Appendix to Open Comments on Draft Slate of Recommendations: *Letters and Addenda*

Posted and released as of 10 July 2025, 12:55pm.

https://health.maryland.gov/coph

The comments and language contained herein are not the view of the Commission and reflect the intent/perspective of the submitter. Comments that are substantive will be addressed in the Commission's final report. This document is intended to accompany the full Open Comment Registry that is posted online; they should be read as a single document.

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

July 9, 2025

Meenakshi G. Brewster, M.D., Co-Chair
Boris D. Lushniak, M.D., Co-Chair
Oluwatosin Olateju, Dr.P.H., Co-Chair
c/o Strategic Initiatives
School of Public Health, University of Maryland, College Park
4200 Valley Drive, Suite 2242, College Park, MD 20742-22611

RE: Maryland Department of Health's Comments on the Commission on Public Health's Draft Report

Dear Members of the Commission on Public Health:

Thank you to the Maryland Commission on Public Health for your continued commitment and service to advancing public health across the State. It was a pleasure to meet with Dr. Brewster and Dr. Lushniak earlier this month to hear about the progress to date and discuss the 60 draft recommendations. We appreciate the time and effort that went into the assessment and draft recommendations developed by the Commission. We share your goals to enhance the foundational capabilities across the department and to improve health for all Marylanders.

As a Department, we agree with many of the recommendations put forward, including enhancing capacity for plain language, improving partnerships with Maryland's academic institutions, administering incentive programs for primary care physicians, and supporting public health accreditation for local health departments that choose to pursue it. MDH has made progress in many of the areas mentioned in the draft recommendations, with work continuing throughout 2025 and beyond.

As we review and consider these recommendations, we are mindful of the broader fiscal challenges and uncertainties in public health which call for thoughtful planning and alignment of resources. Attached to this letter is an appendix of our detailed review, including projected fiscal implications and how recommendations may interact with other state agencies and warrant further cross-agency coordination.

We appreciate you sharing the Commission's intentions to reframe recommendations to ensure we produce a viable list that considers the current budgetary and policy limitations, and to clarify that these recommendations are often aspirational, or are initiatives to undertake when there are funds available. We also agreed with your intent to clarify where recommendations need

continued engagement with subject matter experts, particularly to ensure engagement and enhancement of existing work. We look forward to working together on this in a way that provides the greatest impact as we continue to support the health and well-being of our communities.

The recommendations put forward by the Commission are a testament to the vision, dedication, and collective expertise that guide our work in Maryland. We again thank you for your time and commitment to the public health of Marylanders.

Thank you for the opportunity to provide comments. If you have any questions or need more information, please feel free to contact Dr. Elizabeth Edsall Kromm, Acting Deputy Secretary of Public Health Services, at elizabeth.kromm@maryland.gov.

Sincerely,

Meena Seshamani, MD, PhD
Secretary, Maryland Department of Health

Appendix A

State Agency Acronyms

Acronym	Agency
DBM	Department of Budget & Management
DHCD	Department of Housing & Community Development
DHS	Department of Human Services
DoIT	Department of Information Technology
DSCI	Department of Service and Civic Innovation
Ag	Maryland Department of Agriculture
MDE	Maryland Department of the Environment
MDH	Maryland Department of Health
Aging	Maryland Department of Aging
MDEM	Maryland Department of Emergency Management
MSDE	Maryland State Department of Education

Appendix B

Tables of analysis, per category

Recommendation	Potential Cross-Agency Collaboration	Projected Fiscal Implications	Similar Work is Already Ongoing
Communications and Public Engagement			
Plain Language Support	–	X	X
Language Access Support	–	X	X
Public feedback on public health information	–	X	–
Public Information Officers	–	X	X
Health Communications Tools	–	Unknown	–
CHNA Support	–	X	X
Increased Health Literacy/Youth Ed	MSDE	X	–
Health Comms Materials Support	–	X	–
Improving Public Health Visibility	–	X	–
Data and Information Technology			
Centralized Data Repository	DoIT	X	–
Uniform Data Standards	DoIT	X	–
Hub/Spoke Analytic Model	DoIT	X	–
One State EHR	DoIT	X	X
Data Use Efficiency	–	Unknown	X
System Modernization	DoIT	Unknown	X

