

HOUSE BILL 423

J1

6lr2788
CF SB 304

By: **Delegate Morhaim**

Introduced and read first time: January 29, 2016

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Commission on Health in All Policies**

3 FOR the purpose of establishing the Maryland Commission on Health in All Policies;
4 providing for the purpose, composition, chair, and staffing of the Commission;
5 requiring, to the extent practicable, the Commission to reflect a certain diversity;
6 providing for the terms of certain members of the Commission; prohibiting a member
7 of the Commission from receiving certain compensation, but authorizing the
8 reimbursement of certain expenses; specifying the duties of the Commission;
9 requiring certain health impact assessments to be performed in a certain manner;
10 requiring the Commission to study a certain matter and make certain findings and
11 recommendations on or before a certain date; requiring the Commission to submit a
12 certain report to the Governor and the General Assembly on or before a certain date
13 each year; defining certain terms; and generally relating to the Maryland
14 Commission on Health in All Policies.

15 BY adding to

16 Article – Health – General

17 Section 13–3401 through 13–3406 to be under the new subtitle “Subtitle 34.
18 Maryland Commission on Health in All Policies”

19 Annotated Code of Maryland

20 (2015 Replacement Volume)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
22 That the Laws of Maryland read as follows:

23 **Article – Health – General**

24 **SUBTITLE 34. MARYLAND COMMISSION ON HEALTH IN ALL POLICIES.**

25 **13–3401.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (B) "COMMISSION" MEANS THE MARYLAND COMMISSION ON HEALTH IN
4 ALL POLICIES.

5 (C) "HEALTH IN ALL POLICIES FRAMEWORK" MEANS A PUBLIC HEALTH
6 FRAMEWORK THROUGH WHICH POLICYMAKERS AND STAKEHOLDERS IN THE PUBLIC
7 AND PRIVATE SECTORS USE A COLLABORATIVE APPROACH TO IMPROVE HEALTH
8 OUTCOMES AND REDUCE HEALTH INEQUITIES IN THE STATE BY INCORPORATING
9 HEALTH CONSIDERATIONS INTO DECISION MAKING ACROSS SECTORS AND POLICY
10 AREAS.

11 13-3402.

12 THERE IS A MARYLAND COMMISSION ON HEALTH IN ALL POLICIES.

13 13-3403.

14 (A) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

15 (1) ONE MEMBER OF THE SENATE, APPOINTED BY THE PRESIDENT
16 OF THE SENATE;

17 (2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE
18 SPEAKER OF THE HOUSE;

19 (3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE
20 SECRETARY'S DESIGNEE;

21 (4) THE SECRETARY OF HUMAN RESOURCES, OR THE SECRETARY'S
22 DESIGNEE;

23 (5) THE STATE SECRETARY OF TRANSPORTATION, OR THE
24 SECRETARY'S DESIGNEE;

25 (6) THE SECRETARY OF HOUSING AND COMMUNITY DEVELOPMENT,
26 OR THE SECRETARY'S DESIGNEE;

27 (7) THE SECRETARY OF THE ENVIRONMENT, OR THE SECRETARY'S
28 DESIGNEE;

1 **(8) THE SECRETARY OF AGRICULTURE, OR THE SECRETARY'S**
2 **DESIGNEE;**

3 **(9) THE SECRETARY OF LABOR, LICENSING, AND REGULATION, OR**
4 **THE SECRETARY'S DESIGNEE;**

5 **(10) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE**
6 **SUPERINTENDENT'S DESIGNEE;**

7 **(11) THE COMMISSIONER OF CORRECTION, OR THE COMMISSIONER'S**
8 **DESIGNEE;**

9 **(12) THE EQUAL EMPLOYMENT OPPORTUNITY COORDINATOR, OR**
10 **THE COORDINATOR'S DESIGNEE; AND**

11 **(13) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:**

12 **(I) ONE REPRESENTATIVE OF THE OFFICE OF MINORITY**
13 **HEALTH AND HEALTH DISPARITIES;**

14 **(II) ONE REPRESENTATIVE OF THE MARYLAND HIGHER**
15 **EDUCATION COMMISSION;**

16 **(III) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL**
17 **ASSOCIATION;**

