

HOUSE BILL 78

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(PRE-FILED)

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CF SB 52

By: **Delegates Pena–Melnyk, R. Lewis, Crutchfield, Wilkins, and Williams**

Requested: August 3, 2020

Introduced and read first time: January 13, 2021

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Maryland Commission on Health Equity**
3 **(The Shirley Nathan–Pulliam Health Equity Act of 2021)**

4 FOR the purpose of requiring the State designated exchange to participate in a certain
5 advisory committee, maintain a certain data set, and provide certain data under
6 certain circumstances; authorizing the State designated health exchange to use
7 certain data for a certain purpose under certain circumstances; establishing the
8 Maryland Commission on Health Equity; providing for the purpose, composition,
9 chair, and staffing of the Commission; requiring, to the extent practicable, the
10 Commission to reflect a certain diversity; providing that a majority of the members
11 present at a meeting constitutes a quorum; prohibiting a member of the Commission
12 from receiving certain compensation, but authorizing the reimbursement of certain
13 expenses; specifying the duties of the Commission; authorizing the Commission to
14 establish certain advisory committees for a certain purpose; providing that a certain
15 advisory committee may include individuals who are not members of the
16 Commission; requiring the Commission to, in coordination with the State designated
17 exchange, establish a certain advisory committee including certain representatives;
18 requiring a certain advisory committee to define the parameters of a certain data
19 set; requiring the data set to include data from certain sources; requiring that certain
20 data be reported in a certain manner; requiring that a certain recommendation
21 comply with certain laws; authorizing the Commission to request certain data;
22 requiring that certain data be provided to the Commission or the State designated
23 exchange under certain circumstances; authorizing the Commission to publish or
24 provide to the public certain data under certain circumstances; requiring the
25 Commission to submit a certain report to the Governor and the General Assembly
26 on or before a certain date each year; defining certain terms; requiring the
27 Commission to conduct a certain study and make certain findings and
28 recommendations on or before a certain date and to include the findings and
29 recommendations in a certain annual report; and generally relating to the Maryland
30 Commission on Health Equity.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Health – General
3 Section 4–302.3
4 Annotated Code of Maryland
5 (2019 Replacement Volume and 2020 Supplement)

6 BY adding to
7 Article – Health – General
8 Section 13–4201 through 13–4207 to be under the new subtitle “Subtitle 42.
9 Maryland Commission on Health Equity”
10 Annotated Code of Maryland
11 (2019 Replacement Volume and 2020 Supplement)

12 Preamble

13 WHEREAS, Race is a social construct with no biological basis that artificially divides
14 people into distinct groups based on characteristics such as physical appearance, ancestral
15 heritage, cultural affiliation, and the social, economic, and political needs of a society at a
16 given period; and

17 WHEREAS, Racism is a social system with multiple dimensions that include
18 individual racism that is internalized or interpersonal, systemic racism that is institutional
19 or structural, and a system of structuring opportunity and assigning value based on the
20 social interpretation of how one looks; and

21 WHEREAS, Racism unfairly disadvantages specific individuals and communities
22 while unfairly giving advantages to other individuals and communities and undermines
23 society as a whole through the waste of human resources necessary to promote prosperity
24 and development in Maryland and elsewhere; and

25 WHEREAS, Racism is rooted in the foundation of America, from the time chattel
26 slavery began in the 1600s, to the Jim Crow era, to the declaration of the war on drugs that
27 eventually led to the mass incarceration of Black people, and it has remained a presence in
28 American society while subjecting Black, Indigenous, and People of Color to hardships and
29 disadvantages in every aspect of life; and

30 WHEREAS, The American Public Health Association, National Association of
31 County and City Health Officials, and the American Academy of Pediatrics have declared
32 racism as a public health crisis; and

33 WHEREAS, Communities of color, working class residents, and individuals with
34 disabilities are more likely to experience poor health outcomes as a consequence of their
35 social determinants of health; and

36 WHEREAS, Racism causes persistent discrimination and disparate outcomes in
37 many areas of life, including housing, education, employment, criminal justice and

1 incarceration, family stability, economic opportunity, access to health care, public safety,
2 environmental safety, inadequate nutrition, voters' rights, and under-resourced
3 recreational and health care facilities; and

4 WHEREAS, More than 100 studies have linked racism to worse health outcomes;
5 and

6 WHEREAS, Racism exacerbates health disparities among Black, Hispanic, and
7 Native American residents, including a greater risk of heart disease, stroke, infant
8 mortality, maternal mortality, lower birth weight, obesity, hypertension, type 2 diabetes,
9 cancers, respiratory diseases, and autoimmune diseases; and

10 WHEREAS, Specific physical and behavioral health conditions stemming from
11 racism include depression, anxiety, anger, fear, trauma, terror, and long-term physical and
12 mental health impairments; and

13 WHEREAS, The COVID-19 crisis and ongoing protests against police brutality have
14 helped to highlight now, more than ever, that racism, not race, causes disparities for black
15 and brown Americans; now, therefore,

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

18 **Article – Health – General**

19 4-302.3.