IT/Analytics Workforce	DoIT, DBM	X	–
Digitize Public Health Records	DBM	Unknown	X
Business Systems	DBM	X	–
Environmental Health Systems	MDE	X	–
Enterprise Architecture	DoIT	X	X
Dedicated Funding for Technology	DoIT, DBM	X	–
Central Community Portal	–	X	X
Funding Workgroup			
Advocacy for Federal Grants	DBM	Unknown	–
Medicaid Reimbursement	–	X	–
Public Health Business Advisory Board	–	X	–
Funding from Charitable Foundations	–	X	X
MDH Grant Team	–	Unknown	–
Medicaid Rebates	–	X	–
Revisit Core Funding Formula	DBM	Unknown	X
Governance and Foundational Capabilities			
Co-creation model	–	Unknown	X
Academic Health Dept Partnerships	–	X	X
Collaborate with social services, housing, and aging sectors	DHS, Aging, DHCD	Unknown	–
Board of Health Onboarding	–	X	–
Private Sector Health Systems	–	Unknown	–

Public Health Resource Team	–	X	–
Public Health Grand Rounds	–	X	–
Listserv for LHDs	–	–	X
Enhancement for shared governance	–	X	–
LHD Accreditation	–	X	X
Statewide Racial Equity Impact	–	Unknown	X
Statewide Racial Equity Impact 2	–	Unknown	X
Workforce			
Establish a commission to study, assess, and track state and local workforce	–	X	–
Development of Statewide Public Health Workforce Training Strategy	DBM	X	X
Provide Grants to LHDs for Health Reserve Corps	MDEM	X	–
Strengthen Legal Protections for Public Health Employees	–	Unclear	–
Expand Maryland Corps to Public Health	DSCI	X	X
Ensure Full Access to State Job Classifications for LHDs	DBM	X	–
Support Full Implementation of the 2023 State Personnel System Task Force Recommendations	DBM	X	X
Commission a Study on Human Resources Reform	DBM	X	–
Establish a Bureau of LHD Assistance and Support in OoS	–	X	–
Appoint a Statewide Volunteer Coordinator for Emergency Preparedness	MDEM	X	–
Appoint a Statewide Chief Nursing Officer	–	Unknown	–

Cross-Cutting Recommendations			
Placing Public Health Navigators in the Community	–	X	–
Primary Care Support	Labor	X	–
Assess Public Health Lab System	–	X	–
Population Health Improvement Fund	–	Unknown	–
Public health and behavioral health	–	Unknown	–
Public Health/primary care continuum	–	X	–

Maryland

Shane Hatchett -SMCHD- <shane.hatchett@maryland.gov>

Re: Commission on Public Health Update and Open Comment Period

Joshua Sharfstein <joshua.sharfstein@jhu.edu> Tue, Jul 8, 2025 at 5:09 PM
To: Shane Hatchett -SMCHD- <shane.hatchett@maryland.gov>
Cc: "Dushanka V. Kleinman" <dushanka@umd.edu>, "Borah, Sarah" <sborah@cdcfoundation.org>

Thanks for the terrific work — my comments are here — I hope they are helpful, and happy to discuss further.

Thank you for the opportunity to review the Maryland Commission on Public Health's draft slate of recommendations. Over the past two years, the Commission has engaged in critical work taking stock of the state's public health system and considering options for reform.

The strengths of the state's approach are evident in the low rate of tobacco use, positive trajectory in birth outcomes, and other reductions in preventable illness and injury. Yet the stress test posed by COVID and ongoing maternal health and behavioral health challenges reflect the opportunity and need for improvement.

I'll also note at the outset that the current state fiscal environment has complicated the Commission's work. Finding ways to do more with less should be a theme in the report (even though it might have been preferable to do more with more).

I'll organize my comments into several areas:

What might be missing
Strengths of the recommendations
Suggestions for the recommendations
Other comments

**What might be missing

The big picture of public health in Maryland — what it's there for — is to support the health of Marylanders and Maryland communities. The commission might therefore start with a recommendation to define a core health outcome set for the state, with options for counties to add additional measures. Such a core metric set, drawing from the state health improvement plan and other resources, could align

public health and health care efforts and represent a fundamental yardstick for progress.

