

SENATE BILL 896

Unofficial Copy  
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2000 Regular Session  
(01r3058)

**ENROLLED BILL**

-- Budget and Taxation and Finance/Appropriations and Environmental Matters --

Introduced by **Senators Van Hollen, Hoffman, Bromwell, Miller, Lawlah,  
Neill, Kasemeyer, Madden, Middleton, Currie, Hogan, McFadden,  
Munson, Ruben, Stoltzfus, ~~and Stone~~ Stone, and Teitelbaum**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this  
\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_ M.

\_\_\_\_\_  
President.

CHAPTER 18

1 AN ACT concerning

2 **Cigarette Restitution Fund - Tobacco Use Prevention and Cessation**  
3 **Program - Cancer Prevention, ~~Identification~~ Education, Screening, and**  
4 **Treatment Program**

5 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program  
6 and a Cancer Prevention, ~~Identification~~ Education, Screening, and Treatment  
7 Program in the Department of Health and Mental Hygiene; providing that the  
8 programs shall be funded as provided in the State budget with money from the  
9 Cigarette Restitution Fund; authorizing the Legislative Auditor to audit the  
10 appropriations and expenditures made for purposes of the programs;  
11 establishing a Surveillance and Evaluation Component, a Statewide Public  
12 Health Component, a ~~Countermarketing~~ Counter-Marketing and Media  
13 Component, a Local Public Health Component, and an Administrative  
14 Component in the Tobacco Use Prevention and Cessation Program; establishing  
15 a Surveillance and Evaluation Component, a Statewide Public Health

1 Component, a Local Public Health Component, a ~~Medical Institution~~ *Statewide*  
 2 *Academic Health Center* Component, and an Administrative Component in the  
 3 Cancer Prevention, ~~Identification~~ *Education, Screening, and Treatment*  
 4 Program; requiring the annual budget bill to specify the amount of funding that  
 5 is allocated to each of these components; requiring certain baseline studies to be  
 6 conducted; providing that, with certain exceptions, certain components of this  
 7 Act may not be implemented until after the baseline studies have been  
 8 completed; clarifying that the Cigarette Restitution Fund may be used to fund  
 9 the programs established under this Act; requiring the annual budget bill to  
 10 include a certain provision relating to the Cigarette Restitution Fund; requiring  
 11 the Department of Budget and Management to include certain information  
 12 relating to the Cigarette Restitution Fund in the budget books each year;  
 13 providing that certain parts of this Act are not applicable in a certain fiscal year;  
 14 requiring the Department of Health and Mental Hygiene to conduct a certain  
 15 study and issue a certain report; prohibiting the State Department of Education  
 16 from discontinuing the administration of a certain survey except under certain  
 17 circumstances; providing that a certain statewide medical health center may not  
 18 receive in certain fiscal years a Statewide Academic Health Center Cancer  
 19 Research Grant unless the grant is used for certain purposes; providing that the  
 20 Department of Health and Mental Hygiene may not distribute a Statewide  
 21 Academic Health Center Tobacco-Related Diseases Research Grant in a certain  
 22 fiscal year; providing that the Department of Health and Mental Hygiene may  
 23 not distribute any grants to a certain statewide medical health center until  
 24 certain entities submit a certain memorandum of understanding; stating  
 25 legislative intent with respect to the inclusion of funds in the State budget for a  
 26 certain fiscal year for the implementation of a certain plan; requiring a certain  
 27 amount of money to be included in a certain supplemental budget for a certain  
 28 fiscal year to be used to provide certain outreach and start-up technical  
 29 assistance to African American communities in the State for certain purposes;  
 30 requiring a comprehensive evaluation of the Tobacco Use Prevention and  
 31 Cessation Program and the Cancer Prevention, Education, Screening, and  
 32 Treatment Program to be conducted at the end of a certain fiscal year; defining  
 33 certain terms; and generally relating to the Cigarette Restitution Fund and  
 34 programs relating to tobacco use prevention and cessation and to cancer  
 35 prevention, ~~identification~~ *education, screening, and treatment.*

36 BY repealing and reenacting, without amendments,  
 37 Article - Health - General  
 38 Section 1-101(a) and (g)  
 39 Annotated Code of Maryland  
 40 (1994 Replacement Volume and 1999 Supplement)

41 BY adding to  
 42 Article - Health - General  
 43 Section 13-1001 through 13-1014 to be under the new subtitle "Subtitle 10.  
 44 Tobacco Use Prevention and Cessation Program"; and 13-1101 through  
 45 ~~13-1118~~ 13-1119 to be under the new subtitle "Subtitle 11. Cancer

1 Prevention, ~~Identification~~ Education, Screening, and Treatment Program"  
2 Annotated Code of Maryland  
3 (1994 Replacement Volume and 1999 Supplement)

4 BY repealing and reenacting, without amendments,  
5 Article - State Finance and Procurement  
6 Section 7-101(a) and (b)  
7 Annotated Code of Maryland  
8 (1995 Replacement Volume and 1999 Supplement)

9 BY adding to  
10 Article - State Finance and Procurement  
11 Section 7-114  
12 Annotated Code of Maryland  
13 (1995 Replacement Volume and 1999 Supplement)

14 BY repealing and reenacting, with amendments,  
15 Article - State Finance and Procurement  
16 Section 7-121 and 7-317  
17 Annotated Code of Maryland  
18 (1995 Replacement Volume and 1999 Supplement)

19 Preamble

20 WHEREAS, Cigarette smoking is the leading cause of preventable death in the  
21 United States; and

22 WHEREAS, Each year the use of tobacco products ~~kill~~ kills over 7,500  
23 Marylanders; and

24 WHEREAS, Tobacco is a risk factor for the top four leading causes of death in  
25 Maryland (heart disease, stroke, cancer, and pulmonary disease); and

26 WHEREAS, Among Maryland adolescents, smoking prevalence increased  
27 during the 1990s after several years of decline; and

28 WHEREAS, In 1997, the direct and indirect costs of tobacco related diseases  
29 increased by 2% and cost Marylanders over \$1.8 billion ~~dollars~~; and

30 WHEREAS, Certain demographic groups remain at higher risk for tobacco use  
31 and often bear a disproportionate share of the human and economic cost of using  
32 tobacco products; and

33 WHEREAS, Tobacco is a leading risk factor in the development of many  
34 cancers, including cancer of the cervix, pancreas, kidney, bladder, esophagus, oral  
35 cavity and pharynx, larynx, and lung; and

1 WHEREAS, No single factor determines patterns of tobacco use: the patterns  
2 result from a complex interaction of multiple factors, such as socioeconomic status,  
3 cultural characteristics, stress, biological events, targeted marketing, tobacco pricing,  
4 and varying capacities of local communities to launch and sustain comprehensive  
5 tobacco control activities; and

6 WHEREAS, Cancer is the second leading cause of death in Maryland and one  
7 of every five deaths in Maryland is due to cancer; and

8 WHEREAS, Each year approximately 24,000 Marylanders are diagnosed with  
9 cancer and more than 10,000 Marylanders die of cancer; and

10 WHEREAS, Maryland's cancer incidence and mortality rates are consistently  
11 higher than national rates; and

12 WHEREAS, The burden of cancer differs among racial and ethnic groups, with  
13 cancer incidence and mortality rates higher for African Americans and certain other  
14 minority groups; *and*

15 WHEREAS, There are areas and neighborhoods of cancer clusters; and

16 WHEREAS, Studies show that financial barriers to cancer screening, early  
17 detection services, and treatment are significant factors in the disparities relating to  
18 cancer incidence and mortality; and

19 WHEREAS, Any framework for conquering cancer *and tobacco-related*  
20 *diseases* requires a commitment of resources to many related areas, including  
21 education, prevention and early detection, treatment and supportive care, research,  
22 and surveillance and evaluation; and