20 (a) (1) In this section the following words have the meanings indicated.

21 (2) “Standard request” means a request for clinical information from a
22 health information exchange that conforms to the major standards version specified by the
23 Office of the National Coordinator for Health Information Technology.

24 (3) “State designated exchange” means the health information exchange
25 designated by the Maryland Health Care Commission and the Health Services Cost Review
26 Commission under § 19-143 of this article.

27 (b) This section applies to:

28 (1) Except for the State designated exchange, a health information
29 exchange operating in the State; and

30 (2) A payor that:

31 (i) Holds a valid certificate of authority issued by the Maryland
32 Insurance Commissioner; and

1 (ii) Acts as, operates, or owns a health information exchange.

2 (c) An entity to which this section applies shall connect to the State designated
3 exchange in a manner consistent with applicable federal and State privacy laws.

4 (d) When a standard request for clinical information is received through the State
5 designated exchange, an entity to which this section applies shall respond to the request to
6 the extent authorized under federal and State privacy laws.

7 (e) A consent from a patient to release clinical information to a provider obtained
8 by an entity to which this section applies shall apply to information transmitted through
9 the State designated exchange or by other means.

10 (f) The Maryland Health Care Commission:

11 (1) May adopt regulations for implementing the connectivity to the State
12 designated exchange required under this section; and

13 (2) Shall seek, through any regulations adopted under item (1) of this
14 subsection, to promote technology standards and formats that conform to those specified by
15 the Office of the National Coordinator for Health Information Technology.

16 **(G) (1) THE STATE DESIGNATED EXCHANGE SHALL:**

17 **(I) PARTICIPATE IN THE ADVISORY COMMITTEE ESTABLISHED**
18 **UNDER § 13-4206(A)(1) OF THIS ARTICLE; AND**

19 **(II) MAINTAIN A DATA SET FOR THE MARYLAND COMMISSION**
20 **ON HEALTH EQUITY AND PROVIDE DATA FROM THE DATA SET CONSISTENT WITH**
21 **THE PARAMETERS DEFINED BY THE ADVISORY COMMITTEE.**

22 **(2) IF APPROVED BY THE MARYLAND COMMISSION ON HEALTH**
23 **EQUITY, THE STATE DESIGNATED EXCHANGE MAY USE THE DATA SET MAINTAINED**
24 **UNDER PARAGRAPH (1) OF THIS SUBSECTION TO IMPROVE HEALTH OUTCOMES FOR**
25 **PATIENTS.**

26 **[(g)] (H) (1)** The Maryland Health Care Commission may adopt regulations
27 specifying the scope of clinical information to be exchanged under this section.

28 (2) Any regulations adopted under paragraph (1) of this subsection shall
29 limit the scope of the clinical information to purposes that promote:

30 (i) Improved access to clinical records by treating clinicians; or

31 (ii) Uses of the State designated exchange important to public health
32 agencies.

1 **[(h)] (I)** This section does not:

2 (1) Require an entity to which this section applies to collect clinical
3 information or obtain any authorizations, not otherwise required by federal or State law,
4 relating to information to be sent or received through the State designated exchange;

5 (2) Prohibit an entity to which this section applies from directly receiving
6 or sending information to providers or subscribers outside of the State designated
7 exchange; or

8 (3) Prohibit an entity to which this section applies from connecting and
9 interoperating with the State designated exchange in a manner and scope beyond that
10 required under this section.

11 **SUBTITLE 42. MARYLAND COMMISSION ON HEALTH EQUITY.**

12 **13-4201.**

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

15 **(B) “COMMISSION” MEANS THE MARYLAND COMMISSION ON HEALTH**
16 **EQUITY.**

17 **(C) “HEALTH EQUITY FRAMEWORK” MEANS A PUBLIC HEALTH FRAMEWORK**
18 **THROUGH WHICH POLICYMAKERS AND STAKEHOLDERS IN THE PUBLIC AND**
19 **PRIVATE SECTORS USE A COLLABORATIVE APPROACH TO IMPROVE HEALTH**
20 **OUTCOMES AND REDUCE HEALTH INEQUITIES IN THE STATE BY INCORPORATING**
21 **HEALTH CONSIDERATIONS INTO DECISION MAKING ACROSS SECTORS AND POLICY**
22 **AREAS.**

