

HOUSE BILL 214

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3lr0363
CF SB 281

By: **Delegates Kelly, Pena–Melnyk, Alston, Bagnall, Cullison, Guzzone, Hill, S. Johnson, Kaiser, Kerr, R. Lewis, Lopez, Taveras, White, ~~and Woods~~ Woods, Bhandari, and Rosenberg**

Introduced and read first time: January 20, 2023
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: February 14, 2023

CHAPTER _____

1 AN ACT concerning

2 **Commission on Public Health – Establishment**

3 FOR the purpose of establishing the Commission on Public Health to make
4 recommendations to improve the delivery of foundational public health services in
5 the State; requiring the Commission to conduct a certain assessment ~~on or before a~~
6 ~~certain date~~; and generally relating to the Commission on Public Health.

7 BY adding to

8 Article – Health – General

9 Section 13–4801 through 13–4807 to be under the new subtitle “Subtitle 48.
10 Commission on Public Health”

11 Annotated Code of Maryland

12 (2019 Replacement Volume and 2022 Supplement)

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

15 **Article – Health – General**

16 **SUBTITLE 48. COMMISSION ON PUBLIC HEALTH.**

17 **13–4801.**

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

3 **(B) “COMMISSION” MEANS THE COMMISSION ON PUBLIC HEALTH.**

4 **(C) “FOUNDATIONAL PUBLIC HEALTH SERVICES” INCLUDES:**

5 **(1) THE FOLLOWING FOUNDATIONAL AREAS:**

6 **(I) COMMUNICABLE DISEASE CONTROL;**

7 **(II) CHRONIC DISEASE AND INJURY PREVENTION;**

8 **(III) ENVIRONMENTAL PUBLIC HEALTH;**

9 **(IV) MATERNAL, CHILD, AND FAMILY HEALTH; AND**

10 **(V) ACCESS TO AND LINKAGE WITH CLINICAL CARE; AND**

11 **(2) THE FOLLOWING FOUNDATIONAL CAPABILITIES:**

12 **(I) ASSESSMENT AND SURVEILLANCE;**

13 **(II) COMMUNITY PARTNERSHIP DEVELOPMENT;**

14 **(III) EQUITY;**

15 **(IV) ORGANIZATIONAL COMPETENCIES;**

16 **(V) POLICY DEVELOPMENT AND SUPPORT;**

17 **(VI) ACCOUNTABILITY AND PERFORMANCE MANAGEMENT;**

18 **(VII) EMERGENCY PREPAREDNESS AND RESPONSE; AND**

19 **(VIII) COMMUNICATIONS.**

20 **13-4802.**

21 **THERE IS A COMMISSION ON PUBLIC HEALTH.**

22 **13-4803.**

23 **(A) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:**

1 (1) THE DEPUTY SECRETARY FOR PUBLIC HEALTH, OR THE DEPUTY
2 SECRETARY'S DESIGNEE;

3 (2) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE
4 DEPUTY SECRETARY'S DESIGNEE;

5 (3) THE DIRECTOR OF THE OFFICE OF MINORITY HEALTH AND
6 HEALTH DISPARITIES, OR THE DIRECTOR'S DESIGNEE;

7 ~~(4) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE
8 COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;~~

9 ~~(5) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST
10 REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND~~

11 ~~(6)~~ THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

12 (I) ~~TWO~~ THREE LOCAL HEALTH OFFICERS OF WHOM:

13 1. ONE SHALL BE FROM A RURAL JURISDICTION;

14 2. ONE SHALL BE FROM A SUBURBAN JURISDICTION;

15 AND

16 3. ONE SHALL BE FROM AN URBAN JURISDICTION;

17 (II) TWO REPRESENTATIVES FROM STATE ACADEMIC
18 INSTITUTIONS WITH EXPERTISE IN PUBLIC HEALTH SYSTEMS;

