



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

May 25, 2022

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

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

The Honorable Paul G. Pinsky  
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

**RE: HB 420 (Ch. 366) of the Acts of 2002 – 2021 Legislative Report of the Maryland Asthma Control Program (MSAR #1594)**

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

In accordance with House Bill (HB) 420, Chapter 366 of the Acts of 2002, the Maryland Department of Health (MDH) is submitting this annual legislative report on the activities of the Maryland Asthma Control Program (the Program). Chapter 366 and Health-General §13–1704 direct 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 other 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.

**Statewide Integrated Health Improvement Strategy**

In 2021, MDH took a major step in improving asthma outcomes and disparities across the state as part of the Statewide Integrated Health Improvement Strategy (SIHIS). As part of the state's application to the Center for Medicare and Medicaid Innovation, asthma was chosen as one of two measures under the maternal and child health domain area. The specific goal selected was to decrease asthma-related emergency department (ED) visits for children ages 2 – 17, as follows:

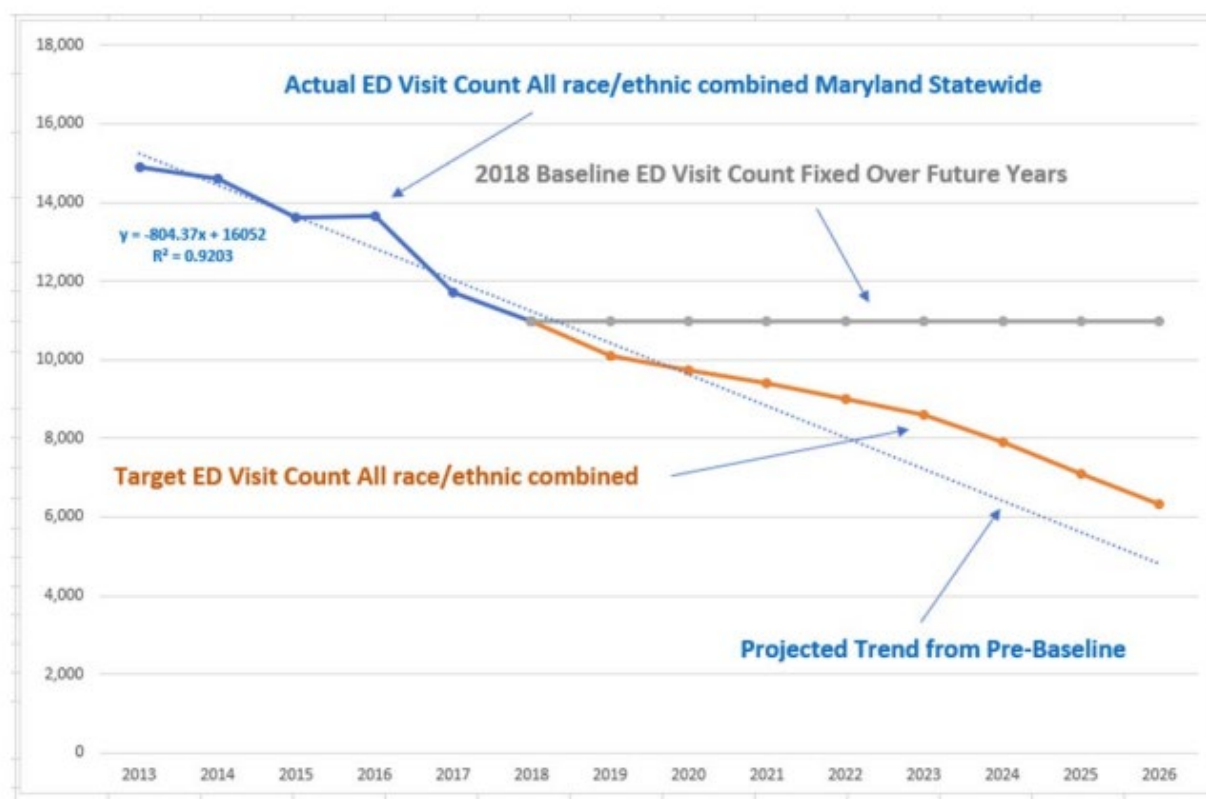
## 2021 Annual Report – Maryland Asthma Control Program

- Overall, a decrease from the 2018 rate of 9.2 visits per 1,000 children to 5.3 visits per 1,000 children in 2026 (a decrease of 42%)
- For Black children, who suffer a disproportionate number of ED visits for asthma, a decrease from the 2018 rate of 19.1 visits per 1,000 children to 9.6 visits per 1,000 children in 2026 (a decrease of 50%)

Table 1 and Figure 1 show the goals for asthma-related ED visits by Maryland children:

**Table 1. Goals for asthma-related emergency department visit rates (visits per 1,000 children) under the Statewide Integrated Health Improvement Strategy**