23 **13-4202.**

24 **THERE IS A MARYLAND COMMISSION ON HEALTH EQUITY.**

25 **13-4203.**

26 **(A) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:**

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

29 (2) **ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE**

1 **SPEAKER OF THE HOUSE;**

2 **(3) THE SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE;**

3 **(4) THE SECRETARY OF AGRICULTURE, OR THE SECRETARY'S**
4 **DESIGNEE;**

5 **(5) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE**
6 **SECRETARY'S DESIGNEE;**

7 **(6) THE SECRETARY OF COMMERCE, OR THE SECRETARY'S**
8 **DESIGNEE;**

9 **(7) THE COMMISSIONER OF CORRECTION, OR THE COMMISSIONER'S**
10 **DESIGNEE;**

11 **(8) THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S**
12 **DESIGNEE;**

13 **(9) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE STATE**
14 **SUPERINTENDENT'S DESIGNEE;**

15 **(10) THE SECRETARY OF THE ENVIRONMENT, OR THE SECRETARY'S**
16 **DESIGNEE;**

17 **(11) THE SECRETARY OF GENERAL SERVICES, OR THE SECRETARY'S**
18 **DESIGNEE;**

19 **(12) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;**

20 **(13) THE SECRETARY OF HOUSING AND COMMUNITY DEVELOPMENT,**
21 **OR THE SECRETARY'S DESIGNEE;**

22 **(14) THE SECRETARY OF HUMAN SERVICES, OR THE SECRETARY'S**
23 **DESIGNEE;**

24 **(15) THE SECRETARY OF INFORMATION TECHNOLOGY, OR THE**
25 **SECRETARY'S DESIGNEE;**

26 **(16) THE SECRETARY OF JUVENILE SERVICES, OR THE SECRETARY'S**
27 **DESIGNEE;**

28 **(17) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**

1 **(18) THE SECRETARY OF NATURAL RESOURCES, OR THE**
2 **SECRETARY'S DESIGNEE;**

3 **(19) THE SECRETARY OF PLANNING, OR THE SECRETARY'S DESIGNEE;**

4 **(20) THE SECRETARY OF STATE POLICE, OR THE SECRETARY'S**
5 **DESIGNEE;**

6 **(21) THE SECRETARY OF TRANSPORTATION, OR THE SECRETARY'S**
7 **DESIGNEE;**

8 **(22) THE SECRETARY OF VETERANS AFFAIRS, OR THE SECRETARY'S**
9 **DESIGNEE;**

10 **(23) THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE**
11 **DEPUTY SECRETARY'S DESIGNEE; AND**

12 **(24) THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES, OR**
13 **THE DEPUTY SECRETARY'S DESIGNEE.**

14 **(B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE**
15 **COMMISSION SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND**
16 **GENDER DIVERSITY OF THE STATE.**

17 **(C) A MAJORITY OF THE MEMBERS PRESENT AT A MEETING SHALL**
18 **CONSTITUTE A QUORUM.**

19 **(D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE**
20 **COMMISSION SHALL DETERMINE THE TIMES, PLACES, AND FREQUENCY OF ITS**
21 **MEETINGS.**

22 **(2) THE COMMISSION SHALL MEET AT LEAST FOUR TIMES EACH**
23 **YEAR.**

24 **13-4204.**

25 **(A) THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE COMMISSION**
26 **FROM AMONG THE MEMBERS OF THE COMMISSION.**

27 **(B) A MEMBER OF THE COMMISSION:**

28 **(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE**

1 COMMISSION; BUT

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

4 (C) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE
5 COMMISSION.

6 13-4205.

7 (A) THE PURPOSE OF THE COMMISSION IS TO:

8 (1) EMPLOY A HEALTH EQUITY FRAMEWORK TO EXAMINE:

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

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

14 (III) THE IMPACT OF THE FOLLOWING FACTORS ON THE HEALTH
15 OF RESIDENTS OF THE STATE:

16 1. ACCESS TO SAFE AND AFFORDABLE HOUSING;

17 2. EDUCATIONAL ATTAINMENT;

18 3. OPPORTUNITIES FOR EMPLOYMENT;

19 4. ECONOMIC STABILITY;

20 5. INCLUSION, DIVERSITY, AND EQUITY IN THE
21 WORKPLACE;

22 6. BARRIERS TO CAREER SUCCESS AND PROMOTION IN
23 THE WORKPLACE;

24 7. ACCESS TO TRANSPORTATION AND MOBILITY;

25 8. SOCIAL JUSTICE;