Such a recommendation would have implications for the various parts of the report — including how IT can provide critical information on these outcomes, how communications can engage Marylanders in addressing them, what types of expertise are needed in the workforce, etc.

**Strengths of the recommendations

I appreciate the Commission's commitment to elevating the profile of public health in the state. I think the ideas around grand rounds, the public health issue of the month, the business advisory board, creating onboarding for elected officials, working with healthcare systems, and the engagement of youth are all promising.

I am hugely supportive of the grant team, which might be supported by local philanthropies.

**Suggestions for the recommendations

The report captures the value of the design of public health services in Maryland — statewide vision, with local flexibility. A key challenge is that there are resource needs at local health departments, especially for areas (communications, IT) that are rapidly evolving.

The recommendations reflect two different ways of addressing this challenge. In the IT section, there is a focus on common efforts — through a standing commission, enterprise plan, reducing systems, a centralized data repository etc. In the communications section, however, the vision is quite different. The commission proposes to call for each health department to have its own PIO and, with access to common contracts, design its own communications strategy.

I think the approach in the IT section is better suited to avoiding redundancy and to avoiding major gaps in public health services. A shared service in communications could create many types of resources for the public, engage with academic partners to add value and assess results, and still leave room for local implementation.

I therefore would recommend revisiting the communications recommendations with the IT model in mind. More broadly, the approach in the IT section could serve as a model for a new framework for state-local relations — an intermediary level with shared services, informed by state policy, but available to all local health departments. This could be brought into the recommendation on "shared governance" on page 14.

(One small note: One IT recommendation that gave me pause is for a single EHR. Given the incredibly broad diversity of services across health departments, it's less important that the health departments communicate with one another than that they share data through CRISP, which might be a better strategy for coordination.)

Regarding some of the other recommendations:

With respect to the CHNAs, if new state resources are not available, the Commission could propose a vision for hospital-health department coordination for the HSCRC to embrace.

I think an open data portal is a great idea and could build on the success of other states, including NY.

I endorse the idea of fostering more academic-public health connections. In addition to creating tools to support "academic public health departments," the Commission should consider recommendations for the state to create expedited pathways accessible to the state and local health departments to fund evaluations, engage experts for consultation, and support details of faculty to public agencies.

I support the use of policy assessment tools for racial equity as well as for health equity more generally.

**Other Comments

I could not follow the recommendation for a co-creation framework. More details and specifics would be helpful.

I also had trouble understanding the “Medicaid rebates to public health agencies” idea. Savings generally will accrue first to the managed care organizations, so one alternative approach would be for the state to identify areas where MCOs can be required to support health departments efforts, as those prove successful. For example, the state could develop a model mechanism for MCOs to support asthma programs that have demonstrated an impact, with the amount paid by each MCO to be based on its proportion of the population.

Revising core funding formulas is a good idea — the Commission might suggest some principles to guide such a reconsideration.

Thank you for the opportunity to comment on these draft recommendations. I look forward to working with the Commission on their implementation.

Joshua M. Sharfstein, MD
Vice Dean for Public Health Practice and Community Engagement
Director, Bloomberg American Health Initiative
Professor of the Practice in Health Policy and Management

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From: Joshua Sharfstein <joshua.sharfstein@jhu.edu>
Sent: Monday, June 9, 2025 8:16 PM
To: Shane Hatchett -SMCHD- <shane.hatchett@maryland.gov>
Cc: Dushanka V. Kleinman <dushanka@umd.edu>; Borah, Sarah <sborah@cdcfoundation.org>
Subject: Re: Commission on Public Health Update and Open Comment Period

Thanks so much for this work and for sharing! Josh

Joshua M. Sharfstein, M.D.
Johns Hopkins Bloomberg School of Public Health

From: Shane Hatchett -SMCHD- <shane.hatchett@maryland.gov>
Sent: Monday, June 9, 2025 8:11:25 PM
To: Joshua Sharfstein <joshua.sharfstein@jhu.edu>
Cc: Dushanka V. Kleinman <dushanka@umd.edu>; Borah, Sarah <sborah@cdcfoundation.org>
Subject: Commission on Public Health Update and Open Comment Period

External Email - Use Caution

Dear Josh,

Happy June!

