

Department of Legislative Services
Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 79

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

Finance

Health and Government Operations

**Department of Health and Mental Hygiene - Advisory Councils - Renaming and
Termination**

This departmental bill consolidates three State advisory councils – on Physical Fitness, on Arthritis and Related Diseases, and on Heart Disease and Stroke – into a newly created State Advisory Council on Chronic Disease Prevention, Physical Fitness, and Healthy Eating. The Department of Health and Mental Hygiene (DHMH) must report annually to specified committees of the General Assembly on (1) the number of times during the previous calendar year that the council met and (2) whether a quorum was present at each meeting.

The bill takes effect on July 1, 2013.

Fiscal Summary

State Effect: Potential minimal decrease in general fund expenditures due to the consolidation of the councils and, correspondingly, streamlined staffing requirements. 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 Physical Fitness

The bill repeals provisions of law that establish the State Advisory Council on Physical Fitness and authorize similar advisory councils to be established for each county and Baltimore City. Current law specifies that the council comprises 25 members who are appointed by the Governor (with the advice of the Secretary of Health and Mental Hygiene) and serve staggered four-year terms. Each member must have experience or interest in physical fitness for children and adults. The council is required to (1) maintain liaison with schools and other specified entities; (2) consult with and advise county advisory councils on their physical fitness programs; (3) disseminate 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 the State. A member of the council may not receive compensation but is entitled to reimbursement for travel expenses, as provided in the State budget.

State Advisory Council on Arthritis and Related Diseases

The bill also repeals provisions of law establishing the State Advisory Council on Arthritis and Related Diseases, which consists of 15 members who are appointed by the Governor and serve staggered four-year terms. Membership includes two representatives of the physicians and arthritis health professionals at the State's medical schools, one representative of DHMH, one representative of the Division of Rehabilitation Services, one representative of the Maryland Department of Aging (MDoA), one representative of the Governor's Committee on Employment of People with Disabilities, three members of specified volunteer agencies, two representatives of 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. A member of the council may not receive compensation but is entitled to reimbursement for travel expenses, as provided in the State budget.

Current law also establishes the Arthritis Prevention and Control Program within DHMH for the purpose of raising public awareness; educating consumers; and educating and training health professionals, teachers, and providers about arthritis. These provisions remain intact under the bill; however, the bill repeals provisions of law requiring the council to advise DHMH on the program's implementation and to assist the department in the program's development.

State Advisory Council on Heart Disease and Stroke Prevention

Under current law, the State Advisory Council on Heart Disease and Stroke Prevention consists of 24 members who are appointed by the Governor and serve staggered four-year terms. Of these members, six must be members of the public and the rest must be appointed from a list of qualified individuals submitted to the Governor by 1 of 18 specified organizations: the American Heart Association; DHMH; The Johns Hopkins Medical Institutions; the Maryland Association of County Health Officers (MACHO); the Maryland Hospital Association, Inc.; the Maryland Nurses Association; the Medical and Chirurgical Faculty of the State of Maryland; the Monumental City Medical Society; the Baltimore Alliance for the Prevention and Control of Hypertension and Diabetes; the University of Maryland Hospital and School of Medicine; the Maryland Academy of Family Physicians; the American College of Emergency Physicians Maryland Chapter; the American Stroke Association; the American Society of Internal Medicine; the Maryland Institute for Emergency Medical Services Systems (MIEMSS); the State Advisory Council on Physical Fitness; the Maryland Chapter of the American College of Cardiology; and the Maryland Pharmacy Association. A member of the council may not receive compensation but is entitled to reimbursement for travel expenses, as provided in the State budget.

Current law requires the council to develop and promote educational programs – targeted to high-risk populations and geographic areas where there is a high incidence of heart disease and stroke – for the prevention, early detection, and treatment of heart disease and stroke. (The council may use existing programs and groups for this purpose.) In addition, the council is required to recommend that the department establish specified guidelines for the effective management and treatment of heart disease and stroke. Finally, the council must biennially evaluate (and report to the Governor on) heart disease and stroke prevention, education, and treatment programs.

