

SENATE BILL 52

J1

(11r0322)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senator Washington**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Public Health – Maryland Commission on Health Equity**
3 **(The Shirley Nathan–Pulliam Health Equity Act of 2021)**

4 FOR the purpose of requiring the State designated exchange to participate in a certain
5 advisory committee, maintain a certain data set, and provide certain data under
6 certain circumstances; authorizing the State designated health exchange to use
7 certain data for a certain purpose under certain circumstances; establishing the
8 Maryland Commission on Health Equity; providing for the purpose, composition,
9 chair, and staffing of the Commission; requiring, to the extent practicable, the
10 Commission to reflect a certain diversity; providing that a majority of the members
11 present at a meeting constitutes a quorum; prohibiting a member of the Commission
12 from receiving certain compensation, but authorizing the reimbursement of certain
13 expenses; specifying the duties of the Commission; authorizing the Commission to
14 establish certain advisory committees for a certain purpose; providing that a certain
15 advisory committee may include individuals who are not members of the

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.

Italics indicate opposite chamber/conference committee amendments.



1 Commission; requiring the Commission to, in coordination with the State designated
 2 exchange, establish a certain advisory committee including certain representatives;
 3 requiring a certain advisory committee to define the parameters of a certain data
 4 set; requiring the data set to include data from certain sources; requiring that certain
 5 data be reported in a certain manner; requiring that a certain recommendation
 6 comply with certain laws; authorizing the Commission to request certain data;
 7 requiring that certain data be provided to the Commission or the State designated
 8 exchange under certain circumstances; authorizing the Commission to publish or
 9 provide to the public certain data under certain circumstances; requiring the
 10 Commission to submit a certain report to the Governor and the General Assembly
 11 on or before a certain date each year; defining certain terms; requiring the
 12 Commission to conduct a certain study and make certain findings and
 13 recommendations on or before a certain date and to include the findings and
 14 recommendations in a certain annual report; and generally relating to the Maryland
 15 Commission on Health Equity.

16 BY repealing and reenacting, with amendments,
 17 Article – Health – General
 18 Section 4–302.3
 19 Annotated Code of Maryland
 20 (2019 Replacement Volume and 2020 Supplement)

21 BY adding to
 22 Article – Health – General
 23 Section 13–4201 through 13–4207 to be under the new subtitle “Subtitle 42.
 24 Maryland Commission on Health Equity”
 25 Annotated Code of Maryland
 26 (2019 Replacement Volume and 2020 Supplement)

27 **Preamble**

28 ~~WHEREAS, Race is a social construct with no biological basis that artificially divides~~
 29 ~~people into distinct groups based on characteristics such as physical appearance, ancestral~~
 30 ~~heritage, cultural affiliation, and the social, economic, and political needs of a society at a~~
 31 ~~given period; and~~

32 ~~WHEREAS, Racism is a social system with multiple dimensions that include~~
 33 ~~individual racism that is internalized or interpersonal, systemic racism that is institutional~~
 34 ~~or structural, and a system of structuring opportunity and assigning value based on the~~
 35 ~~social interpretation of how one looks; and~~

36 ~~WHEREAS, Racism unfairly disadvantages specific individuals and communities~~
 37 ~~while unfairly giving advantages to other individuals and communities and undermines~~
 38 ~~society as a whole through the waste of human resources necessary to promote prosperity~~
 39 ~~and development in Maryland and elsewhere; and~~

~~WHEREAS, Racism is rooted in the foundation of America, from the time chattel slavery began in the 1600s, to the Jim Crow era, to the declaration of the war on drugs that eventually led to the mass incarceration of Black people, and it has remained a presence in American society while subjecting Black, Indigenous, and People of Color to hardships and disadvantages in every aspect of life; and~~

~~WHEREAS, The American Public Health Association, National Association of County and City Health Officials, and the American Academy of Pediatrics have declared racism as a public health crisis; and~~

