

A HEALTHY MARYLAND TODAY:

Building an Efficient, Affordable, World-Class Healthcare
System for all Marylanders

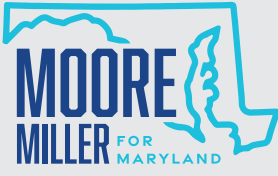


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Health is wealth. As part of their mission to expand work, wealth and wages, Wes and Aruna know how vital it is that we help people access the resources needed to maintain healthy lives for their families. Wes learned this early when at the age of three he saw his father pass away from a treatable disease. This experience shaped his life as he grew up in a single-parent household where his mother did not have a job with benefits until he was 14. As part of his bid for Governor of Maryland, Wes seeks to make generational change for Marylanders. Improving the economy, transportation, education and other systems will not matter if Marylanders are not healthy enough to benefit. The Moore-Miller ticket understands health is fundamental to wealth and health care is a basic human right that every Marylander deserves. From the Eastern Shore across to the mountains of western Maryland; young and old, differently abled; men, women, gender non-conforming, trans; religious affiliation or not; Black, White, Asian, Latinx, or however someone identifies, we all deserve access to quality, affordable health care.

The COVID-19 pandemic has revealed both hidden and visible fissures in our healthcare system. Far too many already marginalized communities have fallen into those widening cracks. This crisis has exacerbated mental and behavioral health issues for many, including our dedicated and resilient frontline health care workers. Maryland is home to some of the best hospitals, medical research institutions and health care facilities in the entire world – and that’s something we are all fiercely proud of. As an innovator in this arena, Maryland also benefits from a unique hospital payment system that incentivizes our world-class health systems to advance local community health. However, without the right support and resources, our system falters and can stagnate. There are still far too many Marylanders without health coverage, and even those with health coverage often struggle to afford their care. Nearly 20% of households in Maryland have medical debt.¹ This is especially challenging as life-saving prescription drug costs continue to rise.

There are no better champions who will learn, grow and mend the broken pieces of this system while uplifting and augmenting what does work than Wes and Aruna. As a former U.S. Army captain, small business owner, and CEO of one of the nation’s largest organizations fighting poverty, Wes brings the leadership and unique perspective we need to address these challenges. Aruna brings the experience of an engineer and legislator. When serving in the House of Delegates, she worked to enact legislation that helped women obtain diagnostic breast exams, banned the sale of e-cigarettes to minors, increased access to reproductive health care, and supported paid family leave. Aruna has also been a fierce advocate for the health of Marylanders who are incarcerated while pregnant. As a delegate, Aruna sponsored HB 787, which requires each local correctional facility and correctional facilities within the Department of Public Safety and Correctional Services to have a policy for supporting these pregnant women. This policy, signed into law in 2018, ensures that pregnant people who are incarcerated have access to crucial care, which supports them with child placement, prenatal testing, labor and delivery, postpartum, counseling and abortion care. Aruna also serves on the Board of the Madison House Autism Foundation.



Prescription drug costs make up 28.4% of commercial health spending in Maryland.

The Moore-Miller ticket understands the need for Marylanders to have meaningful coverage that includes mental health services and treatment for substance use disorders, not just services for physical health. Wes and Aruna will work to ensure the systems we have in place will provide effective and affordable services to those in need, and they will protect funding for our community health centers that offer critical health services like cancer screenings and birth control. Wes and Aruna will also work to ensure that our communities and environment support overall health.

ENSURE EVERY MARYLANDER HAS ACCESS TO AFFORDABLE HEALTH CARE

Ensure equitable access to health coverage for all. There are still more than 257,000 Marylanders who lack health coverage and significant disparities in adequacy of health coverage remain.² Even with coverage, the cost of health care is often too high, leading Marylanders to defer needed care or forgo medically necessary prescription drugs. In fact, nearly 20% of households have medical debt.³ Wes and Aruna will make sure that all Marylanders can access affordable health care coverage, including dental and vision care. The Moore-Miller administration will make enrollment and renewal in the Medicaid program easier, and to the extent possible, automatic. Subsidies will be set aside to make health care coverage through the Maryland Health Benefit Exchange more affordable. The administration will also examine ways to provide coverage to those who do not have access to subsidized coverage through Medicaid and the Exchange. And the Maryland Office of Minority Health and the Commission on Health Equity will be empowered to implement policies so that services are available in every community. Wes and Aruna will ensure that primary care is affordable and accessible to all Marylanders, and that care is available to people where they live. That includes expanding community schools, which offer health care and other services to address the needs of the whole child, as they show tremendous promise in improving outcomes for students and families.

