



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

January 23, 2018

The Honorable Larry Hogan
Governor
100 State Circle
Annapolis, MD 21401-1991

The Honorable Joan Carter Conway, Chair
Senate Education, Health, and Environmental
Affairs Committee
2 West Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401-1991

The Honorable Kumar P. Barve, Chair
House Environment and Transportation
Committee
251 House Office Building
6 Bladen Street
Annapolis, MD 21401-1991

Children's Environmental Health and Protection Advisory Council
Dr. Clifford S. Mitchell, Chair
201 W. Preston Street
Baltimore, MD 21201

RE: HB 420 Chapter 366 of the Acts of 2002 – 2017 Legislative Report of the Maryland Asthma Control Program

Dear Governor Hogan, Chair Conway, Chair Barve, and Dr. Mitchell:

In accordance with HB 420, Chapter 366 of the Acts of 2002, the Maryland Department of Health (the Department) is submitting this annual legislative report on the activities of the Maryland Asthma Control Program (the Program). Chapter 366 directs the Program to:

1. Establish a Statewide asthma coalition of individuals and organizations with an interest in asthma;
2. Develop and finalize a comprehensive Statewide asthma plan;
3. After completion of the development of the Statewide asthma plan, implement a Statewide asthma intervention program;
4. Develop and organize collaborative relationships with asthma control and stakeholders within other State and local agencies and in the private sector;
5. Develop and implement an asthma surveillance system;
6. Identify mechanisms for the utilization of surveillance data in identifying interventions to control asthma;

7. Identify and promote educational programs for providers, parents, guardians, caregivers, and asthma patients that include information on identifying symptoms of asthma, effective treatment for asthma, and methods of preventing asthma; and
8. Identify sources of grant funding for the Asthma Control Program.

The Program has developed an asthma control plan, built a surveillance system, and implemented several initiatives.

The Department has made significant progress in improving and integrating care with prevention efforts due to the combined efforts of the Department's Prevention and Health Promotion Administration (PHPA) and the Office of the Deputy Secretary for Health Care Financing. The two organizations collaborated on an application to the Centers for Medicare & Medicaid Services (CMS) for a new State Plan Amendment (SPA) to the Children's Health Insurance Program (CHIP). The SPA establishes two new programs under the Health Services Initiative (HSI), one of which is the Childhood Lead Poisoning Prevention and Environmental Case Management Program. This new program establishes pilots in nine jurisdictions focused on improving environmental case management of lead and asthma.

Specifically, the new Childhood Lead Poisoning and Environmental Case Management Program allows three to six home visits by a community health worker and/or environmental nurse case manager, who will assess the home environment for potential triggers of asthma (such as dust, insect- and pest-related allergens, and other environmental agents) and/or lead, provide education for caregivers, provide durable materials that reduce asthma triggers, and work with families to reduce or eliminate environmental triggers for asthma and/or lead. These interventions have been shown to be cost-effective means of improving asthma outcomes.

Eligible jurisdictions (selected for their projected caseloads of children with lead exposure, moderate to severe persistent asthma, or both) include Baltimore City, Baltimore County, Charles County, Dorchester County, Frederick County, Harford County, Prince George's County, St. Mary's County, and Wicomico County. Children are eligible to participate in this new program if they are enrolled in or eligible for Medicaid or the Maryland Children's Health Program (MCHP), are under the age of 19 years, and have moderate to severe persistent asthma as diagnosed by a health care provider. Children may also be eligible if they have been exposed to lead and have a blood lead level of 5 mg/dL or greater.

The new program will provide an opportunity for these jurisdictions to address the children who are most severely affected by asthma, which is a primary goal of the Maryland Asthma Control Program. It does so by using State and Federal funds in an innovative manner to address one of the most important childhood health issues.

The Department remains committed to improving asthma outcomes and reducing disparities across the State and continues to leverage federally funded programs within PHPA to address asthma, including programs for Environmental Public Health Tracking (EPHT) and the newly funded Maryland Climate Change Health Adaptation Program. There is no dedicated State funding for the Maryland Asthma Control Program.

Activities

- In 2017, ten centers and homes (including five renewals) received the “Asthma Friendly Child Care” designation. Trainings were provided to these centers and homes on the program requirements, asthma management, and trigger reduction.
- In addition, the Office of Minority Health and Health Disparities has supported a pilot program in St. Mary’s County focused specifically on addressing disparities in asthma outcomes.

Surveillance

The State’s federally funded EPHT project is now the system for the display of environmental public health surveillance data, including asthma data. The EPHT public portal now displays asthma data for hospitalizations and emergency department visits by ZIP code for the entire State.¹ The Department uses data from the Vital Statistics Administration, the Health Services Cost Review Commission, the Behavioral Risk Factor Surveillance System (BRFSS), and Medicaid to analyze surveillance data for asthma. Highlights of the 2014 BRFSS and FY2015 hospitalization and emergency department data from the Maryland Health Services Cost Review Commission (the most recent data available) include:

