Public Health Policy in Action:

Legislative Internship with Delegate Dan Morhaim

FANG FANG YIN

Maryland General Assembly

90-day session: January 13 – April 12, 2010

House of Delegates

141 Delegates

Appropriations Committee

Economic Matters Committee

Environmental Matters Committee

Health & Government Operations Committee

Judiciary Committee

Ways & Means Committee

Senate

47 Senators

Budget & Taxation Committee

Education, Health, & Environmental Affairs Committee

Finance Committee

Judicial Proceedings Committee

The legislative process:

A legislator must sponsor the bill

Filed/Cross-filed in the House or Senate

Introduce the bill, first reading

Assigned to a committee

Committee Chair ←

Public hearing

Committee review and vote

Second reading

Third reading

Majority vote on the floor

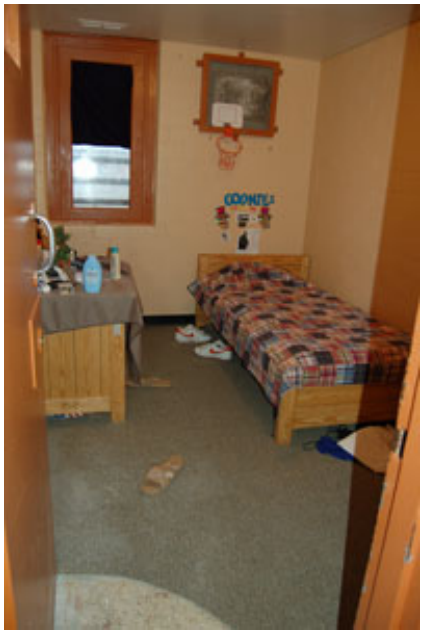
HGO Committee Public Hearing

Juvenile Facility Bill (SB 330/HB 173)

- Bill limits all juvenile facilities in the state to 48-beds
- Lead sponsor is Senator Robert Zirkin
- Introduced last year, but failed to pass the House Judiciary Committee

- Supporting testimonies:
  - Office of the Public Defender
  - Maryland Law Disability Center
  - Maryland Association of Resources for Families & Youth
  - Advocates for Children & Youth
  - Mental Health Association of Maryland
  - Maryland Juvenile Justice Monitoring Unit

  - Safer and more secure treatment centers for youth
  - Evidence-based practice (lower recidivism rate, better treatment, lower cost)
  - No reason why private facilities should be exempt



http://www.stateline.org/live/details/story?contentId=288904

Juvenile Facility Bill (SB 330/HB 173)

- Opposing testimonies:
  - Department of Juvenile Services
    - Limiting the size of the facility will interfere with the development of providers and treatment options for youth in MD, causing a backlog in youth placement
    - Emphasis should be placed on quality programming, not on size restriction
    - Restricts the DJS to expand its program to meet increasing demand; use of out-of-state facilities is more costly to the state
  - Silver Oak Academy
    - "There are bad six-bed programs and great 900 bed programs… Legislate measures that assure performance and don't rely on a population count for good outcomes."

- Committee Chair Vallario delayed voting on the bill
- Committee eventually passed the bill with an amendment: "each committed facility licensed by the Department serves no more than 48 children at one time, unless the Secretary finds good cause for a committed facility licensed by the Department to serve more than 48 children at one time."

Juvenile Facility Bill (SB 330/HB 173)

- House passed the amended bill (137-3 vote)
- Senate passed the amended bill (47-0)
- Signed into law by the Governor on May 4, 2010

- Incrementalism and compromise are critical in policymaking
- Committee Chair has tremendous political power
- Authority of state departments

Tdap Booster Immunization Bill (SB 659/HB 294)

- Bill requires children entering 7th grade or higher to receive a booster immunization containing diptheria and tetanus toxoids and an acelluar pertussis vaccine, or a Tdap booster
- Lobbied by Sanofi Pasteur, a manufacturer of the Tdap vaccine
- Introduced in the previous session, but failed due to the cost of administration

- Tdap booster is recommended for all adolescents of ages 11-18 by the CDC
- Over 20 other states have already enacted laws requiring Tdap immunization for middle and high school students
- The bill is expected to increase State general fund and federal fund spending by an estimated $1.1 million in Fiscal Year 2011; local health department expenditures will also increase