23 WHEREAS, The University of Maryland, Baltimore, the University of Maryland  
24 School of Medicine, and the University of Maryland Medical System Corporation,  
25 acting together, and The Johns Hopkins University and Johns Hopkins Medicine,  
26 acting together, are the State's only two academic health centers and serve the health  
27 needs of the entire State; and

28 WHEREAS, The General Assembly recognizes that the State's receipt of large  
29 sums of money under the Master Settlement Agreement (executed by the State and  
30 participating tobacco manufacturers) over a long period of time creates a unique  
31 opportunity for the State to address problems relating to tobacco use and cancer in a  
32 logical, planned, and committed fashion; and

33 WHEREAS, It is the intent of the General Assembly that the State coordinate  
34 its use of the Cigarette Restitution Fund in a logical, planned, and committed fashion  
35 so as to create a lasting legacy of public health initiatives that result in a reduction of  
36 both tobacco use and ~~cancer~~ morbidity and mortality *rates for cancer and*  
37 *tobacco-related diseases* in the State and otherwise benefit the health and welfare of  
38 the State's residents; now, therefore,

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

3 **Article - Health - General**

4 1-101.

5 (a) In this article the following words have the meanings indicated.

6 (g) "Person" means an individual, receiver, trustee, guardian, personal  
7 representative, fiduciary, or representative of any kind and any partnership, firm,  
8 association, corporation, or other entity.

9 SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

10 13-1001.

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

13 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE  
14 PROGRAM THAT IS ESTABLISHED UNDER § 13-1014 OF THIS SUBTITLE.

15 (C) "BASELINE TOBACCO STUDY" MEANS THE STUDY THAT IS CONDUCTED  
16 UNDER § 13-1003 OF THIS SUBTITLE.

17 (D) COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED  
18 UNDER § 13-1008(B)(1) OF THIS SUBTITLE.

19 ~~(D)~~ (E) "COUNTY" INCLUDES BALTIMORE CITY.

20 ~~(E)~~ (F) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS  
21 ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

22 ~~(F)~~ (G) "COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND  
23 CESSATION" MEANS A PLAN THAT IS DEVELOPED UNDER § 13-1008(B)(2) OF THIS  
24 SUBTITLE.

25 ~~(G)~~ (H) COUNTERMARKETING COUNTER-MARKETING AND MEDIA  
26 COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED  
27 UNDER § 13-1013 OF THIS SUBTITLE.

28 ~~(H)~~ (I) "LOCAL HEALTH OFFICER" MEANS:

29 (1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR

30 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER ~~§ 13-1008(F)~~ §  
31 13-1008(G) OF THIS SUBTITLE.

32 ~~(I)~~ (J) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF  
33 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1006 OF THIS SUBTITLE.

1 ~~(J)~~ (K) "LOCAL PUBLIC HEALTH TOBACCO GRANT" MEANS A GRANT  
 2 DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1006 THROUGH  
 3 13-1012 OF THIS SUBTITLE.

4 (L) "MARYLAND ADOLESCENT SURVEY" MEANS THE MARYLAND ADOLESCENT  
 5 SURVEY THAT IS ADMINISTERED BY THE MARYLAND STATE DEPARTMENT OF  
 6 EDUCATION.

7 ~~(K)~~ (M) "MASTER SETTLEMENT AGREEMENT" MEANS THE MASTER  
 8 SETTLEMENT AGREEMENT EXECUTED BY THE STATE AND PARTICIPATING TOBACCO  
 9 MANUFACTURERS.

10 (N) "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF  
 11 AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

12 ~~(L)~~ ~~(N)-(O)~~ "NATIONAL PUBLIC EDUCATION FUND" MEANS THE NATIONAL  
 13 PUBLIC EDUCATION FUND THAT WAS ESTABLISHED UNDER THE MASTER  
 14 SETTLEMENT AGREEMENT.

15 ~~(M)~~ ~~(O)-(P)~~ "PROGRAM" MEANS THE TOBACCO USE PREVENTION AND  
 16 CESSATION PROGRAM ESTABLISHED UNDER § 13-1002 OF THIS SUBTITLE.

17 ~~(N)~~ ~~(P)-(Q)~~ "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE  
 18 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1005 OF THIS  
 19 SUBTITLE.

20 ~~(O)~~ ~~(Q)-(R)~~ "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE  
 21 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1003 OF THIS  
 22 SUBTITLE.

23 (S) (1) "TARGETED MINORITY POPULATION" MEANS A MINORITY  
 24 POPULATION TO WHICH THE TOBACCO INDUSTRY DISPROPORTIONATELY  
 25 MARKETED TOBACCO PRODUCTS.

26 (2) "TARGETED MINORITY POPULATION" INCLUDES:

27 (I) WOMEN; AND

28 (II) INDIVIDUALS OF AFRICAN AMERICAN, HISPANIC, NATIVE  
 29 AMERICAN, AND ASIAN DESCENT.

30 ~~(R)~~ (T) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "MAKING  
 31 MARYLAND THE TOBACCO FREE STATE" THAT WAS ISSUED IN DECEMBER 1999 BY  
 32 THE GOVERNOR'S TASK FORCE TO END SMOKING IN MARYLAND.

33 ~~(S)~~ (U) "TOBACCO PRODUCT" INCLUDES CIGARS, CIGARETTES, PIPE  
 34 TOBACCO, AND SMOKELESS TOBACCO.

35 ~~(T)~~ (V) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

1           (1)     FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY  
 2 PRIVATE HEALTH INSURANCE, MEDICAID, ~~OR~~ MEDICARE, OR THE MARYLAND  
 3 CHILDREN'S HEALTH PROGRAM; AND

4           (2)     WHO THE DEPARTMENT DETERMINES DOES NOT HAVE THE  
 5 FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

6     ~~(U)~~    (W)     "YOUTH TOBACCO SURVEY" MEANS THE YOUTH TOBACCO SURVEY  
 7 DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND  
 8 ADMINISTERED BY THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND  
 9 STATE DEPARTMENT OF EDUCATION.

10 13-1002.

11       (A)     THERE IS A TOBACCO USE PREVENTION AND CESSATION PROGRAM IN THE  
 12 DEPARTMENT.

13       (B)     THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF  
 14 THE CIGARETTE RESTITUTION FUND TO ADDRESS ISSUES RELATING TO TOBACCO  
 15 USE PREVENTION AND CESSATION SO AS TO CREATE A LASTING LEGACY OF PUBLIC  
 16 HEALTH INITIATIVES THAT RESULT IN A REDUCTION OF TOBACCO USE IN THE STATE  
 17 AND OTHERWISE BENEFIT THE HEALTH AND WELFARE OF THE STATE'S RESIDENTS.

18       (C)     THE PROGRAM CONSISTS OF:

19           (1)     A SURVEILLANCE AND EVALUATION COMPONENT;

20           (2)     A STATEWIDE PUBLIC HEALTH COMPONENT;

21           (3)     A ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA  
 22 COMPONENT;

23           (4)     A LOCAL PUBLIC HEALTH COMPONENT; AND

24           (5)     AN ADMINISTRATIVE COMPONENT.

25       (D)     (1)     THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE  
 26 BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

27           (2)     THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE  
 28 APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSES OF PURPOSE OF  
 29 IMPLEMENTING THE PROGRAM, INCLUDING THE USE OF ANY FUNDS BY PERSONS  
 30 RECEIVING FUNDS UNDER THIS SUBTITLE UNDER A GRANT OR CONTRACT RECEIVED  
 31 BY A PERSON UNDER ANY COMPONENT OF THIS PROGRAM.