~~WHEREAS, Communities of color, working class residents, and individuals with disabilities are more likely to experience poor health outcomes as a consequence of their social determinants of health; and~~

~~WHEREAS, Racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment, criminal justice and incarceration, family stability, economic opportunity, access to health care, public safety, environmental safety, inadequate nutrition, voters' rights, and under-resourced recreational and health care facilities; and~~

~~WHEREAS, More than 100 studies have linked racism to worse health outcomes; and~~

~~WHEREAS, Racism exacerbates health disparities among Black, Hispanic, and Native American residents, including a greater risk of heart disease, stroke, infant mortality, maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes, cancers, respiratory diseases, and autoimmune diseases; and~~

~~WHEREAS, Specific physical and behavioral health conditions stemming from racism include depression, anxiety, anger, fear, trauma, terror, and long term physical and mental health impairments; and~~

~~WHEREAS, The COVID-19 crisis and ongoing protests against police brutality have helped to highlight now, more than ever, that racism, not race, causes disparities for black and brown Americans; now, therefore,~~

Preamble

WHEREAS, Race is a social construct with no biological basis that artificially divides people into distinct groups based on characteristics such as physical appearance, ancestral heritage, cultural affiliation, and the social, economic, and political needs of a society at a given period; and

WHEREAS, Racism is a social system with multiple dimensions that include individual racism that is internalized or interpersonal, systemic racism that is institutional or structural, and a system of structuring opportunity and assigning value based on the social interpretation of how one looks; and

1 WHEREAS, Racism unfairly disadvantages specific individuals and communities
2 while unfairly giving advantages to other individuals and communities and undermines
3 society as a whole through the waste of human resources necessary to promote prosperity
4 and development in Maryland and elsewhere; and

5 WHEREAS, Racism is rooted in the foundation of America, from the time chattel
6 slavery began in the 1600s, to the Jim Crow era, to the declaration of the war on drugs that
7 eventually led to the mass incarceration of Black people, and it has remained a presence in
8 American society while subjecting Black, Indigenous, and People of Color to hardships and
9 disadvantages in every aspect of life; and

10 WHEREAS, The American Public Health Association, National Association of
11 County and City Health Officials, and the American Academy of Pediatrics have declared
12 racism as a public health crisis; and

13 WHEREAS, Communities of color, working class residents, and individuals with
14 disabilities are more likely to experience poor health outcomes as a consequence of their social
15 determinants of health; and

16 WHEREAS, Racism causes persistent discrimination and disparate outcomes in
17 many areas of life, including housing, education, employment, criminal justice and
18 incarceration, family stability, economic opportunity, access to health care, public safety,
19 environmental safety, inadequate nutrition, voters' rights, and under-resourced recreational
20 and health care facilities; and

21 WHEREAS, More than 100 studies have linked racism to worse health outcomes; and

22 WHEREAS, Racism exacerbates health disparities among Black, Hispanic, and
23 Native American residents, including a greater risk of heart disease, stroke, infant mortality,
24 maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes, cancers,
25 respiratory diseases, and autoimmune diseases; and

26 WHEREAS, Specific physical and behavioral health conditions stemming from
27 racism include depression, anxiety, anger, fear, trauma, terror, and long-term physical and
28 mental health impairments; and

29 WHEREAS, The COVID-19 crisis and ongoing protests against police brutality have
30 helped to highlight now, more than ever, that racism, not race, causes disparities for black
31 and brown Americans; now, therefore,

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

34 **Article – Health – General**

35 4-302.3.

1 (a) (1) In this section the following words have the meanings indicated.

2 (2) “Standard request” means a request for clinical information from a
3 health information exchange that conforms to the major standards version specified by the
4 Office of the National Coordinator for Health Information Technology.

5 (3) “State designated exchange” means the health information exchange
6 designated by the Maryland Health Care Commission and the Health Services Cost Review
7 Commission under § 19–143 of this article.

