

Department of Legislative Services
Maryland General Assembly
2023 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 281
Finance

(Senator Lam, *et al.*)

Commission on Public Health – Establishment

This bill establishes a Commission of Public Health to make recommendations to improve the delivery of “foundational public health services” in the State. By October 1, 2024, the commission must assess the capability of the Maryland Department of Health (MDH) and local health departments (LHDs) to provide foundational public health services to all residents of the State, as specified. Based on this assessment, the commission must make recommendations for reform in specified areas. By October 1, 2025, the commission must submit a report on its findings and recommendations to the Governor and specified committees of the General Assembly. Two representatives of State academic institutions with expertise in public health systems must cochair the commission. Staff support for the commission must be provided by the academic institutions represented by the cochairs. **The bill terminates September 30, 2027.**

Fiscal Summary

State Effect: Any impact on MDH can be absorbed within existing budgeted resources. Higher education expenditures for two State academic institutions with expertise in public health systems may increase by an indeterminate amount in FY 2024 through 2028 to provide staff support to the commission. Revenues are not affected.

Local Effect: Any impact on LHDs can be absorbed within existing budgeted resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: “Foundational public health services” includes:

- functional areas, specifically communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child, and family health; and access to and linkage with clinical care; and
- foundational capabilities, specifically assessment and surveillance, community partnership development, equity, organizational competencies, policy development and support, accountability and performance management, emergency preparedness and response, and communications.

Commission Membership

The 18-member commission comprises the (1) deputy secretary of Public Health and the deputy secretary of Behavioral Health (or their designees); (2) the executive director of the Maryland Health Care Commission and the executive director of Health Services Cost Review Commission (or their designees); (3) the Director of the Office of Minority Health and Health Disparities (or designee); and 13 members appointed by the Governor. Gubernatorial appointees include (1) two local health officers; (2) two representatives from State academic institutions with expertise in public health systems; (3) a faculty member from a public health program at a historically black college or university; (4) a State resident with expertise in public health information technology (IT); (5) a State resident with expertise in the public health workforce; (6) a State resident with expertise in health equity; (7) a State resident with experience as a safety net provider; (8) a State business leader with specified expertise in improving population health; (9) a chief executive officer of a hospital in the State; (10) a consumer health advocate in the State; and (11) a health care professional licensed in the State.

Commission members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations per the State budget.

Assessment

In conducting the required assessment, the commission must consider the State’s response to COVID-19, overdose deaths, racial and ethnic disparities in maternal mortality and birth outcomes in the State, and up to three additional factors considered appropriate by the commission. The commission must hold a minimum of three public meetings in different areas of the State that include an opportunity for public comment. The commission may (1) request and obtain data from MDH, LHDs, and the State-designated health information exchange; (2) request interviews with State and local health officials; and (3) form workgroups.

Recommendations

The commission must make recommendations for reform in the following areas: (1) organization of MDH and LHDs; (2) IT; (3) workforce, including human resources; (4) procurement; (5) funding; and (6) any other area the commission considers appropriate. Recommendations must include whether funding or legislation is required to implement the recommendation. The commission must justify how the recommendation contributes to the provision of foundational public health services and provide a draft of its recommendations for public comment for 30 days. The commission must use best efforts to reach consensus on its recommendations.

Report

The commission's final report must include a response to any public comments received on draft recommendations and an opportunity for dissenting comments if the commission does not reach consensus on its recommendations.

Current Law: Maryland's public health system consists of MDH and 24 LHDs. MDH oversees public health through various administrations. The Health Systems and Infrastructure Administration works to maintain and improve the health of Marylanders by assuring access to primary care services and school health programs, assuring the quality of health services, and supporting local health systems' alignment to improve population health. The Prevention and Health Promotion Administration provides public health leadership through community-based public health efforts in partnership with LHDs, providers, community-based organizations, and public and private-sector agencies. Under the Catastrophic Health Emergency Disease Surveillance and Response Program, the Secretary of Health has emergency public health powers that may be used to monitor diseases; investigate exposure to deadly agents; and treat, prevent, or reduce the effects of exposure to deadly agents.

LHDs in each county and Baltimore City function as the local health agency with primary responsibility for policy development, assessment, and assurance of public health in each jurisdiction. With the exception of Baltimore City, each county is required to establish a local board of health that sets and implements health policy at the local level. A local health officer, who is nominated by each county and appointed by the Secretary of Health, serves as the executive director of the board, appoints LHD staff, and enforces policies adopted by the Secretary and the local jurisdiction. In Baltimore City, the health commissioner is appointed by the mayor. LHDs implement various programs in the areas of maternity care, infant and child care, family planning, cancer control, and AIDS education and research. State, local, and federal dollars support LHD operations. State and federal funding is provided to LHDs through the Targeted Local Health Program and individual grant agreements between LHDs and various MDH administrations. Statute mandates an annual

formula for determining State funding allocations for LHDs. The formula adjustment factor is calculated by combining an inflation factor with a population growth factor.

State Expenditures: Under the bill, staff support for the commission must be provided by the two State academic institutions with expertise in public health systems whose representatives serve as cochairs. As these representatives are appointed by the Governor and not yet known, specific expenditures cannot be reliably estimated at this time. Thus, expenditures may increase for these institutions in fiscal 2024 through 2028 to provide staff support to the commission. However, these institutions can likely provide staff support with existing resources.

Additional Information

Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 214 (Delegate Kelly, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; University System of Maryland; Morgan State University; Maryland Independent College and University Association; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 13, 2023
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