32       (E)     (1)     THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF  
 33 FUNDING THAT IS ALLOCATED TO EACH COMPONENT OF THE PROGRAM.

34           (2)     EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION,  
 35 MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE  
 36 BUDGET:

1 (I) MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS  
2 APPROPRIATED; AND

3 (II) MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT OF  
4 THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY OTHER UNIT OF  
5 STATE GOVERNMENT, ~~UNLESS AUTHORIZED IN THE STATE BUDGET AS ENACTED.~~

6 (3) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS  
7 PARAGRAPH, THE DEPARTMENT MAY TRANSFER A MAXIMUM OF 10% OF THE TOTAL  
8 AMOUNT OF MONEY THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET  
9 AMONG COMPONENTS OF THE PROGRAM IF THE TRANSFER IS SPECIFICALLY  
10 AUTHORIZED IN THE ANNUAL BUDGET BILL AS ENACTED.

11 (II) THE DEPARTMENT MAY NOT TRANSFER MONEY TO THE  
12 ADMINISTRATIVE COMPONENT FROM ANY OTHER COMPONENT OF THE PROGRAM.

13 (III) IF THE DEPARTMENT TRANSFERS ANY MONEY AMONG THE  
14 COMPONENTS OF THE PROGRAM AS AUTHORIZED UNDER SUBPARAGRAPH (I) OF  
15 THIS PARAGRAPH, THE DEPARTMENT SHALL REPORT THE TRANSFER TO THE  
16 SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE,  
17 HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL MATTERS  
18 COMMITTEE WITHIN 60 DAYS OF THE TRANSFER.

19 (IV) THE DEPARTMENT MAY TRANSFER MONEY THAT IS  
20 ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET ~~MAY BE~~  
21 ~~TRANSFERRED TO ANOTHER COMPONENT OF THE PROGRAM, ANOTHER PROGRAM IN~~  
22 ~~THE DEPARTMENT, OR ANOTHER UNIT OF STATE GOVERNMENT IF THE TRANSFER IS~~  
23 ~~SPECIFICALLY AUTHORIZED BY:~~

24 ~~(A)~~ 1. A PROVISION OF THIS SUBTITLE; OR

25 ~~(B)~~ 2. A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED  
26 THAT RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT  
27 COMPONENT.

28 ~~(C)~~ (F) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE  
29 PROGRAM IN THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT  
30 THE END OF THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE  
31 RESTITUTION FUND.

32 (2) MONEY THAT REVERTS TO THE CIGARETTE RESTITUTION FUND  
33 UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE USED TO FUND THE  
34 PROGRAM IN THE FISCAL YEAR TO WHICH THE NEXT ANNUAL BUDGET BILL  
35 RELATES.

36 (3) THE GOVERNOR SHALL INCLUDE IN THE NEXT ANNUAL BUDGET  
37 BILL AN APPROPRIATION FOR THE PROGRAM THAT IS AT LEAST EQUAL TO THE  
38 AMOUNT OF MONEY THAT REVERTED TO THE CIGARETTE RESTITUTION FUND  
39 UNDER PARAGRAPH (1) OF THIS SUBSECTION.

1 ~~(F)~~ (G) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT  
 2 SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE  
 3 GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE, AND THE  
 4 SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS COMMITTEE, AND THE  
 5 HOUSE ENVIRONMENTAL MATTERS COMMITTEE:

6 (1) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH  
 7 COMPONENT OF THE PROGRAM DURING:

8 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
 9 UNOBLIGATED AT THE END OF THAT YEAR; AND

10 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND  
 11 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR; AND

12 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A  
 13 LOCAL PUBLIC HEALTH TOBACCO GRANT DURING:

14 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
 15 UNOBLIGATED AT THE END OF THAT YEAR; AND

16 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND  
 17 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR.

18 (H) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE  
 19 CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE  
 20 PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1001(T) OF  
 21 THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR  
 22 APPROPRIATE TREATMENT.

23 13-1003.

24 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE  
 25 PROGRAM.

26 (B) THE PURPOSES OF THE SURVEILLANCE AND EVALUATION COMPONENT  
 27 ARE TO:

28 (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO TOBACCO  
 29 USE AND TOBACCO USE PREVENTION AND CESSATION IN THE STATE;

30 (2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM,  
 31 INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;

32 (3) CONDUCT A BASELINE TOBACCO STUDY, AS PROVIDED UNDER  
 33 SUBSECTIONS (C) ~~AND (D)~~ THROUGH (E) OF THIS SECTION; AND

34 (4) CONDUCT AN ANNUAL ~~CANCER~~ TOBACCO STUDY, AS PROVIDED  
 35 UNDER § ~~13-1104~~ 13-1004 OF THIS TITLE.

1 (C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT,  
 2 THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE  
 3 TOBACCO STUDY AS PROVIDED UNDER THIS SECTION.

4 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

5 (I) THE NUMBER AND PERCENTAGE OF INDIVIDUALS UNDER THE  
 6 AGE OF 18 YEARS ~~OF AGE~~ WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS,  
 7 BOTH STATEWIDE AND IN EACH COUNTY;

8 (II) THE NUMBER AND PERCENTAGE OF MINORITY INDIVIDUALS  
 9 UNDER THE AGE OF 18 YEARS ~~OF AGE~~ WHO SMOKE OR OTHERWISE USE TOBACCO  
 10 PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

11 (III) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO SMOKE  
 12 OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

13 (IV) THE NUMBER AND PERCENTAGE OF MINORITY INDIVIDUALS  
 14 WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN  
 15 EACH COUNTY;

16 (V) THE NUMBER AND PERCENTAGE OF PREGNANT WOMEN WHO  
 17 SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH  
 18 COUNTY;

19 (VI) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH  
 20 INDIVIDUALS UNDER THE AGE OF 18 YEARS IN WHICH AT LEAST ONE ~~OF THE~~  
 21 ~~HOUSEHOLD MEMBERS OVER AGE 18~~ MEMBER WHO IS AT LEAST 18 YEARS OLD  
 22 SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

23 (VII) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO,  
 24 WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE  
 25 TOBACCO STUDY, STARTED TO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS;

26 ~~(VII)~~ (VIII) THE NUMBER AND PERCENTAGE OF ~~PERSONS~~  
 27 INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO ON A REGULAR BASIS AND  
 28 WHO, WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE  
 29 BASELINE TOBACCO STUDY, VOLUNTARILY STOPPED SMOKING OR OTHERWISE  
 30 USING TOBACCO PRODUCTS FOR A SIGNIFICANT AMOUNT OF TIME, AS DETERMINED  
 31 BY THE DEPARTMENT, BOTH STATEWIDE AND IN EACH COUNTY; AND

32 ~~(VIII)-(IX)~~ ANY OTHER FACTOR THAT THE DEPARTMENT  
 33 DETERMINES TO BE IMPORTANT FOR MEASURING TOBACCO USE OR EVALUATING  
 34 WHETHER THE PROGRAM MEETS ITS OBJECTIVES.

35 (D) (1) IN CONDUCTING THE BASELINE TOBACCO STUDY, THE DEPARTMENT  
 36 MAY CONSIDER ANY DATA COLLECTED AFTER MARCH 1, 2000 THROUGH THE  
 37 ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY OR THE YOUTH  
 38 TOBACCO SURVEY.

1           (2)     THE MARYLAND STATE DEPARTMENT OF EDUCATION, LOCAL  
2 SCHOOL DISTRICTS COUNTY BOARDS OF EDUCATION, AND EACH SCHOOL SELECTED  
3 TO PARTICIPATE IN THE MARYLAND ADOLESCENT SURVEY OR THE YOUTH TOBACCO  
4 SURVEY SHALL COOPERATE WITH THE DEPARTMENT IN ADMINISTERING THE  
5 SURVEYS.