Lower prescription drug costs. Health care costs are unacceptably high and prescription drugs costs make up 28.4% of commercial health spending in our state.⁴ These costs, which continue to rise, are paralyzing those who are already struggling to make ends meet. The Maryland Prescription Drug Affordability Board was created in 2019 to address this, but it's still not adequately staffed or funded. The Moore-Miller administration will immediately appoint staff to energize this Board to do its job, as well as explore innovative partnerships with the federal government to address the high costs of treatments. The idea that some Marylanders need to choose between getting medicine or providing food for



Ensure people's reproductive health rights are protected and that all are empowered to make their own health decisions.

their family is unacceptable. Wes and Aruna will ensure that Marylanders can access affordable prescription drugs by empowering the Prescription Drug Affordability Board to review costs and set limits for prescription drugs, exploring bulk buying pools, and leveraging the state's purchasing power to drive down costs.

LEAVE NO ONE BEHIND; ADVANCING HEALTH EQUITY

Health in all policies. Across our great state, past leadership has let too many communities fall between the cracks of our system. Systemic racism, xenophobia, sexism and other harmful biases have impeded the quality of life of Marylanders. We see the impacts of this harm across every aspect of societal life from increased rates of unemployment for those with disabilities to the breakdowns in maternal and infant mortality by race. Pre-pandemic data found the average Black male life expectancy to be 4.4 years shorter than white men in Maryland,⁵ and the COVID-19 pandemic has likely widened that gap. To advance health equity across Maryland, the Moore-Miller Administration will take a "health in all policies approach" to health care - looking at the health impacts of all actions taken by state government. The General Assembly has shown leadership in this area by passing legislation in 2021 to establish the Maryland Commission on Health Equity. The Moore-Miller Administration will support and resource this Commission to identify and implement policies to address Maryland's health disparities and advance health equity in the State. Wes and Aruna will also seek innovative opportunities to advance health equity statewide, such as through Maryland's unique hospital all-payer system.

Protecting reproductive rights. The Moore-Miller Administration will take action to ensure people's reproductive health rights are protected and that all are empowered to make their own health decisions with their health care providers. The recently leaked draft Supreme Court decision that would overturn the reproductive rights protected under *Roe v. Wade* makes clear that Maryland needs leaders in the governor's office who will protect these long-established rights. Wes and Aruna will fight to enshrine the right to an abortion in Maryland's constitution and make access to reproductive care more affordable and accessible in every corner of our state. To ensure safe, professional care, they will immediately release funding provided by the General Assembly in 2022 to expand access to reproductive health training for health care providers so more providers can offer reproductive health care and more Marylanders can access it. The legislature also took important steps to improve diversity in the reproductive health care field, which Wes and Aruna will implement and then track our progress. Wes and Aruna will always fight for reproductive freedoms.



Marylanders with disabilities face disproportionately high rates of unemployment at 56%.

Break down disparities in maternal mortality. Across the nation, there has been an increase in childbirth deaths, particularly for African American women. In Maryland, the 2014-2018 Black Non-Hispanic maternal mortality rate, which is the number of pregnancy-related deaths per 100,000 live births, was 35.1—four times the White Non-Hispanic rate of 8.8.⁶ While the maternal mortality rate is lower than the national average, the racial disparity is more pronounced. Nationally, the white maternal mortality rate of 18.2 is only 2.5 times more than the Black maternal mortality rate of 45.4.⁷ Wes and Aruna are committed to addressing these alarming disparities and improving overall outcomes for Maryland mothers. The General Assembly demonstrated extraordinary leadership in 2021 in passing legislation that requires Maryland’s Medicaid program to provide coverage to mothers at the same level as when they were pregnant up to a year postpartum. Wes and Aruna commit to continuing these policies as well as working with stakeholders to find further ways to improve care and outcomes for all Maryland mothers. These disparities are intertwined with social determinants of health which include socioeconomic status, access to health care, education, social support networks, physical and more. Long-term solutions will need to involve broad coalitions and engagement across a variety of sectors, inside and outside health delivery.