26 9. ENVIRONMENTAL FACTORS; AND

1 **10. PUBLIC SAFETY, INCLUDING THE IMPACT OF CRIME,**
2 **CITIZEN UNREST, THE CRIMINAL JUSTICE SYSTEM, AND GOVERNMENTAL POLICIES**
3 **THAT AFFECT INDIVIDUALS WHO ARE IN PRISON OR RELEASED FROM PRISON;**

4 **(2) PROVIDE DIRECT ADVICE TO THE SECRETARY, AND INDIRECT**
5 **ADVICE TO THE DEPARTMENT’S SENIOR ADMINISTRATORS AND PLANNERS**
6 **THROUGH THE SECRETARY, REGARDING ISSUES OF RACIAL, ETHNIC, CULTURAL, OR**
7 **SOCIOECONOMIC HEALTH DISPARITIES;**

8 **(3) FACILITATE COORDINATION OF THE EXPERTISE AND**
9 **EXPERIENCE OF THE STATE’S HEALTH AND HUMAN SERVICES, HOUSING,**
10 **TRANSPORTATION, EDUCATION, ENVIRONMENT, COMMUNITY DEVELOPMENT, AND**
11 **LABOR SYSTEMS IN DEVELOPING A COMPREHENSIVE HEALTH EQUITY PLAN**
12 **ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH; AND**

13 **(4) SET GOALS FOR HEALTH EQUITY AND PREPARE A PLAN FOR THE**
14 **STATE TO ACHIEVE HEALTH EQUITY IN ALIGNMENT WITH ANY OTHER STATEWIDE**
15 **PLANNING ACTIVITIES.**

16 **(B) THE COMMISSION, USING A HEALTH EQUITY FRAMEWORK, SHALL:**

17 **(1) EXAMINE AND MAKE RECOMMENDATIONS REGARDING:**

18 **(I) HEALTH CONSIDERATIONS THAT MAY BE INCORPORATED**
19 **INTO THE DECISION-MAKING PROCESSES OF GOVERNMENT AGENCIES AND PRIVATE**
20 **SECTOR STAKEHOLDERS WHO INTERACT WITH GOVERNMENT AGENCIES;**

21 **(II) REQUIREMENTS FOR IMPLICIT BIAS TRAINING FOR**
22 **CLINICIANS ENGAGED IN PATIENT CARE AND WHETHER THE STATE SHOULD**
23 **PROVIDE THE TRAINING;**

24 **(III) TRAINING FOR HEALTH CARE PROVIDERS ON CONSISTENT**
25 **AND PROPER COLLECTION OF PATIENT SELF-IDENTIFIED RACE, ETHNICITY, AND**
26 **LANGUAGE DATA TO IDENTIFY DISPARITIES ACCURATELY; AND**

27 **(IV) REQUIREMENTS TO COMPLY WITH, AND FOR**
28 **ENFORCEMENT OF, NATIONAL STANDARDS FOR CULTURALLY AND**
29 **LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE (CLAS**
30 **STANDARDS);**

31 **(2) FOSTER COLLABORATION BETWEEN UNITS OF THE STATE AND**
32 **LOCAL GOVERNMENT AND DEVELOP POLICIES TO IMPROVE HEALTH AND REDUCE**

1 HEALTH INEQUITIES;

2 (3) IDENTIFY MEASURES FOR MONITORING AND ADVANCING HEALTH
3 EQUITY IN THE STATE;

4 (4) ESTABLISH A STATE PLAN FOR ACHIEVING HEALTH EQUITY IN
5 ALIGNMENT WITH OTHER STATEWIDE PLANNING ACTIVITIES IN COORDINATION
6 WITH THE STATE'S HEALTH AND HUMAN SERVICES, HOUSING, TRANSPORTATION,
7 EDUCATION, ENVIRONMENT, COMMUNITY DEVELOPMENT, AND LABOR SYSTEMS;
8 AND

9 (5) MAKE RECOMMENDATIONS AND PROVIDE ADVICE, INCLUDING
10 DIRECT ADVICE TO THE SECRETARY, ON IMPLEMENTING LAWS AND POLICIES TO
11 IMPROVE HEALTH AND REDUCE HEALTH INEQUITIES.

12 (C) (1) THE COMMISSION MAY ESTABLISH ADVISORY COMMITTEES TO
13 ASSIST THE COMMISSION IN THE PERFORMANCE OF ITS DUTIES UNDER THIS
14 SECTION.

15 (2) AN ADVISORY COMMITTEE ESTABLISHED UNDER THIS
16 SUBSECTION MAY INCLUDE INDIVIDUALS WHO ARE NOT MEMBERS OF THE
17 COMMISSION.

