



FAVORABLE WITH AMENDMENTS
House Bill 214
Commission on Public Health - Establishment
House Health and Government Operations Committee
Hearing January 26, 2023

I encourage a **Favorable with Amendments** report on HB214 for the following reasons and with amendments.

Maryland's public health system is the foundation not only for emergencies and crises such as COVID-19 and opioid-caused deaths, but also for the everyday work of diabetes and heart disease prevention, environmental health and other issues that affect every Maryland community and resident. The public health system was stressed and stretched to its maximum during the last few years, and it is timely and necessary to consider what worked and what needs attention, support, and investments for the future.

Proposed Amendment #1, Section 13-4801:

Sub-section C Foundational Public Health Services (areas and capabilities) should align with the 10 Essential Public Health Services model (revised 2020). This model identifies both the foundational areas and capabilities for public health. Topics of interest, such as maternal and child health and environmental health, can be listed as priority topics. The model also includes communication, community engagement and partnership, which are also foundational services as well as capabilities. The model is available on the CDC website under "Public Health Professionals Gateway."

Proposed Amendment #2, Section 13-4803:

The Commission's membership should be evenly divided between agency representatives/public health experts (50% of members) and consumer/lay members of the public (50% of members). At least some portion of the consumer/lay seats should be designated for rural residents. The draft legislation proposes a single "consumer health advocate" on an 18-seat Commission, which is inadequate to capture the wide range of lived experiences and perspectives of Maryland's 6 million plus residents. This Commission is supposed to be about updating a structure that protects and promotes the health of the public, and the public must be robustly represented in these discussions.

Sub-section A should add the Maryland Community Health Resources Commission (CHRC) as a member. CHRC funding often supplements public health and community health services and fills gaps in the healthcare safety net. The programs and services it funds are a critical part of the state's public health infrastructure.

In addition, A-6-II should specify that the UMD (College Park) School of Public Health is one of the two state academic institutions. UMD is a land grant campus with a public service mission, and the School of Public Health is the state's only public School of Public Health. The School serves a highly diverse student body and has a unique perspective on the state's public health workforce and needs. Also, the School houses both the Horowitz Center for Health Literacy and the Maryland Center for Health Equity. The Horowitz Center is Maryland's newly designated Consumer Health Information Hub.

Proposed Amendment #3, Section 13-4806:

Sub-section A should amend the date to align with the opening day of the 2024 Legislative session so that legislators have the Commission's draft recommendations as they consider bills and funding requests. Public comment can happen while the Legislature is also considering the recommendations, and the Commission can use all the input to create a final report of its findings and recommendations.

The factors listed in B-I should be expanded to include residents' access to digital public health information and services. Given the state's emerging reliance on telehealth, websites, portals, and social media channels to provide information and services, any review of the state's public health infrastructure must consider both the health departments' and residents' ability to access and use digital public health information and services. For example, registration for the initial round of COVID-19 vaccines required the public to have internet or wifi access and devices to register online. Maryland is investing \$95 million to build out broadband networks and \$4-\$6 million in digital literacy, and these investments must be considered as part of the Commission's assessments.

The named factors should also include residents' access to plain language information and services in their preferred languages. Part of the public health infrastructure is ensuring language access, and the Commission should be able to provide the Legislature an accurate picture of the extent to which residents can find and access information and services in their preferred languages for public health tasks, such as registering for COVID-19 vaccines or signing up for mental health services, maternal health programs or diabetes prevention programs.

A third additional factor that should be named in the list is urban, suburban and rural health factors. Maryland's rural counties have different needs, priorities, and resources to build and sustain public health systems than suburban and urban counties, and the assessment and recommendations should consider and address these differences.

Sub-section B-3-III should specify that workgroups should have a minimum of one-third consumer/lay membership and that the Commission should consult with the leadership of the state's 20 Local Health Improvement Coalitions (LHICs), a Maryland Department

of Health supported network of community coalitions with shared interests in local health issues.

Part C-1 should name the following additional areas for recommendations.

1. Maryland Department of Health Office of Minority Health and Health Disparities. This Office has been tasked with significant responsibilities to address and mitigate health disparities and inequities, such as convening and staffing the Maryland Commission on Health Equity and facilitating health professional training in implicit bias, health literacy and cultural competence. The Office's structure, staffing and resources will be critical to future progress on any of its many mandated responsibilities.
2. Public access to information and services in plain language and their preferred languages and formats. The Commission can coordinate its work with the state's Consumer Health information Hub at the UMD Herschel S. Horowitz Center for Health Literacy and the state's broadband and digital literacy initiatives.
3. Workforce including human resources should also name Public Information Officers as an especially important role for assessment and recommendations

Proposed Amendment #4, Section 13-4807: Amend the law's effective date to July 1, 2023 and final report submission date to June 30, 2024, so that report with its recommendations is available for budget and legislative planning in upcoming cycles.