I know how important the Commission is to you and your work, so I'm sharing directly with you our draft slate of recommendations that we just posted. We will be sending an announcement out soon to let folks know the open comment period is open. (https://health.maryland.gov/coph/Pages/Public-Outreach.aspx)

Please review and share feedback via the form - or we're happy to set up a time to chat. I'd also like your help in spreading this through your networks to ensure folks have a chance to weigh in. In addition to the recommendations, I've also included some key documentation that will provide additional context in case that's helpful.

Thank you for supporting our work and being committed to public health in Maryland, Josh! I appreciate you.

Sincerely,
Shane

--
Shane Hatchett | *Senior Advisor and Manager*
Maryland Commission on Public Health
shane.hatchett@maryland.gov | (317) 997-3395

Shane Hatchett

From: Borah, Sarah <sborah@cdcfoundation.org>
Sent: Thursday, 10 July, 2025 12:07
To: Shane Hatchett
Subject: Dept of Education Meeting

Hi Shane,

This is what I shared with Sylvette if it's helpful. I'm also including my efforts to update the recommendation at the end which I have also shared with Dushanka.

- Dept of Education reached out specifically to discuss the recommendation **Increased Health Literacy Through Youth Education (ID: CPE-019)**
    - Establish a Public Health Education for Youth Task Force to create a K-12 age-appropriate, standards-aligned, and culturally relevant public health curricula focusing on topics like disease prevention, health equity, communication, and critical thinking, The curricula will increase familiarity with and literacy of public health concepts in students so that as adults, community members will have improved understanding of personal and public health and also be inspired to join the public health workforce. The Task Force will be composed of educators, pediatricians, public health professionals, and curriculum designers to develop a curriculum)
- Shared that there is already a **Comprehensive Health Education Standards & Frameworks Validation Committee (SFVC)** with the goal to provide the Maryland State Board of Education with a recommendation to revise or validate the current comprehensive health education standards and framework. The current framework can be seen online.

- They are currently working on a new draft framework that includes many public health topic areas. A lot of the areas comes from SHAPE America which has been updated to be Maryland Specific. They did share that 2 people from MDH are on the Committee and subject matter experts were consulted.

    - They shared their draft framework with the message to NOT SHARE WIDELY (they said it would be okay to share with the WG as long as they understand that it is not to be shared).

    - They will have an open comment period later in the year (currently looking to be at the end of September) and welcome comments from the Commission. We already shared the feedback that there should be more explicit focus on explaining "What is Public Health"

- Based on this new information, it seems like we should update the current recommendation.

    - We can change it to support the new framework and align ourselves with the work that is already being done in the state.

- They also specifically shared that they would suggest recommending a specific set number of minutes for health education and to set stricter guidelines of what health education looks like and who is allowed to teach. They said that an issue they run into is that they can have great curriculum, but schools don't have a universal standard on the staff or class framework to teach it effectively.

- **Difficulty**: creating a recommendation that supports a framework that is not yet publicly available or finished

- Draft new recommendation:

  - Support the Comprehensive Health Education Standards & Frameworks Validation Committee (SFVC) efforts to create a preK-12 age-appropriate, standards-aligned, and culturally relevant public health curricula focusing on topics like chronic and infectious disease, disease prevention, health equity, communication, mental and emotional health, and critical thinking. The Commission supports curricula that will increase familiarity with and literacy of public health concepts in students so that as adults, community members will have improved understanding of personal and public health and also inspire them to join the public health workforce.

    SFVC provides the Maryland State Board of Education with a recommendation to revise or validate the current comprehensive health education standards and framework by studying emerging state and national public health trends to ensure Maryland's PreK-12 comprehensive health education programs meet the complex needs of all students. SFVC is composed of parents, teachers, local education agency leaders, and associated content experts.