19 (III) A FACULTY MEMBER FROM A PUBLIC HEALTH PROGRAM AT
20 A HISTORICALLY BLACK COLLEGE OR UNIVERSITY; AND

21 ~~(IV) A STATE RESIDENT WITH EXPERTISE IN PUBLIC HEALTH
22 INFORMATION TECHNOLOGY;~~

23 ~~(V) A STATE RESIDENT WITH EXPERTISE IN THE PUBLIC
24 HEALTH WORKFORCE;~~

25 ~~(VI) A STATE RESIDENT WITH EXPERTISE IN HEALTH EQUITY;~~

26 ~~(VII) A STATE RESIDENT WITH EXPERIENCE AS A SAFETY NET
27 PROVIDER;~~

~~(VII) A STATE BUSINESS LEADER WITH DEMONSTRATED EXPERTISE IN IMPROVING POPULATION HEALTH IN ALL JURISDICTIONS IN THE STATE;~~

~~(IX) A CHIEF EXECUTIVE OFFICER OF A HOSPITAL LOCATED IN THE STATE;~~

~~(X) A CONSUMER HEALTH ADVOCATE IN THE STATE; AND~~

~~(XI) A HEALTH CARE PROFESSIONAL LICENSED IN THE STATE.~~

(IV) AT LEAST THREE BUT NOT MORE THAN FIVE MEMBERS OF THE PUBLIC WITH DEMONSTRATED INTEREST IN PUBLIC HEALTH AND EXPERIENCE IN AT LEAST ONE OF THE FOLLOWING AREAS:

1. HEALTH EQUITY;
2. INFORMATION TECHNOLOGY;
3. WORKFORCE; AND
4. POPULATION HEALTH.

(B) IN PERFORMING THE DUTIES OF THE COMMISSION, THE COMMISSION SHALL CONSULT WITH, AS APPROPRIATE AND NECESSARY:

- (1) THE MARYLAND HEALTH CARE COMMISSION;
- (2) THE HEALTH SERVICES COST REVIEW COMMISSION;
- (3) THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION;
- (4) THE DEPARTMENT OF BUDGET AND MANAGEMENT;
- (5) THE DEPARTMENT OF GENERAL SERVICES;
- (6) THE MARYLAND DEPARTMENT OF DISABILITIES;
- (7) THE STATE-DESIGNATED HEALTH DATA UTILITY; AND
- (8) ANY OTHER STATE AGENCY AS APPROPRIATE.

(C) (1) THE COMMISSION SHALL ESTABLISH THE FOLLOWING WORKGROUPS:

1 **(I) FUNDING;**

2 **(II) GOVERNANCE AND ORGANIZATIONAL CAPABILITIES;**

3 **(III) WORKFORCE;**

4 **(IV) DATA AND INFORMATION TECHNOLOGY; AND**

5 **(V) COMMUNICATION AND PUBLIC ENGAGEMENT.**

6 **(2) EACH WORKGROUP ESTABLISHED UNDER PARAGRAPH (1) OF**
7 **THIS SUBSECTION SHALL INCLUDE:**

8 **(I) TWO MEMBERS OF THE COMMISSION; AND**

9 **(II) MEMBERS OF THE PUBLIC WITH RELEVANT EXPERIENCE IN**
10 **THE SUBJECT MATTER OF THE WORKGROUP WHO MAY INCLUDE:**

11 **1. PRIMARY AND SPECIALTY CARE PRACTITIONERS;**

12 **2. PAYORS;**

13 **3. CONSUMER ADVOCATES;**

14 **4. HOSPITAL EXECUTIVES;**

15 **5. SAFETY NET HEALTH CARE PROVIDERS;**

16 **6. PUBLIC HEALTH PRACTITIONERS; AND**

17 **7. COMMUNITY-BASED ORGANIZATIONS.**

18 **(3) THE PURPOSE OF THE WORKGROUPS ESTABLISHED UNDER**
19 **PARAGRAPH (1) OF THIS SUBSECTION IS TO FOSTER BROAD ENGAGEMENT AND**
20 **PROVIDE EXPERTISE FOR THE PURPOSE OF INFORMING THE WORK AND**
21 **RECOMMENDATIONS OF THE COMMISSION.**

22 **(D) TO THE EXTENT PRACTICABLE AND CONSISTENT WITH FEDERAL AND**
23 **STATE LAW, THE MEMBERSHIP OF THE COMMISSION AND WORKGROUPS**
24 **ESTABLISHED UNDER THIS SECTION SHALL REFLECT THE RACIAL, ETHNIC, AND**
25 **GENDER DIVERSITY OF THE STATE.**

1 ~~(B)~~ (E) THE MEMBERS OF THE COMMISSION APPOINTED UNDER
 2 SUBSECTION ~~(A)(6)(H)~~ (A)(4)(II) OF THIS SECTION SHALL COCHAIR THE
 3 COMMISSION.

