

SENATE BILL 129

J1, J3

5lr1473

(PRE-FILED)

By: **Senator Ellis**

Requested: October 29, 2024

Introduced and read first time: January 8, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Maryland Commission on Health Equity – Advisory Committee**
3 **and Hospital Reporting**

4 FOR the purpose of requiring the Maryland Commission on Health Equity, in coordination
5 with the Maryland Department of Health, to establish a health equity measures
6 advisory committee; requiring licensed hospitals in the State to submit a health
7 equity report annually to the Department and the health equity advisory committee;
8 and generally relating to the health equity and hospital reporting.

9 BY repealing and reenacting, with amendments,
10 Article – Health – General
11 Section 13–4301
12 Annotated Code of Maryland
13 (2023 Replacement Volume and 2024 Supplement)

14 BY repealing and reenacting, without amendments,
15 Article – Health – General
16 Section 13–4302
17 Annotated Code of Maryland
18 (2023 Replacement Volume and 2024 Supplement)

19 BY adding to
20 Article – Health – General
21 Section 13–4308
22 Annotated Code of Maryland
23 (2023 Replacement Volume and 2024 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **Article – Health – General**

2 13–4301.

3 (a) In this subtitle the following words have the meanings indicated.

4 (b) “Commission” means the Maryland Commission on Health Equity.

5 (c) **“COMMITTEE” MEANS THE HEALTH EQUITY MEASURES ADVISORY**
6 **COMMITTEE ESTABLISHED UNDER § 13–4308(A) OF THIS SUBTITLE.**7 (d) **“GEOGRAPHIC LOCATION” MEANS AN URBAN, SUBURBAN, OR RURAL**
8 **AREA OF THE STATE.**9 (e) **“HEALTH DISPARITY” MEANS A DIFFERENCE IN A PARTICULAR TYPE OF**
10 **HEALTH OUTCOME OR OPPORTUNITY, SUCH AS A DIFFERENCE IN RATES OF**
11 **HYPERTENSION, HEART DISEASE, ASTHMA, DIABETES, SUBSTANCE ABUSE, MENTAL**
12 **HEALTH DISORDERS, AND MATERNAL AND INFANT MORTALITY, THAT:**13 (1) **IS CLOSELY LINKED WITH SOCIAL, ECONOMIC, OR**
14 **ENVIRONMENTAL DISADVANTAGE; AND**15 (2) **ADVERSELY AFFECTS GROUPS OF INDIVIDUALS WHO HAVE**
16 **SYSTEMATICALLY EXPERIENCED GREATER OBSTACLES TO HEALTH CARE BASED ON:**17 (i) **RACE OR ETHNICITY;**18 (ii) **RELIGION;**19 (iii) **SOCIOECONOMIC STATUS;**20 (iv) **GENDER, GENDER IDENTITY, OR SEXUAL ORIENTATION;**21 (v) **AGE;**22 (vi) **MENTAL HEALTH STATUS;**23 (vii) **COGNITIVE, SENSORY, OR PHYSICAL DISABILITY;**24 (viii) **GEOGRAPHIC LOCATION; OR**25 (ix) **ANOTHER CHARACTERISTIC HISTORICALLY LINKED TO**
26 **DISCRIMINATION OR EXCLUSION.**

1 **[(c)] (F)** “Health equity framework” means a public health framework through
2 which policymakers and stakeholders in the public and private sectors use a collaborative
3 approach to improve health outcomes and reduce health inequities in the State by
4 incorporating health considerations into decision making across sectors and policy areas.

5 **(G) “HEALTH EQUITY REPORT” MEANS A COMPREHENSIVE REPORT**
6 **ANALYZING HEALTH STATUS AND ACCESS TO CARE DISPARITIES IN A PATIENT**
7 **POPULATION, INFORMED BY NATIONAL, STATE, LOCAL, AND INTERNAL DATA AND**
8 **ANY OTHER RELEVANT SOURCE.**

9 **(H) “HEALTH EQUITY STRATEGY” MEANS AN EQUITY STRATEGY CREATED**
10 **TO REDUCE HEALTH DISPARITIES, PARTICULARLY IN AREAS IDENTIFIED AS HIGH**
11 **PRIORITIES BY NATIONAL, STATE, LOCAL, AND INTERNAL DATA AND ANY OTHER**
12 **RELEVANT SOURCE.**

13 **[(d)] (I)** “Statewide health equity plan” means the equity plan required under a
14 cooperative grant funding agreement with the Center for Medicare and Medicaid
15 Innovation.

16 **(J) “VULNERABLE POPULATIONS” INCLUDE:**

17 **(1) RACIAL OR ETHNIC MINORITIES;**

18 **(2) THE UNHOUSED;**

19 **(3) INDIVIDUALS WITH DISABILITIES; AND**

20 **(4) INDIVIDUALS THAT IDENTIFY AS LESBIAN, GAY, BISEXUAL,**
21 **TRANSGENDER, OR QUEER.**

22 13-4302.

23 There is a Maryland Commission on Health Equity.

24 13-4308.

