SENATE BILL 340

J1 7lr1229

By: **Senators Nathan–Pulliam, Benson, Currie, Feldman, Ferguson, Guzzone, Kelley, Lee, McFadden, Ramirez, Robinson, Rosapepe, Smith, Young, and Zucker**

Introduced and read first time: January 25, 2017
Assigned to: Finance and Education, Health, and Environmental Affairs

A BILL ENTITLED

AN ACT concerning

University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies

FOR the purpose of requiring the University of Maryland School of Public Health, Center for Health Equity, in consultation with the Department of Health and Mental Hygiene, to convene a workgroup to study and make recommendations to units of State and local government on laws and policies to implement that will positively impact the health of residents of the State; requiring the workgroup, using a certain framework, to examine certain matters, make certain recommendations, and foster collaboration among units of State and local government; requiring the workgroup to include certain members; requiring, to the extent practicable, the workgroup to reflect a certain diversity; prohibiting a member of the workgroup from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring a unit of State government to provide information requested by the workgroup in a certain manner; requiring a unit of State government represented on the workgroup to provide certain staff support; requiring, on or before a certain date, the University of Maryland School of Public Health, Center for Health Equity, to report certain findings and recommendations to certain committees of the General Assembly; defining a certain term; providing for the termination of this Act; and generally relating to a workgroup convened by the University of Maryland School of Public Health, Center for Health Equity, to study and make recommendations relating to the health of residents of the State.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

(a) In this section, "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

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

the State by incorporating health considerations into decision making across sectors and policy areas.

(b) The University of Maryland School of Public Health, Center for Health Equity, in consultation with the Department of Health and Mental Hygiene, shall convene a workgroup to study and make recommendations to units of State and local government on laws and policies to implement that will positively impact the health of residents of the State.

(c) The workgroup shall 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.

(d) The workgroup, using a Health in All Policies framework, shall:

(1) examine and make recommendations regarding how health considerations may be incorporated into the decision–making processes of government agencies and private stakeholders who interact with government agencies;

(2) foster collaboration among units of State and local government and develop laws and 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.

(e) The workgroup required under this section shall include:

(1) the Secretary of Human Resources, or the Secretary's designee;

(2) the State Secretary of Transportation, or the Secretary's designee;

(3) the Secretary of Housing and Community Development, or the Secretary's designee;

(4) the Secretary of the Environment, or the Secretary's designee;

(5) the Secretary of Agriculture, or the Secretary's designee;

(6) the Secretary of Labor, Licensing, and Regulation, or the Secretary's designee;

(7) the State Superintendent of Schools, or the State Superintendent's designee;

(8) the Commissioner of Correction, or the Commissioner's designee; and

(9) the following members:

(i) one representative of the Office of Minority Health and Health Disparities;

(ii) one representative of the Maryland Higher Education Commission; and

(iii) one representative of the Maryland Hospital Association.

(f) To the extent practicable, the members of the workgroup shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.

(g) A member of the workgroup:

(1) may not receive compensation as a member of the workgroup; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(h) (1) A unit of State government shall provide information requested by the workgroup in a timely manner.

(2) A unit of State government represented on the workgroup shall provide staff support requested by the workgroup.

(i) On or before December 31, 2017, the University of Maryland School of Public Health, Center for Health Equity, shall report the findings and recommendations of the workgroup, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2017. It shall remain effective for a period of 2 years and 1 month and, at the end of June 30, 2019, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.