



Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
CASA of Maryland Inc.
Catholic Charities
Energy Advocates
Episcopal Community Services
Health Care for the Homeless
Homeless Persons
Representation Project
Interfaith Works
Jewish Community Relations Council
of Greater Washington
Job Opportunities Task Force
League of Women Voters of Maryland
Maryland Budget & Tax Policy Institute
Maryland CASH Campaign
Maryland Catholic Conference
Maryland Community Action
Partnership
Maryland Family Network
Maryland Hunger Solutions
Maryland Interfaith
Legislative Committee
National Council on Alcoholism & Drug
Dependence – Maryland Chapter
Public Justice Center
St. Vincent de Paul Society
United Way of Central Maryland
Welfare Advocates

Maryland Alliance for the Poor

Branden McLeod, Chair
P: (410) 727-6367 x 2345
C: (443) 310-0648
E: bmcleod@mdnonprofit.org
Marylandallianceforthe poor.blogspot.com

Response to Request for Public Comments Health Reform Coordinating Committee June 18, 2010

Submitted by Branden McLeod, Chair

The Maryland Alliance for the Poor (MAP) is a statewide coalition of advocacy organizations, service providers, and faith communities working together to advocate on behalf of Marylanders living in or near poverty. We are pleased to provide comments on the two questions you have posed.

- 1) What are the critical decisions Maryland must make and the Council should address?
- 2) What are suggested workgroups that will need to be created to develop recommendations to the Council on those critical decisions?

Vulnerable Marylanders Workgroup –Expanded access to health care is a welcome reform for vulnerable Marylanders, especially those who do not currently qualify for Medicaid. However, implementation must occur in a manner that meets the special needs of vulnerable populations. This workgroup should be tasked with addressing the following critical decisions:

- How do we ensure that safety-net hospitals and community health centers survive the transition and thrive after implementation?
- Is it in our economic interest to expand Medicaid enrollment to all adults living at or below 133% of the poverty level prior to the Federal deadline?
- What special communications and education needs to occur to enroll vulnerable Marylanders?
- How do we integrate the education and application process with existing social programs?
- How do we ensure that the implementation of federal requirements does not result in a decrease in benefits for Marylanders?
- How do we ensure that guaranteed coverage is adequate coverage?

This workgroup should not only explore these questions, but also should serve as a resource to the other workgroups. Members of this workgroup should be designated to sit on the other workgroups to ensure Marylanders living on the periphery are not overlooked in the final recommendations.

Workforce Development Workgroup – The critical shortage of health care professionals has been identified by numerous individuals as an issue that needs to be addressed both at the state and national level. A workforce development workgroup should be tasked with addressing the following critical decisions:

- How do we ensure a sufficient health care workforce exists?
- What opportunities exist to train low-skilled workers in the allied health professions?
- How do we encourage providers to locate in low-income areas?
- How do we improve the cultural and linguistic competency of providers?
- How do we increase diversity in the health care professions?
- How do we position the state to leverage Federal workforce development grants?

Data and Planning Workgroup – The implementation of health care reform will involve a flood of newly insured patients and an influx of federal funds. In order to meet the needs of the newly enrolled and wisely invest the new federal dollars, this workgroup should be charged with addressing the following critical decisions:

- How can we make data available to give Maryland a clear advantage when competing against other jurisdictions for federal grants?
- What data currently exists, who will compile it and what additional data should be collected?
- What services are needed?
- Where do we need infrastructure enhancements?
- What racial, ethnic and socioeconomic disparities currently exist?
- Where are there shortages in the health care workforce?
- How do we implement the immediate short-term reforms in a strategic manner so they are not obsolete when full implementation occurs in 2014?
- How do we ensure that safety-net hospitals and community health centers survive the transition and thrive after implementation?

Thank you for allowing the Maryland Alliance for the Poor the opportunity to offer comments. We look forward to working with the Health Care Reform Coordinating Council, the Governor and the General Assembly as health care reform is implemented in Maryland.