Tdap Booster Immunization Bill (SB 659/HB 294)

- Supporting testimonies:
  - Sponsoring Delegate Nathan-Pulliam and Sanofi Pasteur lobbyist
    - 164 cases of pertussis were reported in MD in 2008
    - Willing to support an amendment to delay the implementation date
    - Questioned the accuracy of the fiscal note as the Federal Vaccines for Children program would pay for the cost of immunizing MD's Medicaid and uninsured children

- Opposing testimonies:
  - DHMH
    - Cost of implementing the bill is too high compared to the little gain in public health
    - The Statewide Advisory Commission on Immunization did not recommend a state mandate for Tdap due to limited resources and insufficient evidence
    - Current burden of disease if relatively low in MD
    - Number of schools associated with outbreaks is low in MD

Tdap Booster Immunization Bill (SB 659/HB 294)

- American Academy of Pediatrics – support with amendments
  - Delay the implementation of the bill until July 2013-2014
  - Change the requirement so that it exempts transfer students
  - Change the requirement so that students are not excluded from entering schools at the beginning of the year and provide a grace period for immunization

- State Superintendent of Schools – opposed
  - 2-month timeline is too short for all the schools to implement the bill and to ensure compliance by students

- Anne Arundel County Board of Education – support with amendment
  - Delay the time of implementation from July 2010 to July 2011

- Prince George's County Government – support with amendment
  - Provided funding for local health departments

Tdap Booster Immunization Bill (SB 659/HB 294)

- Senate Education, Health and Environmental Affairs Committee voted (8-1) unfavorable on the bill
- House Ways and Means Committee never voted on the bill

- Economic feasibility of the bill
- Cost and logistics of implementation

Lyme disease physician protection bill (HB 290)

- Mainstream scientists vs. minority scientists/patients/advocates
- Short-term antibiotic treatment vs. long-term treatment
- Sponsoring Delegate Joseline Peña-Melnyk introduced the bill in response to constituent concerns
- Introduced the bill without input from any Lyme disease advocacy and support groups
- The bill protects physicians who prescribe long-term antibiotics for Lyme disease from disciplinary action by the Board of Physicians on the basis of such treatment, but this protection is invalidate if "the Centers for Disease Control and Prevention has issued an opinion recommending that long-term antibiotic or antimicrobial therapy not be used in the treatment of Lyme disease"

- Delegate Pena-Melnyk:
  - Maryland has the sixth highest number of Lyme disease cases among all states
  - Diagnostic tests miss 44 out of 100 cases
  - "According to the California Lyme Disease Association, the average patient sees five doctors over two years before being diagnosed, and 4 in 10 of those people end up with long-term health problems as a result

Lyme disease physician protection bill (HB 290)

- Opposition
  - Physicians from Johns Hopkins (Chief of the Division of Infectious Diseases)
  - MD State Medical Society, American Academy of Pediatrics, IDSA, the American Lyme Disease Foundation, and the Lyme Disease Association, Inc.
  - Executive Director of the Board of Physicians
    - Unnecessary: The Board has never disciplined a physician on the basis of Lyme disease treatment. There is an established procedure for alternative treatment.
    - Bad Public Policy: Law is inflexible and does not reflect evolving research and medical practice.
    - Risky: The law can give the wrong impression that long-term antibiotics is the best way to treat Lyme disease, even if future research and practice suggest otherwise.
    - Bad precedent: “The Board is fearful that once physicians treating one disease become “off-limits” for discipline related to their care of the patients, other groups… would quickly vie for similar exemptions. Each exemption would erode the Board’s ability to protect the public.”

Lyme disease physician protection bill (HB 290)

- Similar legislation passed in CT, RI, and CA
- RI also requires insurance coverage for Lyme disease treatment

- Delegate Peña-Melnyk submitted a letter to the Chair of the HGO Committee to withdraw the bill


Special thanks to:
Delegate Dan Morhaim
Dr. Shannon Frattaroli
Dr. Keshia Pollack
PHASE Instructors
Jim Kucik