4 ~~(C)~~ (F) A MEMBER OF THE COMMISSION:

5 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
 6 COMMISSION; BUT

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

9 13-4804.

10 THE ACADEMIC INSTITUTIONS REPRESENTED BY THE COCHAIRS OF THE
 11 COMMISSION SHALL PROVIDE STAFF SUPPORT FOR THE COMMISSION.

12 13-4805.

13 THE PURPOSE OF THE COMMISSION IS TO MAKE RECOMMENDATIONS TO
 14 IMPROVE THE DELIVERY OF FOUNDATIONAL PUBLIC HEALTH SERVICES IN THE
 15 STATE.

16 13-4806.

17 (A) ~~ON OR BEFORE OCTOBER 1, 2024, THE~~ THE COMMISSION SHALL ASSESS
 18 THE ~~CAPABILITY~~ FOUNDATIONAL PUBLIC HEALTH CAPABILITIES OF THE
 19 DEPARTMENT AND LOCAL HEALTH DEPARTMENTS IN THE STATE ~~TO PROVIDE~~
 20 ~~FOUNDATIONAL PUBLIC HEALTH SERVICES TO ALL RESIDENTS OF THE STATE.~~

21 (B) (1) IN CONDUCTING THE ASSESSMENT REQUIRED UNDER
 22 SUBSECTION (A) OF THIS SECTION, THE COMMISSION SHALL:

23 ~~(1) CONSIDER THE FOLLOWING FACTORS:~~

24 ~~1. THE STATE'S RESPONSE TO COVID-19;~~

25 ~~2. THE STATE'S RESPONSE TO OVERDOSE DEATHS;~~

26 ~~3. RACIAL AND ETHNIC DISPARITIES IN MATERNAL~~
 27 ~~MORTALITY AND BIRTH OUTCOMES IN THE STATE; AND~~

28 ~~4. SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,~~
 29 ~~ANY OTHER FACTORS CONSIDERED APPROPRIATE BY THE COMMISSION; AND~~

1 ~~(H) HOLD AT LEAST THREE PUBLIC MEETINGS IN DIFFERENT~~
2 ~~AREAS OF THE STATE THAT INCLUDE AN OPPORTUNITY FOR PUBLIC COMMENT.~~

3 ~~(2) THE COMMISSION MAY NOT CONSIDER MORE THAN THREE~~
4 ~~ADDITIONAL FACTORS UNDER PARAGRAPH (1)(I)4 OF THIS SUBSECTION.~~

5 (I) EXPLAIN THE IMPACT OF THE FOUNDATIONAL PUBLIC
6 HEALTH CAPABILITIES ON THE STATE'S ABILITY TO ADDRESS FOUNDATIONAL
7 PUBLIC HEALTH AREAS, INCLUDING AS THE FOUNDATIONAL PUBLIC HEALTH AREAS
8 RELATE TO BEHAVIORAL HEALTH;

9 (II) EXPLAIN THE IMPACT OF THE FOUNDATIONAL PUBLIC
10 HEALTH CAPABILITIES ON THE STATE'S ABILITY TO RESPOND TO COVID-19,
11 OVERDOSES, MATERNAL AND INFANT MORTALITY, AND OTHER MAJOR PUBLIC
12 HEALTH CHALLENGES AS APPROPRIATE; AND

13 (III) PROVIDE PUBLIC OUTREACH TO HOLD AT LEAST THREE
14 PUBLIC MEETINGS IN DIFFERENT AREAS OF THE STATE THAT INCLUDE AN
15 OPPORTUNITY FOR PUBLIC COMMENT.

