

# Public Health Policy in Action: Working to Provide Evidence for Informed Policy-Making



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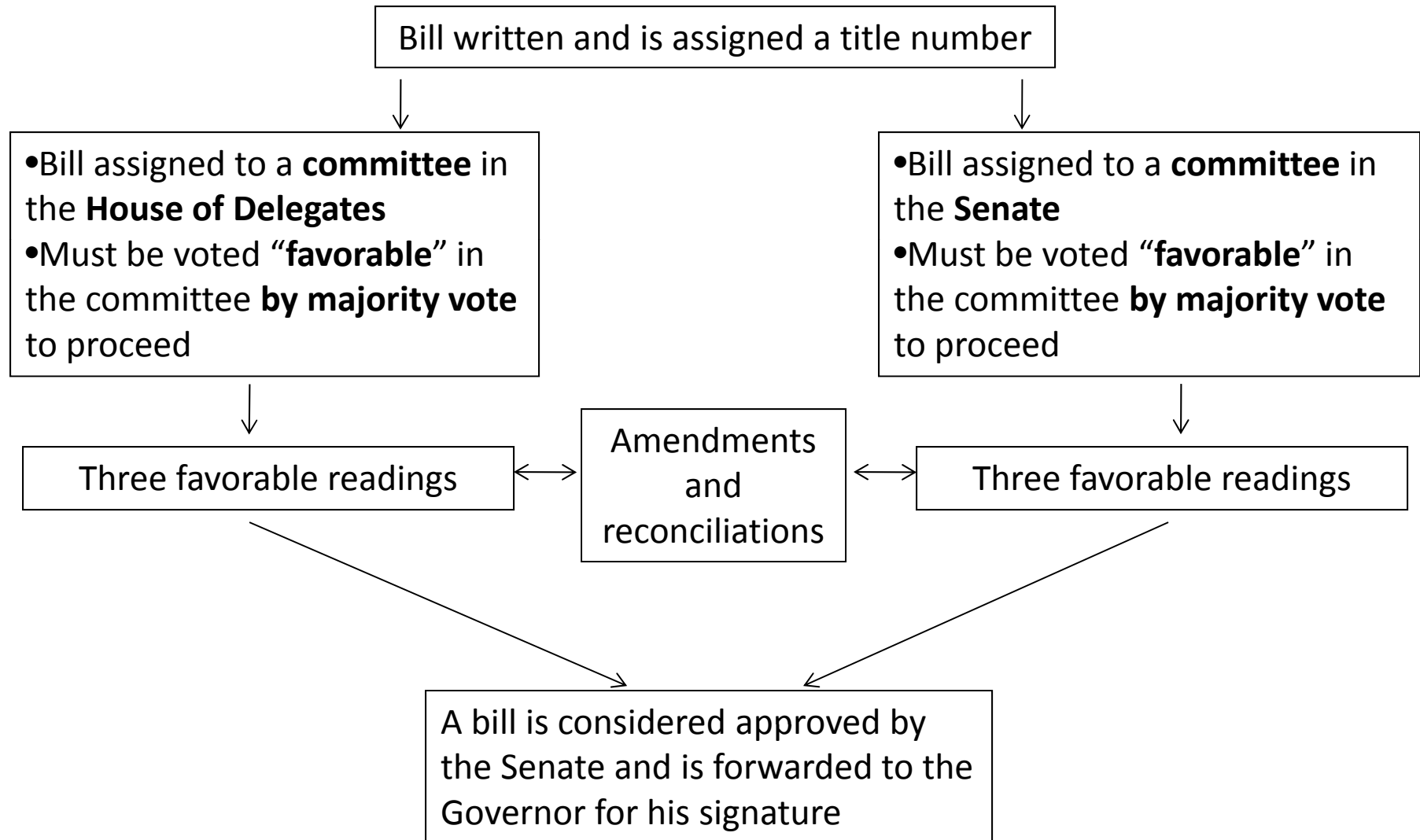
# Overview

- Introduction to the Maryland General Assembly
- Introduction to various criteria for policy analysis
- Methods
  - Media
  - Stakeholders
  - State legislations
  - Fiscal notes
  - Bipartisan support
- Discussion
- Future analysis considerations

# The Maryland General Assembly (MGA)

- The MGA...
  - convenes for 90 consecutive days
  - votes on nearly 2300 bills
  - decides the State's General Budget
- The 2011 legislative session was from Jan 12 – Apr 11

