

# HOUSE BILL 1333

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By: ~~Delegate Pena-Melnyk~~ Delegates Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Taveras, White Holland, and Woods

Introduced and read first time: February 9, 2024

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 4, 2024

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 Public Health – Maryland Commission on Health Equity – Membership and  
3 Statewide Health Equity Plan and Commission on Public Health – Revisions

4 FOR the purpose of requiring the Maryland Commission on Health Equity to develop and  
5 monitor a certain statewide health equity plan; requiring the Maryland Commission  
6 on Health Equity to coordinate with the Maryland Department of Health and the  
7 Health Services Cost Review Commission when establishing a certain advisory  
8 committee; altering the reporting requirements for the Commission on Public  
9 Health; and generally relating to the Maryland Commission on Health Equity and  
10 the Commission on Public Health.

11 BY repealing and reenacting, with amendments,  
12 Article – Health – General  
13 Section 13-4301 ~~and~~, 13-4303 through 13-4306, and 13-5107  
14 Annotated Code of Maryland  
15 (2023 Replacement Volume)

16 BY repealing and reenacting, without amendments,  
17 Article – Health – General  
18 Section 13-4302  
19 Annotated Code of Maryland  
20 (2023 Replacement Volume)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY repealing and reenacting, with amendments,  
2 Chapter 385 of the Acts of the General Assembly of 2023  
3 Section 2

4 Preamble

5 WHEREAS, The next phase of Maryland's unique Total Cost of Care Model will  
6 require the State to designate a governance structure to develop and implement a statewide  
7 health equity plan; and

8 WHEREAS, The governance structure must be designated and begin its work on the  
9 development of the statewide health equity plan before the 2025 legislative session; and

10 WHEREAS, The governance structure must meet specific federal requirements  
11 regarding membership and duties; and

12 WHEREAS, The Maryland Commission on Health Equity is positioned to serve as  
13 the governance structure for the statewide health equity plan required under the next  
14 phase of the Total Cost of Care Model; now, therefore,

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

17 **Article – Health – General**

18 13–4301.

19 (a) In this subtitle the following words have the meanings indicated.

20 (b) “Commission” means the Maryland Commission on Health Equity.

21 (c) “Health equity framework” means a public health framework through which  
22 policymakers and stakeholders in the public and private sectors use a collaborative  
23 approach to improve health outcomes and reduce health inequities in the State by  
24 incorporating health considerations into decision making across sectors and policy areas.

25 **(D) “STATEWIDE HEALTH EQUITY PLAN” MEANS THE EQUITY PLAN**  
26 **REQUIRED UNDER A COOPERATIVE GRANT FUNDING AGREEMENT WITH THE**  
27 **CENTER FOR MEDICARE AND MEDICAID INNOVATION.**

28 13–4302.

29 There is a Maryland Commission on Health Equity.

30 13–4303.

- 1 (a) The Commission consists of the following members:
- 2 (1) One member of the Senate, appointed by the President of the Senate;
- 3 (2) One member of the House of Delegates, appointed by the Speaker of the  
4 House;
- 5 **(3) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;**
- 6 ~~[(3)] (4)~~ The Secretary of Aging, or the Secretary's designee;
- 7 ~~[(4)~~ The Secretary of Agriculture, or the Secretary's designee;]
- 8 (5) The Secretary of Budget and Management, or the Secretary's designee;
- 9 ~~[(6)~~ The Secretary of Commerce, or the Secretary's designee;
- 10 (7) The Commissioner of Correction, or the Commissioner's designee;]
- 11 ~~[(8)] (6)~~ The Secretary of Disabilities, or the Secretary's designee;
- 12 ~~[(9)] (7)~~ The State Superintendent of Schools, or the State  
13 Superintendent's designee;
- 14 ~~[(10)~~ The Secretary of the Environment, or the Secretary's designee;
- 15 (11) The Secretary of General Services, or the Secretary's designee;
- 16 (12) The Secretary, or the Secretary's designee;]
- 17 ~~[(13)] (8)~~ The Secretary of Housing and Community Development, or the  
18 Secretary's designee;
- 19 ~~[(14)] (9)~~ The Secretary of Human Services, or the Secretary's designee;
- 20 ~~[(15)~~ The Secretary of Information Technology, or the Secretary's designee;
- 21 (16) The Secretary of Juvenile Services, or the Secretary's designee;
- 22 (17) The Secretary of Labor, or the Secretary's designee;
- 23 (18) The Secretary of Natural Resources, or the Secretary's designee;]
- 24 ~~[(19)] (10)~~ The Secretary of Planning, or the Secretary's designee;
- 25 ~~[(20)~~ The Secretary of State Police, or the Secretary's designee;

1 (21) The Secretary of Transportation, or the Secretary's designee;

2 (22) The Secretary of Veterans Affairs, or the Secretary's designee;]

