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FAVORABLE WITH AMENDMENTS
HOUSE BILL 214
Commission on Public Health - Establishment
House Health and Government Operations Committee
26 January 2023

Health and Government Operations Committee Vice Chair, Ariana Kelly, has provided an important service with her introduction of House Bill 214 to establish a Commission on Public Health. This legislation illuminates the scope of our public health system and the need to address its shortcomings. For this reason, I encourage a favorable report on the legislation, but strongly recommend that it be strengthened through an amendment process. The most important reason to do this is to align the proposed Commission with other efforts to improve equitable access to services that ensure the health and well being of all Marylanders. As such it would: (1) build upon currently successful programs; (2) identify new opportunities; and (3) optimize the resources, both human and financial, that undergird our current health care system.

The following recommendations are based upon my two decades serving as a consumer advocate on state and national health policy - first as the founder and president of Consumer Health First[1i] and now in my role as a member of the Policy Committee for the Maryland Commission on Health Equity (MCHE). I would ask the Committee to consider the following, which I believe would strengthen House Bill 214 to better serve Marylanders' interests and needs.

- **Amend the bill's language** for the referenced "foundational" areas [13-408 (C) (1)] to reflect those of the Centers for Disease Control and Prevention (CDC) for "Essential Public Health Services"[ii] which better underscores the importance of equity. They do so by introducing the Essential Public Health Services as the means to "actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression."

- **Address the intersection with the work of the Maryland Commission on Health Equity (MCHE)**. In 2021 the General Assembly wisely passed the Shirley Nathan-Pulliam Health Equity Act. The Commission established under that law was charged with addressing the structural racism that, among other things, "exacerbates health disparities among Black, Hispanic and Native American residents..."[iii] Included in its charge were some of those identified in House Bill 214. Most importantly however, the MCHE \was to "establish a state plan for achieving health equity in alignment with other statewide planning activities in coordination with the state's health and human services, housing, transportation, education, environment, community development and labor systems;..."

One of the most exciting and unusual aspects of the 2021 law was that it recognized the centrality of social disparities in creating inequitable access, treatments and outcomes. To address that, the law takes an all-government approach with representation from every state agency. Maryland is the only state that has executed this approach. Despite the fact that it has gotten off to a slow start, there is every reason to hope that new leadership will ensure that the state does not seize this opportunity to become, once again, a national model.

With that background, it should be evident that there are two approaches to ensure that there is no duplication of effort between the two Commissions that would result in a waste of time and resources, including tax dollars, and with the unfortunate potential for less than optimal outcomes. The first would be to expand the scope of the MCHE to encompass the purpose of the proposed Commission. If that were not deemed appropriate, then amend House Bill 214 [Section 13-4805] to require substantive coordination between the two Commissions.

A few examples may serve to illustrate the need for an amendment. One is the recommendation, contained in the Policy Committee's section of the 2022 MCHE Report,[iv] that there be a standardization of data collection across all departments. Obviously this is critical for the assessment process required of the public health system. Another is the recommendation to institute a Health in All Policies approach that would be instituted through the policy development process.

- **Expand Commission membership** [Section 13-4803] There are two aspects to this issue: **(A)** As written, there is minimal representation of those most directly impacted by the state's public health system. Therefore, it would seem advisable to increase informed consumer representation (Section 13-4803 (6)(X). This should be addressed in two ways: (1) Currently the bill calls for "a state resident with expertise in health equity" [Section 13-4803 (6)(VI). How that is to be defined is not clear. But, in so doing, it may be helpful to ensure that there are three representatives from each of the following - urban, suburban and rural areas and/or different regions of the state. (2) Experience has shown on other similar groups that it is advantageous to have at least two consumer health advocates representing relevant constituencies [Section 13-4803 (6)(X).

  (B) If the legislation is amended to require coordination with the MCHE then consideration should be given to adding the chairs of its Data and Policy Committees and others if additional committees are created.

- **Emphasize effective communications** - this is a public health imperative, which became alarmingly clear as a result of the Covid-19 pandemic and if there is no substantive improvement the long-term ramifications could be devastating. Therefore, it is recommended that Communications be added to the assessments called for in Section 13-

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4806(B) and in the list of recommendations for reform in Section 13-4806(C)(1) In addition, the legislation, should include the requirement to work with the Horowitz Center on Health Literacy at the University of Maryland's School of Public Health.

- **Consider that a recommendation in the MCHE Report** (p.15) - that the Health Equity Framework it was charged with preparing be seen as a living document - be incorporated into House Bill 214. The MCHE recommendation stated that the Framework should "... reflect: (a) ongoing analysis of Maryland's progress on its vision and mission; (b) the most-current and -comprehensive data; (c) analysis of the best practices and models being carried out in Maryland and in other states; and (d) the voice and input of Maryland residents, specifically those impacted by the history of racism and other exclusionary practices that helped to produce the inequities we see today." That directly corresponds with one of the CDC's Essential Public Health Services - "Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement."

I appreciate the opportunity to provide my perspective in favor of the goal of House Bill 214 - Commission on Public Health - Establishment. However, I do so by urging that, if this moves forward, it does so with amendments that strengthen its potential for real and constructive change for all Marylanders.

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[i] The mission for Consumer Health First was to advance equitable, affordable and comprehensive health care for all Marylanders.
[ii] https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
[iii] https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_750_sb0052E.pdf
[iv] https://health.maryland.gov/mche/Documents/MCHE%20Annual%20Report%20-%20Final.pdf