



**MARYLAND
COMMISSION
ON PUBLIC HEALTH**

May 01, 2025

2:00 PM – 5:00 PM EDT

Prince George's County Government Building (Hybrid)

In-person: **9475 Lottsford Rd, Suite 202**, Upper Marlboro, MD 20774

Online: <https://cdcfoundation.zoom.us/j/96895317477?from=addon>

AGENDA

- I. Call to Order
- II. Adoption of the Agenda
- III. April 15, 2025 Minutes Review and Approval
- IV. CoPH Updates
- V. Recommendations Review and Discussion
- VI. Brief Recess
- VII. Recommendations Review and Discussion (*continued*)
- VIII. New Business
 - a. Commissioner remarks and reflections
- IX. Announcements
 - a. Next monthly meeting: Thursday, May 20, 2025, 1:00 – 3:00 PM EDT (***virtual only***)
 - b. Other deadlines/announcements
 - i. Deadline for first-pass submission (May 16)
 - ii. 2025 Meeting Dates
- X. Adjournment



**MARYLAND
COMMISSION
ON PUBLIC HEALTH**

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**April 15, 2025
1:00 PM – 3:00 PM EDT**

Online only

<https://meet.google.com/hon-bdnj-vsr>

More phone numbers: <https://tel.meet/hon-bdnj-vsr?pin=3031901833464>

DRAFT MEETING MINUTES

Commissioners in Attendance

Dr. Boris Lushniak
Dr. Tosin Olateju
Del. Heather Bagnall
Ms. Jean Drummond
Ms. Vanessa Lamers (*for Deputy Secretary of PHS*)
Sen. Clarence Lam
Dr. Nicole Rochester
Dr. Maura Rossman
Ms. Michelle Spencer
Mr. Allen Twigg

Commissioners Absent

Dr. Matt Levy
Ms. Camille Blake Fall
Mr. Chris Brandt
Dr. Meena Brewster
Ms. Michelle Spencer

I. Call to Order

Presiding Co-chair Dr. Oluwatosin Olateju called the meeting to order at 1:03 pm. She made a notice about recording and other opening remarks. Dr. Olateju called on Mr. Shane Hatchett, Commission support staff, to conduct a roll call; a quorum was established at 1:08 pm.

II. Adoption of the Agenda

Dr. Olateju provided an overview of the agenda and asked if there was any discussion. Dr. Lushniak made a motion to adopt the agenda and Ms. Jean Drummond seconded. The agenda was adopted as presented.

III. April 15, 2025 Minutes Review and Approval

Dr. Olateju called for a motion to approve the April 03, 2025 minutes. Dr. Maura Rossman made a motion to approve; Mr. Allen Twigg seconded. The minutes were approved unanimously.

<https://health.maryland.gov/coph>

md.coph@maryland.gov ■ LinkedIn: [Maryland Commission on Public Health](#) ■ Instagram: [md.coph](#)

IV. Guest Speaker: John Auerbach

Dr. Olateju introduced the guest speaker, Mr. John Auerbach, to share his perspective on public health trends. Mr. Auerbach is the Senior Vice President for Public Health at ICF, where he serves as a thought leader and liaison with federal agencies and nonprofit organizations. His previous positions include Commissioner of Public Health in Massachusetts, Director of Intergovernmental Affairs at the CDC, and CEO of Trust for America's Health. His work has consistently focused on health equity, disease prevention, and public health policy.

Mr. Auerbach reflected on lessons learned from previous challenging periods for public health, such as the Great Recession, which saw repeated budget cuts and eight rounds of layoffs in his jurisdiction. He emphasized the importance of identifying and preserving core components of public health, beginning with data. He discussed the need for collecting, analyzing, and sharing both traditional and new forms of data, including the use of artificial intelligence. This data should not only be sourced from public health but also from other sectors, addressing broader issues of concern and being made understandable and accessible to the public, the media, and policymakers.

Mr. Auerbach also highlighted the necessity of maintaining deep ties at the grassroots level, including assigning staff to specific communities, involving those communities in prioritizing and decision-making processes, recruiting community health workers and other personnel from within the community, and ensuring resources and communication strategies are tailored to reach those populations effectively.

Mr. Auerbach reiterated the importance of forming genuine partnerships with both health and non-health sectors. This includes targeted data sharing for key initiatives, coordinating planning and actions, identifying mutual areas of interest, collaborating with employers, and investing in relationship-building through regular communication.

