$\begin{array}{c} J1 \\ \text{CF SB 340} \end{array}$ 

By: Delegates R. Lewis, Clippinger, Frush, Healey, McCray, and McIntosh

Introduced and read first time: February 10, 2017 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 15, 2017

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1 AN ACT concerning

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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, and draft legislation 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,

24 That:

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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or released from prison.

- In this section, "Health in All Policies framework" means a public health 1 (a) framework through which policymakers and stakeholders in the public and private sectors 2 3 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 4 5 policy areas. 6 The University of Maryland School of Public Health, Center for Health Equity, (b) 7 in consultation with the Department of Health and Mental Hygiene, shall convene a 8 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 9 State. 10 11 (c) The workgroup shall examine: 12 the health of residents of the State to the extent necessary to carry out the requirements of this section: 13 14 ways for units of State and local government to collaborate to (2)implement policies that will positively impact the health of residents of the State; and 15 16 (3)the impact of the following factors on the health of residents of the State: 17 (i) access to safe and affordable housing; 18 19 educational attainment; (ii) 20 (iii) opportunities for employment; 21(iv) economic stability; 22 (v) inclusion, diversity, and equity in the workplace; 23 barriers to career success and promotion in the workplace; (vi) 24access to transportation and mobility; (vii) 25 social justice; (viii) 26 environmental factors; and (ix) 27 public safety, including the impact of crime, citizen unrest, the (x) 28criminal justice system, and governmental policies that affect individuals who are in prison
  - (d) The workgroup, using a Health in All Policies framework, shall:

1 2 3		(1) examine and make recommendations regarding how health ns may be incorporated into the decision—making processes of government d private stakeholders who interact with government agencies;								
4 5	develop law	(2) foster collaboration among units of State and local government and velop laws and policies to improve health and reduce health inequities; and								
6 7	reduce heal	(3) make recommendations on how laws and policies to improve health and educe health inequities may be implemented.								
8	(e)	e) The workgroup required under this section shall include:								
9		(1) the Secretary of Human Resources, or the Secretary's designee;								
10		(2) the State Secretary of Transportation, or the Secretary's designee;								
11 12	Secretary's	(3) the Secretary of Housing and Community Development, or the designee;								
13		(4) the Secretary of the Environment, or the Secretary's designee;								
14		(5) the Secretary of Agriculture, or the Secretary's designee;								
15 16	designee;	(6) the Secretary of Labor, Licensing, and Regulation, or the Secretary's								
17		(7) the Secretary of Disabilities, or the Secretary's designee;								
18 19	Superintend	(7) (8) the State Superintendent of Schools, or the State lent's designee;								
20 21	designee; <del>ar</del>	(8) (9) the Commissioner of Correction, or the Commissioner's								
22 23	Secretary's	(10) the Deputy Secretary for Public Health Services, or the Deputy designee;								
24 25	designee; ar	(11) the Deputy Secretary for Behavioral Health, or the Deputy Secretary's ad								
26		(9) (12) the following members:								
27 28	Disparities;	(i) one representative of the Office of Minority Health and Health								

1 2	Commission; <del>and</del>	(ii)	one	represer	ntative	of	the	Maryland	Higher	Education
3		(iii)	one	representa	ative of	the I	Maryl	and Hospit	al Associa	tion <u>;</u>
$\frac{4}{5}$	advocacy for consu	(iv) mers;		<u>represent</u>	<u>ative w</u>	ho h	as kr	nowledge ab	out and e	expertise in
6		<u>(v)</u>	one i	representa	ative wl	no is	a lice	nsed dietiti	an–nutrit	ionist.
7 8	(f) To the extent practicable, the members of the workgroup shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.									
9	(g) A member of the workgroup:									
10	(1)	may 1	not re	ceive com	pensati	on as	s a me	ember of the	e workgrou	ıp; but
11 12	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.									
13 14	(h) (1) A unit of State government shall provide information requested by the workgroup in a timely manner.									
15 16	(2) staff support reque			_		repre	esente	d on the wo	rkgroup sl	hall provide
17 18 19 20 21 22	School of Public Health, Center for Health Equity, shall report the findings and recommendations of the workgroup and any draft legislation necessary to carry out the recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health									
23 24 25 26	SECTION 2 1, 2017. It shall red 30, 2019, with no abrogated and of n	nain e furth	ffectiv er act	ve for a pe tion requi	riod of 2 ired by	2 yea	rs and	d 1 month a	nd, at the	end of June