8 (b) This section applies to:

9 (1) Except for the State designated exchange, a health information
10 exchange operating in the State; and

11 (2) A payor that:

12 (i) Holds a valid certificate of authority issued by the Maryland
13 Insurance Commissioner; and

14 (ii) Acts as, operates, or owns a health information exchange.

15 (c) An entity to which this section applies shall connect to the State designated
16 exchange in a manner consistent with applicable federal and State privacy laws.

17 (d) When a standard request for clinical information is received through the State
18 designated exchange, an entity to which this section applies shall respond to the request to
19 the extent authorized under federal and State privacy laws.

20 (e) A consent from a patient to release clinical information to a provider obtained
21 by an entity to which this section applies shall apply to information transmitted through
22 the State designated exchange or by other means.

23 (f) The Maryland Health Care Commission:

24 (1) May adopt regulations for implementing the connectivity to the State
25 designated exchange required under this section; and

26 (2) Shall seek, through any regulations adopted under item (1) of this
27 subsection, to promote technology standards and formats that conform to those specified by
28 the Office of the National Coordinator for Health Information Technology.

29 **(G) (1) THE STATE DESIGNATED EXCHANGE SHALL:**

1 **(I) PARTICIPATE IN THE ADVISORY COMMITTEE ESTABLISHED**
2 **UNDER § 13-4206(A)(1) OF THIS ARTICLE; AND**

3 **(II) MAINTAIN A DATA SET FOR THE MARYLAND COMMISSION**
4 **ON HEALTH EQUITY AND PROVIDE DATA FROM THE DATA SET CONSISTENT WITH**
5 **THE PARAMETERS DEFINED BY THE ADVISORY COMMITTEE.**

6 **(2) IF APPROVED BY THE MARYLAND COMMISSION ON HEALTH**
7 **EQUITY, THE STATE DESIGNATED EXCHANGE MAY USE THE DATA SET MAINTAINED**
8 **UNDER PARAGRAPH (1) OF THIS SUBSECTION TO IMPROVE HEALTH OUTCOMES FOR**
9 **PATIENTS.**

10 **[(g)] (H) (1)** The Maryland Health Care Commission may adopt regulations
11 specifying the scope of clinical information to be exchanged under this section.

12 (2) Any regulations adopted under paragraph (1) of this subsection shall
13 limit the scope of the clinical information to purposes that promote:

14 (i) Improved access to clinical records by treating clinicians; or

15 (ii) Uses of the State designated exchange important to public health
16 agencies.

17 **[(h)] (I)** This section does not:

18 (1) Require an entity to which this section applies to collect clinical
19 information or obtain any authorizations, not otherwise required by federal or State law,
20 relating to information to be sent or received through the State designated exchange;

21 (2) Prohibit an entity to which this section applies from directly receiving
22 or sending information to providers or subscribers outside of the State designated
23 exchange; or

24 (3) Prohibit an entity to which this section applies from connecting and
25 interoperating with the State designated exchange in a manner and scope beyond that
26 required under this section.

27 **SUBTITLE 42. MARYLAND COMMISSION ON HEALTH EQUITY.**

28 **13-4201.**

29 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
30 **INDICATED.**

1 (B) "COMMISSION" MEANS THE MARYLAND COMMISSION ON HEALTH
2 EQUITY.

3 (C) "HEALTH EQUITY FRAMEWORK" MEANS A PUBLIC HEALTH FRAMEWORK
4 THROUGH WHICH POLICYMAKERS AND STAKEHOLDERS IN THE PUBLIC AND
5 PRIVATE SECTORS USE A COLLABORATIVE APPROACH TO IMPROVE HEALTH
6 OUTCOMES AND REDUCE HEALTH INEQUITIES IN THE STATE BY INCORPORATING
7 HEALTH CONSIDERATIONS INTO DECISION MAKING ACROSS SECTORS AND POLICY
8 AREAS.