Supporting the public health workforce was another major theme. Auerbach called for preserving training and conference opportunities, maintaining benefits, recognizing staff achievements, and protecting employees from harm, especially with a focus on behavioral health.

Finally, he spoke about the importance of readiness and being prepared for opportunities to grow and increase budgets when they arise. Strategic thinking, planning, and staff development must be in place in advance to take full advantage of such moments. Mr. Auerbach answered questions from the Commissioners after his presentation.

V. Recommendations Review and Discussion

Dr. Olateju reminded the Commissioners about the process to review submissions, with one of four actions available to them: advance to the slate for final consideration again on June 05, 2025; recommit the submission to the workgroup for modifications; indicate no support for the concept; or, abstain from participating in the vote. She also noted that voting would be conducted electronically today to facilitate the process.

Dr. Olateju then called on Mr. Hatchett to introduce the workgroup submissions for Commissioners' review. Dr. Olateju opened the floor for discussion on submissions. Mr. Hatchett read each submission's designation, title, and the language provided by the workgroup. Dr. Olateju entertained opportunities to discuss for several minutes unless more time was requested. After discussion was concluded, she opened the voting tool and displayed the results on the screen to document final disposition.

FND-007 Advocacy for Federal Grants with Longer Durations and More Local Flexibility

MDH staff should advocate for longer (3-5 year) federal awards given the preponderance of chronic disease problems addressed by 21st century public health agencies at the state and local levels. A multi-state coalition of state health agencies along with NACCHO should push Congress and federal health agencies to reassess the time frames of grants.

Advocacy should also work toward less proscriptive grant conditions that acknowledge differences in socioeconomic and cultural conditions across and within states that drive health outcomes. For example, the underlying factors that result in maternal mortality, cancer incidence, or overdose deaths vary across regions and need more flexibility in grant use to match dollars to needs.

(This is proposed as a short-mid term project that would likely require several years of effort due to the need for cooperation by out-of-state entities. Legislative action is not required since it can be accomplished through advocacy.)

Vote: 8 advance; 0 recommit; 1 cannot support; 1 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

FND-008 Medicaid Reimbursement Equity

Medicaid reimbursement for LHD and MDH should equal Medicaid reimbursement for FQHCs. Like FQHCs, and unlike private medical practices, the majority of LHDs and MDH healthcare facilities' payer mix is comprised of Medicaid recipients. Equivalent higher Medicaid reimbursement to public health providers is needed to compensate for the equivalent degree of medical complexities and no-show rates that accompany socially high-risk, low-income populations.

(This is proposed as a recommendation that can be implemented in the next 1-2 years. It

would require legislative action.)

Vote: 6 advance; 2 recommit; 0 cannot support; 2 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

FND-009 LHDs as Quasi-Governmental Agencies

Create a quasi-governmental structuring for LHDs similar to Health Services Cost Review Commission (HSCRC) and Community Health Resources Commission (CHRC). This could allow for more flexible HR policies that better match public health needs, new modes of fundraising that are analogous to private non-profits, and profit-generating entrepreneurial projects (e.g., daycare centers for working families). Profits generated from these efforts could be reinvested in local public health work that cannot be financed through traditional funding sources.

(This is proposed as a long-term project that would require considerable study)

Vote: 1 advance; 5 recommit; 3 cannot support; 1 abstention/no vote recorded

Result: Recommit to the workgroup for modification and resubmission

FND-010 Public Health Business Advisory Board

Partnerships with Maryland businesses provide new opportunities for public health funding streams. As a result of preventable somatic and behavioral health problems, Maryland businesses lose significant amounts of money to workplace absences, poor productivity, workplace errors that result in injuries and lawsuits, employee turnover, and higher health insurance premiums. The goal of a Public Health Business Advisory Board would be to prevent health problems such as diabetes and substance use disorders that lead to higher employer costs.

Several Commissioners had questions about the funding mechanism and who would be included in those collections. They also focused on the relationship with insurers and health systems.

Vote: 5 advance; 4 recommit; 0 cannot support; 1 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

FND-023 Streamline Health Insurance Carrier Contracting Process

The MDH Secretary shall delegate authority to Local Health Officers to enter into contracts with health insurance carriers once contracts are approved in writing by the Attorney General's Office or the respective County Attorney's Office. Review for legal sufficiency of all such contracts, when requested by Local Health Officers, shall be the responsibility of the Attorney General's Office.

