

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

Senate Bill 340

(Senator Nathan-Pulliam, *et al.*)

Finance and Education, Health, and
Environmental Affairs

Health and Government Operations

**University of Maryland School of Public Health, Center for Health Equity -
Workgroup on Health in All Policies**

This bill requires the University of Maryland School of Public Health's Maryland Center for Health Equity (M-CHE), in consultation with the Department of Health and Mental Hygiene (DHMH), to convene a workgroup to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents in the State. The workgroup must use 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 among State and local governments and develop laws and policies to improve health and reduce health inequities; and (3) make recommendations on how such laws and policies may be implemented. M-CHE must submit a report with the workgroup's findings and recommendations, as well as draft legislation necessary to carry out the recommendations, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by January 31, 2018.

The bill takes effect June 1, 2017, and terminates June 30, 2019.

Fiscal Summary

State Effect: The bill's requirements can likely be handled with existing budgeted resources, as discussed below. Revenues are not affected.

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 workgroup consists of the Secretaries of Human Resources, Transportation, Housing and Community Development, the Environment, Agriculture, Disabilities, and Labor, Licensing, and Regulation; the State Superintendent of Schools; the Commissioner of Correction; the Deputy Secretaries for Public Health Services and Behavioral Health; one representative each from DHMH’s Office of Minority Health and Health Disparities (OMHHD), the Maryland Higher Education Commission, and the Maryland Hospital Association; one representative who has knowledge about and expertise in consumer advocacy; and one representative who is a licensed dietitian-nutritionist. To the extent practicable, members must reflect the geographic, racial, ethnic, cultural, and gender diversity of the State. Members may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations, as provided in the State budget.

A unit of State government must provide information requested by the workgroup in a timely manner. Additionally, a unit of State government that is represented on the workgroup must provide staff support requested by the workgroup.

In addition to examining the health of Maryland residents and ways for units of State and local government to collaborate, the workgroup must also examine the impact of the following factors on the health of Maryland residents: (1) access to safe and affordable housing; (2) educational attainment; (3) opportunities for employment; (4) economic stability; (5) workplace inclusion, diversity, and equity; (6) barriers to career success and workplace promotion; (7) access to transportation and mobility; (8) social justice; (9) environmental factors; and (10) public safety, including factors that affect individuals who are in or were recently released from prison.

Current Law/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: The University System of Maryland advises that the University of Maryland, College Park Campus incurs minimal costs (approximately \$3,000 to \$4,000) for an employee of M-CHE (a State-funded position) to coordinate workgroup activities; these costs include travel, materials, and supplies. The Department of Legislative Services (DLS) advises that these costs can likely be absorbed within existing budgeted resources.

M-CHE additionally advises that it can conduct any required studies with existing grant funds, as these studies fall under the scope of its normal activities, and that staffing for the workgroup and the bill's required report can also be completed with existing resources. However, should the workgroup decide further or expanded studies are needed, M-CHE may apply for additional grants. Currently, M-CHE relies on a combination of federal, State, and private grant funds for its activities.

OMHHD advises that it can also handle the bill's requirements with existing resources as it is already engaged in activities similar to those required under the bill, including interdisciplinary collaborations in studying issues of housing and homelessness, environmental health, workforce development, community-based organization capacity building, and violence and safety. OMHHD is also actively promoting and applying HiAP in its work.

DLS additionally notes that the bill *requires* a unit of State government that is represented on the workgroup to provide staff support requested by the workgroup. The Department of Labor, Licensing, and Regulation; the Maryland Department of Transportation; the Maryland State Department of Education; the Maryland Department of Agriculture; the Maryland Department of the Environment; the Maryland Department of Disabilities; and the Maryland Higher Education Commission advise that these requirements can likely be handled with existing resources. However, DLS advises that, depending on the needs of the workgroup, general fund expenditures for agencies represented on the workgroup may increase minimally in fiscal 2017 and 2018, which reflects the bill's June 1, 2017 effective date and the January 31, 2018 submission date for the required report and any related draft legislation. Any expense reimbursements for workgroup members are assumed to be minimal and absorbable within existing budgeted resources.

Additional Information

Prior Introductions: SB 304 of 2016, a bill with similar provisions, received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 423, received a hearing in the House Health and Government Operations Committee, but no further action was taken.

Cross File: HB 1225 (Delegate Lewis, *et al.*) - Health and Government Operations.

Information Source(s): University System of Maryland; Maryland Department of Agriculture; Maryland Department of Disabilities; Maryland Department of Transportation; Department of Labor, Licensing, and Regulation; Department of Human Resources; Maryland Department of the Environment; Maryland State Department of Education; Maryland Higher Education Commission; University of Maryland School of Public Health, Maryland Center for Health Equity; Department of Health and Mental Hygiene; American Public Health Association; Department of Legislative Services

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