    To better the work of SFVC and preK-12 health education in the state, the Commission recommends setting standards that outline a specific number of minutes for health education for students and stricter education requirements for who is allowed to teach health education classes.

Sarah Borah
Project Manager
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MedChi
The Maryland State Medical Society

Your Advocate.
Your Resource.
Your Profession.

June 27, 2025

The Maryland Commission on Public Health
Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201

Submitted via email to md.coph@maryland.gov and the Draft Recommendations online submission form

Re: MedChi Comments on the Draft Slate of Recommendations for Public Comment

Dear Members of the Commission on Public Health,

On behalf of MedChi, The Maryland State Medical Society, I am pleased to offer the following comments on the "Draft Slate of Recommendations for Public Comment" updated and released as of June 9, 2025, by the Maryland Commission on Public Health.

We understand that the Commission's role is to assess Maryland's foundational public health capabilities and its ability to respond to public health challenges. MedChi commends the Commission for how it structured its workgroups to complete that assessment, specifically Governance and Operational Capabilities, Funding, Workforce, Data and Information Technology, and Communications and Engagement. We also appreciate that the Commission included an additional category for "Cross-cutting Recommendations."

Many of the Commission's recommendations focus on the internal operations of the Maryland Department of Health (MDH) and Local Health Departments (LHDs), particularly in the categories of Governance and Operational Capabilities, Data and Information Technology, and Communications and Engagement. MedChi supports each of the recommendations in these categories and believes that, if implemented, they will result in improvements in public health service delivery and increased public health awareness.

While the draft recommendations do contain a section on "Funding", **MedChi believes there is an opportunity to more strongly highlight the most significant challenge facing the providers and their patients, which is ensuring that there is proper funding for the AHEAD Model.**

While the goal of AHEAD is to build upon the Total Cost of Care Model to reduce healthcare costs and improve the quality of healthcare, we must ensure that the agreement does not compromise funding for patient care. The Draft Recommendations have recommendations for creating a Maryland Medicaid rebate program to share cost savings with public health agencies that produce measurable reductions in Medicaid expenditures as a direct result of successful programs. Additionally, under the "Cross-Cutting Draft Recommendations" section, there are recommendations for "Supporting Primary Care" and to support the "Public Health and Primary Care Continuum" by addressing LHDs ability to provide primary care services in counties where there is a lack of clinical providers. The "Supporting Primary Care" recommendations states that MDH should work with essential partners to enhance existing and develop additional formal incentive programs for primary care clinicians to work in Maryland, especially in rural areas.

These recommendations will not be possible to implement without proper funding. Therefore, we suggest that the Commission include specific recommendations that link adequate funding within the AHEAD model to Maryland's ability to implement these recommendations, particularly regarding the provision of primary care services throughout the State.

We strongly support the recommendation related to the Chesapeake Regional Information System for Patients (CRISP) under the "Data and Information Technology" section. The Draft Recommendation on CRISP aims to augment CRISP, making it the primary centralized statewide data repository for key health information. MedChi recommends that the Draft Recommendations be clarified to utilize CRISP to the fullest extent possible, thereby avoiding duplication in public health. Public health must be integrated into the same data, systems, and workflows as other aspects of the healthcare system.

The Draft Recommendations do not mention the Episode Quality Improvement Program (EQIP); MedChi therefore suggests specifically adding support for EQIP as a recommendation. EQIP is a voluntary program through which physicians and other providers are reimbursed based on their performance in reducing the cost and improving quality of care. This program is a vital strategy for improving public health in Maryland because it rewards preventive and coordinated care, involving various types of providers to contain costs through coordinated, community-based care. We believe that support for EQIP is a crucial public health strategy and aligns with the recommendations made throughout the report.

Furthermore, the report would benefit from a greater emphasis on leveraging private-sector solutions, particularly physician-led, value-based care programs, such as the aforementioned EQIP and the Maryland Primary Care Program (MDPCP). These models have already demonstrated measurable success in improving outcomes and reducing costs, and they should be further enhanced to incentivize physician engagement in achieving public health goals.