6           (3)     (I)     SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE  
7 MARYLAND STATE DEPARTMENT OF EDUCATION MAY NOT DISCONTINUE  
8 ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY UNTIL AFTER IT HAS  
9 SUBMITTED A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE  
10 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT STATES THE REASON FOR  
11 DISCONTINUING THE SURVEY.

12                     (II)     IF THE MARYLAND STATE DEPARTMENT OF EDUCATION  
13 SUBMITS A REPORT AS PROVIDED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, IT  
14 MAY DISCONTINUE THE MARYLAND ADOLESCENT SURVEY IN THE FIRST SCHOOL  
15 YEAR THAT BEGINS AFTER THE REPORT HAS BEEN SUBMITTED.

16     ~~(D)~~   (E)     (1)     SUBJECT TO PARAGRAPHS (2) THROUGH (4) OF THIS  
17 SUBSECTION, THE DEPARTMENT SHALL CONTRACT WITH A HIGHER EDUCATION  
18 INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE BASELINE TOBACCO STUDY.

19           (2)     THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
20 SELECT THE ENTITY THAT WILL CONDUCT THE BASELINE TOBACCO STUDY.

21           (3)     THE REQUEST FOR PROPOSAL SHALL ~~SPECIFY~~ REQUIRE THAT ANY  
22 METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE  
23 BASELINE TOBACCO STUDY ~~AND~~, ANY DATA COLLECTED UNDER THE STUDY ~~SHALL,~~  
24 AND ANY ELECTRONIC FILES, CODES, AND DEFINITIONS RELATING TO THE STUDY  
25 BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF  
26 WHETHER THE SUBSEQUENT STUDIES ARE CONDUCTED BY THE SAME ENTITY.

27           (4)     THE DEPARTMENT MAY ~~ISSUE A REQUEST FOR PROPOSAL THAT~~  
28 ~~ALLOWS THE DEPARTMENT TO~~ CONTRACT WITH AN ENTITY TO CONDUCT THE  
29 BASELINE TOBACCO STUDY AND ONE OR MORE ANNUAL TOBACCO STUDIES AS  
30 REQUIRED UNDER § 13-1004 OF THIS SUBTITLE.

31           (5)     (I)     THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN  
32 SUBPARAGRAPH (II) OF THIS PARAGRAPH AS A GUIDE IN ADMINISTERING THE  
33 REQUEST FOR PROPOSAL PROCESS FOR THE BASELINE TOBACCO STUDY.

34                     (II)     THE DEPARTMENT SHALL GIVE PREFERENCE TO AN ENTITY  
35 THAT:

36                             1.     IS A MARYLAND-BASED VENDOR;

37                             2.     HAS PREVIOUS WORK EXPERIENCE RELATING TO  
38 TOBACCO OR HEALTH ACTIVITIES;



1 (C) (1) SUBJECT TO ~~PARAGRAPH (2)~~ PARAGRAPHS (2) AND (3) THROUGH (4)  
 2 OF THIS SUBSECTION, THE DEPARTMENT SHALL CONTRACT WITH A HIGHER  
 3 EDUCATION INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE ANNUAL TOBACCO  
 4 STUDY.

5 (2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
 6 SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.

7 (3) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT  
 8 ONE OR MORE ANNUAL TOBACCO STUDIES.

9 (4) THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN §  
 10 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR  
 11 PROPOSAL PROCESS.

12 (D) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR THE DEPARTMENT SHALL  
 13 SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE  
 14 STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE  
 15 ANNUAL TOBACCO STUDY.

16 13-1005.

17 (A) THERE IS A STATEWIDE PUBLIC HEALTH COMPONENT IN THE PROGRAM.

18 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO  
 19 MAXIMIZE THE EFFECTIVENESS OF THE ~~ANTITOBACCO~~ ANTI-TOBACCO INITIATIVES  
 20 IN THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ~~INSURE~~  
 21 ENSURE THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND  
 22 INTEGRATED MANNER THROUGHOUT THE STATE.

23 (C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS  
 24 NECESSARY TO ~~INSURE~~ ENSURE A COORDINATED AND INTEGRATED STATEWIDE  
 25 EFFORT TO IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS,  
 26 THE DEPARTMENT MAY:

27 (1) ~~DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED~~  
 28 ~~OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE;~~

29 (2) ~~ISSUE REQUESTS FOR PROPOSALS FOR PROGRAMS THAT ARE NOT~~  
 30 ~~ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE; AND~~

31 (3) ~~DISTRIBUTE GRANTS TO OR ENTER INTO CONTRACTS WITH OTHER~~  
 32 ~~PERSONS WHO DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED~~  
 33 ~~OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE~~ STATEWIDE  
 34 ANTI-TOBACCO INITIATIVES THAT ARE CONSISTENT WITH THE FINDINGS AND  
 35 RECOMMENDATIONS OF THE TASK FORCE REPORT AND THE RECOMMENDATIONS OF  
 36 THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING BEST  
 37 PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS AS THEY RELATE  
 38 TO STATEWIDE PROGRAMS, INCLUDING PROGRAMS THAT SUPPORT THE  
 39 IMPLEMENTATION OF THE LOCAL PUBLIC HEALTH COMPONENT.

1 (D) ~~IF (1) TO IMPLEMENT THIS SECTION,~~ THE DEPARTMENT ~~ISSUES MAY~~  
 2 ~~ISSUE~~ A REQUEST FOR PROPOSAL, ~~DISTRIBUTES~~ DISTRIBUTE A GRANT, OR ~~ENTERS~~  
 3 ~~ENTER~~ INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF THIS  
 4 SECTION.

5 (2) THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE  
 6 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE  
 7 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR  
 8 PROPOSAL, GRANT, OR CONTRACT RELATES.

9 (3) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL TO SELECT  
 10 AN ENTITY TO IMPLEMENT AN INITIATIVE UNDER THIS SECTION, THE DEPARTMENT  
 11 SHALL USE THE CRITERIA ESTABLISHED IN § 13-1003(E)(5) OF THIS SUBTITLE AS A  
 12 GUIDE IN ADMINISTERING THE REQUEST FOR PROPOSAL PROCESS.

13 (E) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,  
 14 THE DEPARTMENT MAY NOT SPEND ANY OF THE MONEY THAT IS ALLOCATED TO THE  
 15 STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE  
 16 BASELINE ~~CANCER~~ TOBACCO STUDY IS COMPLETED.

17 (2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH AND  
 18 BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT MAY  
 19 USE MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT  
 20 IN THE STATE BUDGET FOR FISCAL YEAR 2001 TO DISTRIBUTE GRANTS THAT WILL BE  
 21 USED TO PROVIDE OUTREACH AND START-UP TECHNICAL ASSISTANCE TO  
 22 COMMUNITIES FOR THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY  
 23 HEALTH COALITIONS.

24 (II) THE DEPARTMENT SHALL USE AT LEAST \$750,000 OF THE  
 25 MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN  
 26 THE STATE BUDGET FOR FISCAL YEAR 2001 TO PROVIDE OUTREACH AND START-UP  
 27 TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITIES IN THE STATE FOR  
 28 THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY HEALTH COALITIONS  
 29 THAT ARE FORMED UNDER § 13-1008(B), § 13-1109(C), OR § 13-1115(B) OF THIS TITLE.

30 13-1006.

31 (A) THERE IS A LOCAL PUBLIC HEALTH COMPONENT IN THE PROGRAM.

32 (B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO  
 33 MAXIMIZE THE EFFECTIVENESS OF ANTI-TOBACCO INITIATIVES IN THE STATE BY  
 34 AUTHORIZING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT TOBACCO  
 35 USE PREVENTION AND CESSATION PROGRAMS IN COORDINATION WITH THE  
 36 DEPARTMENT.