18 **(IV) ONE INDIVIDUAL WHO HAS:**

19 **1. EXPERTISE IN PUBLIC HEALTH POLICY; AND**

20 **2. A BACKGROUND IN SOCIAL WORK OR SOCIAL**
21 **SCIENCE;**

22 **(V) ONE REPRESENTATIVE FROM A PUBLIC HEALTH**
23 **ORGANIZATION;**

24 **(VI) A PHYSICIAN;**

25 **(VII) A REGISTERED NURSE;**

26 **(VIII) AN EMPLOYEE OR FORMER EMPLOYEE IN THE PUBLIC OR**
27 **PRIVATE SECTOR WHO HAS SUFFERED A HEALTH IMPACT FROM A LACK OF**
28 **INCLUSION, DIVERSITY, OR EQUITY IN THE WORKPLACE; AND**

1 (IX) A REPRESENTATIVE FROM A PRIVATE BUSINESS.

2 (B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE
3 COMMISSION SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND
4 GENDER DIVERSITY OF THE STATE.

5 (C) (1) THE TERM OF AN APPOINTED MEMBER IS 3 YEARS.

6 (2) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO
7 SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

8 (3) A MEMBER APPOINTED TO FILL A VACANCY IN AN UNEXPIRED
9 TERM SERVES ONLY FOR THE REMAINDER OF THE TERM AND UNTIL A SUCCESSOR IS
10 APPOINTED AND QUALIFIES.

11 (4) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN TWO
12 CONSECUTIVE TERMS.

13 (5) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED AS
14 REQUIRED BY THE TERMS PROVIDED FOR APPOINTED MEMBERS ON OCTOBER 1,
15 2016.

16 (D) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING SHALL
17 CONSTITUTE A QUORUM.

18 (E) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
19 COMMISSION SHALL DETERMINE THE TIMES, PLACES, AND FREQUENCY OF ITS
20 MEETINGS.

21 (2) THE COMMISSION SHALL MEET AT LEAST FOUR TIMES EACH
22 YEAR.

23 13-3404.

24 (A) THE GOVERNOR SHALL DESIGNATE THE CHAIR FROM AMONG THE
25 MEMBERS OF THE COMMISSION.

26 (B) A MEMBER OF THE COMMISSION:

27 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
28 COMMISSION; BUT

1 **(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE**
2 **STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.**

3 **(C) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE**
4 **COMMISSION.**

5 **13-3405.**

6 **(A) THE PURPOSE OF THE COMMISSION IS TO EMPLOY A HEALTH IN ALL**
7 **POLICIES FRAMEWORK TO:**

8 **(1) EXAMINE THE HEALTH OF RESIDENTS OF THE STATE; AND**

9 **(2) FOSTER COLLABORATION BETWEEN INDIVIDUALS AND ENTITIES**
10 **IN STATE AND LOCAL GOVERNMENT AND THE PRIVATE SECTOR TO EXAMINE,**
11 **DEVELOP, AND IMPLEMENT LAWS AND POLICIES TO POSITIVELY IMPACT THE**
12 **HEALTH OF RESIDENTS OF THE STATE.**

13 **(B) THE COMMISSION SHALL:**

14 **(1) EXAMINE AND MAKE RECOMMENDATIONS REGARDING HOW**
15 **HEALTH CONSIDERATIONS MAY BE INCORPORATED INTO THE DECISION-MAKING**
16 **PROCESSES OF INDIVIDUALS AND ENTITIES IN STATE AND LOCAL GOVERNMENT AND**
17 **THE PRIVATE SECTOR;**

18 **(2) FOSTER COLLABORATION BETWEEN INDIVIDUALS AND ENTITIES**
19 **IN STATE AND LOCAL GOVERNMENT AND THE PRIVATE SECTOR TO EXAMINE,**
20 **DEVELOP, AND IMPLEMENT LAWS AND POLICIES THAT IMPROVE HEALTH**
21 **OUTCOMES, REDUCE HEALTH INEQUITIES, REDUCE THE OVERALL COST OF HEALTH**
22 **CARE, AND REDUCE COSTS TO SOCIETY ATTRIBUTABLE TO NEGATIVE HEALTH**
23 **OUTCOMES BY POSITIVELY IMPACTING THE FACTORS THAT AFFECT THE HEALTH OF**
24 **RESIDENTS OF THE STATE, INCLUDING:**

