HOUSE BILL 1034

By: Delegates Oaks, Glenn, and Rosenberg
Introduced and read first time: February 9, 2007
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Maryland Healthy Places Act

FOR the purpose of requiring the Secretary of Health and Mental Hygiene to establish an Interagency Working Group to discuss certain environmental health concerns; providing for the membership, appointments, and duties of the group; requiring the group to meet a certain number of times each year; requiring the Secretary to sponsor an annual conference on environmental health and health disparities; requiring the Secretary to establish a certain pilot program; requiring that a certain pilot program be funded through a certain appropriation; requiring the Secretary in coordination with the group to develop guidance and adopt regulations for certain health impact assessments; requiring that a certain pilot program provide certain funding and technical assistance to certain eligible entities to prepare certain health impact assessments; establishing that applications for certain grants include certain information; providing for the purpose and content of certain health impact assessments; requiring certain eligible entities to follow certain guidelines and establish a certain balance while preparing certain health impact assessments; requiring certain eligible entities to take into consideration certain comments and include certain responses in certain health impact assessments; requiring the Secretary to establish and maintain a certain database; requiring a certain pilot program to award certain levels of grants to certain eligible entities to conduct environmental health improvement activities; requiring certain eligible entities to submit a certain application for a certain grant; establishing that certain grants may be used for certain purposes; requiring that certain funds be used to establish certain planning and prioritizing councils; requiring that certain councils perform certain acts to assist the environmental health...
assessment process and environmental health promotion activities of certain
eligible entities; providing for the membership of certain councils; requiring that
certain grants be awarded to certain eligible entities that have already
established certain broad–based collaborative partnerships and completed
certain environmental assessments; requiring that the Secretary submit a
certain report on or before a certain date each year; requiring the Governor to
include a certain appropriation in a certain budget; providing that a certain
subtitle may be cited by a certain name; defining certain terms; and generally
relating to the Maryland Healthy Places Act.

BY adding to

Article – Health – General

Section 13–2501 through 13–2508 to be under the new subtitle “Subtitle 25.
Maryland Healthy Places Act”

Annotated Code of Maryland
(2005 Replacement Volume and 2006 Supplement)

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

Article – Health – General

SUBTITLE 25. MARYLAND HEALTHY PLACES ACT.

13–2501.

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

(B) “BUILT ENVIRONMENT” MEANS AN ENVIRONMENT CONSISTING OF
BUILDINGS, SPACES, AND PRODUCTS THAT ARE CREATED OR MODIFIED BY
INDIVIDUALS AND ENTITIES, INCLUDING:

(1) HOMES, SCHOOLS, WORKPLACES, GREENWAYS, BUSINESS
AREAS, TRANSPORTATION SYSTEMS, AND PARKS AND RECREATION AREAS;

(2) ELECTRIC TRANSMISSION LINES;

(3) WASTE DISPOSAL SITES; AND
(4) LAND–USE PLANNING AND POLICIES THAT IMPACT URBAN, RURAL, AND SUBURBAN COMMUNITIES.

(C) “ENVIRONMENTAL HEALTH” MEANS THE HEALTH AND WELL–BEING OF A POPULATION AS AFFECTED BY:

(1) The direct pathological effects of chemicals, radiation, and biological agents; and

(2) The effects, including the indirect effects, of the broad physical, psychological, social, and aesthetic environment.

(D) “HEALTH IMPACT ASSESSMENT” MEANS ANY COMBINATION OF PROCEDURES, METHODS, TOOLS, AND MEANS USED TO ANALYZE THE ACTUAL OR POTENTIAL EFFECTS OF A POLICY, PROGRAM, OR PROJECT ON THE HEALTH OF A POPULATION, INCLUDING THE DISTRIBUTION OF THOSE EFFECTS WITHIN THE POPULATION.

