

**Department of Legislative Services**  
 Maryland General Assembly  
 2020 Session

**FISCAL AND POLICY NOTE**  
**First Reader - Revised**

Senate Bill 716 (Senator Augustine, *et al.*)

Finance and Education, Health, and  
 Environmental Affairs

**Maryland Council on Health in All Policies - Establishment**

This bill establishes the Maryland Council on Health in All Policies. The council must employ a “Health in All Policies framework” to (1) examine and make recommendations regarding how health considerations may be incorporated into decision making; (2) foster collaboration between units of 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. The council must submit a specified report by December 1, 2022, as well as an annual report. The Maryland Department of Health (MDH) and the University of Maryland School of Public Health, Maryland Center for Health Equity (M-CHE) must staff the council. Members may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations, as provided in the State budget.

**Fiscal Summary**

**State Effect:** Higher education expenditures increase by *at least* \$198,100 beginning in FY 2021 to staff the council and produce the required reports. Future year expenditures reflect annualization and ongoing costs. Revenues are not affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
Higher Ed Exp.	198,100	237,400	243,500	252,300	261,400
Net Effect	(\$198,100)	(\$237,400)	(\$243,500)	(\$252,300)	(\$261,400)

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** “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 Maryland by incorporating health considerations into decision making across sectors and policy areas.

The council comprises one member of the Senate; one member of the House of Delegates; the Secretaries of Human Services, Transportation, Housing and Community Development, the Environment, Agriculture, Labor, and Disabilities; the State Superintendent of Schools; the Commissioner of Correction; specified members of MDH; and several additional members appointed by the Governor. To the extent practicable, council members must reflect the geographic, racial, ethnic, cultural, and gender diversity of the State. Members serve three-year terms and may not serve more than two consecutive terms. The Governor must designate the council chair from among the members. The council must meet at least four times annually.

Uncodified language requires the council, by December 1, 2022, to 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; (2) diminished access to affordable housing and poor living conditions in households; (3) barriers to quality education; (4) limited options for transportation; (5) the existence of medically underserved communities; (6) environmental factors; and (7) socioeconomic conditions.

**Current Law:** Chapters 558 and 559 of 2017 established the Workgroup on Health in All Policies to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents in the State. The workgroup, staffed by M-CHE and MDH, was required to submit a report on its findings and recommendations, as well as draft legislation necessary to carry out the recommendations, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee; the [report](#) was completed on September 30, 2019. Among other recommendations, the workgroup suggested that a Health in All Policies Council be established to develop a Health in All Policies framework in the State.

**Background:** According to the American Public Health Association, “Health in All Policies” (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas. The goal of HiAP is to ensure that all decision makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A HiAP approach identifies the ways in which decisions in multiple sectors affect

health and how better health can support the achievement of goals from multiple sectors. HiAP is intended to engage diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.

HiAP was first cited in a 1978 World Health Organization declaration and has since been recognized and incorporated into public health strategies by other entities across the world and throughout the United States.

**State Expenditures:** Higher education expenditures increase by *at least* \$198,071 in fiscal 2021, which accounts for the bill’s October 1, 2020 effective date. This estimate assumes costs are fully borne by M-CHE rather than MDH and that higher education expenditures fully fund the council; it does not account for any potential general funding to support some or all of those costs. Specifically, the estimate reflects the costs associated with one new part-time (50%) program coordinator as well as use of one graduate assistant and one professor (at 25% of the professor’s time) to provide staff support to the council, conduct research, and prepare the council’s required reports. It includes their salaries, fringe benefits, one-time start-up costs, a tuition stipend for the graduate student, and ongoing operating expenses. Also, this estimate does not include potential expense reimbursement for the 18 council members. Any additional costs for representatives of State agencies to participate as members of the council can be handled within existing budgeted resources.

New Position	0.5
Salaries and Fringe Benefits	\$168,982
One-time Start-up Expenses	14,670
Graduate Assistant Stipend	13,824
Ongoing Operating Expenses	<u>595</u>
<b>Total FY 2021 Higher Education Expenditures</b>	<b>\$198,071</b>

Future year expenditures reflect full salaries with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Full-time graduate assistant positions require a graduate student to work half-time, while still enrolled full-time in graduate school. Graduate assistants receive a tuition stipend; this estimate accounts for tuition costs of \$13,824 in fiscal 2021 and \$19,344 in 2022. Future years reflect anticipated tuition increases.

## **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** HB 1528 (Delegate R. Lewis) - Health and Government Operations.

**Information Source(s):** American Public Health Association; Maryland State Department of Education; University System of Maryland; Maryland Department of Agriculture; Maryland Department of Disabilities; Maryland Department of the Environment; Maryland Department of Health; Department of Housing and Community Development; Department of Human Services; Maryland Department of Labor; Department of Public Safety and Correctional Services; Maryland Department of Transportation; Department of Legislative Services

**Fiscal Note History:** First Reader - February 16, 2020  
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