25 **(I) ACCESS TO SAFE AND AFFORDABLE HOUSING;**

26 **(II) EDUCATIONAL ATTAINMENT;**

27 **(III) OPPORTUNITIES FOR EMPLOYMENT;**

28 **(IV) ECONOMIC STABILITY;**

29 **(V) INCLUSION, DIVERSITY, AND EQUITY IN THE WORKPLACE;**

1 (VI) BARRIERS TO CAREER SUCCESS AND PROMOTION IN THE
2 WORKPLACE;

3 (VII) ACCESS TO TRANSPORTATION AND MOBILITY;

4 (VIII) SOCIAL JUSTICE;

5 (IX) CITIZEN UNREST, CRIME, AND CRIMINAL JUSTICE; AND

6 (X) ENVIRONMENTAL FACTORS; AND

7 (3) PERFORM HEALTH IMPACT ASSESSMENTS FOR POLICY ISSUES OR
8 INITIATIVES IDENTIFIED BY THE COMMISSION AS HAVING THE POTENTIAL TO HAVE
9 A SIGNIFICANT IMPACT ON PUBLIC HEALTH.

10 (C) IN PERFORMING THE HEALTH IMPACT ASSESSMENTS REQUIRED UNDER
11 SUBSECTION (B)(3) OF THIS SECTION, THE COMMISSION SHALL:

12 (1) SELECT POLICY ISSUES OR INITIATIVES FOR A HEALTH IMPACT
13 ASSESSMENT THAT HAVE THE POTENTIAL TO HAVE A SIGNIFICANT IMPACT ON THE
14 HEALTH OF RESIDENTS OF THE STATE;

15 (2) DETERMINE THROUGH A COLLABORATIVE PROCESS THE HEALTH
16 IMPACTS TO EVALUATE, THE METHODS FOR ANALYSIS, AND THE WORK PLAN FOR
17 COMPLETING THE HEALTH IMPACT ASSESSMENTS;

18 (3) EXAMINE AND RECOMMEND EVIDENCE-BASED STRATEGIES TO
19 INCREASE POSITIVE HEALTH OUTCOMES AND REDUCE NEGATIVE OUTCOMES; AND

20 (4) MONITOR AND EVALUATE THE IMPACT OF THE STRATEGIES
21 RECOMMENDED BASED ON THE HEALTH IMPACT ASSESSMENTS.

22 **13-3406.**

23 ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE COMMISSION SHALL SUBMIT
24 A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE
25 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES OF THE
26 COMMISSION, INCLUDING THE FINDINGS FROM AND RECOMMENDATIONS BASED ON
27 ANY HEALTH IMPACT ASSESSMENTS PERFORMED BY THE COMMISSION.

28 SECTION 2. AND BE IT FURTHER ENACTED, That:

1 (a) On or before December 1, 2018, the Commission shall study and make findings
2 and recommendations regarding the health effects that are occurring in the State as a
3 result of:

4 (1) The lack of inclusion, diversity, and equity in the workplace as it relates
5 to promotion, including promotion based on merit and qualification, and barriers to
6 promotion;

7 (2) Diminished access to affordable housing and poor living conditions in
8 households;

9 (3) Barriers to quality education, including violence and socioeconomic
10 disparities;

11 (4) Limited options for transportation;

12 (5) The existence of medically underserved communities, including
13 individuals and families who are homeless;

14 (6) Environmental factors, including pollution and exposure to lead paint;
15 and

16 (7) Socioeconomic conditions, including unemployment and homelessness.

17 (b) In the report required on or before December 1, 2018, under § 13–3406 of the
18 Health – General Article, as enacted by Section 1 of this Act, the Commission shall include
19 its findings and recommendations from the study required under subsection (a) of this
20 section.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
22 October 1, 2016.