Sec. 1. Sections 24-47, 24-49, 24-50, 24-51, 24-52, and 24-53 are amended as follows:

24-47. Definitions.

In this article the following words have the meanings indicated**[**;**]**:

Area median income means the median household income for the Washington -Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area as estimated by the U.S. Department of Housing and Urban Development, adjusted by household size, or its successor.

Board means the Advisory Board for the Montgomery Cares Program.

Department means the Department of Health and Human Services.

Low-income means 80% or less of area median income.

Program means the Department's health care delivery system that provides primary medical care and other essential health care and related services, through public/private partnerships, to low-income, **[**and**]** uninsured, and underinsured residents of the County.

24-49. Mission.

The Board's mission is to advise and recommend policies that ensure access to high quality, efficient health care and related services for low-income, **[**and**]** uninsured, and underinsured County residents.

24-50. Members; appointments; terms.

(a) *Total members*. The Board has **[**17**]** 19 members.

(b) *Ex officio members*. Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve as ex officio members of the Board:

(1) The County Health Officer or Officer's designee; and

(2) The Chief of the Department's Behavioral Health and Crisis Service or the Chief's designee.

28 (c) *Other members*. Subject to confirmation by the County Council, the
29 County Executive should appoint the following individuals to serve on
30 the Board:
31 (1) 2 representatives of community health care providers that
32 participate in the Program;
33 (2) 1 representative of hospitals that participate in the Program;
34 (3) The chair of the Board of Directors of the entity that contracts
35 with the Department to administer the distribution of funds for
36 the delivery of Program services or the chair's designee;
37 (4) **[**3**]** <u>5</u> members of the public;
38 (5) **[**3**]** <u>4</u> individuals who have knowledge of and experience with
39 issues relating to health care for uninsured individuals such as
40 primary care, specialty care, dental care, behavioral health care,
41 or fiscal matters relating to any of these types of care;
42 (6) 1 representative of the Commission on Health;
43 (7) 1 representative of the County Medical Society; <u>and</u>
44 (8) 2 current or former recipients of services under the Program **[**;
45 and
46 (9) 1 representative from a Managed Care Organization who is
47 familiar with Medicaid and insurance issues affecting low-
48 income populations**]**.
49 * * *
50 **24-51. Voting; chair <u>and</u> <u>vice</u> <u>chair</u>; meetings; compensation.**
51 (a) *Voting*. All members of the Board are voting members.
52 (b) *Chair <u>and</u> <u>vice</u> <u>chair</u>*. The members of the Board must elect a chair <u>and</u>
53 <u>vice</u> <u>chair</u> by majority vote to serve a 1-year term.
54 (c) *Meetings*. The Board must meet at least 10 times each year.

55 (d) *Compensation*. Except as provided in subsection (e), a member must
56 serve without compensation.
57 (e) *Expenses*. A member may request reimbursement for mileage and
58 dependent care costs at rates established by the County.
59 **24-52. Duties and staff.**
60 (a) *Duties*. The Board may advise the County Executive, County Council,
61 and Department on any matter relating to the goal of ensuring a steady
62 and measurable **[**growth**]** improvement in accessibility **[**in the number**]**
63 of low-income, uninsured, and underinsured County residents accessing
64 high quality health care services, including:
65 (1) Eligibility criteria for participating health care providers;
66 (2) Eligibility criteria for individuals served by the Program;
67 (3) The method for allocating Program funds;
68 (4) The method of distributing funds to participating health care
69 providers;
70 (5) The Program budget;
71 (6) Growth targets and resources needed to meet those targets;
72 (7) Assistance to eligible individuals to obtain State and federal
73 health care coverage;
74 (8) Policies and practices to maximize the use of County funds for
75 direct services to clients;
76 (9) Evaluation of policies and programs to improve access to health
77 care and related services for low-income, **[**and**]** uninsured, and
78 underinsured County residents;
79 (10) Strategic planning in support of the Health Care for the
80 Uninsured programs administered by the Department, including:
81 (A) Montgomery Cares;

82 (B) Care for Kids;

83 (C) Maternity Partnership;

84 (D) the Department's Dental Services; and

85 (E) Health Care for the Homeless; and

86 (11) Health care services provided to low income, **[**and**]** uninsured,

87 and underinsured County residents, including primary care,

88 specialty care, dental care, behavioral health, and ancillary

89 services.

90 (b) *Report*. The Board must submit an annual report to the County

91 Executive, County Council, and Department on its activities, findings,

92 and recommendations.

93 (c) *Consideration of findings and recommendations*. The County

94 Executive, County Council, and Department must give serious

95 consideration to the findings and recommendations of the Board.

96 (d) *Staff*. The Department must provide appropriate staff for the Board.

97 **24-53. [Termination] Reserved.**

98 **[**(a) *Date*. The Board terminates on December 31, 2021.**]**

99 **[**(b) *Continuance of Board*. By March 31, 2021, the Board must

100 recommend to the County Executive and County Council whether the

101 County should continue the Board or establish an alternative

102 governance structure for the Program.**]**

103 **Sec. 2. Expedited Effective Date.**

104 The Council declares that this legislation is necessary for the immediate

105 protection of the public interest. This Act takes effect on the date on which it

106 becomes law.

107

LEGISLATIVE REQUEST REPORT

Bill 43-21
Health – Advisory Board for Montgomery Cares Program – Amendments

DESCRIPTION:	The Advisory Board for the Montgomery Cares Program advises and recommends policies to ensure access to high quality, efficient health care and related services for low-income, and uninsured County residents. The law establishing the Board is set to sunset on December 31, 2021. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.
PROBLEM:	The law establishing the Board is set to sunset on December 31, 2021.
GOALS AND OBJECTIVES:	To continue the operation of the Board and modify its duties and composition.
COORDINATION:	Montgomery Cares Program, DHHS
FISCAL IMPACT:	To be requested.
ECONOMIC IMPACT:	To be requested.
EVALUATION:	To be researched.
EXPERIENCE ELSEWHERE:	To be researched.
SOURCE OF INFORMATION:	Robert H. Drummer, Senior Legislative Attorney
APPLICATION WITHIN MUNICIPALITIES:	N/A
PENALTIES:	N/A

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M E M O R A N D U M

September 24, 2021

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Continuation of Montgomery Care Advisory Board

PURPOSE: Committee recommendation on whether to sponsor legislation to continue the Montgomery Care Advisory Board

Expected to attend:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. James Bridgers, Acting Health Officer and Chief of Public Health Services (DHHS)
Dr. Christopher Rogers, Policy and Strategy Officer (DHHS)
Tara Clemons, Program Manager, Healthcare for the Uninsured
Diana Saladani, Co-Chair, Montgomery Cares Advisory Board

The Montgomery Cares Advisory Board's (MCAB) duties are delineated in Chapter 24-47 of the County Code (©5-7). MCAB has 17 members. Its duties are:

(a) Duties. The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable growth in the number of uninsured County residents accessing high quality health care services, including:
(1) Eligibility criteria for participating health care providers;
(2) Eligibility criteria for individuals served by the Program;
(3) The method for allocating Program funds;
(4) The method of distributing funds to participating health care providers;
(5) The Program budget;
(6) Growth targets and resources needed to meet those targets;
(7) Assistance to eligible individuals to obtain State and federal health care coverage;

(8) Policies and practices to maximize the use of County funds for direct services to clients;
(9) Evaluation of policies and programs to improve access to health care and related services for low-income and uninsured County residents;
(10) Strategic planning in support of the Health Care for the Uninsured programs administered by the Department, including:

(A) Montgomery Cares;
(B) Care for Kids;
(C) Maternity Partnership;
(D) the Department's Dental Services; and
(E) Health Care for the Homeless; and

(11) Health care services provided to low income and uninsured County residents, including primary care, specialty care, dental care, behavioral health, and ancillary services.

Unusual to MCAB is the inclusion of a sunset date. The termination date for MCAB is December 31, 2021, unless the Council acts to continue. This was initially a part of the MCAB establishment because when Montgomery Cares was new it was not clear if an ongoing board would be beneficial.

At the Council's last review in 2015, the law was amended to expand the duties of MCAB to the broader range of healthcare for the uninsured programs, not just Montgomery Cares which is the County's healthcare program for uninsured adults. It was also expanded to include low-income residents, not just uninsured, so that MCAB might also consider policies regarding the care available to people through other programs for low-income residents. Because there were significant changes to the scope of MCAB's duties, the then-HHS Committee recommended leaving in a sunset to prompt review of the new scope.[1]

In 2015, the then-HHS Committee held a discussion session similar to this and then recommended/sponsored a bill to the Council. The Committee did not need to hold a second discussion/worksession as the Council moved forward with the adoption as recommended.