Population	Baseline (2018)	2023	2026	Absolute Change	Relative Percentage Change
<b>Total</b>	9.2	7.2	5.3	3.9	42%
<b>White NH</b>	4.1	3.5	3.0	1.1	26%
<b>Black NH</b>	19.1	14.4	9.6	9.6	50%
<b>Asian NH</b>	2.7	2.6	2.5	0.2	9%
<b>Hispanic</b>	5.4	4.7	4.0	1.4	25%
<b>Other</b>	10.6	7.3	5.5	5.1	48%



**Figure 1. Emergency department visit counts (actual and projected) for Maryland children for the asthma goal of the Statewide Integrated Health Improvement Strategy, 2018 - 2026.**

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To meet the SIHIS goals, MDH has undertaken several new initiatives, which include:

- Outreach to providers through continuing medical education (CME) events focusing on asthma diagnosis, treatment, and environmental case management. This includes referrals to local health department (LHD) home visiting programs for asthma under the Childhood Lead Poisoning Prevention and Environmental Case Management program. This program, funded through a health services initiative in a State Plan Amendment to the Children's Health Insurance Program (CHIP SPA), is described under Prevention and Services, below;
- Initiatives with hospitals, medical systems, managed care organizations, and the Chesapeake Regional Information System for our Patients (CRISP) to increase successful referrals of eligible children with moderate to severe asthma to LHD home visiting programs;
- Application of Title V (maternal and child health block grant) funds for services related to asthma, using metrics and tools also used by the home visiting programs (permitted by MDH);
- Expansion of LHD home visiting programs from nine to eleven jurisdictions through a four year, \$1 million per year grant from the Regional Partnership Catalyst Grant Program of the Health Services Cost Review Commission (HSCRC). The addition of Anne Arundel County and Montgomery County has resulted in the program being able to serve the vast majority of children in the state who are eligible for the home visiting program; and
- Initiation of a Request for Applications (RFA) for one or more community-based organizations to serve children with asthma for up to \$250,000 annually through an additional four year commitment of funds by the Regional Partnership Catalyst Grant Program.

More details about these programs are provided in the following sections.

### **Prevention and Services**

#### *Childhood Lead Poisoning Prevention and Environmental Case Management*

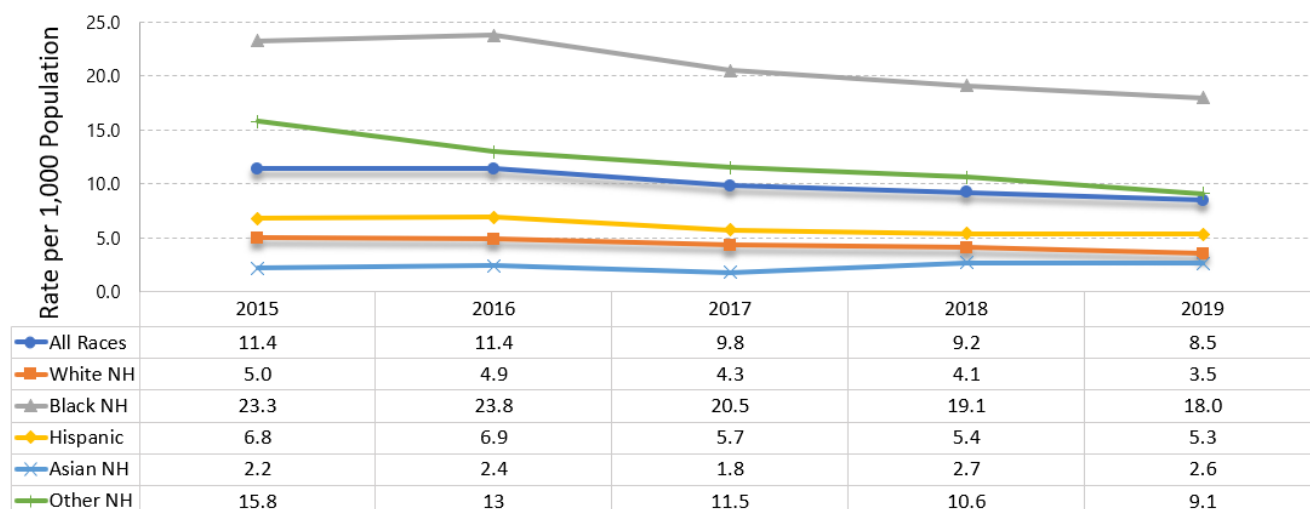
The Childhood Lead Poisoning and Environmental Case Management Program (the Program) was approved as a Health Services Initiative in the CHIP SPA in June 2017 by the Centers for Medicare and Medicaid Services. The Program receives additional funding from the Regional Partnership Catalyst Grant Program of the HSCRC.