37 (C) SUBJECT TO §§ 13-1007 THROUGH 13-1012 OF THIS SUBTITLE, THE  
 38 DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR TOBACCO USE  
 39 PREVENTION AND CESSATION PROGRAMS, INCLUDING:

40 (1) COMMUNITY-BASED PROGRAMS;

1           (2)     SCHOOL-BASED PROGRAMS WHICH MAY INCLUDE TOBACCO USE  
2 PREVENTION AND CESSATION COMPONENTS OF SCHOOL-BASED HEALTH CARE  
3 SERVICES AND PROGRAMS ESTABLISHED UNDER §§ 7-401 AND 7-415 OF THE  
4 EDUCATION ARTICLE WITH A COMPONENT FOR CARRYING OUT TOBACCO  
5 PREVENTION AND CESSATION PROGRAMS IN ORDER TO REDUCE ILLNESS,  
6 DISABILITY, AND DEATH RELATED TO TOBACCO USE AND EXPOSURE TO  
7 SECONDHAND SMOKE; AND

8           (3)     PROGRAMS RELATING TO ENFORCEMENT OF TOBACCO CONTROL  
9 LAWS.

10       (D)     (1)     EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,  
11 THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE  
12 LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE  
13 BASELINE TOBACCO STUDY HAS BEEN COMPLETED.

14           (2)     BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE  
15 DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO  
16 EACH LOCAL HEALTH DEPARTMENT.

17 13-1007.

18       (A)     AFTER THE BASELINE TOBACCO STUDY HAS BEEN COMPLETED AND  
19 BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH TOBACCO GRANTS,  
20 THE DEPARTMENT, IN CONSULTATION WITH THE LOCAL HEALTH DEPARTMENTS,  
21 SHALL:

22           (1)     ESTABLISH SHORT-TERM AND LONG-TERM TOBACCO USE  
23 PREVENTION AND CESSATION GOALS FOR EACH COUNTY;

24           (2)     ESTABLISH OTHER REQUIREMENTS FOR EACH COUNTY THAT THE  
25 DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED  
26 UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

27           (3)     PROVIDE FOR THE DISTRIBUTION OF LOCAL PUBLIC HEALTH  
28 TOBACCO GRANTS TO ELIGIBLE COUNTIES BASED ON THE FORMULA ESTABLISHED  
29 UNDER SUBSECTION (B) OF THIS SECTION.

30       (B)     SUBJECT TO §§ 13-1008 THROUGH 13-1012 OF THIS SUBTITLE, THE  
31 DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC HEALTH TOBACCO GRANT TO  
32 EACH COUNTY THAT IS EQUAL TO THE SUM OF:

33           (1)     THE PRODUCT OF:

34                   (I)     ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO  
35 THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

36                   (II)    THE NUMBER OF INDIVIDUALS IN THE COUNTY UNDER THE  
37 AGE OF ~~EIGHTEEN~~ 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS

1 DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE UNDER THE AGE OF  
2 ~~EIGHTEEN~~ 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS; AND

3 (2) THE PRODUCT OF:

4 (I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO  
5 THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

6 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR  
7 OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN  
8 THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS.

9 13-1008.

10 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL  
11 HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH  
12 TOBACCO GRANT.

13 (2) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT  
14 SHALL BE DETERMINED BY THE DEPARTMENT USING THE FORMULA ESTABLISHED  
15 UNDER § 13-1007 OF THIS SUBTITLE.

16 (B) BEFORE APPLYING FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT, A  
17 LOCAL HEALTH OFFICER SHALL:

18 (1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED  
19 UNDER § 13-1010 OF THIS SUBTITLE; AND

20 (2) WITH THE ASSISTANCE OF THE COMMUNITY HEALTH COALITION:

21 (I) IDENTIFY ALL EXISTING TOBACCO USE PREVENTION AND  
22 CESSATION PROGRAMS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

23 (II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED  
24 PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

25 (III) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE  
26 PREVENTION AND CESSATION THAT OUTLINES A STRATEGY FOR MEETING THE  
27 TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS  
28 ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT~~ UNDER § 13-1007 OF THIS  
29 SUBTITLE.

30 (C) A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND  
31 CESSATION SHALL:

32 (1) INCLUDE A LIST OF THE MEMBERS OF THE COMMUNITY HEALTH  
33 COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

34 (2) INCLUDE AN EVALUATION OF ANY COUNTY PROGRAM FUNDED WITH  
35 A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR YEAR;

1 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE  
 2 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE TOBACCO USE  
 3 PREVENTION AND CESSATION GOALS ESTABLISHED FOR THE COUNTY BY THE  
 4 DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE;

5 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF  
 6 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS  
 7 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE TOBACCO USE  
 8 PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE  
 9 COUNTY BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE;

10 (5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR  
 11 FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1011 OF THIS SUBTITLE;

12 (6) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL  
 13 PERSONS WHO RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT  
 14 IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY  
 15 EACH PERSON UNDER THE GRANT;

16 (7) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE  
 17 AMOUNT OF MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC  
 18 HEALTH TOBACCO GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT  
 19 AND UNOBLIGATED AT THE END OF THAT YEAR; AND

20 (8) DESCRIBE HOW THE PLAN WILL HELP TO REDUCE TOBACCO USE  
 21 AMONG WOMEN, MINORITY INDIVIDUALS, AND INDIVIDUALS UNDER THE AGE OF 18  
 22 YEARS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE  
 23 RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

24 (9) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY  
 25 OF AND ACCESS TO CESSATION PROGRAMS FOR UNINSURED INDIVIDUALS AND  
 26 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW  
 27 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS  
 28 OF THE TASK FORCE REPORT; AND

29 (10) ALLOCATE RESOURCES IN A MANNER THAT IS CONSISTENT WITH:

30 (I) THE NEEDS OF DIFFERENT POPULATIONS IN THE COUNTY,  
 31 INCLUDING TARGETED MINORITY POPULATIONS, AS IDENTIFIED IN THE BASELINE  
 32 TOBACCO STUDY AND ANNUAL TOBACCO STUDIES; AND

33 (II) THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE  
 34 CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE  
 35 TOBACCO CONTROL PROGRAM; AND

36 (8) ~~(10)-(11)~~ CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED  
 37 BY THE DEPARTMENT.

38 (D) IF A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND  
 39 CESSATION DOES NOT ALLOCATE RESOURCES IN A MANNER THAT IS CONSISTENT

1 WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND  
 2 PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE TOBACCO  
 3 CONTROL PROGRAM, THE PLAN SHALL:

4 ~~(D)~~ (1) STATE THE REASON FOR NOT ALLOCATING RESOURCES IN THIS  
 5 MANNER; AND

6 (2) IDENTIFY THE EXTENT TO WHICH OTHER RESOURCES ASSIST THE  
 7 COUNTY IN MEETING THIS REQUIREMENT.

8 ~~(E)~~ (E) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC  
 9 HEALTH TOBACCO GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A  
 10 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION  
 11 AND CESSATION FOR APPROVAL.

12 ~~(E)~~ (F) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH  
 13 THE COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN  
 14 FOR TOBACCO USE PREVENTION AND CESSATION.

15 ~~(F)~~ (G) (1) THE DEPARTMENT MAY DESIGNATE A PERSON OTHER THAN  
 16 THE HEAD OF A COUNTY HEALTH DEPARTMENT TO COORDINATE A COUNTY'S  
 17 TOBACCO USE PREVENTION AND CESSATION EFFORTS IF:

18 (I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO  
 19 COORDINATE THESE EFFORTS;

20 (II) THE COUNTY HEALTH DEPARTMENT HAS BEEN  
 21 UNSUCCESSFUL IN IMPLEMENTING TOBACCO USE PREVENTION AND CESSATION  
 22 INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE  
 23 DEPARTMENT; OR

24 (III) THE COUNTY HEALTH DEPARTMENT LACKS SUFFICIENT STAFF  
 25 OR RESOURCES TO COORDINATE THESE EFFORTS.