(E) “INTERAGENCY WORKING GROUP” MEANS THE INTERAGENCY WORKING GROUP ON ENVIRONMENTAL HEALTH.

13–2502.

(A) The Secretary shall establish an Interagency Working Group to discuss environmental health concerns, including concerns that disproportionately affect disadvantaged populations.

(B) (1) The Interagency Working Group shall consist of a representative from:

(I) THE DEPARTMENT OF BUDGET AND MANAGEMENT;

(II) THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT;

(III) THE DEPARTMENT OF THE ENVIRONMENT;

(IV) THE DEPARTMENT OF GENERAL SERVICES;
(V) The Department of Health and Mental Hygiene;

(vi) The Department of Planning;

(vii) The Department of Transportation; and

(viii) any other agency that the Secretary determines to be appropriate.

(2) Each representative shall be appointed by the head of the respective agency.

(C) The Interagency Working Group shall:

1. Facilitate communication and partnership on environmental, health–related projects and policies:
   
   (I) To generate a better understanding of the interactions between policy areas; and

   (II) To raise awareness of the relevance of health across policy areas to ensure that the potential positive and negative health consequences of decisions are not overlooked;

2. Serve as a centralized mechanism to coordinate a state effort:

   (I) To discuss and evaluate evidence and knowledge on the relationship between the general environment and the health of the population of the state;

   (II) To determine the range of effective, feasible, and comprehensive actions to improve environmental health; and

   (III) To examine and better address the influence of social and environmental determinants of health;
(3) Survey state agencies to determine which policies are effective in encouraging efforts relating to environmental health promotion and how best to facilitate outreach without duplicating those efforts;

(4) Establish specific goals within and across state agencies for environmental health promotion, including determinations of accountability for reaching those goals;

(5) Develop a strategy for allocating responsibilities and ensuring participation in environmental health promotions, particularly in the case of competing agency priorities;

(6) Coordinate plans to communicate about environmental health to enable reporting and outreach activities to produce more useful and timely information;

(7) Initiate environmental health impact demonstration projects to develop integrated place-based models for addressing community quality-of-life issues;

(8) Provide a description of evidence-based best practices, model programs, effective guidelines, and other strategies for promoting environmental health;

(9) Make recommendations to improve state efforts relating to environmental health promotion and to ensure state efforts are consistent with available standards and evidence and other programs in existence on or before October 1, 2007;

(10) Monitor state progress in meeting specific environmental health promotion goals;

(11) Assist in ensuring, to the maximum extent practicable, integration of the impact of environmental policies, programs, and activities on the areas under state jurisdiction;

(12) Collaborate with national and state initiatives to learn from natural experiments such as observations from changes
IN THE BUILT ENVIRONMENT AND THE CONSEQUENT EFFECTS ON HEALTH BY ASSISTING IN THE IMPLEMENTATION OF THE RECOMMENDATIONS FROM THE REPORTS OF THE INSTITUTE OF MEDICINE ENTITLED:

(I) "DOES THE BUILT ENVIRONMENT INFLUENCE PHYSICAL ACTIVITY? EXAMINING THE EVIDENCE", DATED JANUARY 11, 2005; AND


(13) ASSIST THE SECRETARY WITH THE DEVELOPMENT OF GUIDANCE FOR THE ASSESSMENT OF THE POTENTIAL HEALTH EFFECTS OF LAND USE, HOUSING, AND TRANSPORTATION POLICY AND PLANS; AND

(14) COORDINATE WITH OTHER STATE SMART GROWTH EFFORTS.

(E) (1) THE INTERAGENCY WORKING GROUP SHALL MEET AT LEAST 3 TIMES EACH YEAR.

(2) THE SECRETARY SHALL SPONSOR AN ANNUAL CONFERENCE ON ENVIRONMENTAL HEALTH AND HEALTH DISPARITIES TO ENHANCE COORDINATION, BUILD PARTNERSHIPS, AND SHARE BEST PRACTICES IN ENVIRONMENTAL HEALTH DATA COLLECTION, ANALYSIS, AND REPORTING.