Support Marylanders with disabilities. The Moore-Miller administration is committed to supporting Marylanders living with disabilities. We cannot succeed as a state without ensuring that everyone has access to quality care, employment, and the other necessities for living a comfortable life. Nearly one-fourth of Marylanders with disabilities live in poverty. Marylanders with disabilities face disproportionately high rates of unemployment at 56%, and 62% of Black Marylanders with disabilities experience unemployment. We can end these disparities by addressing these issues early on. Our administration will partner with child care and early learning programs to ensure they are focused on identifying, supporting and providing the right accommodations for young children with disabilities so we can more quickly connect their families with resources. Wes and Aruna will work to ensure that health care for individuals with disabilities is readily accessible and available in the community, and they will also address critical staffing shortages by fighting for higher wages and better benefits for those serving individuals with disabilities.

Provide better health care access in rural Maryland. Access to quality and timely care in the rural areas of our state must be improved. There are a host of factors hampering access to health care in rural Maryland including: a more dispersed community, insufficient broadband, a lack of public transportation, and a disproportionate number of elderly residents. To help, the Moore-Miller administration will develop stronger pipelines of health care workers in rural areas and promote better access to telehealth and other technological solutions. To encourage our best students to become health care professionals and serve rural Maryland, the Moore-Miller administration will provide loan assistance and financial support to students who chose to practice in



The Moore-Miller administration will expand home and community-based services for Maryland's seniors.

rural areas after they graduate. To make it easier for people to receive medical attention, even when the closest facility is miles away, they will open telehealth opportunities and mobile clinics. And, the Moore-Miller transportation and mobility plan outlines how we can provide better transit and broadband options to rural Maryland.⁸ Wes and Aruna will address the challenge of access to health care in rural communities so that a person's ability to stay well isn't determined by zip code.

Better care for our seniors and support aging in place. Between 2020 and 2040, Maryland's population over the age of 60 is expected to grow by 27%.⁹ According to an AARP survey, over 75% of seniors want to remain in their home and stay active in their communities as they age.¹⁰ However, in Maryland, home and community-based services are difficult to access. The Moore-Miller administration will expand home and community-based services for Maryland's seniors such as home health, medical day cares, respite care, and remote patient monitoring services to help ensure that Maryland's most in need residents have options available to them and ensure that aging in place is possible. Mental health care is also key for seniors to maintain a high quality of life - untreated depression is associated with worse health in people with conditions like heart disease, diabetes, and stroke.¹¹ Expanding these services will reduce the need for institutionalization, while providing seniors with cost-effective and affordable professional services to assist with their medical needs, reduce social isolation and care-provider fatigue, and provide overall better services and support. Wes and Aruna support Senate Bill 28 of the 2022 session, which would increase the number of seniors who are able to access home and community-based services through Medicaid and will make policies and programs like this a priority in their administration.¹²

Protect our Veterans. There is a pledge people in the United States military: leave no one behind. This is something that Wes and other Veterans hold as solemn. The Moore-Miller administration will uphold this pledge by ensuring our Veterans receive access to the health care services they deserve by expanding and improving the quality of care and expediting claims so Veterans can more quickly get access to the care they need. They will improve access to specialized health care, work to break down the stigma around seeking treatment for Military Sexual Trauma and other care, and enhance programs to support the transition to civilian life to address the unique needs of women. The Moore-Miller administration will close health care gaps by expanding access to telehealth services and support Veterans experiencing mental illness and substance use disorders by increasing funding for community-based behavioral health care, breaking down the stigma around getting help, and improving partnerships between state and federal agencies.



