

## Chapter 787

**(House Bill 1333)**

AN ACT concerning

**Public Health – Maryland Commission on Health Equity – Membership and Statewide Health Equity Plan and Commission on Public Health – Revisions**

FOR the purpose of requiring the Maryland Commission on Health Equity to develop and monitor a certain statewide health equity plan; requiring the Maryland Commission on Health Equity to coordinate with the Maryland Department of Health and the Health Services Cost Review Commission when establishing a certain advisory committee; altering the reporting requirements for the Commission on Public Health; and generally relating to the Maryland Commission on Health Equity and the Commission on Public Health.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 13–4301 ~~and~~, 13–4303 through 13–4306, and 13–5107

Annotated Code of Maryland

(2023 Replacement Volume)

BY repealing and reenacting, without amendments,

Article – Health – General

Section 13–4302

Annotated Code of Maryland

(2023 Replacement Volume)

BY repealing and reenacting, with amendments,Chapter 385 of the Acts of the General Assembly of 2023Section 2

## Preamble

WHEREAS, The next phase of Maryland’s unique Total Cost of Care Model will require the State to designate a governance structure to develop and implement a statewide health equity plan; and

WHEREAS, The governance structure must be designated and begin its work on the development of the statewide health equity plan before the 2025 legislative session; and

WHEREAS, The governance structure must meet specific federal requirements regarding membership and duties; and

WHEREAS, The Maryland Commission on Health Equity is positioned to serve as the governance structure for the statewide health equity plan required under the next phase of the Total Cost of Care Model; now, therefore,

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

**Article – Health – General**

13–4301.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Commission” means the Maryland Commission on Health Equity.

(c) “Health equity 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.

**(D) “STATEWIDE HEALTH EQUITY PLAN” MEANS THE EQUITY PLAN REQUIRED UNDER A COOPERATIVE GRANT FUNDING AGREEMENT WITH THE CENTER FOR MEDICARE AND MEDICAID INNOVATION.**

13–4302.

There is a Maryland Commission on Health Equity.

13–4303.

- (a) The Commission 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, OR THE SECRETARY’S DESIGNEE;**

**[(3)] (4) The Secretary of Aging, or the Secretary’s designee;**

**[(4) The Secretary of Agriculture, or the Secretary’s designee;]**

- (5) The Secretary of Budget and Management, or the Secretary’s designee;

- [(6) The Secretary of Commerce, or the Secretary's designee;
- (7) The Commissioner of Correction, or the Commissioner's designee;]
- [(8) (6) The Secretary of Disabilities, or the Secretary's designee;
- [(9) (7) The State Superintendent of Schools, or the State Superintendent's designee;
- [(10) The Secretary of the Environment, or the Secretary's designee;
- (11) The Secretary of General Services, or the Secretary's designee;
- (12) The Secretary, or the Secretary's designee;]
- [(13) (8) The Secretary of Housing and Community Development, or the Secretary's designee;
- [(14) (9) The Secretary of Human Services, or the Secretary's designee;
- [(15) The Secretary of Information Technology, or the Secretary's designee;
- (16) The Secretary of Juvenile Services, or the Secretary's designee;
- (17) The Secretary of Labor, or the Secretary's designee;
- (18) The Secretary of Natural Resources, or the Secretary's designee;]
- [(19) (10) The Secretary of Planning, or the Secretary's designee;
- [(20) The Secretary of State Police, or the Secretary's designee;
- (21) The Secretary of Transportation, or the Secretary's designee;
- (22) The Secretary of Veterans Affairs, or the Secretary's designee;]
- [(23) (11) The Deputy Secretary for Behavioral Health, or the Deputy Secretary's designee;
- [(24) (12) The Deputy Secretary for Public Health Services, or the Deputy Secretary's designee;
- (13) THE DEPUTY SECRETARY FOR HEALTH CARE FINANCING, OR THE DEPUTY SECRETARY'S DESIGNEE;**