13–2503.

(A) THE SECRETARY SHALL ESTABLISH A PILOT PROGRAM IN ACCORDANCE WITH §§ 13–2504 AND 13–2505 OF THIS SUBTITLE.

(B) THE PILOT PROGRAM SHALL BE FUNDED THROUGH THE APPROPRIATION UNDER § 13–2507 OF THIS SUBTITLE.

13–2504.

(A) IN THIS SECTION, "ELIGIBLE ENTITY" MEANS A UNIT OF STATE OR LOCAL GOVERNMENT WITH JURISDICTION OF INDIVIDUALS OR POPULATIONS WHOSE HEALTH WILL BE AFFECTED BY AN ACTIVITY OR A PROPOSED ACTIVITY.
(B) The Secretary shall:

(1) Establish a pilot program advancing the field of health impact assessment, including:

   (i) Collecting and disseminating best practices;

   (ii) Administering capacity building grants, in accordance with subsection (d) of this section;

   (iii) Providing technical assistance;

   (iv) Providing training; and

   (v) Conducting evaluations;

(2) In accordance with subsection (f) of this section, develop guidance to conduct health impact assessments; and

(3) Establish a grant program to allow eligible entities to conduct health impact assessments.

(C) The Secretary, in collaboration with the Interagency Working Group, shall:

(1) Develop guidance for the assessment of the potential health effects of land use, housing, and transportation policy and plans, including:

   (i) Background on national efforts to bridge urban planning and public health institutions and disciplines, including a review of health impact assessment best practices nationally;

   (ii) Evidence-based causal pathways that link urban planning, transportation, and housing policy and objectives to human health objectives;
Data resources and quantitative and qualitative forecasting methods to evaluate both the status of health determinants and health effects; and

Best practices for inclusive public involvement in planning decision making;

On or before September 30, 2008, adopt regulations to carry out this section; and

Present the guidance to the public at the annual conference described in § 13–2502(E)(2) of this subtitle.

The pilot program established under this subtitle shall provide funding and technical assistance to eligible entities to prepare health impact assessments:

To ensure that appropriate health factors are taken into consideration as early as practicable during any planning, review, or decision-making process; and

To evaluate the effect on the health of individuals and populations, and on social and economic development, of decisions made outside of the health sector that result in modifications of a physical or social environment.

To receive a grant under this section, an eligible entity shall submit to the Secretary an application in accordance with this subsection.

An application under this subsection shall include an assessment by the eligible entity of the probability that an applicable activity or proposed activity will have at least one significant, adverse health effect on an individual or population in the jurisdiction of the eligible entity, based on:

A substantial adverse effect on:
1. Existing air quality, ground or surface water quality or quantity, or traffic or noise levels;

2. A significant habitat area;

3. Physical activity;

4. Injury;

5. Mental health;

6. Social capital;

7. Accessibility;

8. The character or quality of an important historical, archeological, architectural, or aesthetic resource of the community of the eligible entity, including neighborhood character; or

9. A natural resource;

   (II) An increase in:

   1. Solid waste production; or

   2. Problems relating to erosion, flooding, leaching, or drainage;

   (III) A requirement that a large quantity of vegetation or fauna be removed or destroyed;

   (IV) A conflict with the plans or goals of the community of the eligible entity;

   (V) A major change in the quantity or type of energy used by the community of the eligible entity;

   (VI) A hazard presented to human health;
(VII) A substantial change in the use, or intensity of use, of land in the jurisdiction of the eligible entity, including agricultural, open space, and recreational uses;

(VIII) A probability that the activity or proposed activity will result in an increase in tourism in the jurisdiction of the eligible entity; or

(IX) A substantial, adverse aggregate impact on environmental health resulting from:

