

Department of Legislative Services
 Maryland General Assembly
 2016 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 423 (Delegate Morhaim)
 Health and Government Operations

Maryland Commission on Health in All Policies

This bill establishes the Maryland Commission on Health in All Policies. The commission must employ a “Health in All Policies framework” to (1) examine and make recommendations regarding how health considerations may be incorporated into decision making; (2) foster collaboration to examine, develop, and implement laws and policies that improve health outcomes and achieve other goals; and (3) perform health impact assessments for policy issues or initiatives identified by the commission as having the potential to have a significant impact on public health.

The Department of Health and Mental Hygiene (DHMH) must staff the commission. Members may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations, as provided in the State budget.

Fiscal Summary

State Effect: DHMH general fund expenditures increase by *at least* \$164,500 in FY 2017 to hire personnel to staff the commission, produce required reports, and conduct one health impact assessment. Future year expenditures reflect annualization, inflation, additional contractual personnel in FY 2018 and the first half of FY 2019, and one-time-only expenses in FY 2019 to produce a required report. Revenues are not affected.

(in dollars)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	164,500	330,900	291,800	228,000	236,500
Net Effect	(\$164,500)	(\$330,900)	(\$291,800)	(\$228,000)	(\$236,500)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: “Health in All Policies framework” means a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in Maryland by incorporating health considerations into decision making across sectors and policy areas.

The commission comprises one member of the Senate; one member of the House of Delegates; the Secretaries of Health and Mental Hygiene, Human Resources, Transportation, Housing and Community Development, the Environment, Agriculture, and Labor, Licensing, and Regulation; the State Superintendent of Schools; the Commissioner of Correction; the Equal Employment Opportunity Coordinator; and several additional members appointed by the Governor. To the extent practicable, commission members must reflect the geographic, racial, ethnic, cultural, and gender diversity of the State. Members serve three-year terms and may not serve more than two consecutive terms. The Governor must designate the commission chair from among the members. The commission must meet at least four times annually.

In performing the required health impact assessments, the commission must (1) select policy issues or initiatives that have the potential to have a significant impact on the health of Maryland residents; (2) determine through a collaborative process the health impacts to evaluate, methods for analysis, and the work plan for completing the health impact assessments; (3) examine and recommend evidence-based strategies to increase positive health outcomes and reduce negative outcomes; and (4) monitor and evaluate the impact of the strategies recommended based on the health impact assessments.

By December 1 of each year, the commission must submit an annual report to the Governor and the General Assembly on its activities, including any findings from and recommendations based on any health impact assessments performed by the commission.

Uncodified language requires the commission, by December 1, 2018, to study and make findings and recommendations regarding the health effects that are occurring in the State as a result of (1) the lack of inclusion, diversity, and equity in the workplace; (2) diminished access to affordable housing and poor living conditions in households; (3) barriers to quality education; (4) limited options for transportation; (5) the existence of medically underserved communities; (6) environmental factors; and (7) socioeconomic conditions.

Background: According to the American Public Health Association, “Health in All Policies” (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas. The goal of HiAP is to ensure that all decision makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A HiAP approach identifies the ways in which decisions in multiple sectors affect health and how better health can support the achievement of goals from multiple sectors. HiAP is intended to engage diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.

HiAP was first cited in a 1978 World Health Organization declaration and has since been recognized and incorporated into public health strategies by other entities across the world and throughout the United States.

State Expenditures: DHMH general fund expenditures increase by *at least* \$164,463 in fiscal 2017, which accounts for the bill’s October 1, 2016 effective date. This estimate reflects the cost of hiring 2.5 full-time equivalent positions: specifically, one part-time (50%) program administrator to provide staff support to the commission and prepare the commission’s required annual report as well as one full-time project coordinator, one part-time (50%) epidemiologist, and one part-time (50%) community health educator to conduct a *single* comprehensive health impact assessment. For each additional health impact assessment conducted, a similar level of additional staff or equivalent contractual expenditures will be required. DHMH advises that, although actual costs for conducting a health impact assessment will vary based on scope and subject, this estimate is based on the department’s previous experience conducting the health impact assessment of the Marcellus Shale in Western Maryland, which cost \$150,000. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses. This estimate does not include potential expense reimbursement for the 21 commissioners. Any additional costs for representatives of State agencies to participate as members of the commission can be handled within existing budgeted resources.

Permanent Positions	2.5
Salaries and Fringe Benefits	\$145,882
One-time Start-up Expenses	17,452
Ongoing Operating Expenses	<u>1,129</u>
Total FY 2017 State Expenditures	\$164,463

Future year expenditures reflect full salaries with annual increases and employee turnover as well as annual increases in ongoing operating expenses. In fiscal 2018, DHMH general fund expenditures increase to hire two full-time contractual epidemiologists to conduct the

required study regarding the health effects that are occurring in the State as a result of multiple specified factors. This estimate assumes that the contractual positions are eliminated December 31, 2018, as the report is due by December 1, 2018.

	FY 2018	FY 2019
Contractual Positions	2.0	(-2.0)
Salaries and Fringe Benefits	\$108,747	\$56,222
One-time Start-up Expenses	8,726	0
Ongoing Operating Expenses	<u>1,216</u>	<u>614</u>
Total Expenditures for Contractual Positions	\$118,689	\$56,836

Also beginning in fiscal 2018, ongoing operating expenses reflect \$15,000 for coordination and production of the commission’s annual report, which is due by December 1. DHMH advises that this amount is based on an analysis of the actual cost (*i.e.*, research, review, printing, copying, and distribution) of various reporting requirements on the department. The Department of Legislative Services assumes that the annual report required by December 1, 2016, will not require this level of expense, as the commission will only have been in existence for two months. In fiscal 2019, an additional \$15,000 is required for the coordination and production of the report on health effects.

Additional Information

Prior Introductions: None.

Cross File: SB 304 (Senator Nathan-Pulliam, *et al.*) - Finance.

Information Source(s): American Public Health Association; Maryland State Department of Education; Maryland Higher Education Commission; Maryland Department of Agriculture; Maryland Department of the Environment; Department of Health and Mental Hygiene; Department of Housing and Community Development; Department of Human Resources; Department of Labor, Licensing, and Regulation; Department of Public Safety and Correctional Services; Department of Legislative Services

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