

**Written Testimony on HB 214  
Establishment of a Commission on Public Health  
Maryland General Assembly  
House Health and Government Operations Committee  
January 25, 2023**

**Jeffrey Levi, PhD  
Professor of Health Policy and Management  
Milken Institute School of Public Health  
George Washington University**

I am pleased to offer this testimony in support of HB 214, which establishes a Commission on Public Health that would focus on improving Maryland’s ability to deliver foundational public health services. I present these comments with a background of over 40 years working in public health as an advocate, a government official, and an academic. In addition to 25 years at the School of Public Health at George Washington University – where much of my work has focused on building a stronger public health system – I also spent 10 years as executive director of Trust for America’s Health, a national advocacy organization that promotes a stronger public health system and assesses the varied capacity of state and local public health agencies to meet the needs of their residents. In addition, I had the privilege of participating in the [Public Health Leadership Forum](#) convened by RESOLVE in 2013 that first defined in detail the foundational public health services (FPHS) model and assessed the cost of assuring these services across the nation.

The concept of foundational public health services – as defined in this legislation – is consistent with a growing consensus among public health professionals and among policy makers across the nation, that these are the building blocks of a strong public health system, one that protects the health of all residents, wherever they may live. Indeed, as many federal, state, and local policy makers assess how the public health system can be modernized or strengthened as we draw lessons from the COVID-19 pandemic, FPHS are the centerpiece for discussion. The following is a quick summary that demonstrates the breadth of consensus regarding foundational public health services and the value of this model for states thinking about how to improve their public health system.

- The Public Health Accreditation Board (PHAB), which is the accrediting body for public health agencies, has integrated FPHS into its recently [updated accreditation standards](#).
- PHAB also runs the Public Health National Center for Innovation (PHNCI), which in 2022 [updated](#) the definitions for foundational public health services, reflecting broad activity across the nation using this model. The major revision involved the addition of equity as a foundational capability.
- [PHNCI documented](#) the broad use of the foundational public health services model in a diverse set of states to drive assessment of public health capacity as well as investment in

improving the state's capacity. These include: Colorado, Indiana, Kansas, Massachusetts, Minnesota, Missouri, Ohio, Oregon, and Washington. In addition, PHCNI is working with 18 states across the nation using this model as a building block for a [21<sup>st</sup> Century Learning Community](#).

- The [Commonwealth Fund Commission on a National Public Health System](#), which was comprised of a distinguished group of public health leaders, recommended using the FPHS model as the basis for a public health system that guaranteed health protection to all Americans, regardless of where they lived.
- The federal government, through the Centers for Disease Control and Prevention, has just released \$3.2 billion in new 5- year [grant funding](#) to support public health workforce and infrastructure – with an emphasis in building the foundational capabilities of health departments across the country, using the FPHS model as a guide. With additional funding in the FY23 Omnibus Appropriation and expected additional resources in FY 24, total funding is expected to approach \$4 billion. Maryland's share of this funding is \$46.9 million. Baltimore City is also receiving \$8.4 million.

It is this last opportunity – the \$46.9 million Maryland has available over the next five years to modernize its public health system – that makes creation of this Commission on Public Health so critical and timely. These federal dollars – and other underlying federal and state resources – really must be invested purposefully to improve the health of all Marylanders by modernizing how public health is conducted in the state. Taking the time to step back and assess current capabilities, documented unmet capacities and need, and then leveraging these new resources in a way that builds toward assuring foundational public health services across the state is the wisest possible stewardship of existing and new funding.

I hope the General Assembly will move expeditiously to pass this important legislation that can frame the future of public health in Maryland for years to come.