

Department of Legislative Services  
Maryland General Assembly  
2024 Session

FISCAL AND POLICY NOTE  
Third Reader - Revised

House Bill 1333

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

Finance

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Public Health - Maryland Commission on Health Equity and Commission on  
Public Health - Revisions

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This bill requires the Maryland Commission on Health Equity (MCHE), using a health equity framework, to develop and monitor a “statewide health equity plan” as required by the Center for Medicare and Medicaid Innovation (CMMI) under any agreement entered into between the State and the Centers for Medicare and Medicaid Services (CMS). MCHE must coordinate with the Maryland Department of Health (MDH) and the Health Services Cost Review Commission (HSCRC) when establishing an advisory committee. The bill repeals the requirement that the Governor designate the MCHE chair; instead, the Secretary of Health and the Executive Director of HSCRC, or their designees, must cochair MCHE. The bill expands the purpose of MCHE and alters its duties and membership. The bill also alters reporting requirements for and extends the termination date of the Commission on Public Health (CPH).

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**Fiscal Summary**

**State Effect:** Any additional workload for MDH and HSCRC, as well as expense reimbursements for new members of MCHE, can be handled with existing budgeted resources. Any impact from extending the termination date of CPH can likely be absorbed within existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** “Statewide health equity plan” means the equity plan required under a cooperative grant funding agreement with CMMI.

### *Alterations to Purpose and Duties of the Maryland Commission on Health Equity*

The purpose of MCHE is expanded to include developing a statewide health equity plan and providing direct advice to the State's independent health regulatory commissions.

The bill reduces the number of factors MCHE is directed to examine to determine their impact on the health of residents of the State. Specifically, the following factors are repealed: inclusion, diversity, and equity in the workplace; barriers to career success and promotion in the workplace; access to transportation and mobility; and social justice.

### *Alterations to Membership of the Maryland Commission on Health Equity*

The bill removes the following members (or their designees) from MCHE: the Secretaries of Agriculture, Commerce, the Environment, General Services, Information Technology, Juvenile Services, Labor, Natural Resources, State Police, Transportation, and Veterans Affairs; and the Commissioner of Correction.

The following members (or their designees) are added to MCHE's membership: the Deputy Secretary of Health Care Financing; the Executive Director of HSCRC; the Executive Director of the Office of Minority Health and Health Disparities; the Executive Director of the Maryland Health Care Commission; the Executive Director of the Maryland Community Health Resources Commission; and at least 14 specified additional members appointed by the Secretary of Health with the advice of HSCRC.

Overall, the total membership of MCHE increases from 26 members to at least 33 members.

### *Commission on Public Health*

The bill requires CPH to submit an *interim* (rather than a final) report of its findings and recommendations by December 1, 2024; a final report must be submitted by October 1, 2025. Accordingly, the termination date of CPH is extended by one year to June 30, 2026.

### **Current Law:**

#### *Maryland Commission on Health Equity*

MCHE was established in 2021 to (1) employ a health equity framework in specified examinations; (2) provide advice to the Secretary of Health and others on issues of racial, ethnic, cultural, or socioeconomic health disparities; (3) facilitate coordination of expertise and experience in developing a comprehensive health equity plan addressing the social

determinants of health; and (4) set goals for health equity and prepare a plan for the State to achieve health equity in alignment with other statewide planning activities.

MCHE is staffed by MDH and comprises one member of the Senate; one member of the House of Delegates; the Secretaries of Aging, Agriculture, Budget and Management, Commerce, Disabilities, the Environment, General Services, Health, Housing and Community Development, Human Services, Information Technology, Juvenile Services, Labor, Natural Resources, Planning, State Police, Transportation, and Veterans Affairs; the Commissioner of Correction; the State Superintendent of Schools; the Maryland Insurance Commissioner; a representative of a local health department; and specified additional representatives from MDH.

The Governor must designate the chair from among the members. A member of MCHE may not receive compensation but is entitled to reimbursement for expenses under the standard State travel regulations.

Among other things, MCHE is responsible for determining the impact of the following factors on the health of Maryland residents: access to safe and affordable housing; educational attainment; opportunities for employment; economic stability; inclusion, diversity, and equity in the workplace; barriers to career success and promotion in the workplace; access to transportation and mobility; social justice; environmental factors; public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison; and food insecurity.

MCHE is also directed to provide direct advice to the Secretary, and indirect advice to MDH's senior administrators and planners through the Secretary, regarding issues of racial, ethnic, cultural, or socioeconomic health disparities.

MCHE must, in coordination with the State-designated health information exchange, establish an advisory committee to make recommendations on data collection, needs, quality, reporting, evaluation, and visualization for the commission to carry out its work.

### *Commission on Public Health*

Chapter 385 of 2023 established CPH to make recommendations to improve the delivery of “foundational public health services” in the State. CPH must assess the foundational public health capabilities of MDH and local health departments. Based on this assessment, CPH must make recommendations for reform in specified areas. CPH submitted an [interim report](#) on its findings and recommendations to the Governor and specified committees of the General Assembly in December 2023; a final report is due by December 1, 2024. CPH terminates June 30, 2025.

**Additional Comments:** CMS released the first of two Notice of Funding Opportunities for the AHEAD Model on November 16, 2023. The AHEAD Model is a new federal option from CMMI that would allow Maryland to continue statewide efforts to improve health care quality and control costs under the Total Cost of Care model. A key component of the AHEAD Model is that participating states must develop a statewide health equity plan. States must set at least one behavioral health-specific equity goal within their plan. The health equity plan must include strategies to increase safety net provider recruitment and use social risk adjustment of provider payments to address the needs of vulnerable populations. The plan should also seek to promote health-related social needs screening among hospitals and primary care providers so that patients can be connected to necessary community resources. Participating hospitals will also need to develop their own health equity plans in alignment with the state’s health equity priorities.

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### **Additional Information**

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

**Designated Cross File:** None.

**Information Source(s):** National Academy for State Health Policy; Department of Commerce; Maryland Department of Agriculture; Maryland Department of the Environment; Department of General Services; Maryland Department of Health; Maryland Department of Labor; Department of Natural Resources; Department of Public Safety and Correctional Services; Department of State Police; Maryland Department of Transportation; Department of Veterans Affairs; Department of Legislative Services

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