1. Changes caused by the activity or proposed activity to two or more elements of the environment; or

2. Two or more related actions carried out under the activity or proposed activity; and

3. A significant change of concern, as determined by the eligible entity.

(3) In making an assessment under paragraph (2) of this subsection, an eligible entity may take into consideration a reasonable, direct, indirect, or cumulative effect relating to the applicable activity or proposed activity, including the effect of an action that is:

(I) Included in the long-range plan relating to the activity or proposed activity;

(II) Likely to be carried out in coordination with the activity or proposed activity;

(III) Dependent on the occurrence of the activity or proposed activity; or

(IV) Likely to have a disproportionate impact on disadvantaged populations.
(F) (1) An eligible entity shall use assistance received under this section to prepare and submit to the Secretary a health impact assessment in accordance with this subsection.

(2) The purpose of a health impact assessment is:

   (i) To facilitate the involvement of State and local health officials in community planning and land use decisions to identify any potential health concern relating to an activity or proposed activity;

   (ii) To provide for an investigation of any health-related issue addressed in an environmental impact statement or policy appraisal relating to an activity or a proposed activity;

   (iii) To describe and compare alternatives to an activity or a proposed activity to provide clarification with respect to the costs and benefits of the activity or proposed activity, including no-action alternatives; and

   (iv) To contribute to the findings of an environmental impact statement with respect to the terms and conditions of implementing an activity or a proposed activity, as necessary.

(3) A health impact assessment prepared under this section shall:

   (i) Describe the relevance of the applicable activity or proposed activity with respect to health issues, including the policy of the activity;

   (ii) Assess each health impact of the applicable activity or proposed activity;

   (iii) Provide recommendations of the eligible entity with respect to:
1. **The Mitigation of Any Adverse Impact on the Health of the Applicable Activity or Proposed Activity; or**

2. **The Encouragement of Any Positive Impact of the Applicable Activity or Proposed Activity;**

   (IV) **Provide for Monitoring of the Impacts on the Health of the Applicable Activity or Proposed Activity, as the Eligible Entity Determines to Be Appropriate; and**

   (V) **Include a List of Each Agency’s and Organization’s Comments Received With Respect to the Health Impact Assessment Under Subsection (G) of This Section.**

(4) **In Preparing a Health Impact Assessment Under This Section, an Eligible Entity:**

   (I) **Shall Follow Guidelines Developed by the Secretary, in Collaboration with the Interagency Working Group, That:**

   1. **Are Consistent with Subsection (C) of This Section;**

   2. **Will Be Established on or Before September 30, 2008; and**

   3. **Shall Be Made Publicly Available at the Annual Conference Described in § 13–2502(e)(2) of This Subtitle; and**

   (II) **May Establish a Balance, as the Eligible Entity Determines to Be Appropriate, Between the Use Of:**

   1. **Rigorous Methods Requiring Special Skills or Increased Use of Resources; and**

   2. **Expeditious, Cost–Effective Measures.**
(G) (1) Before preparing and submitting to the Secretary a final health impact assessment, an eligible entity shall request and take into consideration public and agency comments, in accordance with this subsection.

(2) Not later than 30 days after the date that a draft health impact assessment is completed, an eligible entity shall submit the draft health impact assessment to each federal, state, and local agency or organization that:

(I) Has jurisdiction with respect to the activity or proposed activity to which the health impact assessment applies;

(II) Has special knowledge with respect to an environmental or health impact of the activity or proposed activity; or

(III) Is authorized to develop or enforce an environmental standard relating to the activity or proposed activity.

(3) (I) An eligible entity may request comments with respect to a health impact assessment from:

1. Any federal, state, or local agency, as the eligible entity determines to be appropriate; and

2. Any interested or affected individuals or organizations; and

(II) Any federal, state, or local agency or any interested or affected individual or organization may:

1. Request an opportunity to comment on a health impact assessment; and

2. Submit to the appropriate eligible entity comments with respect to the health impact assessment by not later than:
A. For a federal, state, or local government agency or organization, the date that a final health impact assessment is prepared; and

B. For an interested or affected individual or organization, the date that a final health impact assessment is prepared or another date determined by the eligible entity.