9 13-4202.

10 THERE IS A MARYLAND COMMISSION ON HEALTH EQUITY.

11 13-4203.

12 (A) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

13 (1) ONE MEMBER OF THE SENATE, APPOINTED BY THE PRESIDENT
14 OF THE SENATE;

15 (2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE
16 SPEAKER OF THE HOUSE;

17 (3) THE SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE;

18 (4) THE SECRETARY OF AGRICULTURE, OR THE SECRETARY'S
19 DESIGNEE;

20 (5) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE
21 SECRETARY'S DESIGNEE;

22 (6) THE SECRETARY OF COMMERCE, OR THE SECRETARY'S
23 DESIGNEE;

24 (7) THE COMMISSIONER OF CORRECTION, OR THE COMMISSIONER'S
25 DESIGNEE;

26 (8) THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S
27 DESIGNEE;

28 (9) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE
29 SUPERINTENDENT'S DESIGNEE;

- 1 **(10) THE SECRETARY OF THE ENVIRONMENT, OR THE SECRETARY'S**
2 **DESIGNEE;**
- 3 **(11) THE SECRETARY OF GENERAL SERVICES, OR THE SECRETARY'S**
4 **DESIGNEE;**
- 5 **(12) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;**
- 6 **(13) THE SECRETARY OF HOUSING AND COMMUNITY DEVELOPMENT,**
7 **OR THE SECRETARY'S DESIGNEE;**
- 8 **(14) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S**
9 **DESIGNEE;**
- 10 **(15) THE SECRETARY OF INFORMATION TECHNOLOGY, OR THE**
11 **SECRETARY'S DESIGNEE;**
- 12 **(16) THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S**
13 **DESIGNEE;**
- 14 **(17) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**
- 15 **(18) THE SECRETARY OF NATURAL RESOURCES, OR THE**
16 **SECRETARY'S DESIGNEE;**
- 17 **(19) THE SECRETARY OF PLANNING, OR THE SECRETARY'S DESIGNEE;**
- 18 **(20) THE SECRETARY OF STATE POLICE, OR THE SECRETARY'S**
19 **DESIGNEE;**
- 20 **(21) THE SECRETARY OF TRANSPORTATION, OR THE SECRETARY'S**
21 **DESIGNEE;**
- 22 **(22) THE SECRETARY OF VETERANS AFFAIRS, OR THE SECRETARY'S**
23 **DESIGNEE;**
- 24 **(23) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE**
25 **DEPUTY SECRETARY'S DESIGNEE; ~~AND~~**
- 26 **(24) THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES, OR**
27 **THE DEPUTY SECRETARY'S DESIGNEE;**
- 28 **(25) THE MARYLAND INSURANCE COMMISSIONER, OR THE**
29 **INSURANCE COMMISSIONER'S DESIGNEE; AND**

1 **(26) ONE REPRESENTATIVE OF A LOCAL HEALTH DEPARTMENT,**
2 **DESIGNATED BY THE MARYLAND ASSOCIATION OF COUNTY HEALTH OFFICERS.**

3 **(B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE**
4 **COMMISSION SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND**
5 **GENDER DIVERSITY OF THE STATE.**

6 **(C) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING SHALL**
7 **CONSTITUTE A QUORUM.**

8 **(D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE**
9 **COMMISSION SHALL DETERMINE THE TIMES, PLACES, AND FREQUENCY OF ITS**
10 **MEETINGS.**

11 **(2) THE COMMISSION SHALL MEET AT LEAST FOUR TIMES EACH**
12 **YEAR.**

13 **13-4204.**

14 **(A) THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE COMMISSION**
15 **FROM AMONG THE MEMBERS OF THE COMMISSION.**

16 **(B) A MEMBER OF THE COMMISSION:**

17 **(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE**
18 **COMMISSION; BUT**