25 **(A) (1) THE COMMISSION SHALL, IN COORDINATION WITH THE**
26 **DEPARTMENT, ESTABLISH A HEALTH EQUITY MEASURES ADVISORY COMMITTEE TO:**

27 **(i) DETERMINE THE 10 WIDEST DISPARITIES IN HEALTH CARE**
28 **QUALITY, ACCESS, OR OUTCOMES FOR VULNERABLE POPULATIONS;**

29 **(ii) REVIEW EACH HEALTH EQUITY REPORT SUBMITTED BY A**
30 **LICENSED HOSPITAL IN THE STATE; AND**

1 (III) MAKE RECOMMENDATIONS TO THE SECRETARY
2 REGARDING THE HEALTH EQUITY REPORTS.

3 (2) THE COMMITTEE SHALL INCLUDE:

4 (I) A REPRESENTATIVE OF THE DEPARTMENT; AND

5 (II) THE FOLLOWING MEMBERS, APPOINTED BY THE
6 SECRETARY WITH THE ADVICE OF THE COMMISSION:

7 1. ONE ACADEMIC HEALTH CARE QUALITY AND
8 MEASUREMENT EXPERT;

9 2. ONE INDIVIDUAL FROM AN ASSOCIATION
10 REPRESENTING PUBLIC HOSPITALS OR HEALTH SYSTEMS;

11 3. ONE INDIVIDUAL FROM AN ASSOCIATION
12 REPRESENTING PRIVATE HOSPITALS OR HEALTH SYSTEMS;

13 4. ONE INDIVIDUAL FROM AN ORGANIZATION
14 REPRESENTING ORGANIZED LABOR;

15 5. ONE INDIVIDUAL FROM AN ORGANIZATION
16 REPRESENTING CONSUMERS OF HEALTH CARE SERVICES IN THE STATE; AND

17 6. ONE INDIVIDUAL FROM AN ORGANIZATION
18 REPRESENTING VULNERABLE POPULATIONS.

19 (B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, ON OR
20 BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2025, EACH LICENSED HOSPITAL IN
21 THE STATE SHALL SUBMIT A HEALTH EQUITY REPORT TO THE DEPARTMENT AND
22 THE COMMITTEE.

23 (2) EACH HOSPITAL SYSTEM WITH MORE THAN ONE LICENSED
24 HOSPITAL IN THE STATE SHALL SUBMIT A HEALTH EQUITY REPORT THAT IS:

25 (I) DISAGGREGATED AT THE LEVEL OF EACH INDIVIDUALLY
26 LICENSED HOSPITAL IN THE STATE THAT IS PART OF THE HOSPITAL SYSTEM; AND

27 (II) AGGREGATED ACROSS ALL LICENSED HOSPITALS IN THE
28 HOSPITAL SYSTEM.

1 **(3) EACH LICENSED HOSPITAL SHALL PUBLISH ITS HEALTH EQUITY**
2 **REPORT ON THE HOSPITAL'S WEBSITE.**

3 **(4) THE DEPARTMENT SHALL PUBLISH EACH HOSPITAL'S HEALTH**
4 **EQUITY REPORT ON THE DEPARTMENT'S WEBSITE.**

5 **(C) THE HEALTH EQUITY REPORT REQUIRED UNDER SUBSECTION (B) OF**
6 **THIS SECTION SHALL INCLUDE:**

7 **(1) AN ANALYSIS OF THE DISPARITIES IN HEALTH STATUS AND**
8 **ACCESS TO CARE AT THE HOSPITAL IN THE IMMEDIATELY PRECEDING FISCAL YEAR**
9 **DISAGGREGATED BY:**

10 **(I) AGE;**

11 **(II) SEX;**

12 **(III) RACE;**

13 **(IV) ETHNICITY;**

14 **(V) SOCIOECONOMIC STATUS; AND**

15 **(VI) GEOGRAPHIC LOCATION; AND**

16 **(2) A HEALTH EQUITY STRATEGY TO ACHIEVE DISPARITY REDUCTION**
17 **THAT:**

18 **(I) INCLUDES MEASURABLE OBJECTIVES WITH SPECIFIC**
19 **TIMELINES FOR IMPLEMENTATION;**

20 **(II) ADDRESSES THE 10 WIDEST DISPARITIES IN HEALTH CARE**
21 **QUALITY, ACCESS, OR OUTCOMES FOR VULNERABLE POPULATIONS AS DETERMINED**
22 **BY THE COMMITTEE UNDER SUBSECTION (A)(1)(I) OF THIS SECTION; AND**

23 **(III) ADDRESSES HOSPITAL PERFORMANCE ACROSS THE**
24 **FOLLOWING PRIORITY AREAS:**

25 **1. PERSON-CENTERED CARE;**

26 **2. PATIENT SAFETY;**

27 **3. SOCIAL DETERMINATES OF HEALTH FOR PATIENTS;**

- 1 **4. EFFECTIVE TREATMENT;**
- 2 **5. CARE COORDINATION; AND**
- 3 **6. ACCESS TO CARE.**

4 **(D) THE DEPARTMENT MAY ADOPT REGULATIONS TO CARRY OUT THIS**
5 **SECTION.**

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
7 1, 2025.