(4) A final health impact assessment shall describe the response of the eligible entity to comments received within a 90-day period from the date the assessment was submitted under paragraph (2) of this subsection, including:

   (I) A description of any change the eligible entity made to the draft assessment, in response to a comment, that:

    1. Modified a recommendation with respect to the applicable activity or proposed activity;

    2. Developed and evaluated an alternative recommendation not previously considered by the eligible entity;

    3. Supplemented, improved, or modified an analysis of the eligible entity; or

    4. Made any factual correction to the health impact assessment; and

   (II) For any comment regarding the inaction of the eligible entity, an explanation of the reasons why no action was taken and, if appropriate, a description of the circumstances under which the eligible entity would take such an action.

(H) The Secretary shall establish and maintain a health impact assessment database, including:

   (1) A catalog of health impact assessments received under this section;
(2) An inventory of tools used by eligible entities to prepare draft and final health impact assessments; and

(3) Guidance for eligible entities with respect to the selection of appropriate tools described in paragraph (2) of this subsection.

13–2505.

(A) In this section, “eligible entity” means a state or local community that:

(1) Bears a disproportionate burden of exposure to environmental health hazards;

(2) Has established a coalition:

   (i) With at least one community–based organization; and

   (ii) With at least one:

      1. Public health entity;

      2. Health care provider organization; or

      3. Academic institution;

(3) Ensures planned activities and funding streams are coordinated to improve community health; and

(4) Submits an application in accordance with subsection (c) of this section.

(B) The pilot program established under this subtitle shall award grants to eligible entities to conduct environmental health improvement activities.
(C) To receive a grant under this section, an eligible entity shall submit an application according to the requirements established by the Secretary, including:

   (1) The manner and form;
   (2) The deadlines; and
   (3) The necessary information.

(D) An eligible entity may use a grant under this section:

   (1) To promote environmental health; and
   (2) To address environmental health disparities.

(E) (1) The Secretary shall award grants to eligible entities at the two different funding levels described in this subsection.

   (2) (I) The Secretary may award a Level 1 Cooperative Agreement.

   (II) An eligible entity awarded a grant under this paragraph shall use the funds to identify environmental health problems and solutions by:

   1. Establishing a planning and prioritizing council in accordance with subparagraph (III) of this paragraph; and
   2. Conducting an environmental health assessment in accordance with subparagraph (IV) of this paragraph.

   (III) 1. A planning and prioritizing council shall assist the environmental health assessment process and environmental health promotion activities of the eligible entity.

   2. Membership of a planning and prioritizing council shall consist of representatives from various
ORGANIZATIONS WITHIN PUBLIC HEALTH, PLANNING, DEVELOPMENT, AND ENVIRONMENTAL SERVICES AND SHALL INCLUDE STAKEHOLDERS FROM VULNERABLE GROUPS SUCH AS CHILDREN, THE ELDERLY, DISABLED, AND MINORITY ETHNIC GROUPS THAT ARE NOT ACTIVELY INVOLVED IN DEMOCRATIC OR DECISION–MAKING PROCESSES.

3. A PLANNING AND PRIORITIZING COUNCIL SHALL:

A. IDENTIFY KEY STAKEHOLDERS AND ENGAGE AND COORDINATE POTENTIAL PARTNERS IN THE PLANNING PROCESS;

B. ESTABLISH A FORMAL ADVISORY GROUP TO PLAN FOR THE ESTABLISHMENT OF SERVICES;

C. CONDUCT AN IN–DEPTH REVIEW OF THE NATURE AND EXTENT OF THE NEED FOR AN ENVIRONMENTAL HEALTH ASSESSMENT, INCLUDING A LOCAL EPIDEMIOLOGICAL PROFILE, AN EVALUATION OF THE SERVICE PROVIDER CAPACITY OF THE COMMUNITY, AND A PROFILE OF ANY TARGET POPULATIONS; AND