DESTIGMATIZE AND DECRIMINALIZE MENTAL ILLNESS AND SUPPORT MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH FOR ALL



Mental health care is health care.

Improve access to mental health and wellbeing treatment. For too long, mental health care has been viewed as separate from physical health care, thereby exacerbating stigma, impeding access to care, and diminishing the importance of overall wellbeing to a person's health. Additionally, law enforcement has become the first response for individuals experiencing mental illness - and arrests are made when what individuals really need is readily available treatment. Mental health care is health care, and we must prioritize a strong community-based system of care moving forward. When people get access to the care they need, they can provide for their families and live comfortably in their communities. The Moore-Miller administration will establish community-based health care treatment centers with wrap-around support services throughout the state, including in rural areas. This will prevent Marylanders from entering into crisis and requiring higher levels of care. The administration will increase resources for treatment for those experiencing serious mental health emergencies and establish an adequate number of teams of trained professionals, paraprofessionals and peers to respond to mental health crises. Maryland is uniquely positioned with world-class health care institutions to support Marylanders with access to the care they need.

Support Marylanders with serious mental illness. When our communities lack the appropriate systems of care to support individuals experiencing mental illness, especially those experiencing serious mental illness, a person is more likely to enter a crisis situation and may require higher levels of care. From 2017-2019, nearly 4.1% of adults in Maryland live with serious mental health conditions and 58.7% of adults with any mental illness did not receive any mental health services.¹³ Within the first 100 days, the Moore-Miller administration will bring together stakeholders to establish a plan for repairing Maryland's broken system for supporting Marylanders experiencing serious mental illnesses. The group will include family members and caregivers, those with lived experience, mental health professionals, housing advocates, first responders, and more. The group will analyze the areas in which Maryland currently falls short when it comes to community-based systems of care, as well as trauma-informed crisis and emergency services. In addition, the group will issue recommendations on these and other vital issues, such as competency restoration, assisted outpatient treatment and the critical shortage of experienced physicians adequately trained in the treatment of serious mental illness, and will develop a plan and specific timetable to address the challenges.



Increase our school systems' capacity to support both social emotional learning as well as mental health resources.

Ensure Maryland's youth receive the care they need. A strong community-based system of behavioral health care is not only critical for adults, but it is also critical for Maryland's youth as well. A recent presentation about mental health in Maryland's schools identified that nearly 20% of students had considered suicide prior to the pandemic, and experts expect these numbers to grow due to the impact of COVID-19.¹⁴ When a child's mental health needs are not met in the community, they are more likely to require inpatient care, an area in which Maryland also faces a critical shortage.¹⁵ We must strengthen our ability to provide care on the front end, so youth do not go into crisis in the first place. The Moore-Miller administration will address this issue head-on. And that care will begin at an early age, supporting entire families. Home visiting programs can help ensure that postpartum depression is treated, ensuring better outcomes for children and families.¹⁶ Evidence-based strategies can ensure that the emotional health of young children is encouraged and fostered.¹⁷ Robust supports in community schools can help ensure that the emotional health of students is addressed

Equip Primary Care Physicians (PCPs) with training to identify and treat mental illness. When treatment is needed, PCPs are often the first stop for parents concerned with shifts in their child's mental and behavioral health. There are innovative programs emerging across the country, which provide PCPs with the consultation, education and training to provide basic mental health services. Wes and Aruna will strengthen and grow needed partnerships such as the Greater Baltimore Region Integrated Crisis System, and the Consortium on Coordinated Community Supports, part of the Blueprint for Maryland's Future Act, which helps support students' behavioral health needs. They will also work to improve crisis services for youth so that if they do enter a crisis situation, they can obtain the care they need.

Bolster trauma-informed services in schools. By the age of 18, students will have spent 105,120 hours or 13.36% of their waking hours in school.¹⁸ It is critical that we increase our school systems' capacity to support both social emotional learning as well as mental health resources. As part of the Moore-Miller campaign's education plan, the administration will work with stakeholders to build on this foundation to incorporate restorative and trauma-informed practices into our approach to education so that we can address the specific needs of each student. We know there is more to do to address caseloads of the professional and support staff providing these services. Wes and Aruna are committed to providing leadership and support to train, hire, and retain more school counselors, social workers, school psychologists and ESPs to better align with industry standards for student to adult ratios and other professional compensation and benefits.