Vote: 6 advance; 0 recommit; 1 cannot support; 3 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

WKF-013 Develop and Implement a Statewide Public Health Workforce Training Strategy

To ensure a well-prepared, effective, and sustainable governmental public health workforce, the legislature should allocate necessary resources and direct the Maryland Department of Health (MDH) or a new Public Health Workforce Commission to develop and implement a comprehensive statewide training strategy focused on upskilling, professional development, and retention of the governmental public health workforce.

This strategy should be developed in collaboration with academic institutions, local health departments, and other key partners, and must align with Maryland's broader public health workforce development goals—such as advancing employee career pathways, addressing emerging public health challenges, and improving job satisfaction and retention.

Vote: 8 advance; 0 recommit; 0 cannot support; 2 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

WKF-014 Maintain and Strengthen Health Reserve Corps

Provide Grants to Local Health Departments to Maintain and Strengthen Health Reserve Corps to Ensure Emergency Public Health Response Readiness

The legislature should allocate dedicated resources to expand the existing Maryland Responds Medical Reserve Corps into a multidisciplinary Maryland Responds Health Reserve Corps (HRC) that (1) more explicitly recruits non-clinical personnel capable of assisting during public health emergencies, disease outbreaks, natural disasters, and other crises that strain the healthcare and public health systems and (2) supports more robust, locally-focused and trained county-based volunteer corps. A well-supported and operationally ready HRC ensures Maryland can surge skilled personnel rapidly when and where they are needed most.

Vote: 7 advance; 1 recommit; 0 cannot support; 2 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

WKF-015 Strengthen Legal Protections for Public Health Employees

Strengthen Legal Protections for Public Health Employees Through Enhanced Penalties for Threats, Harassment, and Acts of Violence

The legislature should enact legislation to protect all state and local public health employees and contractors by establishing or strengthening penalties for individuals who threaten, harass, intimidate, stalk, assault, or otherwise interfere with public health workers in the course of their official duties. This measure is critical to ensure the safety

of the workforce and the uninterrupted delivery of essential public health services.

Vote: 8 advance; 0 recommit; 0 cannot support; 2 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

WKF-016 Expand the Maryland Corps

Expand the Maryland Corps to Include a Public Health Pathway into Governmental Public Health Careers

The legislature should expand the existing Maryland Corps program under the Department of Service and Civic Innovation to include a dedicated public health pathway. This would support a structured, service-based entry point into careers within the Maryland Department of Health (MDH) and local health departments. With the direct input of the local health departments, this initiative would build a diverse, skilled, and mission-driven pipeline of future public health professionals equipped to meet the state's evolving health needs.

Vote: 9 advance; 0 recommit; 0 cannot support; 1 abstention/no vote recorded

Result: Advance to the slate for consideration on June 05

WKF-017 Establish a Maryland-Based Public Health Pipeline

To build a strong, diverse, and future-ready public health workforce, the legislature should allocate resources to create a career pipeline that specifically introduces high school and undergraduate students to careers in governmental public health. This program will cultivate early interest, provide hands-on experience, and support the long-term goal of expanding Maryland's public health talent—particularly in underserved and underrepresented regions of the state.

Vote: 1 advance; 6 recommit; 1 cannot support; 2 abstention/no vote recorded

Result: Recommit to the workgroup for modification and resubmission

VI. New Business

The Commission's business of the day did not leave time to discuss new items or Commissioner reflections.

VII. Announcements

Dr. Olateju announced the next monthly meeting will be held on Thursday, May 1, 2025, 2:00 – 5:00 PM at Prince George's County Government Building with virtual option (same location). Dr. Meena Brewster will be the presiding co-chair.

Dr. Olateju also noted the remaining meeting dates for 2025: May 1; May 20; June 05; July 10; August 21; September 11.

VIII. Adjournment

Dr. Olateju asked for a motion to adjourn; Dr. Maura Rossman made the motion and Del. Heather Bagnall seconded. The meeting was adjourned at 3:00 p.m.