[(25)] (14) The Maryland Insurance Commissioner, or the Insurance Commissioner's designee; [and]

(15) THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(16) THE EXECUTIVE DIRECTOR OF THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(17) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH CARE COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(18) THE EXECUTIVE DIRECTOR OF THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

[(26)] ~~(18)~~ (19) One representative of a local health department, designated by the Maryland Association of County Health Officers; AND

~~(19)~~ (20) THE FOLLOWING MEMBERS, APPOINTED BY THE SECRETARY WITH THE ADVICE OF THE HEALTH SERVICES COST REVIEW COMMISSION:

(I) AT LEAST ONE REPRESENTATIVE OF HOSPITALS IN THE STATE;

(II) AT LEAST TWO INDIVIDUALS WITH EXPERIENCE IN HOSPITAL-BASED POPULATION HEALTH;

(III) AT LEAST ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH CENTER IN THE STATE;

(IV) AT LEAST TWO REPRESENTATIVES OF COMMUNITY-BASED ORGANIZATIONS;

(V) AT LEAST TWO PATIENTS FROM UNDERSERVED COMMUNITIES;

(VI) AT LEAST ONE REPRESENTATIVE OF A MANAGED CARE ORGANIZATION;

(VII) AT LEAST ONE REPRESENTATIVE OF A COMMERCIAL HEALTH INSURER;

**(VIII) AT LEAST TWO REPRESENTATIVES OF CLINICIANS AND PROVIDERS WHO ARE NOT AFFILIATED WITH A HOSPITAL OR A FEDERALLY QUALIFIED HEALTH CENTER;**

**(IX) AT LEAST ONE REPRESENTATIVE FROM THE STATE RURAL HEALTH OFFICE; AND**

**(X) AT LEAST ONE REPRESENTATIVE OF A TRIBAL COMMUNITY IN THE STATE.**

(b) To the extent practicable, the members appointed to the Commission shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.

(c) A majority of the members present at a meeting shall constitute a quorum.

(d) (1) Subject to paragraph (2) of this subsection, the Commission shall determine the times, places, and frequency of its meetings.

(2) The Commission shall meet at least four times each year.

13-4304.

[(a) The Governor shall designate the chair of the Commission from among the members of the Commission.]

**(A) THE SECRETARY, OR THE SECRETARY'S DESIGNEE, AND THE EXECUTIVE DIRECTOR OF THE HEALTH SERVICES COST REVIEW COMMISSION, OR THE EXECUTIVE DIRECTOR'S DESIGNEE, SHALL COCHAIR THE COMMISSION.**

(b) A member of the Commission:

(1) May not receive compensation as a member of the Commission; but

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

(c) The Department shall provide staff support for the Commission.

13-4305.

(a) The purpose of the Commission is to:

(1) Employ a health equity framework to [examine]:

**(I) DEVELOP A STATEWIDE HEALTH EQUITY PLAN; AND**

**(II) EXAMINE:**

**[(i)] 1.** The health of residents of the State to the extent necessary to carry out the requirements of this section;

**[(ii)] 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

**[(iii)] 3.** The impact of the following factors on the health of residents of the State:

**[1.] A.** Access to safe and affordable housing;

**[2.] B.** Educational attainment;

**[3.] C.** Opportunities for employment;

**[4.] D.** Economic stability;

**[5.]** Inclusion, diversity, and equity in the workplace;

**6.** Barriers to career success and promotion in the workplace;

**7.** Access to transportation and mobility;

**8.** Social justice;]

**[9.] E.** Environmental factors;

**[10.] F.** 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; and

**[11.] G.** Food insecurity;

**(2)** Provide direct advice to the Secretary **AND THE STATE'S INDEPENDENT HEALTH REGULATORY COMMISSIONS**, and indirect advice to the Department's senior administrators and planners through the Secretary, regarding issues of racial, ethnic, cultural, or socioeconomic health disparities;

**(3)** Facilitate coordination of the expertise and experience of the State's health and human services, housing, transportation, education, environment, community

development, and labor systems in developing a comprehensive health equity plan addressing the social determinants of health; and

(4) Set goals for health equity and prepare a plan for the State to achieve health equity in alignment with any other statewide planning activities.

