

Department of Legislative Services
Maryland General Assembly
2023 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 214

(Delegate Kelly, *et al.*)

Health and Government Operations

Finance

Commission on Public Health - Establishment

This bill establishes a Commission on Public Health to make recommendations to improve the delivery of “foundational public health services” in the State. The commission must assess the foundational public health capabilities of the Maryland Department of Health (MDH) and local health departments (LHDs), as specified. Based on this assessment, the commission must make recommendations for reform in specified areas. By December 1, 2023, the commission must submit an interim report on its findings and recommendations to the Governor and specified committees of the General Assembly; a final report is due by December 1, 2024. Two representatives of State academic institutions with expertise in public health systems must cochair the commission, and staff support for the commission must be provided by the academic institutions represented by the cochairs. **The bill takes effect June 1, 2023, and terminates June 30, 2025.**

Fiscal Summary

State Effect: No effect in FY 2023. Any impact on MDH can be absorbed within existing budgeted resources; likewise, other State agencies can consult with the commission within existing budgeted resources. However, higher education expenditures for State academic institutions with expertise in public health systems *may* increase in FY 2024 and 2025 to provide staff support to the commission, as discussed below. Revenues are not affected.

Local Effect: Any impact on LHDs can be absorbed within existing budgeted resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: “Foundational public health services” includes:

- foundational areas, specifically communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child, and family health; and access to and linkage with clinical care; and
- foundational capabilities, specifically assessment and surveillance, community partnership development, equity, organizational competencies, policy development and support, accountability and performance management, emergency preparedness and response, and communications.

Commission Membership and Workgroups

The commission comprises (1) one member of the Senate, appointed by the President of the Senate; (2) one member of the House, appointed by the Speaker of the House; (3) the Deputy Secretary for Public Health and the Deputy Secretary for Behavioral Health (or their designees); (4) the Director of the Office of Minority Health and Health Disparities (or designee); and (5) specified members appointed by the Governor. Gubernatorial appointees include (1) three local health officers, as specified; (2) two representatives from State academic institutions with expertise in public health systems; (3) a faculty member from a public health program at a historically Black college or university; and (4) at least three but no more than five members of the public with demonstrated interest in public health and experience in at least one of four areas (health equity, information technology (IT), workforce, and population health).

Commission members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations per the State budget.

The commission must be cochaired by the following members: (1) one of the three local health officers; (2) one of the two representatives from State academic institutions with expertise in public health systems; and (3) the faculty member from a public health program at a historically Black college or university.

The commission must consult with specified State entities as appropriate and necessary. Further, the commission must establish workgroups on funding, governance and organizational capabilities, workforce, data and IT, and communication and public engagement. Each workgroup must include two members of the commission and members of the public with relevant experience in the subject matter of the workgroup, as specified. The purpose of the workgroups is to foster broad engagement and provide expertise to inform the work and recommendations of the commission. To the extent practicable and

consistent with federal and State law, membership in the commission and workgroups must reflect the racial, ethnic, and gender diversity of the State.

Assessment

The commission must assess the foundational public health capabilities of MDH and LHDs. In conducting the required assessment, the commission must explain the impact of the foundational public health capabilities on the State's ability to (1) address foundational public health areas, including as the foundational public health areas relate to behavioral health and (2) respond to COVID-19, overdoses, maternal and infant mortality, and other major public health challenges, as appropriate. The commission must provide public outreach to hold a minimum of three public meetings in different areas of the State that include an opportunity for public comment. The commission may (1) request deidentified and publicly available data from MDH, LHDs, and the State-designated health data utility and (2) request interviews with State and local health officials.

Recommendations

The commission must make recommendations for reform in the following areas: (1) organization of MDH and LHDs; (2) IT, information exchange, and data and analytics; (3) workforce, including human resources and use of the Medical Reserve Corps for public health; (4) procurement, including contractor oversight; (5) funding; (6) communication and public engagement; and (7) any other area the commission considers appropriate. Recommendations must include the funding or legislation required to implement the recommendation, if any. The commission must justify how each recommendation contributes to the provision of foundational public health services and make a draft of its recommendations available for public comment for 30 days. The commission must use best efforts to reach consensus on its recommendations.

Interim and Final Reports

The commission's final report must include a response to any substantive public comment received on draft recommendations and an opportunity for dissenting comments if the commission does not reach consensus on its recommendations. By December 1, 2023, the commission must submit an interim report to the Governor and specified committees of the General Assembly; the final report is due by December 1, 2024, as specified.

Current Law: Maryland's public health system consists of MDH and 24 LHDs. MDH oversees public health through various administrations. The Health Systems and Infrastructure Administration works to maintain and improve the health of Marylanders by assuring access to primary care services and school health programs, assuring the quality of health services, and supporting local health systems' alignment to improve population

health. The Prevention and Health Promotion Administration provides public health leadership through community-based public health efforts in partnership with LHDs, providers, community-based organizations, and public and private-sector agencies. Under the Catastrophic Health Emergency Disease Surveillance and Response Program, the Secretary of Health has emergency public health powers that may be used to monitor diseases; investigate exposure to deadly agents; and treat, prevent, or reduce the effects of exposure to deadly agents.

LHDs in each county and Baltimore City function as the local health agency with primary responsibility for policy development, assessment, and assurance of public health in each jurisdiction. With the exception of Baltimore City, each county is required to establish a local board of health that sets and implements health policy at the local level. A local health officer, who is nominated by each county and appointed by the Secretary of Health, serves as the executive director of the board, appoints LHD staff, and enforces policies adopted by the Secretary and the local jurisdiction. In Baltimore City, the health commissioner is appointed by the mayor. LHDs implement various programs in the areas of maternity care, infant and child care, family planning, cancer control, and AIDS education and research. State, local, and federal dollars support LHD operations. State and federal funding is provided to LHDs through the Targeted Local Health Program and individual grant agreements between LHDs and various MDH administrations. Statute mandates an annual formula for determining State funding allocations for LHDs. The formula adjustment factor is calculated by combining an inflation factor with a population growth factor.

State Expenditures: Under the bill, staff support for the commission must be provided by the academic institutions represented by two of the three cochairs of the commission (one of whom must be a representative from a State academic institution with expertise in public health systems and one of whom must be a faculty member from a public health program at a historically Black college or university). As these representatives are appointed by the Governor and not yet known, the ability of a particular institution to absorb any costs associated with staffing the commission cannot be reliably estimated at this time. Further, the bill does not specify that the State academic institutions must be *public* institutions of higher education; accordingly, a private academic institution may be represented on the commission. Thus, higher education expenditures may increase in fiscal 2024 and 2025 for any public institution(s) – whose representative serves as cochair – to provide staff support, particularly given the requirement for workgroups to be established and public meetings to be held around the State. Nevertheless, any public institution(s) represented can likely provide staff support with existing resources.

Additional Information

Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 281 (Senator Lam, *et al.*) - Finance.

Information Source(s): Maryland Association of County Health Officers; University System of Maryland; Morgan State University; Maryland Independent College and University Association; Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - January 25, 2023
rh/jc Third Reader - March 28, 2023
Revised - Amendment(s) - March 28, 2023
Revised - Other - March 28, 2023
Enrolled - April 19, 2023
Revised - Amendment(s) - April 19, 2023

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