As required, MCAB sent a letter to the Council and Executive with its recommendations (©1-4). in summary, MCAB recommends (see discussion ©3-4):

1. The Board continue to provide an advisory role for the Health Care for the Uninsured programs and the County safety-net.
2. The Board's mission be revised "to advise and recommend policies that assure access to high quality, efficient healthcare and related services for low income, uninsured and underinsured County residents".
3. The Board include a Vice Chair as a formal elected position.
4. The Board's membership be modified to add two positions and eliminate the Managed Care membership type.
5. The Board expands its scope to additionally focus on the needs of underinsured County residents.

[1] Link to the action staff report for Bill 36-15:
https://apps.montgomerycountymd.gov/ccllims/DownloadFilePage?FileName=986_1_1419_Bill_36-15E_Action_20150915.pdf

Council staff recommendation:

Council staff recommends the HHS Committee sponsor legislation to continue MCAB. Council staff believes the oversight of this advisory board has been and will continue to be important in the County's continued efforts to have a robust safety-net system for healthcare and reducing disparities in access to health services.

Council staff concurs with the changes recommended by MCAB with two exceptions:

1. Define "low-income" using HUD definitions:

Currently, the term low-income is not defined. Council staff recommends that it be defined given MCAB's specific recommendation to add the "underinsured" to its current focus on the uninsured.

The U.S. Department of Housing and Urban Development (HUD) says: Low-income families are defined as families whose incomes do not exceed 80 percent of the median family income for the area. Very low-income families are defined as families whose incomes do not exceed 50 percent of the median family income for the area.

Federal Poverty Level	100%	250%	
Individual	$12,880	$32,200	
Household of 4	$26,500	$66,250	
Area Median Income	50%	80%	100%
Individual	$45,150	$72,240	$90,300
Household of 4	$64,500	$103,200	$129,00

Unfortunately, many people at all income level end up being underinsured for medical and dental care. Council staff thinks this is an important issue for everyone, but that MCAB should focus its work on low-income households. Using the HUD definition for low income would provide some latitude that is above the current safety-net incomes for many programs of 250% of AMI but it would clarify that the work on underinsurance would also be for low-income residents.

2. Remove Sunset

MCAB recommends extending its authorization until 2026 per the previous reviews. Council staff recommends removing the sunset. Any board, committee or commission can tell the Council at any time if amendments are needed to their authorizing law and the Council can initiate changes at any time. Council staff does not see a reason for a sunset given the ongoing important of access to and reducing disparities in healthcare.

Because of the current sunset, the Committee will need to recommend, and the Council enact an expedited bill so there is no break on December 31, 2021

FY21 Montgomery Cares Annual Report

While this session is specific to the need for continuing legislation, the FY21 Annual Report is attached at ©8-53.

In addition to the information in the report, in the coming year, MCAB will be considering DHHS' work to standardize enrollment for Montgomery Cares through the Office of Eligibility and Support Services in ways that do not create barriers to enrollment and the development of a value-based care framework for funding to community clinics that will place a focus on patient outcomes.

Lastly, MCAB will continue to receive monthly updates on all the healthcare for the uninsured programs to look at trends in patient use, telehealth versus in-person visits, and other issues related to transitioning into the next phase of healthcare that is, hopefully, post-pandemic.

MONTGOMERY CARES ADVISORY BOARD

MEMORANDUM

June 24, 2021

TO: Tom Hucker, President, Montgomery County Council
Gabe Albornoz, Vice-President, County Council and Chair of HHS Committee
Marc Elrich, Montgomery County Executive

FROM: Wayne Swann, Chair, Montgomery Cares Advisory Board

SUBJECT: Extension of the Montgomery Cares Advisory Board and related recommendations

The enabling legislation for the Montgomery Cares Advisory Board (Board) specifies that authorization will sunset on December 31, 2021, unless reauthorization is carried out. The Board, as required, is submitting our recommendations about the future of the Board following the end of the authorization. As chair of the board, I am writing to communicate our recommendation that the Board be continued and that the scope is updated.

The COVID-19 pandemic unveiled many underlying issues that we've long known existed, specifically health disparities and the ongoing disinvestment by our federal/public health systems for non-citizens. As a majority-minority County, the pandemic magnified the health disparities and disease burden that were already underlying in communities of color. The Board continues to support actions taken to address the immediate systematic health challenges, as well as an ongoing commitment to address them long-term so that lessons learned are not forgotten.

The Charter recommendations took into consideration the changing environment in healthcare today. Some of these changes included the evolution of federal/state health programs, disparities exposed by COVID-19 and the drive for patient-centered medical care. The Board's recommendation is also based on feedback and advice from key Montgomery Care stakeholders, which include leadership from the Montgomery Cares Clinics, DHHS and The Primary Care Coalition. The stakeholders uniformly thought that the Board plays a valuable role in providing policy advice to the County and serving as a forum for stakeholder input for the Program. It was also recognized that the Board remains well positioned to provide an advisory role on health care delivery and access for all low income, uninsured and underinsured County residents.

Based on this evaluation the Board recommends:

1. The Board continue to provide an advisory role for the Health Care for the Uninsured programs and the County safety-net.

2. The Board's mission be revised "to advise and recommend policies that assure access to high quality, efficient healthcare and related services for low income, uninsured and underinsured County residents".
3. The Board include a Vice Chair as a formal elected position
4. The Board's membership be modified to add two positions and eliminate the Managed Care membership type.
5. The Board expands its scope to additionally focus on the needs of underinsured County residents

The Board appreciates the opportunity to provide this recommendation and advocate for priorities that are patient centered, data driven, and sustainable for our stakeholders. We are committed to continuing to work in close collaboration with you to achieve the principles of the Triple Aim (improving population health, patient experience and reducing costs) for County residents.

The Board welcomes the opportunity to meet with County Council to address any questions you may have on these recommendations.

Attachment

cc: Raymond Crowel, Director, DHHS
Dr. Travis Gayles, Public Health Officer, DHHS

Recommendations to Continue the
Montgomery Cares Advisory Board

The Board recommends the following to the Montgomery County Executive and Montgomery County Council:

1. That the Montgomery Cares Advisory Board be reauthorized

2. That the name "Montgomery Cares Advisory Board" be retained

3. That the Montgomery County Council amend Section 24-47 of the Montgomery County Code to change the definition of "Program" to the following, " **the health care delivery system that provides primary medical care and other essential health care and related services, through public/private partnerships to low-income, uninsured, and underinsured residents of the County.**"

4. That the Montgomery County Council amend Section 24-49 of the Montgomery County Code to change the mission of the Board to read, "**The Board's mission is to advise and recommend policies that ensure access to high quality, efficient health care and related services for low-income, uninsured, and underinsured County residents**."

5. That the Montgomery County Council amend Section 24-50 of the Montgomery County Code to change the membership of the board as follows:
    - Change item (a): **The Board has 19 members**
    - Change item (c):
        - (4) **increase from ~~3~~ members of the public to 5**
        - (5) **increase from ~~3~~ individuals who have knowledge and experience to 4**
        - (9) **eliminate the Managed Care Organization representative member**

6. Change title of Sec. 24-51. to **Sec 24-51 Voting; chair and vice chair; meetings; compensation**
    - Change item (b) Chair and **Vice Chair**. The members of the Board must elect a chair and **vice chair** by majority vote, each to serve 1-year terms, respectively.

7. That the Montgomery County Council amend Section 24-52 of the Montgomery County Code to reflect the following duties:
    - Change (a) Duties to read: The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable improvement in accessibility of low-income, uninsured, and **underinsured** County residents to high quality health care services, including:
    - Change item #9 to read: Evaluation of policies and programs to improve access to health care and related services for low-income, uninsured and **underinsured** residents;
    - Change item #11 to read: Provide recommendations on health care services provided to low-income, uninsured, and **underinsured** County residents, including primary care, specialty care, dental care, behavioral health care, and ancillary services

8. That the Montgomery County Council amend Section 24-53 of the Montgomery County Code to
    - Reauthorize the Board through **December 31, 2026**
    - Continuance of Board. By **March 31, 2026**, the Board must recommend to the County Executive and County Council whether the County should continue the Board or establish an alternative governance structure for the Program

Montgomery Cares Annual Report Fiscal Year 2021

Aisha Robinson, Provider Services Manager

Elizabeth Arend, Director, Provider Services

primary care coalition

8757 Georgia Ave, 10th Floor

Silver Spring, MD 20910

www.PrimaryCareCoalition.org

FY21 Program Performance

Utilization

- Clinics served 19,777 patients in 53,336 encounters, a 20% patient decrease in unduplicated patients and a 15% decrease in encounters from 2020.
- Clinics spent 95% of the FY21 budgeted amount for encounters.
- Encounter ratio: 2.7, a 5% increase from the 2.57 ratio in FY20

Capacity

- The network remained intact with 10 clinics
- Two clinics temporarily stopped accepting new patients due to Covid-related staff reductions.
- There were only minor wait time fluctuations for established patients throughout the FY
- Nine clinics accept Medicaid, eight clinics accept Medicare, seven accept commercial insurance.