D. DEFINE THE COMPONENTS OF CARE AND FORM ESSENTIAL PROGRAMMATIC LINKAGES WITH RELATED PROVIDERS IN THE COMMUNITY.

(IV) 1. A PLANNING AND PRIORITIZING COUNCIL SHALL CARRY OUT AN ENVIRONMENTAL HEALTH ASSESSMENT TO IDENTIFY ENVIRONMENTAL HEALTH CONCERNS.

2. THE PLANNING AND PRIORITIZING COUNCIL SHALL:

A. DEFINE THE GOALS OF THE ASSESSMENT;

B. GENERATE THE ENVIRONMENTAL HEALTH ISSUE LIST;

C. ANALYZE ISSUES WITH A SYSTEMS FRAMEWORK;
D. Develop appropriate community environmental health indicators;

E. Rank the environmental health issues;

F. Set priorities for action;

G. Develop an action plan;

H. Implement the action plan; and

I. Evaluate progress and planning for the future.

(V) Each eligible entity that receives a grant under this paragraph shall evaluate, report, and disseminate program findings and outcomes.

(VI) The Secretary may provide such technical and other nonfinancial assistance to eligible entities as determined by the Secretary.

(3) (I) The Secretary may award a Level 2 Cooperative Agreement.

(II) 1. The Secretary shall award grants under this paragraph to eligible entities that have already:

A. Established broad-based collaborative partnerships; and

B. Completed environmental assessments.

2. To be eligible to receive a grant under this paragraph, an eligible entity is not required to have successfully completed a Level 1 Cooperative Agreement under paragraph (2) of this section.
(III) An eligible entity awarded a grant under this paragraph shall use the funds to further activities to carry out environmental health improvement activities, including:

1. Addressing community environmental health priorities in accordance with paragraph (2)(iv)2 of this subsection, including:
   A. Air quality;
   B. Water quality;
   C. Solid waste;
   D. Land use;
   E. Housing;
   F. Food safety;
   G. Crime;
   H. Injuries; and
   I. Health care services;

2. Building partnerships between planning, public health, and other sectors, to address how the built environment impacts food availability and access and physical activity to promote healthy behaviors and lifestyles and reduce obesity and related co-morbidities;

3. Establishing programs to address:
   A. How environmental and social conditions of work and living choices influence physical activity and dietary intake; or
B. HOW THOSE CONDITIONS INFLUENCE THE CONCERNS AND NEEDS OF PEOPLE WHO HAVE IMPAIRED MOBILITY AND USE ASSISTANCE DEVICES, INCLUDING WHEELCHAIRS AND LOWER LIMB PROSTHESES; AND

4. CONVENING INTERVENTION PROGRAMS THAT EXAMINE THE ROLE OF THE SOCIAL ENVIRONMENT IN CONNECTION WITH THE PHYSICAL AND CHEMICAL ENVIRONMENT IN:

A. DETERMINING ACCESS TO NUTRITIOUS FOOD;

AND

B. IMPROVING PHYSICAL ACTIVITY TO REDUCE MORBIDITY AND INCREASE QUALITY OF LIFE.

13–2506.

ON OR BEFORE DECEMBER 31, 2007, AND EVERY YEAR THEREAFTER, THE SECRETARY SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2–1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY ON THE ACTIVITIES PERFORMED UNDER THIS ACT.

13–2507.

THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL FOR FISCAL YEAR 2008 A $250,000 APPROPRIATION FOR THE PURPOSE OF CARRYING OUT THIS ACT.

13–2508.

THIS SUBTITLE MAY BE CITED AS THE “MARYLAND HEALTHY PLACES ACT”.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2007.