19 **(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE**
20 **STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.**

21 **(C) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE**
22 **COMMISSION.**

23 **13-4205.**

24 **(A) THE PURPOSE OF THE COMMISSION IS TO:**

25 **(1) EMPLOY A HEALTH EQUITY FRAMEWORK TO EXAMINE:**

26 **(i) THE HEALTH OF RESIDENTS OF THE STATE TO THE EXTENT**
27 **NECESSARY TO CARRY OUT THE REQUIREMENTS OF THIS SECTION;**

1 **(II) WAYS FOR UNITS OF STATE AND LOCAL GOVERNMENT TO**
2 **COLLABORATE TO IMPLEMENT POLICIES THAT WILL POSITIVELY IMPACT THE**
3 **HEALTH OF RESIDENTS OF THE STATE; AND**

4 **(III) THE IMPACT OF THE FOLLOWING FACTORS ON THE HEALTH**
5 **OF RESIDENTS OF THE STATE:**

6 1. **ACCESS TO SAFE AND AFFORDABLE HOUSING;**

7 2. **EDUCATIONAL ATTAINMENT;**

8 3. **OPPORTUNITIES FOR EMPLOYMENT;**

9 4. **ECONOMIC STABILITY;**

10 5. **INCLUSION, DIVERSITY, AND EQUITY IN THE**
11 **WORKPLACE;**

12 6. **BARRIERS TO CAREER SUCCESS AND PROMOTION IN**
13 **THE WORKPLACE;**

14 7. **ACCESS TO TRANSPORTATION AND MOBILITY;**

15 8. **SOCIAL JUSTICE;**

16 9. **ENVIRONMENTAL FACTORS; ~~AND~~**

17 10. **PUBLIC SAFETY, INCLUDING THE IMPACT OF CRIME,**
18 **CITIZEN UNREST, THE CRIMINAL JUSTICE SYSTEM, AND GOVERNMENTAL POLICIES**
19 **THAT AFFECT INDIVIDUALS WHO ARE IN PRISON OR RELEASED FROM PRISON; AND**

20 11. **FOOD INSECURITY;**

21 **(2) PROVIDE DIRECT ADVICE TO THE SECRETARY, AND INDIRECT**
22 **ADVICE TO THE DEPARTMENT'S SENIOR ADMINISTRATORS AND PLANNERS**
23 **THROUGH THE SECRETARY, REGARDING ISSUES OF RACIAL, ETHNIC, CULTURAL, OR**
24 **SOCIOECONOMIC HEALTH DISPARITIES;**

25 **(3) FACILITATE COORDINATION OF THE EXPERTISE AND**
26 **EXPERIENCE OF THE STATE'S HEALTH AND HUMAN SERVICES, HOUSING,**
27 **TRANSPORTATION, EDUCATION, ENVIRONMENT, COMMUNITY DEVELOPMENT, AND**
28 **LABOR SYSTEMS IN DEVELOPING A COMPREHENSIVE HEALTH EQUITY PLAN**
29 **ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH; AND**

1 **(4) SET GOALS FOR HEALTH EQUITY AND PREPARE A PLAN FOR THE**
2 **STATE TO ACHIEVE HEALTH EQUITY IN ALIGNMENT WITH ANY OTHER STATEWIDE**
3 **PLANNING ACTIVITIES.**

4 **(B) THE COMMISSION, USING A HEALTH EQUITY FRAMEWORK, SHALL:**

5 **(1) EXAMINE AND MAKE RECOMMENDATIONS REGARDING:**

6 **(I) HEALTH CONSIDERATIONS THAT MAY BE INCORPORATED**
7 **INTO THE DECISION-MAKING PROCESSES OF GOVERNMENT AGENCIES AND PRIVATE**
8 **SECTOR STAKEHOLDERS WHO INTERACT WITH GOVERNMENT AGENCIES;**