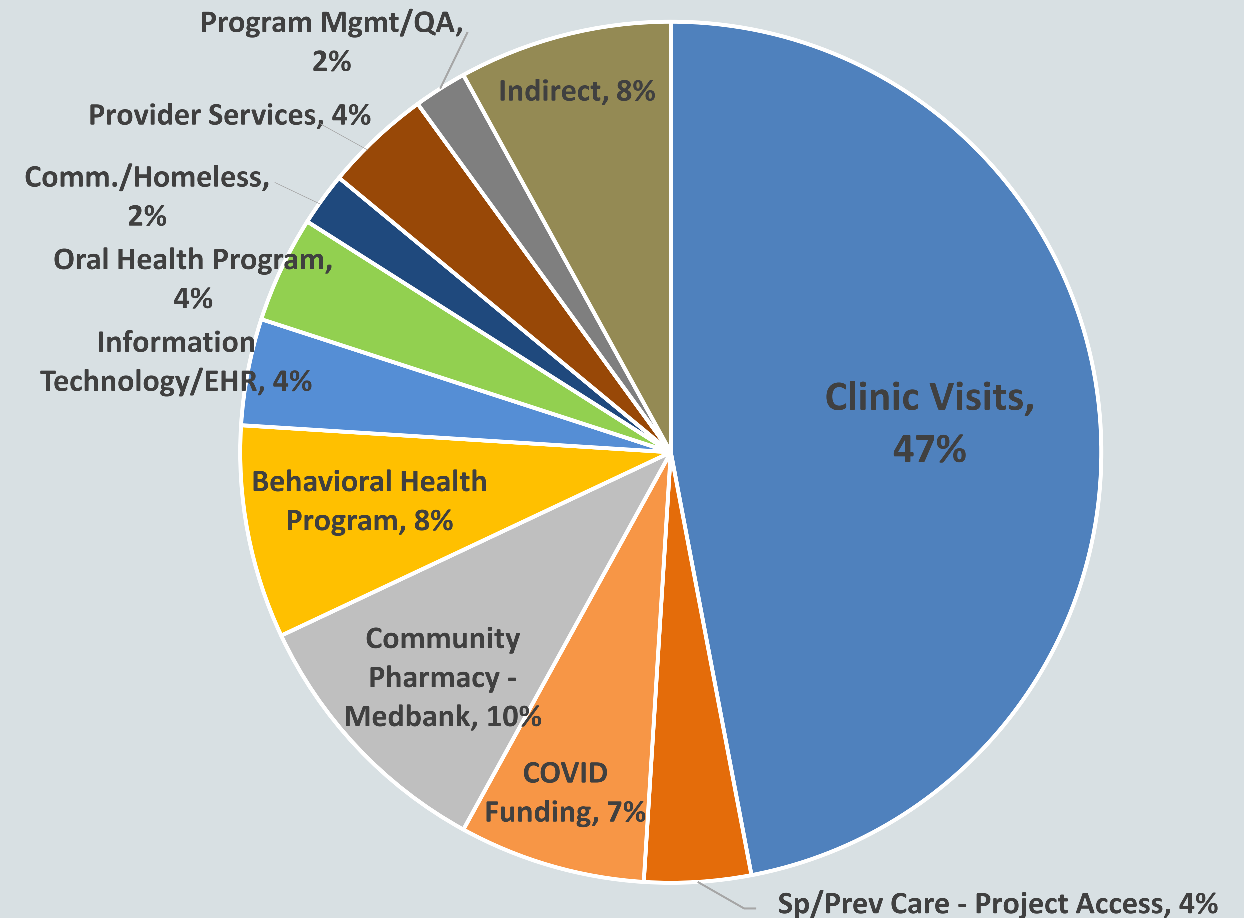
Services

- The demand for specialty care, oral, and behavioral health services continue to exceed supply

primary care coalition

Montgomery Cares FY21 Expenditures (PCC Budget)

Clinic Visits	47%
Specialty/Preventive Care-Project Access	4%
COVID Funding	7%
Community Pharmacy - Medbank	10%
Behavioral Health Program	8%
Information Technology/EHR	4%
Oral Health Program	4%
Comm./Homeless	2%
Provider Services	4%
Program Management/QA	2%
Indirect	8%
Total Expense	100%
FY-2021 Budget	$12,374,648
FY-2020 Actual	$11,434,962
Excess Returned to Montgomery County	$939,687



Montgomery Cares FY21 Patient Demographics

66% of patients report income below the Federal Poverty Level

78% of patients are between 30 - 64 years of age

62% of patients are Female

Patients speak 41 languages
79% speak Spanish

67% of patients identify as Hispanic/Latino

primary care coalition

Montgomery Cares FY2005 – FY2021

	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
Patients	8,251	11,305	13,019	16,733	21,077	26,268	26,877	27,814	29,454	28,011	24,455	24,160	25,535	25,965	26,422	23,804	19,777
Encounters	26,055	33,203	36,233	45,480	56,597	71,480	73,362	77,162	84,547	76,596	68,806	67,978	70,405	72,497	72,505	61,293	53,336

- Montgomery Cares grew steadily through FY13
- Utilization decreased from FY14-15 due to ACA
- Utilization gradually increased from FY16 - 19 but decreased sharply, likely due to policy changes and COVID-19 in FY20
- Continued decreases occurred in FY21

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FY21 Patients and Encounters

- The clinics met 95% of the FY21 budget for encounters

Year to Date	FY21 Unduplicated Patients			FY21 Encounters			Reimbursement
Clinic	Projected Patients	Unduplicated Patients	% of Projection	Projected Encounters	YTD Encounters	% of Target Met	Montgomery Cares Payment $76.50/Visit
Catholic Charities Medical Clinic	1,628	756	46%	2,440	2,231	91%	$170,671.50
CCACC-PAVHC	350	193	55%	800	484	61%	$37,026.00
Community Clinic, Inc.	4,730	2,578	55%	8,988	5,417	60%	$414,400.50
CMR - Kaseman Clinic	1,300	885	68%	3,300	2,634	80%	$201,501.00
Holy Cross Health Centers	7,365	6,432	87%	14,730	14,382	98%	$1,100,223.00
Mary's Center	1,280	702	55%	3,541	2,131	60%	$163,021.50
Mercy Health Clinic	2,050	1,527	74%	7,200	5,728	80%	$438,192.00
Mobile Med	3,535	2,327	66%	13,464	7,961	59%	$609,016.50
Muslim Community Center Medical Clinic	2,000	937	47%	5,600	2,210	39%	$169,065.00
Proyecto Salud - Wheaton & Olney	4,680	3,440	74%	14,040	10,158	72%	$777,087.00
Medical Clinic Totals	**28,918**	**19,777**	**68%**	**74,103**	**53,336**	**72%**	**$4,080,204.00**
Montgomery Cares FY21 Budget	**28,000**		**71%**	**72,000**		**74%**	**$5,508,000.00**

***Block Payment Reimbursement: $5,241,590.60**

Montgomery Cares Encounters: FY2019-FY2021
Excluding Reconciliation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY19	6,396	6,619	5,655	6,651	5,600	5,111	5,756	5,412	6,060	6,322	6,179	5,816
FY20	5,926	5,739	5,545	6,347	5,168	4,926	5,628	5,034	4,631	3,535	4,036	4,571
FY21	4,605	4,519	4,614	4,517	3,978	4,195	4,036	3,862	5,163	4,565	4,308	4,525

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Montgomery Cares Utilization FY19 – FY21

	Unduplicated Patients	Total Encounters	Total Telehealth Encounters
FY2019	26422	72505	
FY2020	23804	61293	
FY2021	19777	53336	20767

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Unduplicated Patients & Encounters by Clinic FY21

	Catholic Charities	CCACC	CCI	Kaseman	Holy Cross	Mary's Center	Mercy Health	Mobile Med	MCC	Proyecto Salud	Total
Encounters	2,231	484	5,417	2,634	14,382	2,131	5,728	7,961	2,210	10,158	**53,336**
Patients	756	193	2,578	885	6,432	702	1,527	2,327	937	3,440	**19,777**
Ratio	2.95	2.51	2.10	2.98	2.24	3.04	3.75	3.42	2.36	2.95	**2.70**

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Community Pharmacy FY21 Expenditure

Category	FY21 Budget Allocation	Q1	Q2	Q3	Q4	Total Expenditure
General Formulary	$936,356	$149,115	$151,272	$167,740	$218,267	$686,394
Diabetic Supplies/H. Pylori	$303,058	$9,460	$43,666	$21,810	$78,065	$153,001
Flu Vaccines	$89,412	$34,580	$54,832	$0	$0	$89,412
Other Vaccines	$92,191	$0	$44,445	$40,333	$7,413	$92,191
Upton (Bridge Meds)	$3,710	$0	$0	$0	$0	$0
Reprogrammed funds			$40,779			$40,779
Unutilized funds					$362,950	$362,950
Total	**$1,424,727**	**$193,155**	**$334,994**	**$229,883**	**$666,695**	**$1,424,727**