# How a bill becomes law in Maryland



# Five Criteria used for health policy analyses

## 1) Media coverage

- Through the media, the general public, policy makers, and interests groups can influence legislators drafting bills (Cook et al., 1983)
  - This is especially true when the media demonstrates that a bill is not well received and a bill can still be amended
- Stakeholders can use the media to their advantage (Wallack and Dorfman, 1996)
  - A technique used called “media advocacy”

# Five Criteria used for health policy analyses

## 2) Stakeholders:

- They influence policy through...
  - memo writing
  - policy position letter writing
  - lobbying
  - “media advocacy” (Wallack and Dorfman, 1996)
- Are essential in politics and public health promotion
- Among opposing stakeholders, policy negotiations are essential for passing bills that initially receive strong opposition (Gray, 1973)

# Five Criteria used for health policy analyses

## 3) State legislations:

- When other state policies influence another state's implementation of similar policies the effect can be...
  - Beneficial for bill passage
    - If a bill promotes the “diffusion of innovation” (Gray, 1973)
  - A challenge for bill passage
    - If a bill is not well received by some legislators, such as medical marijuana legislation in California

# Five Criteria used for health policy analyses

## 4) Fiscal impact:

- A Bill which obtains a fiscal note describing government debt and is in need of bipartisan support is considerably more difficult to pass than bill that can be decided by a single party or political entity (Alesina and Perotti, 1995)
- Electoral accountability is strongly influenced by the fiscal decisions of elected officials (Lowry et al., 1998)



# Five Criteria used for health policy analyses

## 5) Bipartisan support:

- An instrumental factor in many democratic settings (Roberts and Bradley, 1991)
- There are limits to partisan influence since the voting profiles among parties for certain bills can be indistinguishable (Schmidt, 1996)

# Profile of the MGA

<b>Profile of the Maryland General Assembly, 2011</b>				
	<b>House</b>		<b>Senate</b>	
<b>Republicans</b>	42	29.8%	12	25.5%
<b>Democrats</b>	99	70.2%	35	74.5%
<b>Total</b>	141		47	

# Methods

- The analysis of the policies in this report is similar to the “8-Fold Path” by Eugene Bardach
- The 8-Fold Path prospectively anticipates how well a policy can be received based on defined criteria (Bardach, 2000)
- However, the analysis here was performed retrospectively, rather than prospectively
- This retrospective analysis examines how pertinent each criterion was in impacting each bill’s success during the session
- Each criterion obtains individual weight, though each criterion is not decidedly more significant than another
- The scoring of each criterion is performed qualitatively at the opinion of this analyst

# Scoring the criteria

- Criteria are given relative scores of either (-), (0), (+), or (++)
- Scores of (-) are lowest and least preferable for policy's promotion and passage, while scores of (++) are most preferable
- These scores are qualitatively determined by the opinion of the analyst

# The bills analyzed

- Two bills introduced by Delegate Dan K. Morhaim, District 11:
  - **House Bill (H.B.) 291** which concerns the establishment of a working group to improve access to regulated medical marijuana
  - **H.B. 286** which will require hospitals and ambulatory care facilities to establish unbiased and transparent practitioner performance evaluations

# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

- HB 291 was introduced to provide legal access to “safe, responsible, and supervised” use of marijuana for medicinal purposes (Morhaim, online)
- Initially, the bill included responsibilities for...
  - Medical marijuana dispensaries, growers, registered primary caregivers, a “bona fide” physician patient relationship, qualifications for patient eligibility, etc.
- 23 of 27 pages from H.B. 291 were deleted
- The remaining 4 pages were added as amendments prior to committee review
  - H.B. 291’s establishment of a medical marijuana working group does not legalize medical marijuana

# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

- Media coverage:
  - H.B. 291 received appreciable media attention
  - In the middle of the session, the bill was reported to unlikely pass (Washington Times, 2011)
    - Dissenting testimony from the office of the Governor
  - Bipartisan testimonies from elected officials
    - Supporting testimonies from Senator David Brinkely (R) and Del. Dan K. Morhaim (D) (Washington Post, 2011)
  - Testimony of support from social figure, Montel Williams (Washington Post, 2011)
  - Since the media followed the bill to the end of the session after amendments, the bill was well portrayed in the end

# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

- Stakeholders:
  - Dissent from the Secretary of the DHMH had substantial weight throughout the legislative session
    - “the proposal does not sufficiently limit the number of dispensaries, quantity of marijuana or types of conditions for which marijuana can be recommended by a doctor” Joshua Sharfstein, MD
  - Support from the Institute of Medicine, the American College of Physicians, the American Public Health Association, the Lymphoma Foundation of America
  - After revisions to the bill, support was established by all major stakeholders considered



# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

- State legislations:
  - 15 states and the District of Columbia have passed legislation permitting prescriptions for medical marijuana (CannaCentral, online)
  - Some forms of state legislation likely deter legislators due to poor regulation or general stigmatism
  - Prior to amendments, H.B. 291 was perceived by legislators to be the strictest medical marijuana policy proposed in the nation

# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

- Fiscal impact
  - \$49,300 in State General Fund Expenditures
- Bipartisan support

Bill	Reading	Committee	Democrats supporting	Republicans supporting	Total supporting	Reception
S.B. 308	First	JP	9/9= 1.0	2/2= 1.0	11/11= 1.0	FWA
H.B. 291	First	HHGO	14/14= 1.0	7/8= 0.88	21/22= 0.95	FWA
	Third (Final)	HF	88/91= 0.97	18/43= 0.42	106/134= 0.79	Passed

JP=Judicial Proceedings; HHGO=House, Health and Government Operations; HF=House Floor; FWA=Favorable with Amendment

# Maryland Medical Marijuana Model Program Work Group (H.B. 291)

Criteria profile:

<b>Criteria</b>	<b>H.B. 291</b>
Media Coverage	(+)
Stakeholders	(++)
State legislations	(+)
Fiscal notes	(-)
Bipartisan support	(++)

# Practitioner Performance Evaluation (H.B. 286):

- The legitimacy of the medical peer review in Maryland arose when investigations and lawsuits concerning a department head cardiologist from St. Joseph Hospital was found having implanted 585 possibly unnecessary cardiac stents during the years of 2007 to 2009 (The New York Times, 2010)
- H.B. 286 states “as a condition of licensure, [hospitals and freestanding ambulatory care facilities are] to establish a certain practitioner performance evaluation process.”

# Practitioner Performance Evaluation (H.B. 286):

- Media coverage:
  - Extensive coverage of cardiac stent procedure investigations and lawsuits surrounding hospitals
  - No direct attention to H.B. 286 in the media
- Stakeholders:
  - Numerous letters of support from relevant stakeholders supporting the bill were received by Del. Morhaim's office
  - No recognizable dissent from any stakeholders

# Practitioner Performance Evaluation (H.B. 286):

- State legislations:
  - Medical Board of California (MBC) established professional standards for physicians to appropriately prescribe opioids (Joranson, 1995)
    - Other states endorsed the MBC's guidelines for opioid prescriptions
  - Florida enacted legislation to define practice rules for use when performing cesarean section deliveries (Fla. Stat. 383.336, 1993)
  - Washington State established clinical guidelines for ankle/foot surgery to standardize care for work related injuries (Wash. State Dept. of Labor and Industries)

# Practitioner Performance Evaluation (H.B. 286):

- Fiscal impact:
  - None on State and Local governments
  - Minimal increases for small ambulatory care facilities
- Bipartisan support:

Bill	Hearing	Committee	Democrats supporting	Republicans supporting	Total supporting	Reception
S.B., viewed H.B. 286	First	JP	9/9= 1.0	2/2= 1.0	11/11= 1.0	Favorable
H.B. 286	First	HHGO	15/15= 1.0	7/8= 0.88	22/23= 0.96	FWA
	Third (Final)	HF	98/98= 1.0	40/40= 1.0	138/138=1.0	Passed

JP=Judicial Proceedings; HHGO=House, Health and Government Operations; HF=House Floor; FWA=Favorable with Amendment

# Practitioner Performance Evaluation (H.B. 286):

- Criteria profile:

Criteria	H.B. 286
Media coverage	(++)
Stakeholders	(+)
State legislations	(++)
Fiscal notes	(-)
Bipartisan support	(++)



# Discussion

- Criteria for the bills examined had strong scores in most every criterion
- H.B. 291 received bipartisan support, likely due to numerous amendments and stakeholder influence
- H.B. 286 received unanimous support likely due to heavy media coverage of a recent public health concern
- The fiscal note content for both H.B. 291 and H.B. 286 was the lowest scored criterion

# Future directions

- Improving the definition of qualitative variables and their respective weight should be researched further
- More research prospectively tracking criteria should be considered in future analyses

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