9 **(II) REQUIREMENTS FOR IMPLICIT BIAS TRAINING FOR**
10 **CLINICIANS ENGAGED IN PATIENT CARE AND WHETHER THE STATE SHOULD**
11 **PROVIDE THE TRAINING;**

12 **(III) TRAINING FOR HEALTH CARE PROVIDERS ON CONSISTENT**
13 **AND PROPER COLLECTION OF PATIENT SELF-IDENTIFIED RACE, ETHNICITY, AND**
14 **LANGUAGE DATA TO IDENTIFY DISPARITIES ACCURATELY; AND**

15 **(IV) REQUIREMENTS TO COMPLY WITH, AND FOR**
16 **ENFORCEMENT OF, NATIONAL STANDARDS FOR CULTURALLY AND**
17 **LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE (CLAS**
18 **STANDARDS);**

19 **(2) FOSTER COLLABORATION BETWEEN UNITS OF THE STATE AND**
20 **LOCAL GOVERNMENT AND DEVELOP POLICIES TO IMPROVE HEALTH AND REDUCE**
21 **HEALTH INEQUITIES;**

22 **(3) IDENTIFY MEASURES FOR MONITORING AND ADVANCING HEALTH**
23 **EQUITY IN THE STATE;**

24 **(4) ESTABLISH A STATE PLAN FOR ACHIEVING HEALTH EQUITY IN**
25 **ALIGNMENT WITH OTHER STATEWIDE PLANNING ACTIVITIES IN COORDINATION**
26 **WITH THE STATE'S HEALTH AND HUMAN SERVICES, HOUSING, TRANSPORTATION,**
27 **EDUCATION, ENVIRONMENT, COMMUNITY DEVELOPMENT, AND LABOR SYSTEMS;**
28 **AND**

29 **(5) MAKE RECOMMENDATIONS AND PROVIDE ADVICE, INCLUDING**
30 **DIRECT ADVICE TO THE SECRETARY, ON IMPLEMENTING LAWS AND POLICIES TO**
31 **IMPROVE HEALTH AND REDUCE HEALTH INEQUITIES.**

1 **(C) (1) THE COMMISSION MAY ESTABLISH ADVISORY COMMITTEES TO**
2 **ASSIST THE COMMISSION IN THE PERFORMANCE OF ITS DUTIES UNDER THIS**
3 **SECTION.**

4 **(2) AN ADVISORY COMMITTEE ESTABLISHED UNDER THIS**
5 **SUBSECTION MAY INCLUDE INDIVIDUALS WHO ARE NOT MEMBERS OF THE**
6 **COMMISSION.**

7 **13-4206.**

8 **(A) (1) THE COMMISSION SHALL, IN COORDINATION WITH THE STATE**
9 **DESIGNATED HEALTH INFORMATION EXCHANGE, ESTABLISH AN ADVISORY**
10 **COMMITTEE TO MAKE RECOMMENDATIONS ON DATA COLLECTION, NEEDS, QUALITY,**
11 **REPORTING, EVALUATION, AND VISUALIZATION FOR THE COMMISSION TO CARRY**
12 **OUT THE PURPOSES OF THIS SUBTITLE.**

13 **(2) THE ADVISORY COMMITTEE SHALL INCLUDE REPRESENTATIVES**
14 **FROM THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE.**

15 **(3) THE ADVISORY COMMITTEE SHALL DEFINE THE PARAMETERS OF**
16 **A HEALTH EQUITY DATA SET TO BE MAINTAINED BY THE STATE DESIGNATED**
17 **HEALTH INFORMATION EXCHANGE, INCLUDING INDICATORS FOR:**

18 **(I) SOCIAL AND ECONOMIC CONDITIONS;**

19 **(II) ENVIRONMENTAL CONDITIONS;**

20 **(III) HEALTH STATUS;**

21 **(IV) BEHAVIORS;**

22 **(V) HEALTH CARE; AND**

23 **(VI) PRIORITY HEALTH OUTCOMES FOR MONITORING HEALTH**
24 **EQUITY FOR RACIAL AND ETHNIC MINORITY POPULATIONS IN THE STATE.**