26 (2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE  
 27 DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER  
 28 THIS SUBSECTION.

29 (3) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO  
 30 DESIGNATE A PERSON OTHER THAN THE LOCAL HEALTH OFFICER TO COORDINATE  
 31 A COUNTY'S TOBACCO USE PREVENTION AND CESSATION EFFORTS, THE  
 32 DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY THAT WILL  
 33 COORDINATE THE COUNTY'S EFFORTS.

34 13-1009.

35 (A) THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES MAY JOIN  
 36 TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT.

1 (B) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT THAT IS  
 2 DISTRIBUTED TO A REGION UNDER SUBSECTION (A) OF THIS SECTION SHALL BE  
 3 EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH TOBACCO GRANTS THAT  
 4 OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER § 13-1007  
 5 OF THIS SUBTITLE.

6 (C) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES JOIN  
 7 TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT,  
 8 THE LOCAL HEALTH OFFICERS SHALL ACT JOINTLY TO:

9 (1) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION  
 10 AND CESSATION, AS REQUIRED UNDER § 13-1008 OF THIS SUBTITLE;

11 (2) ESTABLISH A COMMUNITY HEALTH COALITION, AS REQUIRED  
 12 UNDER § 13-1008 OF THIS SUBTITLE;

13 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §  
 14 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

15 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH  
 16 13-1012 OF THIS SUBTITLE.

17 13-1010.

18 (A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED  
 19 UNDER § 13-1008(B) OF THIS SUBTITLE SHALL:

20 (1) REFLECT THE DEMOGRAPHICS OF THE COUNTY ~~AND MAY CONSIST~~  
 21 ~~OF;~~ AND

22 ~~(1)~~ (2) INCLUDE REPRESENTATIVES OF:

23 ~~(1)~~ COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL,  
 24 AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE  
 25 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE  
 26 COUNTY;

27 ~~(1)~~ (B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION  
 28 ESTABLISHED UNDER § 13-1008(B) OF THIS SUBTITLE MAY INCLUDE:

29 (1) REPRESENTATIVES OF:

30 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE  
 31 49D, §11 OF THE CODE;

32 ~~(1)~~ (II) THE LOCAL PUBLIC SCHOOL SYSTEM;

33 ~~(1)~~ (III) LOCAL HOSPITALS, CLINICS, PHYSICIANS, AND OTHER  
 34 HEALTH CARE PROVIDERS;

35 ~~(1)~~ (IV) LOCAL LAW ENFORCEMENT;

1                   ~~(V)~~    (V)     LOCAL BUSINESSES;

2                   ~~(VI)~~   (VI)    LOCAL RELIGIOUS ORGANIZATIONS;

3                   ~~(VII)~~   (VII)   LOCAL MEDIA; ~~AND~~

4                   ~~(VIII)~~   (VIII)   INSTITUTIONS OF HIGHER EDUCATION; AND

5                            (IX)    HOSPITALS AND OTHER ENTITIES LOCATED OUTSIDE THE

6 COUNTY THAT COULD ENHANCE THE COUNTY'S TOBACCO USE PREVENTION AND

7 CESSATION EFFORTS; AND

8                   (2)     ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES

9 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION

10 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT~~

11 UNDER § 13-1007 OF THIS SUBTITLE.

12 13-1011.

13           (A)    (1)     BEFORE RECEIVING A LOCAL PUBLIC HEALTH TOBACCO GRANT, A

14 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF

15 ALL PUBLICLY FUNDED TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN

16 THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1008(B)(2) OF THIS SUBTITLE.

17           (2)     THE INVENTORY SHALL SPECIFY THE AMOUNT OF COUNTY FUNDS

18 THAT ARE BEING SPENT ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

19           (B)     THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (A)(2) OF THIS

20 SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR TOBACCO USE

21 PREVENTION AND CESSATION PROGRAMS.

22           (C)     A LOCAL PUBLIC HEALTH TOBACCO GRANT MAY NOT BE USED TO

23 SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR TOBACCO USE PREVENTION AND

24 CESSATION PROGRAMS.

25           (D)     THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH

26 TOBACCO GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE

27 COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR

28 FUNDING FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

29 13-1012.

30           (A)     THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR

31 TOBACCO USE PREVENTION AND CESSATION SUBMITTED UNDER § 13-1008(D) OF THIS

32 SUBTITLE AND DETERMINE WHETHER:

33                   (1)     THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS

34 ESTABLISHED BY THE DEPARTMENT FOR THE COUNTY UNDER § 13-1007 OF THIS

35 SUBTITLE; AND

1           (2)     THE PLAN ALLOCATES RESOURCES IN A MANNER THAT IS  
 2 CONSISTENT WITH THE NEEDS OF THE DIFFERENT POPULATIONS IN THE COUNTY,  
 3 INCLUDING TARGETED MINORITY POPULATIONS, AS IDENTIFIED IN THE BASELINE  
 4 TOBACCO STUDY AND ANNUAL TOBACCO STUDIES;

5           (3)     THE PLAN ALLOCATES RESOURCES IN A MANNER THAT IS  
 6 CONSISTENT WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE  
 7 CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE  
 8 TOBACCO CONTROL PROGRAM OR STATES A REASON FOR NOT MEETING THIS  
 9 REQUIREMENT AND IDENTIFIES OTHER RESOURCES THAT, TAKEN TOGETHER, MEET  
 10 THIS REQUIREMENT; AND

11           (⇒)   (4)     THE LOCAL HEALTH OFFICER HAS COMPLIED WITH THE OTHER  
 12 REQUIREMENTS OF §§ 13-1007 THROUGH 13-1011 OF THIS SUBTITLE.

13       (B)     THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY  
 14 FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT, AS PROVIDED UNDER § 13-1007 OF  
 15 THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF  
 16 SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

17 13-1013.

18       (A)     THERE IS A ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA  
 19 COMPONENT IN THE PROGRAM.

20       (B)     THE PURPOSE OF THE ~~COUNTERMARKETING~~ COUNTER-MARKETING AND  
 21 MEDIA COMPONENT IS TO COORDINATE A STATEWIDE ~~COUNTERMARKETING~~  
 22 COUNTER-MARKETING AND MEDIA CAMPAIGN TO COUNTER TOBACCO  
 23 ADVERTISEMENTS AND DISCOURAGE THE USE OF TOBACCO PRODUCTS.

24       (C)     (1)     EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE  
 25 DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO THE  
 26 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT IN THE  
 27 STATE BUDGET UNTIL AFTER THE BASELINE TOBACCO STUDY IS COMPLETED.

28           (2)     BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE  
 29 DEPARTMENT MAY SPEND MONEY THAT IS ALLOCATED TO THE  
 30 COUNTER-MARKETING AND MEDIA COMPONENT IN THE STATE BUDGET TO  
 31 CONDUCT FORMATIVE RESEARCH RELATING TO THE COUNTER-MARKETING AND  
 32 MEDIA COMPONENT.

