SENATE BILL 304

By: Senators Nathan–Pulliam, Benson, Currie, Ferguson, Guzzone, Kelley, Lee, Manno, Pugh, Ramirez, Rosapepe, and Young

Introduced and read first time: January 22, 2016
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Maryland Commission on Health in All Policies

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

BY adding to

Article – Health – General
Section 13–3401 through 13–3406 to be under the new subtitle “Subtitle 34. Maryland Commission on Health in All Policies”
Annotated Code of Maryland
(2015 Replacement Volume)

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

Article – Health – General

SUBTITLE 34. MARYLAND COMMISSION ON HEALTH IN ALL POLICIES.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
(A) In this subtitle the following words have the meanings indicated.

(B) "Commission" means the Maryland Commission on Health in All Policies.

(C) "Health in All Policies framework" means a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the State by incorporating health considerations into decision making across sectors and policy areas.

13–3402.

There is a Maryland Commission on Health in All Policies.

13–3403.

(A) The Commission consists of the following members:

(1) One member of the Senate, appointed by the President of the Senate;

(2) One member of the House of Delegates, appointed by the Speaker of the House;

(3) The Secretary of Health and Mental Hygiene, or the Secretary's designee;

(4) The Secretary of Human Resources, or the Secretary's designee;

(5) The State Secretary of Transportation, or the Secretary's designee;

(6) The Secretary of Housing and Community Development, or the Secretary's designee;

(7) The Secretary of the Environment, or the Secretary's designee;
(8) The Secretary of Agriculture, or the Secretary's designee;

(9) The Secretary of Labor, Licensing, and Regulation, or the Secretary's designee;

(10) The State Superintendent of Schools, or the State Superintendent's designee;

(11) The Commissioner of Correction, or the Commissioner's designee;

(12) The Equal Employment Opportunity Coordinator, or the Coordinator's designee; and

(13) The following members, appointed by the Governor:

   (I) One representative of the Office of Minority Health and Health Disparities;

   (II) One representative of the Maryland Higher Education Commission;

   (III) One representative of the Maryland Hospital Association;

   (IV) One individual who has:

       1. Expertise in public health policy; and

       2. A background in social work or social science;

   (V) One representative from a public health organization;

   (VI) A physician;

   (VII) A registered nurse;
(VIII) An employee or former employee in the public or private sector who has suffered a health impact from a lack of inclusion, diversity, or equity in the workplace; and

(ix) A representative from a private business.

(B) To the extent practicable, the members appointed to the Commission shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.

(C) (1) The term of an appointed member is 3 years.

(2) At the end of a term, an appointed member continues to serve until a successor is appointed and qualifies.

(3) A member appointed to fill a vacancy in an unexpired term serves only for the remainder of the term and until a successor is appointed and qualifies.

(4) An appointed member may not serve more than two consecutive terms.

(5) The terms of the appointed members are staggered as required by the terms provided for appointed members on October 1, 2016.

(D) A majority of the members present at a meeting shall constitute a quorum.

(E) (1) Subject to paragraph (2) of this subsection, the Commission shall determine the times, places, and frequency of its meetings.

(2) The Commission shall meet at least four times each year.

13–3404.

(A) The governor shall designate the chair from among the members of the Commission.

(B) A member of the Commission:
(1) May not receive compensation as a member of the Commission; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(c) The Department shall provide staff support for the Commission.

13–3405.

(a) The purpose of the Commission is to employ a Health in All Policies framework to:

(1) Examine the health of residents of the State; and

(2) Foster collaboration between individuals and entities in State and local government and the private sector to examine, develop, and implement laws and policies to positively impact the health of residents of the State.

(b) The Commission shall:

(1) Examine and make recommendations regarding how health considerations may be incorporated into the decision-making processes of individuals and entities in State and local government and the private sector;

(2) Foster collaboration between individuals and entities in State and local government and the private sector to examine, develop, and implement laws and policies that improve health outcomes, reduce health inequities, reduce the overall cost of health care, and reduce costs to society attributable to negative health outcomes by positively impacting the factors that affect the health of residents of the State, including:

(I) Access to safe and affordable housing;

(II) Educational attainment;

(III) Opportunities for employment;

(IV) Economic stability;
(V) Inclusion, diversity, and equity in the workplace;

(vi) Barriers to career success and promotion in the workplace;

(vii) Access to transportation and mobility;

(viii) Social justice;

(ix) Citizen unrest, crime, and criminal justice; and

(x) Environmental factors; and

(3) Perform health impact assessments for policy issues or initiatives identified by the Commission as having the potential to have a significant impact on public health.

(C) In performing the health impact assessments required under subsection (b)(3) of this section, the Commission shall:

(1) Select policy issues or initiatives for a health impact assessment that have the potential to have a significant impact on the health of residents of the State;

(2) Determine through a collaborative process the health impacts to evaluate, the methods for analysis, and the work plan for completing the health impact assessments;

(3) Examine and recommend evidence-based strategies to increase positive health outcomes and reduce negative outcomes; and

(4) Monitor and evaluate the impact of the strategies recommended based on the health impact assessments.

13–3406.

On or before December 1 of each year, the Commission shall submit a report to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly on the activities of the Commission, including the findings from and recommendations based on any health impact assessments performed by the Commission.
SECTION 2. AND BE IT FURTHER ENACTED, That:

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

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

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

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

(4) Limited options for transportation;

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

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

(7) Socioeconomic conditions, including unemployment and homelessness.

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

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