Finally, MedChi welcomes the opportunity to work more closely with MDH on targeted public health priorities, including maternal mortality reduction (MMR), the opioid crisis, and domestic violence prevention. As the statewide medical society with deep connections across Maryland's physician community, we believe MedChi can be a more fully utilized partner in these efforts moving forward.

Thank you for the opportunity to comment and for considering our recommendations. Please do not hesitate to contact me if you would like to discuss these recommendations in further detail.

Sincerely,

Gene Ransom
Chief Executive Officer
MedChi, The Maryland State Medical Society

DIT-046 & DIT-051: Per the explanation in the document, the purpose of these two recommendations is to improve data collection, sharing, and analysis to guide public health planning and decision-making. We recommend that rather than prescribing how the State should improve data collection, sharing, and analysis the Commission describe the end state they would like to see and allow the implementers to determine the best way to achieve that state through iterative problem-solving. As currently written, the recommendations could be fully implemented without solving any issues the Commission would like to see addressed. Moreover, in DoIT's experience, public-private commissions and 5-year plans tend to inhibit rapid problem-solving, no matter how well-intentioned. The State does not need more bureaucracy governing our public health technology, we need clear goals and empowered implementers.

DIT-049: We recommend that the Commission clarify the goal of this recommendation and be less prescriptive about the method of achieving it. Is the goal to have shared tools for the same business functions across LHDs? If so, to what end? To save money? To make it easier for staff to move between LHDs? To make reporting and data sharing more efficient? We recommend focusing on the outcome the Commission would like to see rather than the process they think will achieve that outcome.

DIT-032: We recommend that the Commission clarify their recommendation for this item. As written, this recommendation requires "augment[ing] CRISP…to ensure that it is the centralized statewide data repository to receive structured data from multiple secure and approved sources…" but it is not clear if that means it should be the ONLY repository or what problems "augmenting" CRISP is intended to address. Is it the Commission's recommendation that CRISP be the ONLY centralized statewide repository for LHD data? If so, why? If not, why? What problems would the Commission like addressed in this recommendation?

DIT-034: We recommend that the Commission focus on the problem they are trying to solve and what success looks like rather than prescribing a structure for how the State and LHDs ought to manage their data analysis. What would "good" look like to the Commission? Standard reports across jurisdictions? Faster analysis? Reduced costs? The hub and spoke model could be implemented without achieving any of those goals; another model may also work to achieve those goals.

DIT-036: Are there any disagreements about what constitutes “appropriate data”? If so, would the Commission like to take a position on that question? Additionally, as written, this recommendation implies that the purpose of data sharing is to “demonstrate savings/return on investment across agencies”--is that the Commission’s intention for this recommendation?

DIT-050: The stated rationale for this recommendation is to “facilitate the accountability and performance management for services rendered by Local Health Departments for environmental health.” How does the recommendation contribute to accountability and performance management? We recommend restating the recommendation to focus on the outcomes the Commission would like to see and allow MDE, MDH, and LHDs to work together to achieve those outcomes in a way that is iterative and responsive to the conditions they face.

DIT-047: In addition to training in “information technology, information systems and data analytics”, we would like software development, human-centered design, agile project management, and product management included in future training investments. These skills are vital to implementing technology systems in a cost-effective manner.

DIT-052: What problems will dedicated funding solve? How should the State ensure that this budget line item will be funded a time of very tight budgets? Is there a way to solve this problem without introducing more administrative overhead?

DIT-053: We recommend that the Commission rework this recommendation to focus on the outcomes they would like to see: what is the purpose of such a portal? Who are the users and what do they want to use it for? Has the Commission validated those user needs? As currently written, this recommendation would require the State to build and permanently maintain a new portal and tools at not insignificant cost. If the recommendation focused instead on the desired outcomes, and who they serve, it would allow the State to creatively meet those needs, perhaps without building a new portal or by focusing a new portal on the primary use cases.

DIT-048: Wholesale digitization of paper records and processes is a massive, disruptive undertaking that generally requires building new technology systems. We recommend an incremental approach grounded in user research. If the Commission could specify goals for the “effect on the cost of products and space,” that would allow the LHDs and the State to work toward those goals without digitizing for digitization’s sake.