
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1039 Session of
2022

INTRODUCED BY SCHWANK, FONTANA, COMITTA, HUGHES, CAPPELLETTI,
COSTA AND KEARNEY, JANUARY 26, 2022

REFERRED TO HEALTH AND HUMAN SERVICES, JANUARY 26, 2022

AN ACT

1 Establishing the Health In All Policies Task Force; and
2 providing for duties of task force.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Health In All
7 Policies Task Force Act.

8 Section 2. Findings and declarations.

9 The General Assembly finds and declares as follows:

10 (1) Advancing the health of all Pennsylvanians is
11 critical to sustaining a strong and economically vibrant
12 Commonwealth.

13 (2) Health outcomes can be largely attributed to a wide
14 range of external factors apart from an individual's health
15 care, which only accounts for 10% of an individual's health
16 and assumes 96% of health expenditures in the United States.

17 (3) An individual's zip code is often a predictor of
18 health, and many Pennsylvanians are not living or working in

1 communities that were designed with health in mind.

2 (4) Health outcomes, such as differences in life
3 expectancy by race and ethnicity, are the result of a
4 confluence of social, environmental and behavioral factors
5 simultaneously operating at different scales.

6 (5) Primary care is critical to the health of
7 individuals, improves health outcomes and, when systems
8 prioritize primary health, is associated with a more
9 equitable distribution of positive health outcomes in
10 populations.

11 (6) Primary care spending, a measure of primary care
12 orientation, only amounts to approximately 5% to 8% of all
13 health spending, with states with higher investment in
14 primary care reporting better patient outcomes.

15 (7) These complex issues rarely have a singular solution
16 that can be implemented by one sector or State agency.

17 (8) The integration of health impacts into the
18 Commonwealth's public policies, including policies related to
19 health care and public health, air and water quality, natural
20 resources, housing, infrastructure, education and
21 transportation, can have a substantial impact on the health
22 and economic prosperity of communities of this Commonwealth.

23 (9) Improving health outcomes by reducing the chronic
24 disease burden and health inequities in this Commonwealth
25 requires State interagency collaboration to ensure that
26 health is considered when policies are developed.

27 Section 3. Definitions.

28 The following words and phrases when used in this act shall
29 have the meanings given to them in this section unless the
30 context clearly indicates otherwise:

1 "Health in All Policies." A collaborative approach that
2 integrates health considerations into policymaking across
3 sectors to improve community and population health that:

4 (1) Recognizes that health is influenced by social,
5 physical and economic environments, collectively referred to
6 as the social determinants of health.

7 (2) Incorporates social determinants of health that are
8 key drivers of health outcomes and health inequities into
9 policy considerations.

10 (3) Promotes equity and sustainability.

11 (4) Creates structural or procedural change to
12 interagency relations and decision-making.

13 (5) Builds on an international and historical body of
14 collaborative work.

15 "Primary care." The provision of integrated and accessible
16 health care services by clinicians in the fields of family
17 medicine, general internal medicine, general pediatrics and
18 general practice who are accountable for addressing a large
19 majority of personal health care needs, developing a sustained
20 partnership with patients and practicing in the context of
21 family and community.

22 "Primary care spending." Total medical expenditures,
23 including payments to reimburse the cost of physical and mental
24 health care to primary care, excluding prescription drugs,
25 vision care and dental care, whether paid on a fee for service
26 basis or as part of a capitated rate or other type of payment
27 mechanism.

28 "Secretary." The Secretary of Human Services of the
29 Commonwealth.

30 "Social determinants of health." Conditions under which

1 people are born, grow, live, work and age.

2 "Task force." The Health In All Policies Task Force
3 established under section 4(a).

4 Section 4. Establishment and composition of task force.

5 (a) Establishment.--The Health in All Policies Task Force is
6 established to identify strategies to influence policy
7 development to ensure that health impacts are considered with
8 input from interagency collaboration, in accordance with the
9 following key elements of Health in All Policies initiatives:

10 (1) Promoting health, equity and sustainability through
11 incorporating these elements into policies, programs and
12 processes as well as embedding these elements into government
13 decision-making processes so that healthy public policy
14 becomes normal business.

15 (2) Breaking down silos to include agencies not
16 typically considered as health agencies that directly impact
17 health and building new partnerships to promote health and
18 equity and increase government efficiency.

19 (3) Benefiting multiple partners through addressing
20 goals of public health and other agencies and reducing
21 redundancy to ensure the more effective use of government
22 resources.

23 (4) Engaging a variety of stakeholders to ensure that
24 work is responsive to community needs.

25 (5) Embedding the Health in All Policies infrastructure
26 into existing or new structures and processes of government.

27 (b) Co-chairs.--The secretary and the Secretary of
28 Intergovernmental Affairs shall act as co-chairs of the task
29 force.

30 (c) Composition.--The task force shall consist of the

1 following:

2 (1) A representative from each of the following:

3 (i) The Office of Attorney General.