The Program operates in eleven jurisdictions (Anne Arundel, Baltimore, Charles, Dorchester, Frederick, Harford, Montgomery, Prince George's, St. Mary's, and Wicomico Counties, and Baltimore City). The Program provides three to six home visits for children with moderate to severe asthma by an LHD case manager, which include an evaluation of environmental triggers, parent education, provision of supplies shown to reduce asthma severity, including a HEPA vacuum cleaner, and other interventions demonstrated to improve outcomes for children with moderate to severe asthma. The Program also ensures care coordination amongst all providers who interact with the child through use of asthma action plans. In State Fiscal Year (SFY) 2021, more than 900 children with lead poisoning or asthma received case management services through the Program. In support of the SIHIS and MDH's goal of addressing health disparities, 77% of the children served in the program identified as Black.

Although COVID-19 limited the ability to conduct home visits in 2020 and much of 2021, LHDs have compensated by enhancing telephonic communications. It is a measure of the commitment of the LHD programs that despite COVID-19, 290 children with asthma received home visiting services in SFY 2021.

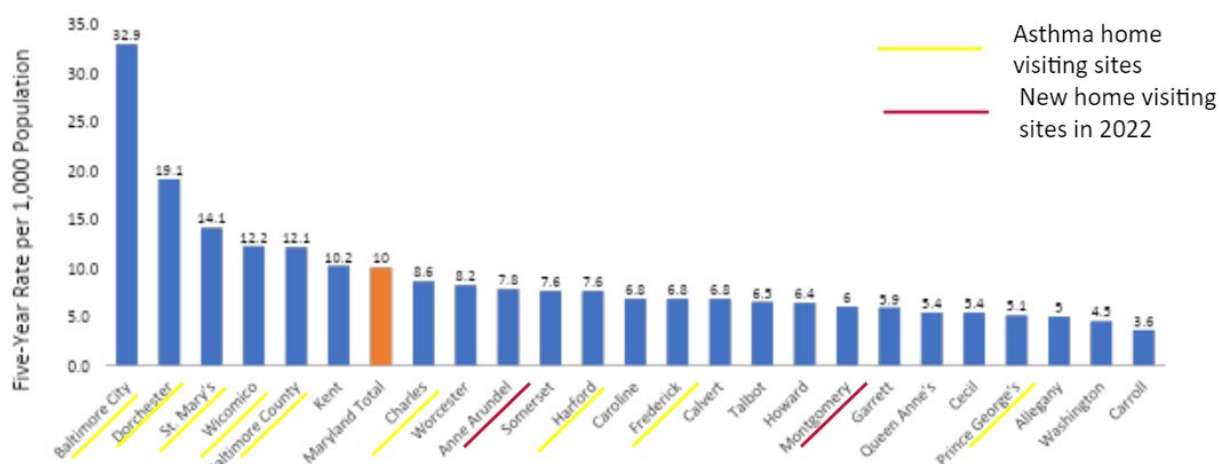
## Surveillance

Due to delays in data availability, data for 2019 and 2020 were not available for detailed analysis of certain economic and health outcomes data presented in prior years. As part of SIHIS, however, Figure 2 shows the overall and race-specific rates for ED visits among children in the state. Data from 2019 show the state is making progress towards achieving the SIHIS goals, although it is still uncertain to what extent the COVID-19 pandemic has affected asthma diagnoses, management, and ED visits. Given COVID-19's dramatic impact on health care utilization overall in 2020 and 2021, it is likely that these years will represent significant deviations from the underlying dynamics of asthma in the population.



**Figure 2. Rates of emergency department visits for asthma for children aged 2 - 17 years (SIHIS measure) by race, 2015 - 2019 (source: HSCRC).**

Figure 3 shows asthma ED visit rates by jurisdiction, jurisdictions with existing and new home visiting programs funded by the Medicaid State Plan Amendment to the CHIP SPA, and the new sites funded through the Regional Partnership Catalyst Grant Program through the HSCRC.



**Figure 3. Rates of ED visits for children aged 2 - 17 years by jurisdiction, 2015 - 2019 (source: HSCRC).**

## 2021 Annual Report – Maryland Asthma Control Program

MDH thanks the Governor and General Assembly for their continued interest in the control and prevention of asthma in Maryland. If you have any questions or comments, please do not hesitate to contact Heather Shek, Director, Office of Governmental Affairs, at (410) 767-6480 or [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

A handwritten signature in black ink, reading "Dennis R. Schrader". The signature is written in a cursive style and is positioned to the left of a vertical line.

Dennis R. Schrader  
Secretary

cc: Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services  
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration  
Mark Martin, Acting Director, Office of Minority Health and Health Disparities  
Heather Shek, JD, MS, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services, 5 copies (MSAR #1594)