

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

Senate Bill 38

(Chair, Finance Committee)(By Request - Departmental -
Health and Mental Hygiene)

Finance

Health and Government Operations

**Department of Health and Mental Hygiene - Updating Advisory Boards and
Councils**

This departmental bill consolidates three State advisory councils into a newly created State Advisory Council on Health and Wellness in the Department of Health and Mental Hygiene (DHMH). The bill also expands the membership of the Advisory Board on Prescription Drug Monitoring. Additionally, the bill makes several technical changes, including repealing obsolete entities, updating outdated references, streamlining certain appointment processes, and clarifying membership of the State Child Fatality Review Team.

Fiscal Summary

State Effect: Staffing needs and expense reimbursements for the new advisory council and for the expanded advisory board are anticipated to be similar to those for the existing advisory councils and advisory board and can be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: DHMH has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

Analysis

Bill Summary/Current Law:

State Advisory Council on Health and Wellness

The bill repeals and replaces the State Advisory Council on Heart Disease and Stroke, the State Advisory Council on Physical Fitness, and the State Advisory Council on Arthritis and Related Diseases with the State Advisory Council on Health and Wellness and makes a series of conforming changes. The bill also expresses the intent of the General Assembly that the bill not diminish the purposes and responsibilities of each of the three consolidated advisory councils.

The newly established advisory council must (1) promote evidence-based programs for healthy lifestyles and the prevention, early detection, and treatment of chronic disease and (2) make recommendations to DHMH related to chronic disease prevention, health, and wellness. The council must create, at a minimum, committees on arthritis, diabetes, heart disease and stroke, and physical fitness. The Secretary must adopt regulations governing the role and operations of the council.

The advisory council consists of 34 members appointed by the Secretary of Health and Mental Hygiene. The following members serve without term limits: (1) the Secretary of Health and Mental Hygiene or the Secretary's designee; (2) the State Superintendent of Schools or the State Superintendent's designee; (3) the Secretary of Aging or the Secretary's designee; (4) the Secretary of Disabilities or the Secretary's designee; (5) a representative of the Maryland Office of Minority Health and Health Disparities; and (6) a representative of the Maryland Association of County Health Officers (MACHO). The remaining members consist of representatives of specified medical institutions, professional associations, and members of the public; these members serve staggered, four-year terms and may not be reappointed for four years after the completion of two consecutive full terms. Members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget.

State Advisory Council on Heart Disease and Stroke

The State Advisory Council on Heart Disease and Stroke is repealed and consolidated into the newly established advisory council. Under current law, the purpose of the State Advisory Council on Heart Disease and Stroke is to develop and promote educational programs in the prevention, early detection, and treatment of heart disease and stroke, targeted to high-risk populations and to geographic areas where there is a high incidence of heart disease and stroke. The advisory council must recommend that DHMH establish

guidelines for the effective management and treatment of heart disease and stroke and must biennially evaluate prevention, education, and treatment programs and report to the Governor.

The advisory council consists of 23 members appointed by the Governor. Members must be appointed from a list of qualified individuals submitted to the Governor. Six members must be from the general public. Members serve staggered, four-year terms; a member who serves two consecutive full terms may not be reappointed for four years after the completion of those terms. Members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget.

State Advisory Council on Physical Fitness

The State Advisory Council on Physical Fitness is repealed and consolidated into the newly established advisory council. Under current law, the purpose of the State Advisory Council on Physical Fitness is to protect and improve physical fitness, including improvement of habits in recreation, exercise, sports, and use of leisure time; protection and improvement of physique and health; and improvement of instruction for any of these purposes. The council must (1) maintain liaison with the Maryland State Department of Education, county boards of education, private and parochial schools, county commissions, and physical fitness agencies in other states and in the federal government; (2) consult with and advise county advisory councils on their physical fitness programs; (3) give out information on physical fitness programs in the State; (4) collect and assemble pertinent information that is available from other State agencies; and (5) generally promote physical fitness in Maryland.

The advisory council consists of 25 members appointed by the Governor and with the advice of the Secretary of Health and Mental Hygiene. Members must have experience or interest in physical fitness for both children and adults. Members serve staggered, four-year terms and may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget.