18 13-4206.

19 (A) (1) THE COMMISSION SHALL, IN COORDINATION WITH THE STATE
20 DESIGNATED HEALTH INFORMATION EXCHANGE, ESTABLISH AN ADVISORY
21 COMMITTEE TO MAKE RECOMMENDATIONS ON DATA COLLECTION, NEEDS, QUALITY,
22 REPORTING, EVALUATION, AND VISUALIZATION FOR THE COMMISSION TO CARRY
23 OUT THE PURPOSES OF THIS SUBTITLE.

24 (2) THE ADVISORY COMMITTEE SHALL INCLUDE REPRESENTATIVES
25 FROM THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE.

26 (3) THE ADVISORY COMMITTEE SHALL DEFINE THE PARAMETERS OF
27 A HEALTH EQUITY DATA SET TO BE MAINTAINED BY THE STATE DESIGNATED
28 HEALTH INFORMATION EXCHANGE, INCLUDING INDICATORS FOR:

29 (I) SOCIAL AND ECONOMIC CONDITIONS;

30 (II) ENVIRONMENTAL CONDITIONS;

31 (III) HEALTH STATUS;

1 (IV) BEHAVIORS;

2 (V) HEALTH CARE; AND

3 (VI) PRIORITY HEALTH OUTCOMES FOR MONITORING HEALTH
4 EQUITY FOR RACIAL AND ETHNIC MINORITY POPULATIONS IN THE STATE.

5 (4) THE DATA SET FOR WHICH PARAMETERS ARE DEFINED UNDER
6 PARAGRAPH (3) OF THIS SUBSECTION SHALL INCLUDE DATA FROM:

7 (I) HEALTH CARE FACILITIES THAT REPORT TO THE HEALTH
8 SERVICES COST REVIEW COMMISSION;

9 (II) HEALTH CARE PAYERS THAT REPORT TO THE MARYLAND
10 HEALTH CARE COMMISSION; AND

11 (III) ANY OTHER DATA SOURCE THE ADVISORY COMMITTEE
12 DETERMINES NECESSARY.

13 (5) DATA SHALL BE REPORTED IN THE AGGREGATE IF IT IS
14 REPORTED:

15 (I) TO THE PUBLIC; OR

16 (II) FROM THE STATE DESIGNATED HEALTH INFORMATION
17 EXCHANGE TO THE COMMISSION.

18 (6) IF THE ADVISORY COMMITTEE MAKES A RECOMMENDATION THAT
19 DATA BE MADE AVAILABLE TO THE PUBLIC, THE RECOMMENDATION SHALL COMPLY
20 WITH APPLICABLE FEDERAL AND STATE PRIVACY LAW.

21 (B) (1) THE COMMISSION MAY REQUEST DATA CONSISTENT WITH THE
22 RECOMMENDATIONS OF THE ADVISORY COMMITTEE.

23 (2) DATA REQUESTED BY THE COMMISSION UNDER PARAGRAPH (1)
24 OF THIS SUBSECTION SHALL BE PROVIDED, TO THE EXTENT AUTHORIZED BY
25 FEDERAL AND STATE PRIVACY LAW, TO:

26 (I) THE COMMISSION; OR

27 (II) THE STATE DESIGNATED EXCHANGE.

1 **(C) THE COMMISSION MAY PUBLISH OR PROVIDE TO THE PUBLIC ANY DATA**
2 **COLLECTED UNDER THIS SECTION CONSISTENT WITH THE RECOMMENDATIONS OF**
3 **THE ADVISORY COMMITTEE ESTABLISHED UNDER SUBSECTION (A) OF THIS**
4 **SECTION.**

5 **13-4207.**

6 **ON OR BEFORE DECEMBER 1 EACH YEAR, THE COMMISSION SHALL SUBMIT A**
7 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE**
8 **GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES OF THE**
9 **COMMISSION.**

10 SECTION 2. AND BE IT FURTHER ENACTED, That:

11 (a) On or before December 1, 2023, the Maryland Commission on Health Equity
12 established under § 13-4202 of the Health – General Article, as enacted under Section 1 of
13 this Act, shall study and make findings and recommendations regarding the health effects
14 that are occurring in the State as a result of:

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

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

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

22 (4) Limited options for transportation;

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

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

27 (7) Socioeconomic conditions, including unemployment and homelessness.

28 (b) The Commission shall include its findings and recommendations from the
29 study required under subsection (a) of this section in the annual report required on or before
30 December 1, 2023, under § 13-4207 of the Health – General Article, as enacted by Section
31 1 of this Act.

32 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
33 October 1, 2021.