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FY21 Community Pharmacy Expenditure by Drug Class

Drug Class	Expenditure
Insulin	$205,918.20
Cardiovascular	$199,740.65
Diabetic Supplies/H. Pylori	$153,001.00
Pulmonary	$124,923.71
Immunizations	$92,191.00
Flu Vaccines	$89,412.00
Endocrine/Diabetic	$76,189.73
Mental Health	$30,887.73
Family Planning	$23,337.40
Antibiotics	$19,905.43
Topicals	$5,491.15

$0 $25,000 $50,000 $75,000 $100,000 $125,000 $150,000 $175,000 $200,000 $225,000

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Montgomery County Medbank FY21

- Despite COVID, the Medbank Program activity remained consistent throughout FY21

Category	Q1	Q2	Q3	Q4	FY21 YTD	FY20 Total	FY19 Total
Value of Medications Received	$1,619,711	$1,471,150	$1,249,382	$1,433,698	$5,773,941	$6,122,234	$5,565,161
Applications Processed	868	738	603	624	2,833	3,171	3,138
Active Patients	1,224	1,236	1,188	1,139	1,197	1,179	1,360
New Enrollees (captured in active patient volume)	55	77	36	35	203	246	198

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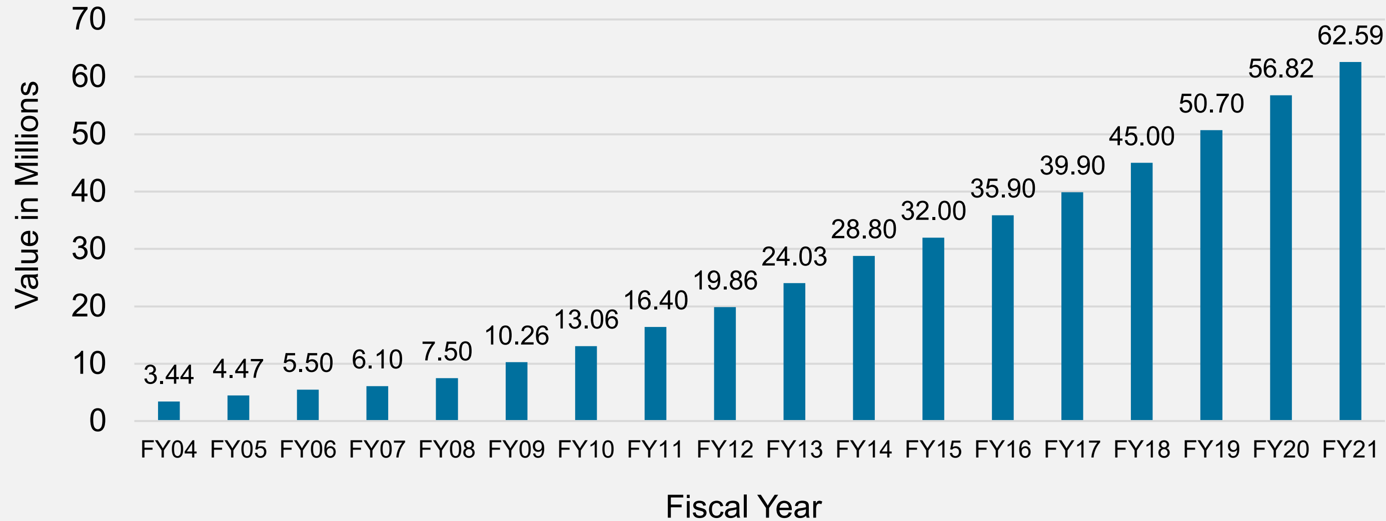
Medbank FY21 Program Impact



FY Results	
Medication Value Received	$5,773,941
Patients Assisted (active)	1,197
Prescriptions Processed	3,171

Fiscal Year	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
FY Value (millions)	2.0	1.03	1.03	0.6	1.4	2.76	2.8	3.34	3.68	4.17	4.8	3.2	3.9	4	5.1	5.7	6.1	5.7

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FY21 Medbank Medication Class and Value Received

Medication Class	Value Received
endocrine	2,455,160
respiratory	818,831
psychiatric	505,656
cancer	388,658
musuloskeletal	364,590
cadiovascular	335,990
anticonvulsant	283,021
neurological	206,098
antiviral	167,441
immune	95,918
opthalmic	56,027
urological	46,573
gastrohepatic	26,999
hormone (female)	14,893
anti inflamatory	8,088

Axis: - 500,000 1,000,000 1,500,000 2,000,000 2,500,000 3,000,000

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Montgomery Cares Pharmacy Programs Overview

Community Pharmacy

- Trinity Health (Holy Cross Health Centers) initiated a grant to expand point of service medication to Prince George’s County patients served in their clinics.
- While COVID-10 diminished General Formulary and Diabetic Supply orders the demand for adult immunizations remained high.
- Existing formulary was sufficient for population. There were no formulary change requests during the fiscal year.

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Montgomery Cares Pharmacy Programs Overview (continued)

Medbank Program

- 92 providers supported the 1,197 patients who received medication through the program
- Maintained consistency in operations with minimal disruption from pharmaceutical companies
- GlaxoSmithKline removed the following medication from the patient assistance program:
  - Coreg CR (FY21 value: $1,574), Jalyn (FY21 value: $7,132), Ventolin HFA (FY21 value: $6,178), Rythmol SR, Soriatane (neither drug was requested in FY21)

Pharmacy Challenges

- As Montgomery Caress patient encounters decreased due to COVID-19, Community Pharmacy spending decreased
- Resignation of a long-term Medbank employee – Victor Zubiate

Project Access Specialty Care Utilization

In FY21, Project Access:

- Received 2,761 referrals
- Documented 1,951 appointments kept or confirmed (underreported pro bono visits)
  - 1,709 Montgomery Cares appointment
  - 37 Care for Kids appointments
  - 190 Holy Cross or Adventist funded appointments
  - 15 appointments attributed to other programs (e.g., Preventative Services)
- Served 903 unique patients
- Returned 668 referrals
  - Referred 46 patients to other programs (e.g., CCHCN, state funded screening/treatment)
- Coordinated 13 Maryland Cancer Fund applications (including 3 renewals)

Project Access Specialty Care Utilization FY19 – FY21

	Referrals Received	Unique Patients	Appointment Kept/Confirmed	Returned Referrals
FY2019	4125	1300	2875	1368
FY2020	3451	978	2490	881
FY2021	2761	903	1951	668

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Project Access Specialty Care Activities

- Grants from Holy Cross Health ($125,000) and Adventist HealthCare ($100,000)
  - Supported specialty care for uninsured patients referred from Holy Cross Health Centers or the Adventist clinically-integrated network, otherwise ineligible for Montgomery Cares
  - Included patients who are residents of Prince George's County and those who require urgent specialty care post-hospitalization
- Implemented improvements to specialty care referral process; required a referral for initial appointment and all follow-up appointments
- Updated patient letter, referral and patient responsibilities forms
- Annual referral coordinators' refresher training held in March 2021
- Conducted debriefs with clinics to identify opportunities for improvement
- Continued collaboration with Catholic Charities, especially with complex oncology referrals

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Project Access Specialty Care Activities (continued)

- Onboarded a radiation oncologist and a general surgeon
- Discounted optometry services through MyEyeDr for Montgomery Cares clinics
- Sent letters of appreciation to selected providers for service during pandemic, signed by Dr. Travis Gayles, Montgomery County Chief Health Officer
- Leveraged Pro Bono & State Services
  - $1,500 in discounted Quest laboratory services
  - ~$230,000 approved Maryland Cancer Fund grants
  - $613,737 In-hospital donated services
  - $290,039 Outpatient donated services
  - $1,135,276 total Project Access donated services

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Project Access Specialty Care Network Challenges

- **Continued COVID-19 Impact on Network**
  - Loss of some available paid/pro-bono specialists
  - Reduction in number of cases accepted, longer wait times for care
  - Movements of several pro-bono providers to paid status
  - Increase in contractual rates for services for paid providers
- **Oncology Care**
  - Growing number of oncology referrals with limited funds and specialists to support oncology care and treatment
- **Staffing Challenges**
  - Part-time Specialty Care Nurse Reviewer vacancy open
  - Growing administrative burden and additional support needed with client support services

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Montgomery Cares Quality and Clinical Services