State Advisory Council on Arthritis and Related Diseases

The State Advisory Council on Arthritis and Related Diseases is repealed and consolidated into the newly established advisory council. Under current law, the purpose of the State Advisory Council on Arthritis and Related Diseases is to advise DHMH on implementation and development of the Arthritis Prevention and Control Program, which promotes public awareness; educates consumers; and educates and trains health professionals, teachers, and providers about arthritis.

The advisory council consists of 15 members appointed by the Governor: two representatives of physicians and arthritis health professionals at the State's two medical schools; one member each from DHMH, the Division of Rehabilitation Services, the Maryland Department of Aging, and the Department of Disabilities; three members from specified voluntary agencies; two representatives from hospitals and/or health professionals outside of the major metropolitan areas; two representatives from the health care industry; and two arthritic patients or family members of arthritic patients. Members serve staggered, four-year terms and may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget.

Advisory Board on Prescription Drug Monitoring

Under current law, the Advisory Board on Prescription Drug Monitoring must make recommendations to the Secretary of Health and Mental Hygiene relating to the design and implementation of the Prescription Drug Monitoring Program (PDMP), including regulations, legislation, and funding sources, and submit an annual report to the Governor with specified PDMP information. The board currently consists of 17 members: (1) the Secretary of Health and Mental Hygiene or the Secretary's designee; (2) the president of the State Board of Pharmacy or the president's designee; (3) the chair of the State Board of Physicians or the chair's designee; (4) the president of the State Board of Nursing or the president's designee; (5) the chair of the Maryland Health Care Commission or the chair's designee; (6) four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances; (7) one pediatrician; (8) three pharmacists; (9) one local law enforcement official; and (10) two Maryland residents who represent the perspective of patients.

The bill expands the advisory board's membership to include (1) the president of the State Board of Dental Examiners or the president's designee; (2) the president of the State Board of Podiatric Medical Examiners or the president's designee; (3) the Secretary of State Police or the Secretary's designee; (4) the president of MACHO or the president's designee; and (5) an academic or research professional.

Technical Changes

The bill repeals the requirement that the Medical and Chirurgical Faculty of the State of Maryland approve the list of physicians submitted to the Secretary of Health and Mental Hygiene and the Governor for possible appointment to the State Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists and to the Laboratory Advisory Committee.

The bill also repeals obsolete requirements, updates the names of referenced organizations, and removes obsolete references to the defunct Advisory Council on Infant Mortality and the Governor’s Advisory Council on Food and Nutrition. Further, the bill authorizes *designees* of specified State officials to serve on the State Child Fatality Review Team and updates the names of represented organizations.

Background: According to DHMH, many chronic diseases (including heart disease, hypertension, diabetes, and arthritis) have similar risk factors, such as obesity, advanced age, unhealthy nutrition, and physical inactivity. DHMH advises that the establishment of a single State Advisory Council on Health and Wellness, as opposed to three independent advisory councils, allows members to coordinate and collaborate with each other and with other health professionals and partners more effectively. Consolidating the councils also reduces duplicative efforts and membership. DHMH further advises that these three independent councils have met jointly in the past to discuss shared interests. Additionally, establishment of a specialized committee on diabetes fulfills a federal grant requirement under which DHMH must establish a diabetes prevention network.

DHMH advises that expanding the membership of the Advisory Board on Prescription Drug Monitoring improves the representation of interested stakeholders and State agencies on the advisory board. Licensees of the State Board of Dental Examiners and the State Board of Podiatric Medical Examiners are subject to PDMP’s requirements, and both boards are authorized to request PDMP data for investigations; all other similarly affected health occupations’ boards are already represented on the advisory board. Local health departments and academic or research professionals also have access to certain PDMP data but are not currently represented on the advisory board. Finally, while law enforcement agencies comprise the vast majority of users requesting PDMP data, only one local law enforcement agent currently sits on the advisory board.

Additional Information

Prior Introductions: SB 79 of 2013, a similar bill, passed the Senate and received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene; Department of Legislative Services

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

**Department of Health and Mental Hygiene
Session 2017**

TITLE OF PROPOSAL: Department of Health and Mental Hygiene –
Updating Advisory Boards and Councils

PREPARED BY: Prevention and Health Promotion Administration and Behavioral Health
(Program\Unit) Administration

PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESS

OR

WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS

No impact.