

**Department of Legislative Services**  
 Maryland General Assembly  
 2025 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1552 (Delegate Wims)  
 Health and Government Operations

**Maryland Commission for Men's Health - Reestablishment**

This bill reestablishes the Maryland Commission for Men’s Mental Health in the Maryland Department of Health (MDH). The commission must (1) develop strategies and programs; (2) review the health status of men in the State and focus on health outcomes of men for specific diseases; (3) organize community workshops; (4) monitor federal and State policy and legislation; and (5) and make recommendations to further the goals of the commission. A member may not receive compensation but is entitled to reimbursement for expenses. Each unit of State government must fully cooperate with the commission in the performance of its duties. By September 30 of each year, the commission must submit an annual report to the Governor and General Assembly. The Commission may not adopt regulations. **The bill takes effect October 1, 2025, and terminates September 30, 2029.**

**Fiscal Summary**

**State Effect:** To the extent MDH must staff the commission, general fund expenditures increase by \$73,300 in FY 2026. Future years reflect annualization and ongoing expenses. To the extent the commission accepts federal or private funding, federal/special fund revenues increase by an indeterminate amount beginning as early as FY 2026 (not shown).

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	73,300	80,800	84,300	87,900	22,900
Net Effect	(\$73,300)	(\$80,800)	(\$84,300)	(\$87,900)	(\$22,900)

*Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

### Bill Summary:

#### *Commission Membership*

The commission consists of (1) four individuals appointed by the Governor with the advice and consent of the Senate; (2) four individuals appointed by the President of the Senate; and (3) four individuals appointed by the Speaker of the House. Two of the members appointed by the Governor, the President of the Senate, and Speaker must be appointed from among applicants nominated and recommended by organizations in the State whose interests relate to men's health or family involvement. The remaining members must be appointed from applicants who apply on their own behalf.

A member who does not attend at least half of the regularly scheduled meetings during a 12-month period is considered to have resigned from the commission.

Uncodified language requires the Governor, the President of the Senate, and the Speaker to ensure (1) to the extent practicable, geographic diversity among commission membership and (2) that appointments are made without regard to appointees' race, color, disability, gender, religion, age, or national origin.

#### *Duties of the Commission*

The commission must carry out the following duties, and consider population diversity when doing so:

- develop strategies and programs, including community outreach and public-private partnerships, as specified;
- review the health status of men in the State and focus on health outcomes of men for specific diseases, including prostate and testicular cancer, oral cancer, cardiovascular disease, depression, and diabetes;
- organize community workshops to identify issues affecting men's health and family involvement;
- monitor federal and State policy and legislation that may affect areas of men's health and family involvement; and
- recommend assistance, services, and policy changes that will further the commission's goals.

### *Acceptance of Funding*

Subject to approval of the Secretary of Health, the commission may accept (1) federal funds and (2) private gifts and donations from individuals, private organizations, or foundations. The acceptance and use of federal funds may not be considered a commitment of State funds and does not obligate the General Assembly to continue the purpose for which the funds are available.

**Current Law:** Chapter 442 of 2006 established the Commission for Men's Health, which terminated on September 30, 2010. The commission was responsible for:

- developing strategies and programs;
- reviewing the health status of men in Maryland and focusing on health outcomes of men for specific diseases, including prostate and testicular cancer, oral cancer, cardiovascular disease, depression, and diabetes;
- organizing community workshops to identify issues affecting men's health and family involvement;
- monitoring State and federal policy and legislation that may affect the areas of men's health and family involvement; and
- recommending assistance, services, and policy changes to further the commission's goals.

The commission also had to consider population diversity in carrying out the specified duties.

### *Maryland Commission for Women*

There is a Maryland Commission for Women in the Department of Human Services, which works to advance solutions and to expand social, political, and economic opportunities for all women. The commission must:

- stimulate and encourage study and review of the status of women in the State;
- strengthen home life by directing attention to critical problems confronting women as wives, mothers, homemakers, and workers;
- recommend methods of overcoming discrimination against women in public and private employment;
- encourage women to become candidates for public office;
- promote more effective methods for enabling women to develop their skills, continue their education, and to be retrained;

- secure appropriate recognition of women’s accomplishments and contributions to the State;
- work to develop healthy attitudes within the framework of the commission’s responsibilities; and
- inform the Executive and Legislative branches on issues concerning women, including offering testimony on these issues.

The commission may (1) act as a clearinghouse for activities to avoid duplication of effort and (2) make surveys and appoint advisory committees in the fields of education, social services, labor laws and employment policies, law enforcement, health and safety, new and expanded services, legal rights, family relations, human relations, and volunteer services. The commission must submit an annual report to the Governor and General Assembly.

**State Expenditures:** Although the bill does not specify which entity is responsible for staffing the commission, this analysis assumes MDH is required to provide staff. To that extent, MDH advises it would need one full-time and one part-time (50%) health policy analyst to oversee the commission and assist in conducting research, collecting data, drafting the report, and incorporating feedback from commission members.

The Department of Legislative Services advises that the added responsibilities incurred by this legislation are not permanent and, thus, may be performed by one contractual employee. Therefore, MDH general fund expenditures increase by \$73,297 in fiscal 2026, which accounts for the bill’s October 1, 2025 effective date. This estimate reflects the cost of hiring one health policy analyst to staff the commission, collect data, conduct research, and draft the annual report with feedback from commission members. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	1.0
Salary and Fringe Benefits	\$62,128
Operating Expenses	<u>11,169</u>
<b>Total FY 2026 State Expenditures</b>	<b>\$73,297</b>

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses. The contractual position terminates September 30, 2029, concurrent with the termination date of the commission.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

## **Additional Information**

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

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 12, 2025  
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Analysis by: Eliana R. Prober

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510