

SENATE BILL 281

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3lr0368
CF HB 214

By: **Senators Lam, Rosapepe, Augustine, Benson, and Salling**

Introduced and read first time: January 26, 2023

Assigned to: Finance

A BILL ENTITLED

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.**

18 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
19 INDICATED.

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

21 (C) “FOUNDATIONAL PUBLIC HEALTH SERVICES” INCLUDES:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 **(1) THE FOLLOWING FOUNDATIONAL AREAS:**
- 2 **(I) COMMUNICABLE DISEASE CONTROL;**
- 3 **(II) CHRONIC DISEASE AND INJURY PREVENTION;**
- 4 **(III) ENVIRONMENTAL PUBLIC HEALTH;**
- 5 **(IV) MATERNAL, CHILD, AND FAMILY HEALTH; AND**
- 6 **(V) ACCESS TO AND LINKAGE WITH CLINICAL CARE; AND**

- 7 **(2) THE FOLLOWING FOUNDATIONAL CAPABILITIES:**
- 8 **(I) ASSESSMENT AND SURVEILLANCE;**
- 9 **(II) COMMUNITY PARTNERSHIP DEVELOPMENT;**
- 10 **(III) EQUITY;**
- 11 **(IV) ORGANIZATIONAL COMPETENCIES;**
- 12 **(V) POLICY DEVELOPMENT AND SUPPORT;**
- 13 **(VI) ACCOUNTABILITY AND PERFORMANCE MANAGEMENT;**
- 14 **(VII) EMERGENCY PREPAREDNESS AND RESPONSE; AND**
- 15 **(VIII) COMMUNICATIONS.**

16 **13-4802.**

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

18 **13-4803.**

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

20 **(1) THE DEPUTY SECRETARY FOR PUBLIC HEALTH, OR THE DEPUTY**
21 **SECRETARY'S DESIGNEE;**

22 **(2) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE**
23 **DEPUTY SECRETARY'S DESIGNEE;**

1 **(3) THE DIRECTOR OF THE OFFICE OF MINORITY HEALTH AND**
2 **HEALTH DISPARITIES, OR THE DIRECTOR'S DESIGNEE;**

3 **(4) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE**
4 **COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;**

5 **(5) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST**
6 **REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE; AND**

7 **(6) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:**

8 **(I) TWO LOCAL HEALTH OFFICERS;**

9 **(II) TWO REPRESENTATIVES FROM STATE ACADEMIC**
10 **INSTITUTIONS WITH EXPERTISE IN PUBLIC HEALTH SYSTEMS;**

11 **(III) A FACULTY MEMBER FROM A PUBLIC HEALTH PROGRAM AT**
12 **A HISTORICALLY BLACK COLLEGE OR UNIVERSITY;**

13 **(IV) A STATE RESIDENT WITH EXPERTISE IN PUBLIC HEALTH**
14 **INFORMATION TECHNOLOGY;**

15 **(V) A STATE RESIDENT WITH EXPERTISE IN THE PUBLIC**
16 **HEALTH WORKFORCE;**

17 **(VI) A STATE RESIDENT WITH EXPERTISE IN HEALTH EQUITY;**

18 **(VII) A STATE RESIDENT WITH EXPERIENCE AS A SAFETY NET**
19 **PROVIDER;**

20 **(VIII) A STATE BUSINESS LEADER WITH DEMONSTRATED**
21 **EXPERTISE IN IMPROVING POPULATION HEALTH IN ALL JURISDICTIONS IN THE**
22 **STATE;**

23 **(IX) A CHIEF EXECUTIVE OFFICER OF A HOSPITAL LOCATED IN**
24 **THE STATE;**

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

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

1 **(B) THE MEMBERS OF THE COMMISSION APPOINTED UNDER SUBSECTION**
2 **(A)(6)(II) OF THIS SECTION SHALL COCHAIR THE COMMISSION.**

3 **(C) A MEMBER OF THE COMMISSION:**

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

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

8 **13-4804.**

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

11 **13-4805.**

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

15 **13-4806.**

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

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

22 **(I) CONSIDER THE FOLLOWING FACTORS:**

23 **1. THE STATE'S RESPONSE TO COVID-19;**

24 **2. THE STATE'S RESPONSE TO OVERDOSE DEATHS;**

25 **3. RACIAL AND ETHNIC DISPARITIES IN MATERNAL**
26 **MORTALITY AND BIRTH OUTCOMES IN THE STATE; AND**

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

1 (II) 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 (3) IN CONDUCTING THE ASSESSMENT REQUIRED UNDER
6 SUBSECTION (A) OF THIS SECTION, THE COMMISSION MAY:

7 (I) REQUEST AND OBTAIN DATA FROM THE DEPARTMENT,
8 LOCAL HEALTH DEPARTMENTS, AND THE STATE-DESIGNATED HEALTH
9 INFORMATION EXCHANGE;

10 (II) REQUEST INTERVIEWS WITH STATE AND LOCAL HEALTH
11 OFFICIALS; AND

12 (III) FORM WORKGROUPS.

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

16 (I) ORGANIZATION OF STATE AND LOCAL PUBLIC HEALTH
17 DEPARTMENTS;

18 (II) INFORMATION TECHNOLOGY;

19 (III) WORKFORCE, INCLUDING HUMAN RESOURCES;

20 (IV) PROCUREMENT;

21 (V) FUNDING; AND

22 (VI) ANY OTHER AREA CONSIDERED APPROPRIATE BY THE
23 COMMISSION.

24 (2) THE RECOMMENDATIONS MADE UNDER PARAGRAPH (1) OF THIS
25 SUBSECTION SHALL INCLUDE WHETHER FUNDING OR LEGISLATION IS REQUIRED TO
26 IMPLEMENT THE RECOMMENDATION.

27 (3) THE COMMISSION SHALL JUSTIFY EACH RECOMMENDATION
28 MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION BASED ON HOW THE

1 RECOMMENDATION CONTRIBUTES TO THE PROVISION OF FOUNDATIONAL PUBLIC
2 HEALTH SERVICES.

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

5 (II) THE FINAL REPORT OF THE COMMISSION SHALL INCLUDE A
6 RESPONSE TO ANY PUBLIC COMMENT RECEIVED ON THE DRAFT
7 RECOMMENDATIONS.

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

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

13 13-4807.

14 ON OR BEFORE OCTOBER 1, 2025, THE COMMISSION SHALL SUBMIT A REPORT
15 OF ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, IN
16 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE SENATE
17 BUDGET AND TAXATION COMMITTEE, THE SENATE FINANCE COMMITTEE, THE
18 HOUSE APPROPRIATIONS COMMITTEE, AND THE HOUSE HEALTH AND
19 GOVERNMENT OPERATIONS COMMITTEE.

20 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
21 October 1, 2023. It shall remain effective for a period of 4 years and, at the end of September
22 30, 2027, this Act, with no further action required by the General Assembly, shall be
23 abrogated and of no further force and effect.