The bill alters the council's name, membership, and duties in order to replace the council with a newly created advisory council, as discussed below.

State Advisory Council on Chronic Disease Prevention, Physical Fitness, and Healthy Eating

Under the bill, the council consists of 31 members who are appointed by the Governor and serve staggered two-year terms. Almost two-thirds of total membership must belong to the general public and specifically must include 10 individuals representing physicians or other health care provider groups, 4 individuals with a physical fitness background, 1 employer or representative of the business sector, 1 health insurer representative, 1 individual with a chronic obstructive pulmonary disease background, 1 hospital representative, and 2 individuals who either have a chronic disease or have a family

member who has a chronic disease. The council's other members must be appointed from a list of (up to three) qualified individuals submitted to the Governor by 1 of 11 specified organizations: the American Heart Association; DHMH; The Johns Hopkins University; MACHO; MIEMSS; the University of Maryland, Baltimore; the State Department of Education; the American Diabetes Association Maryland Chapter; MDoA; the Arthritis Foundation; and the Maryland-National Capital Homecare Association. The council's membership must represent the gender, geographic, racial, and cultural diversity of the State. A member of the council may not receive compensation but is entitled to reimbursement for travel expenses, as provided in the State budget.

The bill requires the council to promote programs – targeted to high-risk populations and geographic areas where there is a high incidence of chronic disease – for the prevention, early detection, and treatment of chronic disease. The council must also make recommendations to the department related to chronic disease prevention, physical fitness, and healthy eating; these recommendations must cover primary prevention, detection, diagnosis, therapy, long-term management, and any other services that the council decides should be covered. In addition, the council is required to biennially evaluate (and report to the Governor on) chronic disease prevention, education, and treatment programs. The council is required to meet at least four times annually, maintain liaison with specified entities, and create subcommittees to address specified topics.

Advisory Council on Health and Physical Education

Chapters 622 and 623 (SB 879/HB 1264) of 2009 required the Maryland State Department of Education to establish an Advisory Council on Health and Physical Education. In collaboration with public schools, the advisory council is required to develop and coordinate programs to educate students about the importance and benefits of physical movement.

Under the bill, the council must include one representative from the State Advisory Council on Chronic Disease Prevention, Physical Fitness, and Healthy Eating (instead of a representative from the Governor's Council on Physical Fitness and Sport).

Background: According to DHMH, chronic diseases are among the leading causes of death in Maryland and account for 75% of health care costs. However, the majority of chronic disease cases (including heart disease, stroke, and diabetes) can be prevented through proper nutrition, physical activity, and the nonuse of tobacco.

Because chronic diseases often share many of the same risk factors, the department advises that they are best addressed through a coordinated approach – and, in fact, the State advisory council has already broadened its efforts to confront health issues (such as

diabetes and childhood obesity) with similar risk factors. The department further advises that prevention strategies for arthritis are similar to those for other chronic diseases and that physical fitness is an important tool for preventing and managing chronic diseases generally. However, the three councils that advise the State on these related issues are currently operating in a fragmented manner – even though they have similar priorities and draw members from a similar pool. (Furthermore, each council has at least six vacant positions, and assembling a quorum can present a challenge.) The department, therefore, advises that an integration of the three councils into a single council would increase the efficiency, productivity, and coordination of the State’s chronic disease prevention and control efforts.

Additional Information

Prior Introductions: None.

Cross File: None.

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

Fiscal Note History: First Reader - January 14, 2013
mc/ljm Revised - Senate Third Reader - March 22, 2013

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: State Advisory Council on Chronic Disease Prevention

BILL NUMBER: SB 79

PREPARED BY: Department of Health and Mental Hygiene

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

The proposed legislation will have no impact on small business in Maryland.