4 (ii) The Department of Agriculture.

5 (iii) The Department of Community and Economic
6 Development.

7 (iv) The Department of Conservation and Natural
8 Resources.

9 (v) The Department of Corrections.

10 (vi) The Department of Drug and Alcohol Programs.

11 (vii) The Department of Education.

12 (viii) The Department of Environmental Protection.

13 (ix) The Department of General Services.

14 (x) The Department of Human Services.

15 (xi) The Department of Labor and Industry.

16 (xii) The Department of Revenue.

17 (xiii) The Department of State.

18 (xiv) The Department of Transportation.

19 (xv) The Pennsylvania Public Utilities Commission.

20 (2) A member from the majority caucus of the Senate,
21 appointed by the President pro tempore of the Senate.

22 (3) A member from the minority caucus of the Senate,
23 appointed by the Minority Leader of the Senate.

24 (4) A member from the majority caucus of the House of
25 Representatives, appointed by the Speaker of the House of
26 Representatives.

27 (5) A member from the minority caucus of the House of
28 Representatives, appointed by the Minority Leader of the
29 House of Representatives.

30 (6) A representative from each of the following

1 organizations:

2 (i) The Pennsylvania Academy of Family Physicians.

3 (ii) The Pennsylvania Chapter of the American
4 Academy of Pediatrics.

5 (iii) The Pennsylvania Chapter of the American
6 College of Physicians.

7 (iv) The Pennsylvania Association of Community
8 Health Centers.

9 (v) The Pennsylvania Coalition of Nurse
10 Practitioners.

11 (vi) The United Way of Pennsylvania.

12 (vii) The Housing Alliance of Pennsylvania.

13 (viii) The Pennsylvania College of Emergency
14 Physicians.

15 (7) Any other representatives from sectors identified by
16 the task force, including, but not limited to, the medical
17 community, community advocacy groups, social services
18 organizations, redevelopment authorities or environmental
19 organizations, which are necessary to carry out the task
20 force's duties under section 5.

21 (d) Appointment.--An entity under subsection (b) (6) may
22 submit the name of a prospective representative to the secretary
23 for the purpose of appointment to the task force.

24 (e) Terms.--

25 (1) Each member of the task force shall serve for a
26 period of two years.

27 (2) Members may be reappointed by the secretary.

28 (f) Meetings.--The Department of Human Services shall
29 establish a meeting schedule and coordinate meetings of the task
30 force.

1 (g) Expenses.--The members of the task force shall not
2 receive compensation for their services as members of the task
3 force but shall be reimbursed for reasonable expenses incurred
4 in the performance of their duties as members of the task force.

5 Section 5. Duties of task force.

6 (a) Work plan.--The task force shall develop a work plan for
7 integrating health into policy decisions that includes
8 strategies for all of the following:

- 9 (1) Developing and structuring cross-sector
10 relationships.
- 11 (2) Enhancing workforce capacity.
- 12 (3) Incorporating health into decision-making processes.
- 13 (4) Coordinating funding and investments.
- 14 (5) Integrating research, evaluation and data systems.
- 15 (6) Implementing accountability structures.
- 16 (7) Synchronizing communications and messaging.

17 (b) Development.--In developing the work plan under
18 subsection (a), the task force may do any of the following:

- 19 (1) Review existing efforts by State agencies.
- 20 (2) Consider best practices used by other state agencies
21 outside of this Commonwealth.
- 22 (3) Propose formal action plans for recommended
23 programs, policies and strategies, including, but not limited
24 to:
 - 25 (i) Utilizing health impact assessments as a tool to
26 integrate health into current policy processes.
 - 27 (ii) Quantifying primary care spending and efforts
28 to increase the level of investment.
 - 29 (iii) Creating opportunities to utilize common data
30 or indicators across sectors.

1 (iv) Generating cross-agency collaboration with
2 sufficient time and funding.

3 (4) Use an opportunistic approach, focusing on
4 identifying issues, policies or relationships that can
5 provide early successes.

6 (5) Use an issue approach, identifying a specific policy
7 that has a major impact on specific public health priorities.

8 (6) Use a sector approach, focusing on one specific
9 policy area that has a large health impact.

10 (c) Guidance.--The task force shall develop guidance,
11 criteria and tools to support State, judicial and legislative
12 agencies in assessing the potential impact on health when
13 proposing new agency rules, budgetary changes or major
14 programmatic changes.

15 Section 6. Report.

16 Within one year of the effective date of this section, the
17 task force shall issue a report to the Governor on the strategic
18 plan, goals and enabling strategies to integrate health into
19 policy decisions. After the issuance of the initial report under
20 this section, unless otherwise directed by the Governor, the
21 task force shall provide semiannual reports to the Governor on
22 the progress towards satisfying the objectives specified under
23 this act.

24 Section 7. Effective date.

25 This act shall take effect in 60 days.