(b) The Commission, using a health equity framework, shall:

(1) Examine and make recommendations regarding:

(i) Health considerations that may be incorporated into the decision-making processes of government agencies and private sector stakeholders who interact with government agencies;

(ii) Requirements for implicit bias training for clinicians engaged in patient care and whether the State should provide the training;

(iii) Training for health care providers on consistent and proper collection of patient self-identified race, ethnicity, and language data to identify disparities accurately; and

(iv) Requirements to comply with, and for enforcement of, National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards);

(2) Foster collaboration between units of the State and local government and develop policies to improve health and reduce health inequities;

(3) Identify measures for monitoring and advancing health equity in the State;

(4) 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; [and]

(5) Make recommendations and provide advice, including direct advice to the Secretary, on implementing laws and policies to improve health and reduce health inequities; AND

**(6) DEVELOP AND MONITOR A STATEWIDE HEALTH EQUITY PLAN AS REQUIRED BY THE CENTER FOR MEDICARE AND MEDICAID INNOVATION UNDER ANY AGREEMENT ENTERED INTO BETWEEN THE STATE AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.**

(c) (1) The Commission may establish advisory committees to assist the Commission in the performance of its duties under this section.

(2) An advisory committee established under this subsection may include individuals who are not members of the Commission.

13-4306.

(a) (1) The Commission shall, in coordination with **THE DEPARTMENT, THE HEALTH SERVICES COST REVIEW COMMISSION, AND** the State designated health information exchange, establish an advisory committee to make recommendations on data collection, needs, quality, reporting, evaluation, and visualization for the Commission to carry out the purposes of this subtitle.

(2) The advisory committee shall include representatives from the State designated health information exchange.

(3) The advisory committee shall define the parameters of a health equity data set to be maintained by the State designated health information exchange, including indicators for:

(i) Social and economic conditions;

(ii) Environmental conditions;

(iii) Health status;

(iv) Behaviors;

(v) Health care; and

(vi) Priority health outcomes for monitoring health equity for racial and ethnic minority populations in the State.

(4) The data set for which parameters are defined under paragraph (3) of this subsection shall include data from:

(i) Health care facilities that report to the Health Services Cost Review Commission;

(ii) Health care payers that report to the Maryland Health Care Commission; and

(iii) Any other data source the advisory committee determines necessary.



(5) Data shall be reported in the aggregate if it is reported:

(i) To the public; or

(ii) From the State designated health information exchange to the Commission.

(6) If the advisory committee makes a recommendation that data be made available to the public, the recommendation shall comply with applicable federal and State privacy law.

(b) (1) The Commission may request data consistent with the recommendations of the advisory committee.

(2) Data requested by the Commission under paragraph (1) of this subsection shall be provided, to the extent authorized by federal and State privacy law, to:

(i) The Commission; or

(ii) The State designated exchange.

(c) The Commission may publish or provide to the public any data collected under this section consistent with the recommendations of the advisory committee established under subsection (a) of this section.

13-5107.

(a) On or before December 1, 2023, the Commission shall submit an interim report to the Governor and, in accordance with § 2-1257 of the State Government Article, the Senate Budget and Taxation Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee.

(b) On or before December 1, 2024, the Commission shall submit [a final] AN INTERIM report of its findings and recommendations to the Governor and, in accordance with § 2-1257 of the State Government Article, the Senate Budget and Taxation Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee.

**(c) ON OR BEFORE OCTOBER 1, 2025, THE COMMISSION SHALL SUBMIT A FINAL REPORT OF ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE, THE SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS COMMITTEE, AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.**

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2023. It shall remain effective for a period of [2] 3 years and 1 month and, at the end of June 30, [2025] 2026, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.

**Approved by the Governor, May 16, 2024.**