Submission Tracker

As of April 28, 2025 18:35 EDT

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Legend

- Rec # = submitting Workgroup identifier and a serial # for tracking
 - CPE = Communications & Public Engagement
 - DIT = Data & Information Technology
 - FND = Funding
 - GOC = Governance & Organizational Capabilities
 - WKF = Workforce
- Name = designation from Workgroup
- Short description = brief overview and intent to help properly identify underlying content
- Status = current disposition in the cycle based on last action, from one of the following options:
 - Workgroup review
 - Submitted to Commission [for action at next meeting; not yet voted on]
 - Commission reviewed: [advance to slate / recommitted to workgroup / cannot support]
 - Resubmitted to Commission
 - Other: <note>
- CoPH Date = meeting date where item is scheduled to be reviewed (or last date it was reviewed, depending on last action)
- The hyperlinks

Note

The submissions contained in this document do not represent final opinions or recommendations of the Commission. No portion of this content should be taken out of context or assumed to represent final action.

Rec #	Name	Short Description	Status	CoPH Date
CPE-001	Plain Language Support	Plain Language Public Health Information	Submitted to Commission	5/1/2025
CPE-002	Language Access Support	Language Access for Public Health Information	Submitted to Commission	5/1/2025
CPE-003	Public Feedback	Public feedback on public health information	Submitted to Commission	5/1/2025
CPE-004	Public Information Officers (PIOs)	Public Information Officers in Local Health Departments	Submitted to Commission	5/1/2025
CPE-005	Maryland Itself Evaluates Science	MD should do its own evaluation of the public health science and federal policies and recommendations.	Workgroup review	TBD
CPE-006	Maryland Publish Maryland Data	MD should build independence from CDC by publishing its own data. MD should provide the option to download the data tables that are behind dashboards and other types of displays.	Workgroup review	TBD

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Rec #	Name	Short Description	Status	CoPH Date
FND-007	Advocacy for Federal Grants with Longer Durations and More Local Flexibility	MDH staff should advocate for longer (3-5 year) federal awards given the preponderance of chronic disease problems addressed by 21st century public health agencies at the state and local levels.	Commission reviewed: advance to slate	4/15/2025
FND-008	Medicaid Reimbursement Equity	Medicaid reimbursement for LHD and MDH should equal Medicaid reimbursement for FQHCs	Commission reviewed: advance to slate	4/15/2025
FND-009	LHDs as Quasi-Governmental Agencies	Create a quasi-governmental structuring for LHDs similar to Health Services Cost Review Commission (HSCRC) and Community Health Resources Commission (CHRC)	Commission reviewed: recommitted to workgroup	4/15/2025
FND-010	Public Health Business Advisory Board	Partnerships with Maryland businesses provide new opportunities for public health funding streams.	Commission reviewed: advance to slate	4/15/2025
GOC-011	Co-Creation/Design Model	Develop and implement a framework for co-creation within Maryland's governmental public health system that includes shared leadership, learning, decision-making, systemwide and mutual accountability.	Resubmitted to Commission	5/1/2025
WKF-012	Establish a commission to study, assess, and track the state and local governmental public health workforce throughout Maryland	establish a multidisciplinary commission, housed in partnership with a qualified academic or research institution, to provide strategic leadership and oversight of the state's public health workforce development.	Commission reviewed: advance to slate	4/3/25
WKF-013	Develop and Implement a Statewide Public Health Workforce Training Strategy	legislature should allocate necessary resources and direct the Maryland Department of Health (MDH) to develop and implement a comprehensive statewide training strategy focused on upskilling, professional development, and retention	Commission reviewed: advance to slate	4/15/2025
WKF-014	Provide Grants to Local Health Agencies to Maintain and Strengthen Health Reserve Corps to Ensure Emergency Public Health Response Readiness	The legislature should allocate dedicated resources to expand and strengthen the Maryland Responds Medical Reserve Corps	Commission reviewed: advance to slate	4/15/2025
WKF-015	Strengthen Legal Protections for Public Health Employees Through Enhanced Penalties for Threats, Harassment, and Acts of Violence	The legislature should enact legislation to protect all state and local public health employees and contractors	Commission reviewed: advance to slate	4/15/2025