3 [(23)] (11) The Deputy Secretary for Behavioral Health, or the Deputy  
4 Secretary's designee;

5 [(24)] (12) The Deputy Secretary for Public Health Services, or the Deputy  
6 Secretary's designee;

7 (13) THE DEPUTY SECRETARY FOR HEALTH CARE FINANCING, OR  
8 THE DEPUTY SECRETARY'S DESIGNEE;

9 [(25)] (14) The Maryland Insurance Commissioner, or the Insurance  
10 Commissioner's designee; [and]

11 (15) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST  
12 REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

13 (16) THE EXECUTIVE DIRECTOR OF THE OFFICE OF MINORITY  
14 HEALTH AND HEALTH DISPARITIES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

15 (17) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE  
16 COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

17 (18) THE EXECUTIVE DIRECTOR OF THE MARYLAND COMMUNITY  
18 HEALTH RESOURCES COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

19 [(26)] ~~(18)~~ (19) One representative of a local health department,  
20 designated by the Maryland Association of County Health Officers; AND

21 ~~(19)~~ (20) THE FOLLOWING MEMBERS, APPOINTED BY THE  
22 SECRETARY WITH THE ADVICE OF THE HEALTH SERVICES COST REVIEW  
23 COMMISSION:

24 (I) AT LEAST ONE REPRESENTATIVE OF HOSPITALS IN THE  
25 STATE;

26 (II) AT LEAST TWO INDIVIDUALS WITH EXPERIENCE IN  
27 HOSPITAL-BASED POPULATION HEALTH;

28 (III) AT LEAST ONE REPRESENTATIVE OF A FEDERALLY  
29 QUALIFIED HEALTH CENTER IN THE STATE;

1 (IV) AT LEAST TWO REPRESENTATIVES OF COMMUNITY-BASED  
2 ORGANIZATIONS;

3 (V) AT LEAST TWO PATIENTS FROM UNDERSERVED  
4 COMMUNITIES;

5 (VI) AT LEAST ONE REPRESENTATIVE OF A MANAGED CARE  
6 ORGANIZATION;

7 (VII) AT LEAST ONE REPRESENTATIVE OF A COMMERCIAL  
8 HEALTH INSURER;

9 (VIII) AT LEAST TWO REPRESENTATIVES OF CLINICIANS AND  
10 PROVIDERS WHO ARE NOT AFFILIATED WITH A HOSPITAL OR A FEDERALLY  
11 QUALIFIED HEALTH CENTER;

12 (IX) AT LEAST ONE REPRESENTATIVE FROM THE STATE RURAL  
13 HEALTH OFFICE; AND

14 (X) AT LEAST ONE REPRESENTATIVE OF A TRIBAL COMMUNITY  
15 IN THE STATE.

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

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

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

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

22 13-4304.

23 [(a) The Governor shall designate the chair of the Commission from among the  
24 members of the Commission.]

25 (A) THE SECRETARY, OR THE SECRETARY'S DESIGNEE, AND THE  
26 EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW COMMISSION, OR  
27 THE EXECUTIVE DIRECTOR'S DESIGNEE, SHALL COCHAIR THE COMMISSION.

28 (b) A member of the Commission:

29 (1) May not receive compensation as a member of the Commission; but

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

3 (c) The Department shall provide staff support for the Commission.  
4 13-4305.

5 (a) The purpose of the Commission is to:

6 (1) Employ a health equity framework to [examine]:

7 (I) DEVELOP A STATEWIDE HEALTH EQUITY PLAN; AND

8 (II) EXAMINE:

9 [(i)] 1. The health of residents of the State to the extent necessary  
10 to carry out the requirements of this section;

11 [(ii)] 2. Ways for units of State and local government to  
12 collaborate to implement policies that will positively impact the health of residents of the  
13 State; and

14 [(iii)] 3. The impact of the following factors on the health of  
15 residents of the State:

16 [1.] A. Access to safe and affordable housing;

17 [2.] B. Educational attainment;

18 [3.] C. Opportunities for employment;

19 [4.] D. Economic stability;

20 [5.] E. Inclusion, diversity, and equity in the workplace;

21 6. Barriers to career success and promotion in the workplace;

22 7. Access to transportation and mobility;

23 8. Social justice;]

24 [9.] F. Environmental factors;

25 [10.] G. Public safety, including the impact of crime, citizen  
26 unrest, the criminal justice system, and governmental policies that affect individuals who  
27 are in prison or released from prison; and

1 [11.] G. Food insecurity;

2 (2) Provide direct advice to the Secretary **AND THE STATE'S**  
3 **INDEPENDENT HEALTH REGULATORY COMMISSIONS**, and indirect advice to the  
4 Department's senior administrators and planners through the Secretary, regarding issues  
5 of racial, ethnic, cultural, or socioeconomic health disparities;

6 (3) Facilitate coordination of the expertise and experience of the State's  
7 health and human services, housing, transportation, education, environment, community  
8 development, and labor systems in developing a comprehensive health equity plan  
9 addressing the social determinants of health; and

10 (4) Set goals for health equity and prepare a plan for the State to achieve  
11 health equity in alignment with any other statewide planning activities.