- Maintained high levels of performance in chronic care management and cancer screening in majority of Montgomery Cares clinics, despite effects of pandemic
- Awarded Breast and Cervical Cancer Prevention (BCCP) grant from MD Department of Health to improve screening, diagnosis and navigation services
- QHIC guest speakers on clinically relevant topics including:
  - Telemedicine in the safety net
  - Ending the HIV epidemic in Montgomery County
  - COVID-19 vaccine update and FAQs
- Coordinated optional Quality Assurance reviews and provided feedback to CCACC; Holy Cross Health Center; Kaseman Health Clinic; Proyecto Salud

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Montgomery Cares COVID-19 Response

- Coordinated the purchase and delivery of items supported by DHHS PHS through the $500,000 allocation from the CARES Act

Item	Amount
Rapid Testing (COVID-19, Flu, Strep)	$197,766.60
Personal Protective Equipment	$189,160.81
Home Monitoring Equipment (thermometers, BP monitors, scales)	$47,396.07
Respiratory Vaccines (Pneumovax & Prevnar)	$30,773.59
Cold Storage (refrigerators)	$13,427.18
Montgomery Cares Behavioral Health Program	$11,550.75
Telehealth (licenses & subscriptions)	$8,875.00
Logistics/Storage	$1,050.00
TOTAL	**$500,000**

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Montgomery Cares Behavioral Health Program (MCBHP)

Quality Assurance:

- Director and supervisors are completing chart audits for all new staff members (including psychiatrist) – results will be shared with team members to identify strengths and areas of improvement.

Quality Improvement:

- Virtual meetings have allowed for flexibility in hosting guest speakers to MCBHP team as well as meetings open to other behavioral health providers at Montgomery Cares clinics. Guest speakers and topics have included:
  - Program Director at Interfaith Works (Housing/shelter issues in Montgomery County)
  - Staff at Caring Matters (Grief services)
  - Staff at NAMI (Support groups)

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MCBHP (continued)

Quality Improvement (continued):

- Behavioral Health staff met with clinic staff to implement workflows to continue depression screening and virtual “warm handoffs” to behavioral health while working remotely.
- Director led an educational session for MCBHP team on SBAR model of communication in medical settings, which is a validated and reliable tool to encourage prompt and appropriate communication across various professionals in a medical setting.
- MCBHP team members and supervisors met with clinic staff to review communication and procedures for communication when medical issues or questions arise during behavioral health appointments.

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Montgomery Cares Behavioral Health Program Overview (MCBHP) Summary, FY21

Collaboration:

- Behavioral Health supervisors from all Montgomery Cares clinics continue to meet regularly and discuss best practices and share resources. The group meets virtually due to COVID-19. FY21 topics included:
  - Antiracism resources
  - Best practices in telehealth, including crisis management
  - COVID long hauler symptoms
  - Role of behavioral health in supporting COVID-19 vaccinations
- Director has joined the Montgomery County Suicide Coalition with other partners in the county.

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MCBHP (continued)

Presentations:

- *Self-Care*: MCMCBHP staff members have been providing educational sessions on self-care, with special attention to COVID-19 related challenges. Presentation locations have included:
  - Muslim Community Center Senior group
  - Healthcare Council 75th Anniversary Celebration
  - Montgomery Cares clinic manager meeting
  - Radio America program
- *Safety Net Clinic Services:* Director spoke at Behavioral Health Workgroup consisting of hospital staff, and at Local Behavioral Health Authority Provider Council

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MCBHP (continued)

Operations and Staffing Updates:

- Dr. Handratta and Dr. Sheth left Medstar Georgetown in October. Dr. Steve Epstein, Physician Executive Director of Behavioral Health at Medstar Behavioral Health, provided interim coverage until Dr. Madhu Rao started in January as the new consulting psychiatrist. Dr. Rao has met with several clinical and administrative staff members at partner clinics to discuss needs and desired areas for training.
- 3 Care Managers left, and 3 new care managers were hired (Mercy Health Center, Proyecto Salud Wheaton, Holy Cross Health Center Silver Spring.) The Care Manager at MCC Clinic/Proyecto Salud Olney clinic left PCC July 2, and recruitment has started for a replacement.
- Most services continued to be provided via telehealth (audio/visual and phone). Most MCBHP staff began offering some on-site services in addition to telehealth, with most others planning to start some in person sessions later in the summer.

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MCBHP (continued)

- The MCBHP hosted several well-attended virtual groups. Previously, the MCBHP had struggled to have patients attend in-person groups, but participants shared they appreciated the flexibility of attending virtually, as this cut down on barriers of transportation, childcare, and taking significant time off work. The MCBHP plans to continue hosting virtual support groups. Topics this year included:
  - Holiday/winter blues
  - Healthy Lifestyle
  - Parenting challenges during COVID-19

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MCBHP Patients Served in FY21

	Number of Unique Patients Receiving BH services	% of Unique Patients Receiving BH services
Holy Cross Health Centers	533	8.3%
-Aspen Hill	137	
-Germantown	71	
-Gaithersburg	184	
-Silver Spring	141	
Proyecto Salud	304	8.8%
-Olney	68	
-Wheaton	236	
Mercy Clinic	184	12%
Muslim Community Center Clinic	67	7.2%
Mansfield Kaseman	120	13.6%
Total	**1209**	**9.1%**

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MCBHP FY21 Collaborative Care Activities

Types of Services Provided and Time Spent Providing Services:

- MCBHP has 14 quarters of data (FY18 Q3 and Q4, FY19, FY20, and FY21) after changing documentation practices to align with Medicare Collaborative Care service definitions. This involves tracking time spent by Care Managers, social work interns, the Community Resource Coordinator, and the Psychiatric Services Coordinator.
- Minutes can be face-to-face or telehealth, phone, consultation, home/community based for patient care activities.
- MCBHP tracks the number of times each service type is provided, and the amount of time spent.

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MCBHP FY21 Collaborative Care Activities (continued)

Types of Services Provided and Time Spent Providing Services (continued):

- Services fall into two broad categories. Ratios have generally remained consistent throughout the last 10 quarters.1/3 of time has consistently been spent on traditional mental health services (e.g., initial evaluation; therapy session) 2/3 of time was spent on collaborative care activities (e.g., case consultation with a psychiatrist and/or a primary care provider; case management; meeting with a patient to track treatment progress)
- Of note is that FY20Q4 and most of FY21 had a higher ratio of collaborative care time, likely due to higher case management needs related to COVID-19
- The total number of minutes spent on patient care increased by 20.7% compared to FY20.

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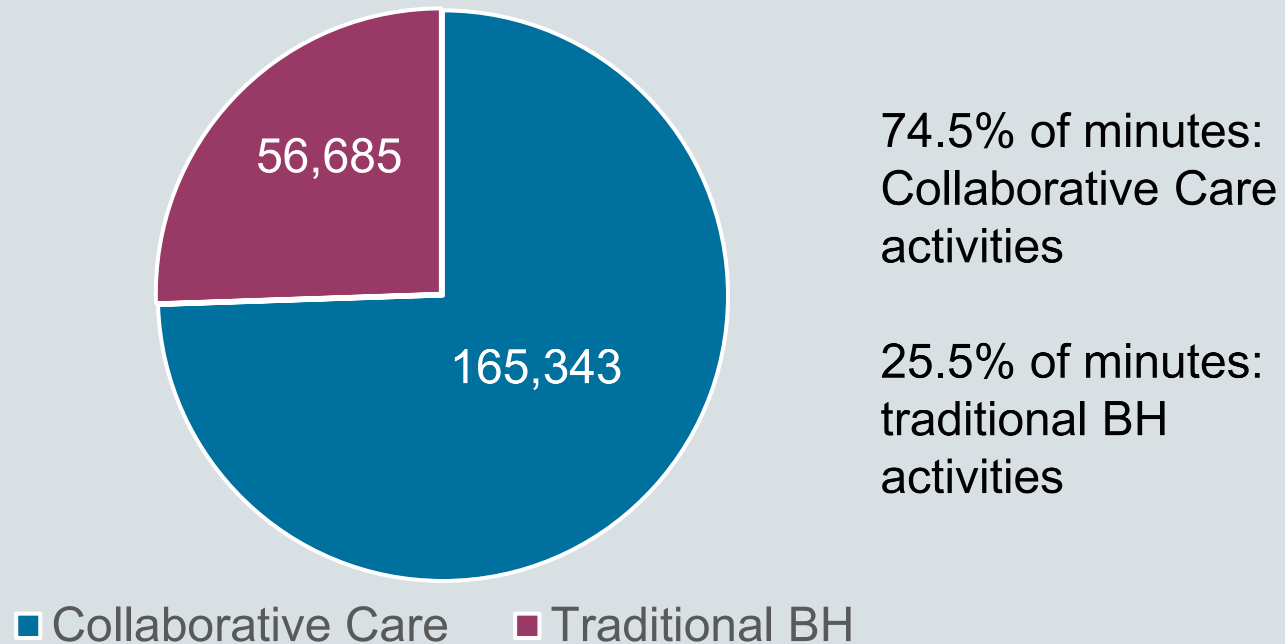
MCBHP FY21 Collaborative Care Activities



74.5% of minutes: Collaborative Care activities

25.5% of minutes: traditional BH activities

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MCBHP Challenges

- Many patients shared high amounts of stress related to losing employment during the pandemic.
- Behavioral Health and clinic staff expressed concern that patients with high acuity needs beyond the scope of collaborative care (psychosis, recent suicide attempts, etc.) were being directly referred to the clinics from hospitals or other community agencies. Director has been meeting with hospital and DHHS staff to review safety net clinic services, but finding appropriate care remains a challenge
- Many patients express concern about being behind on rent, especially when the eviction moratorium ends.
- While many patients have been eager to receive the COVID-19 vaccine, some patients have been expressing fear and have been encountering sources of misinformation from social media.

