SENATE BILL 716

J1 0lr1463
CF 0lr2350

By: **Senators Augustine, Feldman, Guzzone, Kelley, Lam, Patterson, Peters, and Rosapepe**
Introduced and read first time: February 3, 2020
Assigned to: Finance and Education, Health, and Environmental Affairs

A BILL ENTITLED

AN ACT concerning

Maryland Council on Health in All Policies – Establishment

FOR the purpose of establishing the Maryland Council on Health in All Policies; providing for the purpose, composition, chair, and staffing of the Council; requiring, to the extent practicable, the Council to reflect a certain diversity; providing for the terms of certain members of the Council; prohibiting a member of the Council from receiving certain compensation, but authorizing the reimbursement of certain expenses; specifying the duties of the Council; requiring the Council to study a certain matter and make certain findings and recommendations on or before a certain date; requiring the Council to submit a certain report to the Governor and the General Assembly on or before a certain date each year; defining certain terms; and generally relating to the Maryland Council on Health in All Policies.

BY adding to
Article – Health – General
Section 13–4101 through 13–4106 to be under the new subtitle "Subtitle 41. Maryland Council on Health in All Policies"
Annotated Code of Maryland
(2019 Replacement Volume)

Preamble

WHEREAS, Pursuant to Chapter Law 559 of 2017, the University of Maryland School of Public Health, Center for Health Equity, in consultation with the Department of Health and Mental Hygiene, convened a workgroup to study and make recommendations to units of State and local government on laws and policies to implement and positively impact the health of residents of the State. The Center for Health Equity under direction of Dr. Stephen B. Thomas, provided tremendous administrative support, which resulted in a comprehensive user friendly final report on September 30, 2019; now, therefore,

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 41. MARYLAND COUNCIL ON HEALTH IN ALL POLICIES.

13–4101.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "COUNCIL" MEANS THE MARYLAND COUNCIL ON HEALTH IN ALL POLICIES.

(C) "HEALTH IN ALL POLICIES FRAMEWORK" MEANS A PUBLIC HEALTH FRAMEWORK THROUGH WHICH POLICYMAKERS AND STAKEHOLDERS IN THE PUBLIC AND PRIVATE SECTORS USE A COLLABORATIVE APPROACH TO IMPROVE HEALTH OUTCOMES AND REDUCE HEALTH INEQUITIES IN THE STATE BY INCORPORATING HEALTH CONSIDERATIONS INTO DECISION MAKING ACROSS SECTORS AND POLICY AREAS.

13–4102.

THERE IS A MARYLAND COUNCIL ON HEALTH IN ALL POLICIES.

13–4103.

(A) THE COUNCIL CONSISTS OF THE FOLLOWING MEMBERS:

(1) ONE MEMBER OF THE SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE;

(2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;

(3) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S DESIGNEE;

(4) THE SECRETARY OF TRANSPORTATION, OR THE SECRETARY'S DESIGNEE;

(5) THE SECRETARY OF HOUSING AND COMMUNITY DEVELOPMENT, OR THE SECRETARY'S DESIGNEE;

(6) THE SECRETARY OF THE ENVIRONMENT, OR THE SECRETARY'S DESIGNEE;

(7) THE SECRETARY OF AGRICULTURE, OR THE SECRETARY'S DESIGNEE;

(8) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;

(9) THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE;

(10) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE SUPERINTENDENT'S DESIGNEE;

(11) THE COMMISSIONER OF CORRECTION, OR THE COMMISSIONER'S DESIGNEE;

(12) THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES, OR THE DEPUTY SECRETARY'S DESIGNEE;

(13) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE DEPUTY SECRETARY'S DESIGNEE; AND

(14) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

(I) ONE REPRESENTATIVE OF THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

(II) ONE REPRESENTATIVE OF THE MARYLAND HIGHER EDUCATION COMMISSION;

(III) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;

(IV) ONE INDIVIDUAL WITH EXPERTISE IN ADVOCACY FOR CONSUMERS; AND

(V) A REGISTERED DIETITIAN–NUTRITIONIST.

(B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE COUNCIL SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND GENDER DIVERSITY OF THE STATE.

(C) (1) THE TERM OF AN APPOINTED MEMBER IS 3 YEARS.