25 **(4) THE DATA SET FOR WHICH PARAMETERS ARE DEFINED UNDER**
26 **PARAGRAPH (3) OF THIS SUBSECTION SHALL INCLUDE DATA FROM:**

27 **(I) HEALTH CARE FACILITIES THAT REPORT TO THE HEALTH**
28 **SERVICES COST REVIEW COMMISSION;**

29 **(II) HEALTH CARE PAYERS THAT REPORT TO THE MARYLAND**
30 **HEALTH CARE COMMISSION; AND**

1 (III) ANY OTHER DATA SOURCE THE ADVISORY COMMITTEE
2 DETERMINES NECESSARY.

3 (5) DATA SHALL BE REPORTED IN THE AGGREGATE IF IT IS
4 REPORTED:

5 (I) TO THE PUBLIC; OR

6 (II) FROM THE STATE DESIGNATED HEALTH INFORMATION
7 EXCHANGE TO THE COMMISSION.

8 (6) IF THE ADVISORY COMMITTEE MAKES A RECOMMENDATION THAT
9 DATA BE MADE AVAILABLE TO THE PUBLIC, THE RECOMMENDATION SHALL COMPLY
10 WITH APPLICABLE FEDERAL AND STATE PRIVACY LAW.

11 (B) (1) THE COMMISSION MAY REQUEST DATA CONSISTENT WITH THE
12 RECOMMENDATIONS OF THE ADVISORY COMMITTEE.

13 (2) DATA REQUESTED BY THE COMMISSION UNDER PARAGRAPH (1)
14 OF THIS SUBSECTION SHALL BE PROVIDED, TO THE EXTENT AUTHORIZED BY
15 FEDERAL AND STATE PRIVACY LAW, TO:

16 (I) THE COMMISSION; OR

17 (II) THE STATE DESIGNATED EXCHANGE.

18 (C) THE COMMISSION MAY PUBLISH OR PROVIDE TO THE PUBLIC ANY DATA
19 COLLECTED UNDER THIS SECTION CONSISTENT WITH THE RECOMMENDATIONS OF
20 THE ADVISORY COMMITTEE ESTABLISHED UNDER SUBSECTION (A) OF THIS
21 SECTION.

22 13-4207.

23 ON OR BEFORE DECEMBER 1 EACH YEAR, THE COMMISSION SHALL SUBMIT A
24 REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE
25 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES OF THE
26 COMMISSION.

27 SECTION 2. AND BE IT FURTHER ENACTED, That:

28 (a) On or before December 1, 2023, the Maryland Commission on Health Equity
29 established under § 13-4202 of the Health – General Article, as enacted under Section 1 of
30 this Act, shall study and make findings and recommendations regarding the health effects
31 that are occurring in the State as a result of:

- 1 (1) The lack of inclusion, diversity, and equity in the workplace as it relates
2 to promotion, including promotion based on merit and qualification, and barriers to
3 promotion;
- 4 (2) Diminished access to affordable housing and poor living conditions in
5 households;
- 6 (3) Barriers to quality education, including violence and socioeconomic
7 disparities;
- 8 (4) Limited options for transportation;
- 9 (5) The existence of medically underserved communities, including
10 individuals and families who are homeless;
- 11 (6) Environmental factors, including pollution and exposure to lead paint;
12 and
- 13 (7) Socioeconomic conditions, including unemployment and homelessness.
- 14 (b) The Commission shall include its findings and recommendations from the
15 study required under subsection (a) of this section in the annual report required on or before
16 December 1, 2023, under § 13–4207 of the Health – General Article, as enacted by Section
17 1 of this Act.

18 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 October 1, 2021.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.