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eClinicalWorks Updates

- Provider Services staff developed a strategic plan to track projects, improve system performance and innovation, and improve user experience and clinical quality.
- eCW was upgraded to V11.52, which includes multiple performance updates, particularly in electronic prescribing and tracking of data
- Staff updated training guides to match the updated version of the system with anticipated completion by the end of FY22.
- Staff conducted an internal review of existing provider licenses to inactive non-current user accounts, which enabled more clinic staff and volunteers to use eCW
- Behavioral health and sexual health forms were redone in the system to improve data accuracy and accessibility.

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Information Technology

Communication Security and Enhancements:

- Continued monitoring of Multifactor Authentication and transport rules to block Phishing email attacks
- Enhancement and monitoring of security policies in Azure Active directory
- Policy modifications and implementation to maintain Microsoft Security score at 97%
- Enhanced server load balancing for reliable Remote Desktop Connectivity for the staff members

System Security and Enhancements:

- Completed Firewall feature ‘Global Project’ implementation to secure RDP and end points outside our network
- Electronic claims processing phase 1 successfully implemented. Adjudication in CHLCare is being tested.
- CHLCare, Care2Care, and Medbank applications successfully upgraded to latest version of Red Hat and CapitalConnectorTracking systems at Rackspace
- Produced and modified custom reports for better monitoring and reporting for the Specialty Care Project Access referrals

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Information Technology (continued)

Data Projects

- Care for Kids Point of Entry Program Phase 1 analysis and data entry additions
- To improve reporting capabilities and data insight for the participating eCW clinics, PCC data team created 9 new reports and modified 14 existing reports in eCW's reporting platform known as eBO
- Added 5 new Specialty Care reports in CHLCare
- Continued data collaboration with American Heart Association and Thriving Germantown
- Continued to generate quarterly reports for Quality Measures
- Continued to compile Montgomery Cares Invoice Data from non-eCW partner organizations
- Worked on data collaboration with Wellcentive initiative of Adventist Health Care

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Select Clinic Highlights

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Select Clinic Highlights (continued)

Select Clinic Highlights (continued)

Select Clinic Highlights (continued)

Montgomery Cares Program Transformation

- County Council appropriated $500,000 CARES ACT funding to Montgomery Cares Clinics
- Upon entering a second year of COVID-19 pandemic:
  - QHP eligible individuals remained Montgomery Cares eligible throughout FY21
  - “Two visit rule” suspended; all clinics permitted to make eligibility determinations for new and renewing Montgomery Cares patients; all patients deemed presumptively eligible able to access medication through the Community Pharmacy program.
  - Clinics reimbursed through “block payments” based on pre-Covid utilization
  - Clinics continued to provide services in person and via telephone and/or video; DHHS telehealth policy expected to be implemented in coming year having parity with an in-person visit

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Montgomery Cares System Transformation Challenges

- Year two of diminished encounters during pandemic
- Montgomery Cares Transformation to Value Based Care – especially considering ongoing patient “churn” from year to year
- Network infrastructure in preparation for Care Transformation and Empanelment
- Reduction of pro bono and insufficient specialists to meet specialty care needs
- Difficulty navigating social services/applying for benefits with staff working off-site and needing to do everything via email/phone etc.
- Network preservation through duration of unforeseeable end to pandemic

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Montgomery Cares System Transformation Challenges (continued)

- Planning for Delta variant wave of COVID-19 and upcoming influenza season
- Surge in demand for Behavioral Health Care Services, particularly BH issues that went untreated or were exacerbated during the pandemic; growing   but still insufficient BH crisis resources to address need
- Health and social services workforce burnout and recruitment challenges
- Continued implications of telehealth (state policy for payment parity was for 2 years only, questions remain about appropriate specialties and dentistry, etc.)
- Greater recognition of importance of regional collaboration on public health

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Environmental Challenges

- COVID-19 Delta Variant
- Effect of the Trump administration's revised public charge rule, even though it was not enforced during Covid-19 and would not impact immigrants using county-funded services
- Cessation of eviction moratorium
- Increased need for Behavioral Health services; unmet needs pent up / exacerbated during pandemic
- Boarder Crisis – impact of resettlement of children and their families within county

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Environmental Challenges (continued)

- Increased unemployment due to COVID-19
- Food insecurity due to COVID-19
- Immigration status diminishes eligibility for federal aid (stimulus checks) to some patients
- Digital divide/problems with tech literacy impacting children doing virtual school or patients accessing support or other services offered online
- Anxiety around children being back in school
- Lack of childcare or not being eligible for childcare subsidies
- Post-COVID symptoms/long-hauler symptoms

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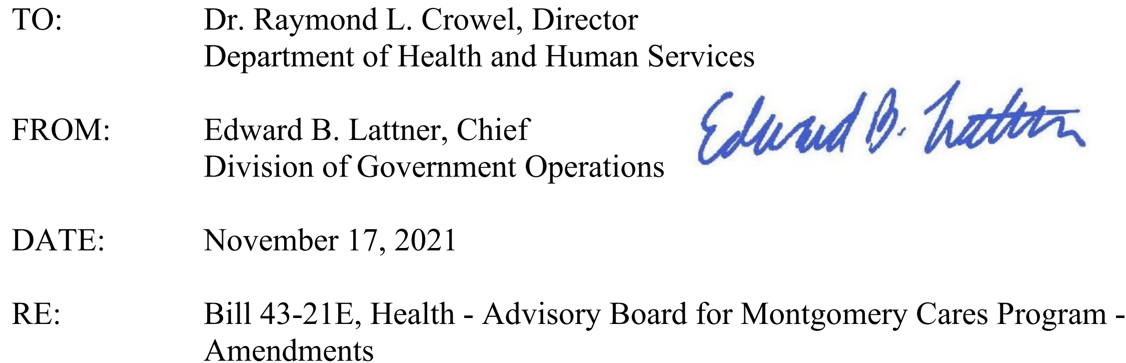
OFFICE OF THE COUNTY ATTORNEY

Marc Elrich
County Executive

Marc P. Hansen
County Attorney

M E M O R A N D U M



TO: Dr. Raymond L. Crowel, Director
Department of Health and Human Services

FROM: Edward B. Lattner, Chief
Division of Government Operations

DATE: November 17, 2021

RE: Bill 43-21E, Health - Advisory Board for Montgomery Cares Program - Amendments

There are no legal issues. Bill 43-21 would continue the operation of the Board and remove the sunset provision. The Bill would also modify the Board's mission to include underinsured County residents, define low-income, modify the composition of the Board's members, and require the Board to elect a vice chair.

cc: Ken Hartman, Director, Strategic Partnerships
Dale Tibbitts, Special Assistant to the County Executive
Robert Drummer, Senior Legislative Attorney
Marc Hansen, County Attorney
Tammy Seymour, OCA

21-011779

Economic Impact Statement

Office of Legislative Oversight

Expedited Bill 43-21 — Health – Advisory Board for Montgomery Cares Program – Amendments

SUMMARY

The Office of Legislative Oversight (OLO) anticipates that enacting Expedited Bill 43-21 would not directly impact economic conditions in the County.

BACKGROUND

If enacted, Expedited Bill 43-21 would make the following changes to County law:

> "(1) continue the operation of the Advisory Board for the Montgomery Cares Program;
>
> (2) repeal the automatic termination date for the Advisory Board for the Montgomery Cares Program;
>
> (3) modify the mission and duties of the Board to include underinsured County residents;
>
> (4) define low-income for the purposes of the Board's duties;
>
> (5) modify the composition of the Board's members;
>
> (6) require the Board to elect a vice chair; and
>
> (7) generally amend the law governing the Advisory Board for Montgomery Cares."[1]

INFORMATION SOURCES, METHODOLOGIES, AND ASSUMPTIONS

Continuing the operation of the Advisory Board for the Montgomery Cares Program and modifying its mission to include underinsured County residents would allow the organization advice and recommend policies to ensure access to high quality and efficient health care services for low-income, underinsured, and uninsured County residents. In doing so, the Board may influence health care policy in ways that economically benefit low-income, underinsured, and uninsured

[1] Montgomery County Council, Expedited Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments, Introduced on November 9, 2021.

residents in terms of the Council's priority indicators.[2] However, it is beyond the scope of this analysis to estimate these indirect effects of enacting Bill 43-21.