(2) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(3) A MEMBER APPOINTED TO FILL A VACANCY IN AN UNEXPIRED TERM SERVES ONLY FOR THE REMAINDER OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE TERMS.

(D) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING SHALL CONSTITUTE A QUORUM.

(E) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE COUNCIL SHALL DETERMINE THE TIMES, PLACES, AND FREQUENCY OF ITS MEETINGS.

(2) THE COUNCIL SHALL MEET AT LEAST FOUR TIMES EACH YEAR.

13–4104.

(A) THE GOVERNOR SHALL DESIGNATE THE CHAIR FROM AMONG THE MEMBERS OF THE COUNCIL.

(B) A MEMBER OF THE COUNCIL:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COUNCIL; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(C) THE DEPARTMENT AND THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, CENTER FOR HEALTH EQUITY SHALL PROVIDE STAFF SUPPORT FOR THE COUNCIL.

13–4105.

(A) THE PURPOSE OF THE COUNCIL IS TO EMPLOY A HEALTH IN ALL POLICIES FRAMEWORK TO EXAMINE:

(1) THE HEALTH OF RESIDENTS OF THE STATE TO THE EXTENT NECESSARY TO CARRY OUT THE REQUIREMENTS OF THIS SECTION;

(2) WAYS FOR UNITS OF STATE AND LOCAL GOVERNMENT TO COLLABORATE TO IMPLEMENT POLICIES THAT WILL POSITIVELY IMPACT THE HEALTH OF RESIDENTS OF THE STATE; AND

(3) THE IMPACT OF THE FOLLOWING FACTORS ON THE HEALTH OF RESIDENTS OF THE STATE:

(I) ACCESS TO SAFE AND AFFORDABLE HOUSING;

(II) EDUCATIONAL ATTAINMENT;

(III) OPPORTUNITIES FOR EMPLOYMENT;

(IV) ECONOMIC STABILITY;

(V) INCLUSION, DIVERSITY, AND EQUITY IN THE WORKPLACE;

(VI) BARRIERS TO CAREER SUCCESS AND PROMOTION IN THE WORKPLACE;

(VII) ACCESS TO TRANSPORTATION AND MOBILITY;

(VIII) SOCIAL JUSTICE;

(IX) ENVIRONMENTAL FACTORS; AND

(X) 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.

(B) THE COUNCIL, USING A HEALTH IN ALL POLICES FRAMEWORK, SHALL:

(1) EXAMINE AND MAKE RECOMMENDATIONS REGARDING HOW HEALTH CONSIDERATIONS MAY BE INCORPORATED INTO THE DECISION–MAKING PROCESSES OF GOVERNMENT AGENCIES AND PRIVATE SECTOR STAKEHOLDERS WHO INTERACT WITH GOVERNMENT AGENCIES;

(2) FOSTER COLLABORATION BETWEEN UNITS OF THE STATE AND LOCAL GOVERNMENT AND DEVELOP POLICIES TO IMPROVE HEALTH AND REDUCE HEALTH INEQUITIES; AND

(3) MAKE RECOMMENDATIONS ON HOW LAWS AND POLICIES TO IMPROVE HEALTH AND REDUCE HEALTH INEQUITIES MAY BE IMPLEMENTED.

13–4106.

ON OR BEFORE DECEMBER 1 EACH YEAR, THE COUNCIL SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES OF THE COUNCIL.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2022, the Council shall study and make findings and recommendations regarding the health effects that are occurring in the State as a result of:

(1) The lack of inclusion, diversity, and equity in the workplace as it relates to promotion, including promotion based on merit and qualification, and barriers to promotion;

(2) Diminished access to affordable housing and poor living conditions in households;

(3) Barriers to quality education, including violence and socioeconomic disparities;

(4) Limited options for transportation;

(5) The existence of medically underserved communities, including individuals and families who are homeless;

(6) Environmental factors, including pollution and exposure to lead paint; and

(7) Socioeconomic conditions, including unemployment and homelessness.

(b) In the report required on or before December 1, 2022, under § 13–4106 of the Health – General Article, as enacted by Section 1 of this Act, the Council shall include its findings and recommendations from the study required under subsection (a) of this section.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020.