1. The asthma prevalence rate among Maryland children (9.7%) was not statistically different from the asthma prevalence rate among all children living in the United States (9.2%).²
2. Billed charges for hospitalizations due to asthma totaled \$42.1 million; billed charges for emergency department visits due to asthma totaled an additional \$93.3 million.³
3. There were 44,024 asthma-related emergency department visits (age-adjusted rate of 76.2 per 10,000 residents) and 6,721 asthma-related hospitalizations (age-adjusted rate of 10.8 per 10,000 residents).⁴
4. For children less than five years old the emergency department visit rate was 166.5 per 10,000 population, and the hospitalization rate was 21.3 per 10,000 population.⁵
5. For adults aged 65 years and older the emergency department visit rate was 38.8 per 10,000 population, and the hospitalization rate was 19.1 per 10,000 population.⁶

The issue of disparities continues to be a challenge and a priority for the Department. Over the last eight years, overall asthma emergency department visit rates have decreased from 83.9 to 73.4 per 10,000 population. Most of the reduction is due to falling rates among Black (non-Hispanic) populations (Figure 1). However, there are also large disparities among racial and ethnic groups within Maryland, with Black (non-Hispanic) populations having over four times the asthma emergency department visit rate as white (non-Hispanic) populations. Additionally,

¹ Accessible at <https://phpa.health.maryland.gov/oehfp/eh/tracking/Pages/home.aspx>.

² Centers for Disease Control and Prevention, National Center for Environmental Health, Air Pollution and Respiratory Health Branch. Child Current Asthma Prevalence Rate (Percent) and Prevalence (Number) by State or Territory: BRFSS 2014. Accessed in 2017 at <https://www.cdc.gov/asthma/brfss/2014/brfsschilddata.htm>.

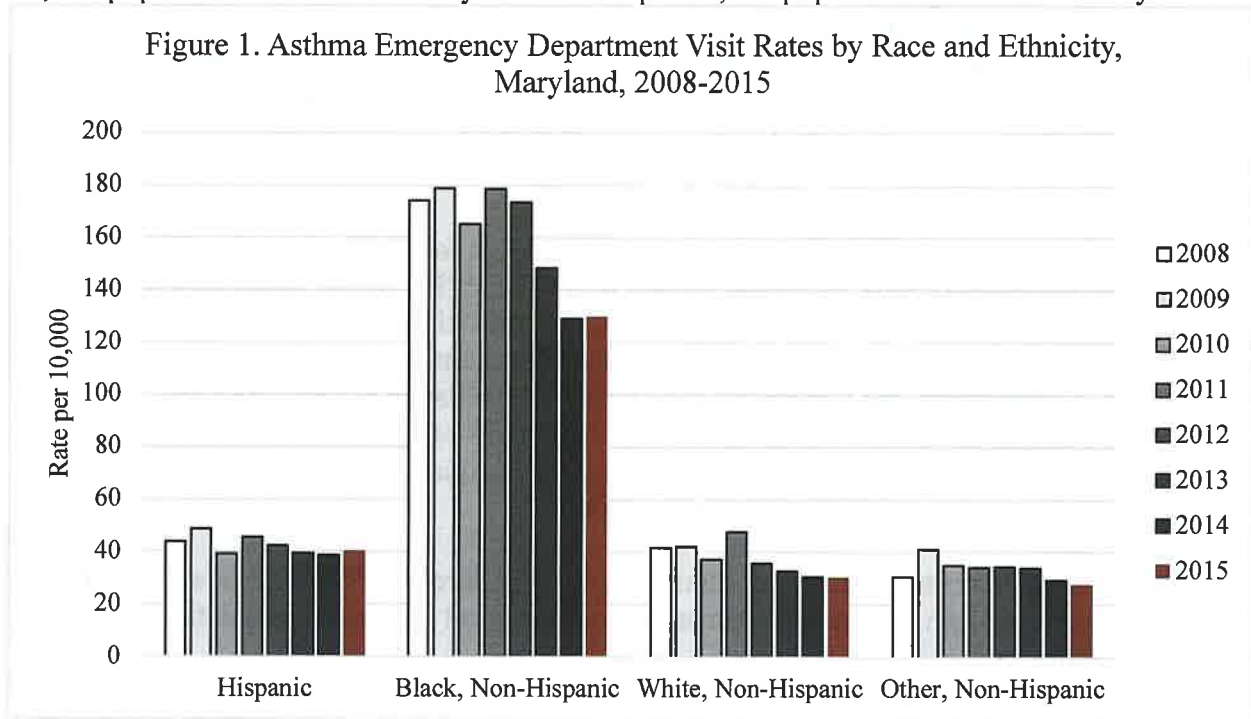
³ The Maryland Health Services Cost Review Commission. Data calculated over fiscal year 2015 (Q4 of 2014 through Q3 of 2015) to include only ICD-9-CM codes. Baltimore, MD; The Maryland Health Services Cost Review Commission. Accessed in 2017.

⁴ *Id* fn 2

⁵ *Id* fn 2

⁶ *Id* fn 2

asthma emergency department visit rates have an uneven geographic distribution in Maryland. The county age-adjusted rates of asthma emergency department visits range from 32.1 per 10,000 population in Carroll County to over 246 per 10,000 population in Baltimore City.



The Department thanks the Governor and General Assembly for their continued interest in the control and prevention of asthma in Maryland. If you should have any questions or comments, please do not hesitate to contact Webster Ye, Deputy Chief of Staff, at (410) 767-6480.

Sincerely,

Robert R. Neall
Secretary

- cc: Howard Haft, Deputy Secretary, Public Health Services
- Donna Gugel, Director, Prevention and Health Promotion Administration
- Webster Ye, Deputy Chief of Staff
- Sarah Albert, MSAR #1594