VARIABLES

Not applicable

IMPACTS

WORKFORCE ▪ TAXATION POLICY ▪ PROPERTY VALUES ▪ INCOMES ▪ OPERATING COSTS ▪ PRIVATE SECTOR CAPITAL INVESTMENT ▪ ECONOMIC DEVELOPMENT ▪ COMPETITIVENESS

Businesses, Non-Profits, Other Private Organizations

Not applicable

Residents

Not applicable

DISCUSSION ITEMS

Not applicable

WORKS CITED

Montgomery County Code. Sec. 2-81B, Economic Impact Statements.

Montgomery County Council. Expedited Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments. Introduced on November 9, 2021.

[2] Montgomery County Code, Sec. 2-81B, Economic Impact Statements.

CAVEATS

Two caveats to the economic analysis performed here should be noted. First, predicting the economic impacts of legislation is a challenging analytical endeavor due to data limitations, the multitude of causes of economic outcomes, economic shocks, uncertainty, and other factors. Second, the analysis performed here is intended to *inform* the legislative process, not determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the Bill under consideration

CONTRIBUTIONS

Stephen Roblin (OLO) prepared this report.

Fiscal Impact Statement

Bill 43-21 Health – Advisory Board for Montgomery Cares Program– Amendments

1. **Legislative Summary.**

Bill 43-21 continues the operation of the Advisory Board for the Montgomery Cares Program and repeals the termination date for the Board. The Bill also modifies the Board's mission to include underinsured County residents, defines certain terms, increases the number of board members from 17 to 19 members, and requires the Board to elect a vice chair.

2. **An estimate of changes in County revenues and expenditures regardless of whether the revenues or expenditures are assumed in the recommended or approved budget. Include source of information, assumptions, and methodologies used.**

While board members are not compensated, they may request reimbursement for mileage and dependent care at rates established by the County. Increasing the number of board members from 17 to 19 could increase expenditures up to $2,400 annually.

The Bill is not expected to impact revenue.

3. **Revenue and expenditure estimates covering at least the next six fiscal years.**

	FY23	FY24	FY25	FY26	FY27	FY28
Annual Budget	*$2,400	*$2,400	*$2,400	*$2,400	*$2,400	*$2,400

*Increasing the number of board members from 17 to 19 could increase expenditures up to $2,400 annually for reimbursement costs.

The Bill is not expected to impact revenue

4. **An actuarial analysis through the entire amortization period for each bill that would affectretiree pension or group insurance costs.**

Not applicable.

5. **An estimate of expenditures related to County's information technology (IT) systems,including Enterprise Resource Planning (ERP) systems.**

The Bill is not expected to impact the County's IT or ERP systems.

6. **Later actions that may affect future revenue and expenditures if the Bill authorizes futurespending.**

The Bill does not authorize future spending.

7. **An estimate of the staff time needed to implement the Bill.**

The Bill is not expected to impact staff duties.

8. **An explanation of how the addition of new staff responsibilities would affect other duties.**

The Bill is not expected to impact staff duties.

9. An estimate of costs when an additional appropriation is needed.

See the response to Question 2.

10. A description of any variable that could affect revenue and cost estimates.

Any increase in expenditures, as a result of adding two members to the board, would be dependent on costs for which the new members seek reimbursement.

11. Ranges of revenue or expenditures that are uncertain or difficult to project.

No applicable.

12. If a bill is likely to have no fiscal impact, why that is the case.

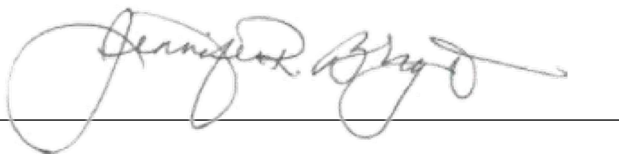
Not applicable.

13. Other fiscal impacts or comments.

Not applicable.

14. The following contributed to and concurred with this analysis:

Jason Rundell, Department of Health and Human Services
Dr. Christopher Rogers, Department of Health and Human Services
Charlene Hicks, Department of Health and Human Services
Tara O. Clemons, Department of Health and Human Services
Lindsay Lucas, Office of Management and Budget



11/23/21

Jennifer R. Bryant, Director
Office of Management and Budget

Date

TESTIMONY ON BEHALF OF COUNTY EXECUTIVE MARC ELRICH FOR BILL 43 – 21, HEALTH – ADVISORY BOARD FOR MONTGOMERY CARES PROGRAM

BY CRISTOPHER ROGERS

Good Afternoon Council President Hucker, Council Vice President Albornoz, and members of the County Council. My name is Dr. Christopher Rogers, Policy & Strategy Officer of the Montgomery County Public Health Services, and I am here to provide testimony on behalf of County Executive Marc Elrich on Expedited Bill 43-21, Health - Advisory Board for Montgomery Cares Program.

The County Executive supports Expedited Bill 43-21, with the following recommended amendments.

- First, the County Executive recommends adding the Chief of Children, Youth and Families (CYF) or designee as an Ex Officio member of the Board, given that the eligibility units for the Montgomery Cares Program and other key programs for the underinsured and uninsured are housed under CYF.

- The County Executive supports increasing the number of board members of the public from 3-5 and suggests changing "*members of the public" to "individuals served by Health Care for the Uninsured programs administered by the Department of Health and Human Services." This would enhance* diversity and inclusion as well as empower patients/clients to have more meaningful representation in matters that impact their quality of care and overall health and wellbeing.

- For members of the public/clients serving on the board, the County Executive recommends establishing a flat fee for attending meetings of the Board and eliminating "Expenses" category. This would eliminate unnecessary paperwork/ administrative burden on public/clients as well as staff and will enhance participation of those being served by addressing financial barriers to attendance. He recommends following the same compensation guidelines as the County's Racial Equity and Social Justice Advisory Committee.

- Finally, the County Executive recommends that the County, working with HHS, develop a definition of underinsured that can be utilized by MCAB, other boards and commissions, and County programs and services as applicable.

Thank you again for this opportunity to testify on behalf of the County Executive.

Item #4B
December 7, 2021
Action Addendum

M E M O R A N D U M

December 6, 2021

TO: County Council

FROM: Robert H. Drummer, Senior Legislative Attorney

SUBJECT: Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments

PURPOSE: Action Addendum – Vote Expected

We received the attached Racial Equality and Social Justice Impact Statement today which is to be included with the final action packet.

This packet contains: Circle #
RESJ Impact Statement 1

F:\LAW\BILLS\2143 Health - Advisory Board for Montgomery County Cares - Amendments\Action Addendum.Docx

Racial Equity and Social Justice (RESJ) Impact Statement

Office of Legislative Oversight

Expedited Bill 43-21: Health—Advisory Board for Montgomery Cares Program—Amendments

Summary

The Office of Legislative Oversight (OLO) anticipates that Expedited Bill 43-21 could positively impact racial equity and social justice as its extension of health care benefits for eligible low- and moderate-income participants would disproportionately benefit Latinx and foreign-born residents, and potentially Black residents in the County. OLO also anticipates a moderate impact of Bill 43-21 given the number of residents served by Montgomery Cares and their annual operating budget.

Purpose of RESJ Statements

The purpose of RESJ impact statements is to evaluate the anticipated impact of legislation on racial equity and social justice in the County. Racial equity and social justice refer to a **process** that focuses on centering the needs of communities of color and low-income communities with a **goal** of eliminating racial and social inequities.[1] Achieving racial equity and social justice usually requires seeing, thinking, and working differently to address the racial and social harms that have caused racial and social inequities.[2]

Purpose of Expedited Bill 43-21

Health insurance plays a significant role in allowing people to access healthcare, yet many residents remain uninsured or underinsured.[3] In spite of the significant increases in health care coverage driven by the America Cares Act (ACA), it is estimated that over 32 million people in the U.S. lack health insurance, including 74,000 adults in Montgomery County.[4]

The Montgomery Cares Program is designed to address gaps in health insurance by providing basic medical services – medical check-ups, medications, and access to specialists and other health programs - to adults who are experiencing financial insecurities and lack health insurance.[5] Eligibility for Montgomery Cares includes foreign-born residents regardless of their immigration status and those with preexisting health conditions. During Fiscal Year 2021, the program served 19,777 patients at a cost of $12.4 million.[6]

The purpose of Expedited Bill 43-21 is to expand eligibility for Montgomery Cares to include applicants earning up to 80 percent of the area median income and underinsured applicants.[7] Bill 43-21 will also remove the sunset provision from the Advisory Board for the Montgomery Cares Program and modify the composition of the Board by increasing its membership from 17 to 19 and adding a vice-chair position.[8] Bill 43-21 was introduced on November 9, 2021.