In 2020 alone, **overdoses killed more than 2,500** of our fellow Marylanders.

Treat Substance Use Disorders as a health care issue. The opioid crisis has rocked the nation and has had health care professionals in a non-stop battle to stem its impact. In 2020 alone, overdoses killed more than 2,500 of our fellow Marylanders.¹⁹ The impacts of substance use disorders in general have hit every part of the state. Yet we know what treatment works. We also know that addressing the opioid and addiction crisis will require us to better support Marylanders with access to housing, employment, financial stability and more. Legislation and policy initiatives that improve quality of life, along with diverse support for substance use issues (from treatment to supporting overdose response programs, naloxone training, etc) can make all of the difference. From day one, the Moore-Miller administration will work to ensure that access to treatment is always available, regardless of the time or day. Wes and Aruna will implement innovative evidence-based harm reduction programs and dedicate the resources needed to treat this disease with the same zeal as it would any other health crisis, including increasing the funding dedicated to substance use disorder and mental health treatment. Getting people with substance use disorders into treatment lowers health care costs, builds safer communities, and protects the lives of our loved ones.

Fund Crisis Intervention Teams (CIT) for law enforcement. Law enforcement officers are often expected to respond to a wide range of situations including behavioral health crises they are not specifically trained to handle. Crisis services for those with mental illnesses or substance use disorders are limited or nonexistent in many areas of the country.²⁰ People are frequently unable to access care in their communities for a variety of reasons: inadequate numbers of providers, beds, outpatient or inpatient care facilities; lack of stable housing and transportation, inadequate health insurance, or insufficient financial resources to access a rehabilitation or treatment center when they exist. In response to this issue, the Maryland General Assembly established the Crisis Intervention Team Center of Excellence (CITCE) in the Governor's Office of Crime Prevention, Youth, and Victim Services.²¹ Wes will ensure CITCE receives the funding necessary for successful implementation of a statewide model crisis intervention program with replicable training. CIT programs will provide appropriate services to those in need and allow law enforcement to focus on crime prevention and response.



ADDRESS GUN VIOLENCE AS A THREAT TO PUBLIC HEALTH

Keep guns out of the hands of people intent on harming themselves or others.

Across our nation and in Maryland, suicides, mass shootings and gun violence have dramatically increased over the last several years. Both President Biden and the current CDC director have recognized gun violence as a public health crisis. The long term mental and physical impacts of gun violence on communities cannot be emphasized enough. As outlined in our public safety plan, the Moore-Miller administration will commit to decrease the number of guns on our streets and interrupt lethal cycles of violence. Community-based violence intervention programs, including hospital-based violence intervention programs provide medical attention as well as social support, referrals for substance use disorder treatment, and counseling for individuals who are often victims and perpetrators of violence. Wes and Aruna are committed to expanding these programs and engaging the health care sector to be a solution to this ever-growing problem.

Promote secure storage and education. Access to a gun, irrespective of age, triples the risk of death by suicide, doubles the risk of death by homicide, and can lead to unintentional gun injuries or deaths.²² However, these risks can be mitigated by safe storage practices. Wes and Aruna will promote evidence-based education on safe storage of firearms, such as the Be SMART campaign. They will also partner with educators, health professionals and community organizations to raise awareness about safe storage and make resources available to provide gun locks and other safety tools to families to prevent children from accessing firearms.

UPHOLD THE PILLARS OF OUR HEALTHCARE SYSTEM

Rebuild and reform for a pandemic changed world. Maryland is just now coming out of the COVID-19 pandemic, though with some uncertainty due to everchanging variants. The Moore-Miller administration will work to strengthen the infrastructure of our state and local governments so that we can support the people whose health has been dramatically impacted by this disease and develop the resources needed to ensure that we can more efficiently respond to future pandemic challenges. We also need to make sure that Maryland, and its world-class health care providers, researchers, and hospitals have the resources they need and that we support and raise awareness when they publish crucial research about this and other important health issues. Now, more than ever, we need to stand behind our scientific community and continue to support, back, and trust in them. It is their expertise that has put Maryland on the cutting-edge in medical research and development.