12 (b) The Commission, using a health equity framework, shall:

13 (1) Examine and make recommendations regarding:

14 (i) Health considerations that may be incorporated into the  
15 decision-making processes of government agencies and private sector stakeholders who  
16 interact with government agencies;

17 (ii) Requirements for implicit bias training for clinicians engaged in  
18 patient care and whether the State should provide the training;

19 (iii) Training for health care providers on consistent and proper  
20 collection of patient self-identified race, ethnicity, and language data to identify disparities  
21 accurately; and

22 (iv) Requirements to comply with, and for enforcement of, National  
23 Standards for Culturally and Linguistically Appropriate Services in Health and Health  
24 Care (CLAS Standards);

25 (2) Foster collaboration between units of the State and local government  
26 and develop policies to improve health and reduce health inequities;

27 (3) Identify measures for monitoring and advancing health equity in the  
28 State;

29 (4) Establish a State plan for achieving health equity in alignment with  
30 other statewide planning activities in coordination with the State's health and human  
31 services, housing, transportation, education, environment, community development, and  
32 labor systems; [and]

1 (5) Make recommendations and provide advice, including direct advice to  
2 the Secretary, on implementing laws and policies to improve health and reduce health  
3 inequities; AND

4 (6) **DEVELOP AND MONITOR A STATEWIDE HEALTH EQUITY PLAN AS**  
5 **REQUIRED BY THE CENTER FOR MEDICARE AND MEDICAID INNOVATION UNDER**  
6 **ANY AGREEMENT ENTERED INTO BETWEEN THE STATE AND THE CENTERS FOR**  
7 **MEDICARE AND MEDICAID SERVICES.**

8 (c) (1) The Commission may establish advisory committees to assist the  
9 Commission in the performance of its duties under this section.

10 (2) An advisory committee established under this subsection may include  
11 individuals who are not members of the Commission.

12 13-4306.

13 (a) (1) The Commission shall, in coordination with **THE DEPARTMENT, THE**  
14 **HEALTH SERVICES COST REVIEW COMMISSION, AND** the State designated health  
15 information exchange, establish an advisory committee to make recommendations on data  
16 collection, needs, quality, reporting, evaluation, and visualization for the Commission to  
17 carry out the purposes of this subtitle.

18 (2) The advisory committee shall include representatives from the State  
19 designated health information exchange.

20 (3) The advisory committee shall define the parameters of a health equity  
21 data set to be maintained by the State designated health information exchange, including  
22 indicators for:

23 (i) Social and economic conditions;

24 (ii) Environmental conditions;

25 (iii) Health status;

26 (iv) Behaviors;

27 (v) Health care; and

28 (vi) Priority health outcomes for monitoring health equity for racial  
29 and ethnic minority populations in the State.

30 (4) The data set for which parameters are defined under paragraph (3) of  
31 this subsection shall include data from:



1 (i) Health care facilities that report to the Health Services Cost  
2 Review Commission;

3 (ii) Health care payers that report to the Maryland Health Care  
4 Commission; and

5 (iii) Any other data source the advisory committee determines  
6 necessary.

7 (5) Data shall be reported in the aggregate if it is reported:

8 (i) To the public; or

9 (ii) From the State designated health information exchange to the  
10 Commission.

11 (6) If the advisory committee makes a recommendation that data be made  
12 available to the public, the recommendation shall comply with applicable federal and State  
13 privacy law.

14 (b) (1) The Commission may request data consistent with the  
15 recommendations of the advisory committee.

16 (2) Data requested by the Commission under paragraph (1) of this  
17 subsection shall be provided, to the extent authorized by federal and State privacy law, to:

18 (i) The Commission; or

19 (ii) The State designated exchange.

20 (c) The Commission may publish or provide to the public any data collected under  
21 this section consistent with the recommendations of the advisory committee established  
22 under subsection (a) of this section.

23 13-5107.

24 (a) On or before December 1, 2023, the Commission shall submit an interim  
25 report to the Governor and, in accordance with § 2-1257 of the State Government Article,  
26 the Senate Budget and Taxation Committee, the Senate Finance Committee, the House  
27 Appropriations Committee, and the House Health and Government Operations Committee.

28 (b) On or before December 1, 2024, the Commission shall submit [a final] AN  
29 INTERIM report of its findings and recommendations to the Governor and, in accordance  
30 with § 2-1257 of the State Government Article, the Senate Budget and Taxation  
31 Committee, the Senate Finance Committee, the House Appropriations Committee, and the  
32 House Health and Government Operations Committee.

