

ROBBYN LEWIS
Legislative District 46
Baltimore City

Health and Government Operations
Committee



The Maryland House of Delegates
6 Bladen Street, Room 304
Annapolis, Maryland 21401
410-841-3772 · 301-858-3772
800-492-7122 Ext. 3772
Fax 410-841-3341 · 301-858-3341
Robbyn.Lewis@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of House Bill 109

Public Service Commission – Certificate of Public Convenience and Necessity – Rapid Health Impact Assessment Requirement

Dear Chair Davis and Members of the Economic Matters Committee:

HB109 requires applicants for a Certificate of Public Convenience and Necessity (CPCN) to conduct a rapid Health Impact Assessment (HIA) within 30 days of submitting their application to the Public Service Commission (PSC). Currently, the PSC reviews proposed projects' impacts on the environment, aesthetics, and historical significance, but not human health effects to the surrounding communities. This bill will incorporate the health of neighboring communities into the CPCN decision-making process while increasing transparency and equity. The Workgroup on Health in all Policies (SB340) was required to report to the General Assembly on incorporating Health in All Policies, and their 2018 report specifically recommended HIAs as a component of CPCN approval.

HB109 is a community-led bill that I introduced in the 2019 session (HB308). This committee passed HB308 by a vote of 12-8 and the House of Delegates passed it 102-32. I have met with the PSC and with concerned community members every year since I originally introduced the bill in 2018 in order to craft the most reasonable approach to factor human health into the review process.

CPCNs are given by the PSC to authorize projects such as power plants, natural gas lines, and high voltage transmission lines. These structures are important to the daily lives and economy of our state, but living close to these structures means higher exposure to volatile organic compounds and radiation that are implicated in the development of illnesses such as cancers, respiratory and cardiovascular disease, and birth defects. Besides being life-altering and threatening to community members, treating these conditions are also very costly to our state. These projects are disproportionately built next to low-income neighborhoods of color who already suffer the worst health outcomes. These communities are often the last to know about these projects but first to suffer the consequences.

HIAs are conducted by public health experts who engage all stakeholders and community members to identify priority health areas that can be impacted, and make practical recommendations to minimize negative health impacts and maximize positive ones. When HIAs are conducted by private actors of their own accord, the results are not open to the public. By incorporating HIAs into the PSC process, we are also increasing the transparency and community engagement of these projects.

HIAs are cost-effective: identifying issues before decision-making and making adjustments is much less expensive than stopping construction on projects midway or for the state to pay healthcare costs after problems develop. Rapid HIAs can cost as little as \$500, a small fraction of project budgets. They also compare favorably with Phase I Environmental Impact Assessments, which can cost several thousand dollars, or a Phase II EIA, which can cost tens of thousands of dollars or more. Because the applicant will

conduct the rapid HIA, there is no cost to taxpayers. The fiscal note determined this bill will not materially affect finances or operations of the State or local governments, since agencies can generally review rapid HIA reports with their existing budget, and will have minimal small business effect.

HIAs are evidence-based and widely-used around the world, and recommended by the WHO, CDC, and National Academy of Science. States like Massachusetts, Vermont, and Washington have all enacted legislation incorporating HIAs into their legislative or decision-making process.

I have included with this written testimony more detailed information around HIAs.

This bill will reduce enable the state of Maryland to begin to fulfill the mandate set by the legislature in 2017: to prioritize health in state policy making.

I request a favorable report.