There is an unmistakable need to support health care workers in every aspect and phase of the system.

Support Maryland's health care workers. Wes and Aruna recognize that health care is not delivered by insurance companies or by corporate executives. It is delivered by the thousands of workers who take care of patients, directly and indirectly. There is an unmistakable need to support health care workers in every aspect and phase of the system. The pandemic has put an unimaginable amount of strain on healthcare workers, pushing many to leave this industry. We have been facing shortages across positions in nursing, physicians, and home health aides to name a few. Filling these vacancies and creating a stronger healthcare pipeline is a priority for our administration. The Moore-Miller administration will focus on providing an educational system that trains people so they can enjoy satisfying and well-paying jobs while serving others. As outlined in the Economy: Work, Wages, And Wealth issue paper, the Moore-Miller administration will increase funding for apprenticeships and work with labor organizations and the business community to drive students into high-demand and high-paying jobs in high-opportunity fields, including health care. The administration will also work to drive more students into STEM fields to support workforce growth, including the creation of a healthcare line as part of our Service Year program. Wes and Aruna will set clear benchmarks for institutions of higher education and community colleges to produce 40,000 new STEM graduates each year and utilize incentives like tuition assistance and loan forgiveness to drive students into STEM programs and reward institutions for achieving their benchmarks. Additionally, Wes and Aruna will develop public-private partnerships with industry leaders to fund STEM apprenticeships to ensure students can earn while they learn.

ADDRESS PUBLIC HEALTH IMPACTS OF CLIMATE CHANGE AND POLLUTION

Address the worsening effects of extreme heat. As climate change continues to produce more frequent and severe extreme heat events, urban heat islands present a serious public health threat that must be addressed, especially for low-income communities and communities of color that are more likely to be impacted. Baltimore City is ranked as the ninth worst city in the country for urban heat islands, and certain areas may feel up to 7°F hotter than greener parts of the city.²³ Fortunately, there are effective, low-cost strategies that can dramatically reduce the effects of extreme heat and cool affected areas. These strategies include increasing the tree canopy cover to provide more shade, replacing impervious surfaces with pavers or other materials, installing cool roofs with light-colored paint, rooftop gardens, solar panels, cooling centers and more. The Moore-Miller administration will provide funding for local governments to implement these strategies and work with public health officials to increase awareness of extreme heat, ensure that community members, especially those most at risk like seniors, are notified of potential events, and provide the resources needed when they occur.



In 2017-2019, air pollution cost Maryland more than \$2 billion annually.

Improve Maryland's air quality. The same greenhouse gasses that are worsening the effects of climate change are also impacting air quality and pollution for our most vulnerable communities. "In 2010, Baltimore City's rate of asthma-related hospitalizations was almost three times higher than the U.S. average and about 2.2 times higher than the average rate for Maryland."²⁴ A decade later, 20% of children have an asthma diagnosis which is over double the national average.²⁵ People of color, low-income, and urban residents are disproportionately impacted by poor air quality. Extreme heat events compound the issue of poor air quality, leading to worse health outcomes. In 2017-19, air pollution cost Maryland more than \$2 billion annually in costs that include its effect on increasing rates of heart attacks, asthma, and other health outcomes.²⁶ In addition to statewide strategies to reduce air pollution such as promoting the adoption of electric vehicles, investing in cleaner public transit, and reaching zero-net emissions, Maryland must take a regional approach to improving air quality because as much of 70% of our state's ozone and fine particle air pollution comes from other states.²⁷ As governor, Wes will work to strengthen regional partnerships and implement adaptation solutions that will reduce pollution. Wes will also install air quality sensors in the eight counties in Maryland that lack one to better monitor air quality and alert residents when local air pollution is particularly dangerous and increase canopy cover that will protect against extreme heat and improve natural processing of pollutants.

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