Healthcare Insurance, Income, and Racial Equity

Understanding the impact of Expedited Bill 43-21 on racial equity and social justice requires understanding the historical context that shapes health insurance coverage today. To describe this historical context, this section describes the

historical drivers of racial inequities in health insurance coverage and median incomes and available data on current disparities.

Inequities in Healthcare Insurance: There is a long history of systemic racism in the U.S. that continues to permeate health disparities for BIPOC people, especially Black people.[9] Dating back to slavery, Black people who were enslaved experienced poor nutrition and inhumane living conditions that disproportionately exposed them to being susceptible to disease and death.[10] Post slavery, Blacks were only able to visit certain public hospitals for health care services; these facilities were often reserved for low-income Whites.[11] By the 1920s, there was a limited number of segregated clinics for Blacks that were usually operated by Black physicians for health care.[12] It was not until the 1964 Civil Rights Act, which forced hospital desegregation and the passage of Medicare and Medicaid, that Black and other people of color were able to receive access to a wider range of health care service facilities.[13]

Currently, people without health insurance experience substantial barriers to receiving medical services since most healthcare providers require insurance coverage or charge high fees.[14] Also, intermittent or unstable health insurance coverage has negative consequences that can include limiting an individual's ability to establish a sustainable relationship with a physician.[15] Research has identified earning a low income and the tendency to work in professions that do not provide health benefits as the primary causes for being uninsured.[16] Of note, these low-income jobs often pay too much for these individuals to qualify for Medicaid but not enough to afford private insurance policies.[17]

Inequities in health insurance by income have fostered inequities by race and ethnicity. Nationally, 20 percent of Latinx residents and 11 percent of Black residents lacked health insurance compared to 8 percent of White residents and 7 percent of Asian residents in 2019. [18] In Montgomery County, 22 percent of Latinx residents and 7 percent of Black residents lacked health insurance compared to 3 percent of White residents and 4 percent of Asian residents.[19]

Foreign-born citizens are also more likely to be uninsured.[20] In 2019, 25 percent of legally documented immigrants and 46 percent of undocumented immigrants in the U.S. were uninsured compared to 9 percent of naturalized citizens in 2019.[21] Of note, foreign-born residents accounted for 14 percent of the U.S. population and 32 percent of Montgomery County's population in 2019.[22]

Available data also shows that Montgomery Cares serves the resident groups most likely to need health insurance: low-income residents, Latinx residents, and immigrants. In FY21, 66 percent of program participants reported income below the federal poverty line, 66 percent were also Latinx, and 79 percent spoke Spanish.

Inequities in Income: There is also a history of systemic discrimination that manifests as disparities in income by race and ethnicity. Discriminatory practices sanctioned by government include racial segregation during and after the Jim Crow era that denied educational opportunities to Black and other people of color as well as access to high-paying jobs.[23] Increases in income inequality associated with changes to the global economy have also adversely impacted people of color who are over-represented among the occupations that have experienced wage stagnation.[24]

Persistent inequities in income and economic opportunity by race and ethnicity further manifest as disparities in median household income by race and ethnicity in the County. In 2019, the median income for White households was $122,291 compared to $101,830 for Asian households, $70,100 for Latinx households, and $69,313 for Black households.[25] Bill 43-21 proposes to expand eligibility for Montgomery Cares for households earning up to 80 percent of the area median income which was $108,820 in 2019.[26]

Anticipated RESJ Impacts

Understanding the impact of Expedited Bill 43-21 on racial equity and social justice requires understanding the stakeholders most impacted by the bill. Bill 43-21 is designed to make medical services available to uninsured and underinsured individuals with incomes up to 80 percent of the area median income who are currently ineligible for Montgomery Cares or other government-subsidized health insurance programs. Montgomery Cares Program served nearly 20,000 clients in 2019 and could potentially serve more clients with the program eligibility expansion included in Bill 43-21.

Available data demonstrates that Latinx residents are the primary beneficiaries of Montgomery Cares. They and foreign-born residents will disproportionately benefit from Bill 43-21's enhancements to Montgomery Cares as Latinx and foreign-born residents are the least likely to possess health insurance. Black residents could also potentially benefit as they have the lowest median incomes in the County and higher rates of not having health insurance relative to White and Asian residents. Since Expedited Bill 43-21 disproportionately benefits Latinx residents, and could potentially benefit Black residents, OLO finds that Bill 43-21 could reduce racial and social inequities in health care access. Further, OLO anticipates a moderate impact of Bill 43-21 given the size and scope of the Montgomery Cares Program.

Recommended Amendments

The Racial Equity and Social Justice Act requires OLO to consider whether recommended amendments to bills aimed at narrowing racial and social inequities are warranted in developing RESJ impact statements.[27] OLO finds that Expedited Bill 43-21 could potentially narrow racial and ethnic inequities in public health across the County. Consequently, this RESJ impact statement does not offer recommendations.

Caveats

Two caveats to this racial equity and social justice impact statement should be noted. First, predicting the impact of legislation on racial equity and social justice is a challenging, analytical endeavor due to data limitations, uncertainty, and other factors. Second, this RESJ impact statement is intended to inform the legislative process rather than determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the bill under consideration.

Contributions

OLO staffer Dr. Theo Holt, Performance Management and Data Analyst, drafted this racial equity and social justice impact statement with assistance from Dr. Elaine Bonner-Tompkins, Senior Legislative Analyst.

[1] Definition of racial equity and social justice adopted from "Applying a Racial Equity Lends into Federal Nutrition Programs" by Marlysa Gamblin, et.al. Bread for the World, and from Racial Equity Tools https://www.racialequitytools.org/glossary
[2] Ibid
[3] Samantha Artiga, et al., Health Coverage by Race and Ethnicity, 2010-2019, Racial Equity and Health Policy, July 2021, Kaiser Family Foundation. https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/
[4] Quick Facts, Persons Without Insurance, 2015-2019, Montgomery County, Maryland, United States Census Bureau. https://www.census.gov/quickfacts/fact/table/montgomerycountymaryland/AGE135219
[5] Montgomery Cares https://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=PHS/PHSAdultMedforUninsured-p1440.html

[6] Aisha Robinson and Elizabeth Arend, Montgomery Cares Annual Report Fiscal Year 2021, Primary Care Coalition. https://apps.montgomerycountymd.gov/ccllims/BillDetailsPage?RecordId=2733;
[7] Montgomery County Council, Bill 43-21, Health- Advisory Board for Montgomery Cares Program- Amendments, November 9, 2021 https://apps.montgomerycountymd.gov/ccllims/BillDetailsPage?RecordId=2733;
[8] Ibid
[9] W.M. Byrd and L.A. Clayton, Race, medicine, and health care in the United States: a historical survey, 2001, National Medical Association. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2593958/
[10] Ibid
[11] Ibid
[12] Ibid
[13] Ibid
[14] Heeju Sohn, Racial and Ethnic Disparities in Health Insurance Coverage: Dynamics of Gaining and Losing Coverage over the Life-Course, April 2017, U.S. National Library of Medicine, National Institute of Health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370590/
[15] Ibid
[16] Ibid
[17] Ibid
[18] Health Coverage by Race and Ethnicity
[19] Selected Characteristics of Health Insurance Coverage in Montgomery County, Maryland, 2019, American Community Survey, United States Census Bureau. https://data.census.gov/cedsci/table?g=0500000US24031&hidePreview=true&tid=ACSST1Y2019.S2701
[20] Health Coverage of Immigrants, July 2021, Kaiser Family Foundation. https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/
[21] Ibid
[22] Quick Facts, United States; Montgomery County, Maryland, 2019, United States Census Bureau. https://www.census.gov/quickfacts/fact/table/US,montgomerycountymaryland/AGE135219
[23] Income inequality: Inequality undermines economic opportunity and prosperity, 2019, National Equity Atlas. https://nationalequityatlas.org/indicators/Income_inequality - /
[24] Ibid
[25] Office of Procurement, Montgomery County Maryland, Minority, Female and Disabled-Owned Business Program, FY2020 Annual Report (https://www.montgomerycountymd.gov/PRO/Resources/Files/Reports/MFDReport_FY20.pdf) and FY2019 Annual Report (https://www.montgomerycountymd.gov/PRO/Resources/Files/Reports/FY19%20MFD%20Annual%20Report.pdf)
[26] U.S. Census Bureau
[27] Montgomery County Council, Bill 27-19, Administration – Human Rights - Office of Racial Equity and Social Justice – Racial Equity and Social Justice Advisory Committee - Established