33       (D)     SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, BEFORE SPENDING ANY  
 34 FUNDS ALLOCATED IN THE STATE BUDGET TO THE ~~COUNTERMARKETING~~  
 35 COUNTER-MARKETING AND MEDIA COMPONENT AND NO LATER THAN JANUARY 1,  
 36 2001, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE ~~GENERAL ASSEMBLY~~  
 37 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE  
 38 GENERAL ASSEMBLY THAT:

39           (1)     IDENTIFIES THE GOALS OF THE COUNTER-MARKETING AND MEDIA  
 40 COMPONENT AND THE TARGET DATES FOR MEETING THESE GOALS;

1           (+)   (2)   DESCRIBES THE VARIOUS ELEMENTS OF THE  
2 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT AND HOW  
3 THE DEPARTMENT PLANS TO IMPLEMENT THE COMPONENT; AND

4           (2)   (3)   IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE  
5 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT ~~AND HOW~~  
6 ~~THE DEPARTMENT INTENDS TO REACH EACH AUDIENCE.~~

7       (E)   (1)   THE DEPARTMENT MAY CONTRACT WITH A HIGHER EDUCATION  
8 INSTITUTION OR PRIVATE ENTITY TO IMPLEMENT ANY PART OF THE  
9 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT.

10           (2)   IF THE DEPARTMENT DETERMINES THAT ANY PART OF THE  
11 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT SHOULD BE  
12 IMPLEMENTED BY A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY, THE  
13 DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT  
14 WILL IMPLEMENT THAT PART OF THE COMPONENT.

15           (3)   AT A MINIMUM, THE REQUEST FOR PROPOSAL SHALL:

16                   (I)   STATE WITH SPECIFICITY THE GOALS OF THE  
17 COUNTER-MARKETING AND MEDIA COMPONENT;

18                   (II)   STATE WITH SPECIFICITY THE OBJECTIVES AND  
19 PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE SUCCESS OF THE  
20 PROGRAM TO WHICH THE REQUEST FOR PROPOSAL RELATES; AND

21                   (III)   REQUIRE THAT THE RESPONSE TO THE REQUEST FOR  
22 PROPOSAL INCLUDE A PLAN TO REACH THE TARGETED AUDIENCES IDENTIFIED BY  
23 THE DEPARTMENT.

24           (4)   IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL TO SELECT  
25 AN ENTITY TO IMPLEMENT ANY PART OF THE COUNTER-MARKETING AND MEDIA  
26 COMPONENT, THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN §  
27 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR  
28 PROPOSAL PROCESS.

29       (F)   TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO  
30 MAXIMIZE THE COST EFFECTIVENESS OF THE ~~COUNTERMARKETING~~  
31 COUNTER-MARKETING AND MEDIA COMPONENT, INCLUDING:

32           (1)   USING ADVERTISEMENTS AND OTHER COMMUNICATIONS AND  
33 PUBLIC RELATIONS PRODUCTS AND SERVICES THAT HAVE BEEN DEVELOPED BY  
34 AND SHOWN TO BE EFFECTIVE IN OTHER STATES; ~~AND~~

35           (2)   SUBJECT TO SUBSECTION (G) OF THIS SECTION, USING MONEY THAT  
36 IS ALLOCATED TO THE ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA  
37 COMPONENT TO OBTAIN MONEY FROM THE FEDERAL GOVERNMENT, THE NATIONAL  
38 PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY; AND

1           (3)     ~~COORDINATING THE PURCHASE OF BROADCAST TIME WITH OTHER~~  
2 ~~STATES.~~

3           (G)     THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL  
4 GOVERNMENT, THE NATIONAL PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF  
5 THE DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE  
6 MONEY, RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS,  
7 OR OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT ARE FUNDED WITH  
8 MONEY FROM THE CIGARETTE RESTITUTION FUND IF THE RESTRICTIONS ARE  
9 INCONSISTENT WITH THE PURPOSES OF THIS SUBTITLE.

10          (H)     ~~ON OR BEFORE SEPTEMBER 1 OF EACH YEAR~~, THE DEPARTMENT SHALL  
11 SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE  
12 STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE  
13 COUNTERMARKETING COUNTER-MARKETING AND MEDIA CAMPAIGN COMPONENT.

14 13-1014.

15          (A)     THERE IS AN ADMINISTRATIVE COMPONENT IN THE PROGRAM.

16          (B)     THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE  
17 NECESSARY ADMINISTRATIVE STRUCTURE IN THE DEPARTMENT FOR EFFECTIVE  
18 MANAGEMENT OF THE PROGRAM.

19          (C)     ~~THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING~~  
20 ~~THAT IS ALLOCATED TO THE DEPARTMENT UNDER FUNDS THAT ARE ALLOCATED TO~~  
21 ~~THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO~~  
22 ~~COVER ADMINISTRATIVE COSTS OF THE OTHER COMPONENTS OF THE PROGRAM,~~  
23 ~~INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT, A COUNTY~~  
24 ~~THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, OR ANY A~~  
25 ~~PERSON RECEIVING WHO RECEIVES MONEY FUNDS UNDER A LOCAL PUBLIC HEALTH~~  
26 ~~TOBACCO GRANT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER THE IN~~  
27 ADMINISTERING THE PROGRAM.

28          (D)     ~~THE AMOUNT THAT IS UNLESS OTHERWISE SPECIFIED IN THE ANNUAL~~  
29 ~~BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE~~  
30 ~~ADMINISTRATIVE COMPONENT UNDER SUBSECTION (C) OF THIS SECTION IN THE~~  
31 ~~STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS~~  
32 ~~ALLOCATED TO THE OTHER COMPONENTS OF THE PROGRAM IN THE STATE BUDGET.~~

33          (E)     ~~THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF~~  
34 ~~ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, A COUNTY THAT~~  
35 ~~RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, A PERSON WHO~~  
36 ~~RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, AND ANY~~  
37 OTHER PERSON WHO RECEIVES FUNDS UNDER THE PROGRAM.

38          (F)     ~~UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS~~  
39 ~~ENACTED, THE FUNDS THAT ARE ALLOCATED TO THE OTHER COMPONENTS OF THE~~  
40 PROGRAM IN THE STATE BUDGET MAY NOT BE USED FOR ADMINISTRATIVE COSTS.

1 (E) A COUNTY THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH  
 2 TOBACCO GRANT, A PERSON WHO RECEIVES FUNDS UNDER A LOCAL PUBLIC  
 3 HEALTH TOBACCO GRANT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER  
 4 ANY COMPONENT OF THE PROGRAM MAY NOT USE MORE THAN 7% OF THE FUNDS TO  
 5 COVER ADMINISTRATIVE COSTS.

6 SUBTITLE 11. CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING,  
 7 AND TREATMENT PROGRAM.

8 13-1101.

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

11 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE  
 12 PROGRAM ESTABLISHED UNDER ~~§ 13-4443~~ § 13-1118 OF THIS SUBTITLE.

13 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §  
 14 13-1103 OF THIS SUBTITLE.

15 (D) "CANCER RESEARCH PLAN" MEANS A PLAN DEVELOPED UNDER § 13-1116  
 16 OF THIS SUBTITLE.

17 (E) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS  
 18 ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

19 (F) "COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED  
 20 UNDER § 13-1109(C)(1) OR § 13-1115(B)(1) OF THIS SUBTITLE.

21 ~~(F)~~ (G) "COUNTY" INCLUDES BALTIMORE CITY.

22 ~~(G)~~ (H) "COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
 23 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT" MEANS A PLAN  
 24 DEVELOPED UNDER § 13-1109(C)(2) OR § 13-1115(B)(2) OF THIS SUBTITLE.

25 ~~(H)~~ "IDENTIFICATION" INCLUDES SCREENING, EARLY DETECTION,  
 26 DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING AND EARLY  
 27 DETECTION PROGRAMS.

28 (I) "EDUCATION" MEANS INFORMATION PROVIDED TO THE PUBLIC  
 29 REGARDING THE PURPOSE OF, AVAILABILITY OF, AND ACCESS TO SCREENING  
 30 PROGRAMS.

31 (J) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING STATED IN  
 32 42 U.S.C. § 254B.