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Rec #	Name	Short Description	Status	CoPH Date
WKF-016	Expand the Maryland Corps to Establish a Maryland Public Health Corps Pathway into Governmental Public Health Careers	The legislature should expand the existing Maryland Corps program under the Department of Service and Civic Innovation to establish a dedicated Maryland Public Health Corps (MPHC)	Commission reviewed: advance to slate	4/15/2025
WKF-017	Establish a Public Health Career Pathways Program	To build a strong, diverse, and future-ready public health workforce, the legislature should allocate resources to and direct the Maryland Association of County Health Officers (MACHO) to create a career pathways program to specifically introduce high school and undergraduate students to careers in governmental public health.	Commission reviewed: recommitted to workgroup	4/15/2025
CPE-018	Community Health Needs Assessment (CHNA) Support	Seek funding to support dedicated full-time staff (LHIC Director, CHNA Coordinator, Public Health Program Coordinator, Community Engagement Specialist, or Health Equity Coordinator) and necessary resources	Workgroup review	TBD
CPE-019	Increased Health Literacy Through Youth Education	Establish a Pediatric Public Health Education Task Force composed of educators, pediatricians, public health professionals, and curriculum designers.	Workgroup review	TBD
CPE-020	Communication and Public Engagement Liaison Program	Establish a Communication and Public Engagement Liaison program with local academic institutions for students with Journalism/Communications or Political Science majors to build a bridge between community engagement, compelling messaging and policy implementation.	Workgroup review	TBD
FND-021	Funding from Charitable Foundations	MDH and LHDs should coordinate with the Governor's Office to align public health initiatives with the goals of charitable foundations to bring more grant money to Maryland public health agencies.	Submitted to Commission	5/1/2025
FND-022	MDH Grant Team	MDH should expand its staffing to search for grant opportunities for both the state and local levels. The grant team should include representatives from small and large LHDs.	Submitted to Commission	5/1/2025
FND-023	Streamline Health Insurance Carrier Contracting Process	Rescind the need for the Secretary of MDH and Local Boards of Health to approve contracts between Local Health Departments and Insurance Carriers once the Maryland Attorney General's Office or County/City Attorney's Office has reviewed contracts for legal sufficiency.	Commission reviewed: advance to slate	4/15/2025
FND-024	Community Benefit Spending	A percentage of Community Benefit (CB) dollars shall be transferred from acute care non-profit hospitals to their respective local health departments (LHDs), and to a lesser degree, to the Maryland Department of Health (MDH).	Submitted to Commission	5/1/2025
FND-025	Medicaid Rebates to Public Health Agencies	Maryland Medicaid should develop a program to share in cost saving with public health agencies that produce measurable reductions in Medicaid expenditures as a direct result of successful programs.	Submitted to Commission	5/1/2025

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Rec #	Name	Short Description	Status	CoPH Date
GOC-026	Building anchor partnerships with academic Institutions	Maryland Department of Health will facilitate the development of MOUs between MDH and local health departments with academic institutions outlining roles, responsibilities, and expectations for mutual benefit related to research, data, and workforce support.	Submitted to Commission	5/1/2025
GOC-027	Collaborating with social service, housing, and aging sectors	Maryland Department of Health will examine barriers and facilitators to multi-sector partnerships at the state, regional, and local level to include problem-solving teams, "no wrong door" initiatives, assessment of policies/practices for health impacts, and shared data systems to better understand the needs of vulnerable populations, identify service gaps, and coordinate responses	Workgroup review	TBD
GOC-028	Cross-sector collaboration and communication	Maryland Department of Health in partnership with local health departments develop an onboarding education for newly elected state and local public officials about public health and responsibilities, including duties of local boards of health.	Workgroup review	TBD
GOC-029	Leveraging private health system resources	Maryland Department of Health will identify barriers and facilitators of state, regional, and local health department engagement with private sector health systems through partnerships, joint funding opportunities, research, communication and coordination.	Workgroup review	TBD
GOC-030	State Association of County and City Health Officials (SACCHO) role	Maryland Department of Health and Maryland Department of the Environment	Workgroup review	TBD
GOC-031	Sustaining partnerships	Maryland Department of Health (MDH) will review statutory, regulatory, and administrative barriers to establishing ethical and equitable public-private partnerships for funding to and from MDH and local health departments with the private sector.	Workgroup review	TBD

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No. of Submissions by Workgroup	
Communications & Public Engagement	9
Data & IT	0
Funding	9
Governance & Org Capabilities	7
Workforce	6
Total	31
No. of Submissions by Status	
Workgroup review	10
Submitted to Commission	9
Commission reviewed: cannot support	0
Commission reviewed: advance to slate	9
Commission reviewed: recommitted to workgroup	2
Resubmitted to Commission	1
Other: see notes	0
Total	31

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