



The Maryland State Medical Society

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Community Health Resources Commission
Budget Hearing
Senate Budget and Taxation Committee
Subcommittee on Health and Human Resources
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The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, appreciates the opportunity to voice support for the work of the Community Health Resources Commission (CHRC) and to urge the Senate to maintain the funding levels reflected in the budget, including the retention of new funding that has been appropriated to implement the Governor's Health Disparities initiative that is the subject of separate legislation.

The CHRC was originally created in 2005 to focus on supporting and strengthening Maryland's safety-net providers. The CHRC has been exceedingly successful in achieving its mission. In the past five years, the Commission provided 78 grants totaling \$21.6 million to support programs in all 24 jurisdictions. The programs funded by the CHRC reflect creative and innovative approaches to meeting the targeted needs of the medically underserved. Furthermore, not only have these grant funded programs collectively provided health care services for more than 100,000 Marylanders, the grant funds have enabled the grantees to leverage more than \$9.6 million in additional federal and private/non-profit resources.

MedChi, in conjunction with the Prince George's Health Department and the Prince George's Medical Society, was awarded one of these grants this year. The grant will enable the County Health Department to create a plan to implement health information technology across several of the Departments clinics as well as assist community based providers who serve Medicaid recipients and the uninsured to develop health information technology capability in their practices. Participating in the Commission's grant process has heightened MedChi's awareness of the value the CHRC and its grant program.

With the enactment of federal health reform, the work of the Commission becomes an increasingly critical component of its implementation. The Health Care Reform

Coordinating Council found that the more than 300,000 Marylanders who are now uninsured will become eligible for health insurance. It is critical that the State build sufficient workforce capacity to meet the growing demand for health care services, particularly in our medically underserved communities where the growth in demand will be the greatest.

To that end, the new funding reflected in the CHRC budget is essential to the State's workforce development efforts. The Governor's legislation to create a targeted approach to addressing health disparities will also serve the dual purpose of enhancing workforce capacity through grants, tax-credits and loan assistance repayment programs. MedChi believes the proposed program will be a critical component of the State's efforts to boost workforce capacity and serve the needs of the State's medically disenfranchised.

However, for this initiative to be successful the funding must be available and the Commission must have flexibility to administer the funds in a manner that matches the incentives with the need as it is identified. It is not possible to prescriptively develop a plan for the use of these funds in advance of the program's creation and implementation. MedChi urges the Committee to retain the funding and allow the Commission to work with the Administration to target the use of the funds in a manner that maximizes the effectiveness of the program.

Finally, while the CHRC's budget reflects an increase to support the Governor's health disparities initiative, the base budget for the award of grant funds remains level-funded. There is enormous demand for these grant funds. While MedChi was the fortunate recipient of a portion of those funds, there were many noteworthy projects that the Commission was not able to fund. In FY 2012 alone, the Commission received 99 proposals with requests for \$35.2 million. Clearly, the need to at least maintain current CHRC budget levels is self-evident. This Committee has historically been supportive of the Commission and protected its funding to the best of its ability. MedChi urges the Committee to do so again this year.

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cc: Governor's Legislative Office