16 ~~(2)~~ (2) IN CONDUCTING THE ASSESSMENT REQUIRED UNDER
17 SUBSECTION (A) OF THIS SECTION, THE COMMISSION MAY:

18 (I) REQUEST AND OBTAIN DATA FROM THE DEPARTMENT,
19 LOCAL HEALTH DEPARTMENTS, AND THE STATE-DESIGNATED HEALTH
20 ~~INFORMATION EXCHANGE;~~ DATA UTILITY; AND

21 (II) REQUEST INTERVIEWS WITH STATE AND LOCAL HEALTH
22 OFFICIALS;~~AND~~

23 ~~(III) FORM WORKGROUPS.~~

24 (C) (1) BASED ON THE ASSESSMENT CONDUCTED UNDER SUBSECTION (A)
25 OF THIS SECTION, THE COMMISSION SHALL MAKE RECOMMENDATIONS FOR
26 REFORM IN THE FOLLOWING AREAS:

27 (I) ORGANIZATION OF STATE AND LOCAL PUBLIC HEALTH
28 DEPARTMENTS;

29 (II) INFORMATION TECHNOLOGY, INFORMATION EXCHANGE,
30 AND DATA AND ANALYTICS;

31 (III) WORKFORCE, INCLUDING HUMAN RESOURCES AND USE OF
32 THE MEDICAL RESERVE CORPS FOR PUBLIC HEALTH;

1 (IV) PROCUREMENT, INCLUDING OVERSIGHT OF
2 CONTRACTORS;

3 (V) FUNDING; ~~AND~~

4 (VI) COMMUNICATION AND PUBLIC ENGAGEMENT; AND

5 ~~(VI)~~ (VII) ANY OTHER AREA CONSIDERED APPROPRIATE BY THE
6 COMMISSION.

7 (2) THE RECOMMENDATIONS MADE UNDER PARAGRAPH (1) OF THIS
8 SUBSECTION SHALL INCLUDE ~~WHETHER~~ THE FUNDING OR LEGISLATION IS
9 REQUIRED TO IMPLEMENT THE RECOMMENDATION, IF ANY.

10 (3) THE COMMISSION SHALL JUSTIFY EACH RECOMMENDATION
11 MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION BASED ON HOW THE
12 RECOMMENDATION CONTRIBUTES TO THE PROVISION OF FOUNDATIONAL PUBLIC
13 HEALTH SERVICES.

14 (4) (I) THE COMMISSION SHALL MAKE A DRAFT OF ITS
15 RECOMMENDATIONS AVAILABLE FOR PUBLIC COMMENT FOR 30 DAYS.

16 (II) THE FINAL REPORT OF THE COMMISSION SHALL INCLUDE A
17 RESPONSE TO ANY SUBSTANTIVE PUBLIC COMMENT RECEIVED ON THE DRAFT
18 RECOMMENDATIONS.

19 (5) (I) THE COMMISSION SHALL USE BEST EFFORTS TO REACH
20 CONSENSUS ON ITS RECOMMENDATIONS.

21 (II) IF THE COMMISSION CANNOT REACH CONSENSUS ON ITS
22 RECOMMENDATIONS, THE COMMISSION SHALL INCLUDE THE OPPORTUNITY FOR
23 DISSENTING COMMENTS IN THE COMMISSION'S FINAL REPORT.

24 13-4807.

25 (A) ON OR BEFORE DECEMBER 1, 2023, THE COMMISSION SHALL SUBMIT
26 AN INTERIM REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF
27 THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION
28 COMMITTEE, THE SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS
29 COMMITTEE, AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS
30 COMMITTEE.

1 **(B) ON OR BEFORE ~~OCTOBER 1, 2025~~ DECEMBER 1, 2024, THE**
 2 **COMMISSION SHALL SUBMIT A FINAL REPORT OF ITS FINDINGS AND**
 3 **RECOMMENDATIONS TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF**
 4 **THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION**
 5 **COMMITTEE, THE SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS**
 6 **COMMITTEE, AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS**
 7 **COMMITTEE.**

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
 9 ~~October~~ June 1, 2023. It shall remain effective for a period of ~~4~~ 2 years and 1 month and,
 10 at the end of ~~September~~ June 30, ~~2027~~ 2025, this Act, with no further action required by
 11 the General Assembly, shall be abrogated and of no further force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.