33 ~~(K)~~ ~~(L)~~ (K) "JOHNS HOPKINS ~~GROUP~~ INSTITUTIONS" MEANS THE JOHNS  
 34 HOPKINS UNIVERSITY, ~~THE JOHNS HOPKINS HOSPITAL,~~ AND JOHNS HOPKINS  
 35 ~~MEDICINE~~ AND THE JOHNS HOPKINS HEALTH SYSTEM.

1     ~~(K)~~ ~~(L)~~     "LOCAL HEALTH OFFICER" MEANS:

2             (1)     THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR

3             (2)     A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1109(G) OR  
4 § 13-1115(I) OF THIS SUBTITLE.

5     ~~(K)~~     ~~(L)~~     (M)     "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT  
6 DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1107 THROUGH  
7 13-1113 OF THIS SUBTITLE.

8     ~~(L)~~     ~~(M)~~     (N)     "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE  
9 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1107 OF THIS  
10 SUBTITLE.

11     ~~(M)~~     ~~(N)~~     (O)     "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED  
12 DATA SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN  
13 THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON  
14 CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND  
15 TREATED IN THE STATE.

16     ~~(N)~~     ~~(O)~~     ~~"MEDICAL INSTITUTION COMPONENT" MEANS THE COMPONENT~~  
17 ~~ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE.~~

18     ~~(P)~~     ~~"MEDICAL INSTITUTION NETWORK GRANT" MEANS A GRANT THAT IS~~  
19 ~~DISTRIBUTED UNDER § 13-1117 OF THIS SUBTITLE.~~

20     ~~(O)~~     ~~(Q)~~     ~~"MEDICAL INSTITUTION PUBLIC HEALTH GRANT" MEANS A GRANT~~  
21 ~~THAT IS DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND~~  
22 ~~MEDICAL SYSTEM GROUP OR THE JOHNS HOPKINS UNIVERSITY GROUP UNDER §~~  
23 ~~13-1115 OF THIS SUBTITLE.~~

24     ~~(R)~~     ~~"MEDICAL INSTITUTION RESEARCH GRANT" MEANS A GRANT THAT IS~~  
25 ~~DISTRIBUTED UNDER § 13-1116 OF THIS SUBTITLE.~~

26     ~~(P)~~     ~~(S)~~ ~~(P)~~     "MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY  
27 DEVELOPMENT CORPORATION" MEANS THE ENTITY THAT IS ESTABLISHED UNDER  
28 ARTICLE 83A, § 5-2A-02 OF THE CODE.

29     (Q)     "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF  
30 AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

31     ~~(T)~~ ~~(R)~~     "OUTREACH EFFORTS" MEANS ACTIVITIES THAT ARE RELATED TO  
32 ENCOURAGING INDIVIDUALS TO SEEK SCREENING SERVICES.

33     ~~(U)~~     (S)     "PREVENTION" MEANS ACTIVITIES RELATING TO EARLY DETECTION,  
34 SCREENING, AND RISK FACTOR REDUCTION.

1 ~~(Q)~~ ~~(V)-(T)~~ "PROGRAM" MEANS THE CANCER PREVENTION, IDENTIFICATION  
 2 EDUCATION, SCREENING, AND TREATMENT PROGRAM THAT IS ESTABLISHED UNDER  
 3 § 13-1102 OF THIS SUBTITLE.

4 ~~(W)~~ ~~(U)~~ "SCREENING" INCLUDES SCREENING, EARLY DETECTION,  
 5 IDENTIFICATION, DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH  
 6 SCREENING AND EARLY DETECTION PROGRAMS.

7 ~~(V)~~ "STATEWIDE ACADEMIC HEALTH CENTER" MEANS THE UNIVERSITY OF  
 8 MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS.

9 ~~(W)~~ "STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT"  
 10 MEANS A GRANT THAT IS DISTRIBUTED UNDER § 13-1116 OF THIS SUBTITLE.

11 ~~(X)~~ "STATEWIDE ACADEMIC HEALTH CENTER COMPONENT" MEANS THE  
 12 COMPONENT ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE.

13 ~~(Y)~~ "STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT" MEANS THE  
 14 GRANT THAT IS DISTRIBUTED UNDER § 13-1118 OF THIS SUBTITLE.

15 ~~(Z)~~ "STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT" MEANS  
 16 A GRANT THAT IS DISTRIBUTED UNDER § 13-1115 OF THIS SUBTITLE.

17 ~~(AA)~~ "STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED DISEASES  
 18 RESEARCH GRANT" MEANS A GRANT THAT IS DISTRIBUTED UNDER § 13-1017 OF THIS  
 19 SUBTITLE.

20 ~~(R)~~ ~~(X)-(BB)~~ "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE  
 21 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 OF THIS  
 22 SUBTITLE.

23 ~~(S)~~ ~~(Y)-(CC)~~ "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE  
 24 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1103 OF THIS  
 25 SUBTITLE.

26 ~~(T)~~ ~~(Z)-(DD)~~ "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY  
 27 THE DEPARTMENT UNDER ~~SUBSECTION (D) OF THIS SECTION~~ § 13-1102(D) OF THIS  
 28 SUBTITLE.

29 ~~(AA)-(EE)~~ "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "REPORT OF  
 30 THE GOVERNOR'S TASK FORCE TO CONQUER CANCER" THAT WAS ISSUED IN  
 31 DECEMBER 1999.

32 ~~(FF)~~ "TOBACCO-RELATED DISEASES" MEANS CARDIOVASCULAR DISEASE,  
 33 CHRONIC PULMONARY DISEASE, PERIPHERAL VASCULAR DISEASE, STROKE, AND  
 34 INFANT MORTALITY DUE TO LOW BIRTH WEIGHT.

35 ~~(BB)-(GG)~~ "TREATMENT" INCLUDES APPROPRIATE ACCESS TO:

1           (1)    LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER  
2 HEALTH CARE PROVIDERS; AND

3           (2)    CLINICAL TRIALS, TRANSPORTATION, CASE MANAGEMENT, HOSPICE  
4 CARE, AND CANCER SUPPORT GROUPS.

5    ~~(CC)~~    ~~(HH)~~    "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

6           (1)    FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY  
7 PRIVATE HEALTH INSURANCE, MEDICAID, OR MEDICARE, OR THE MARYLAND  
8 CHILDREN'S HEALTH PROGRAM; AND

9           (2)    WHO THE DEPARTMENT DETERMINES DOES NOT HAVE THE  
10 FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

11    ~~(U)~~    ~~(DD)~~    ~~(II)~~    "UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP"  
12 MEANS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, THE  
13 UNIVERSITY OF MARYLAND MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND,  
14 BALTIMORE.

15 13-1102.

16    (A)    THERE IS A CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,  
17 SCREENING, AND TREATMENT PROGRAM IN THE DEPARTMENT.

18    (B)    THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF  
19 THE CIGARETTE RESTITUTION FUND ~~TO ADDRESS ISSUES RELATING TO CANCER~~  
20 ~~PREVENTION, IDENTIFICATION EDUCATION, SCREENING, AND TREATMENT~~ SO AS TO  
21 CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE CANCER  
22 MORTALITY AND MORBIDITY RATES FOR CANCER AND TOBACCO-RELATED DISEASES  
23 IN THE STATE AND OTHERWISE BENEFIT THE HEALTH AND WELFARE OF THE  
24 STATE'S RESIDENTS.

25    (C)    THE PROGRAM CONSISTS OF:

26           (1)    A SURVEILLANCE AND EVALUATION COMPONENT;

27           (2)    A STATEWIDE PUBLIC HEALTH COMPONENT;

28           (3)    A LOCAL PUBLIC HEALTH COMPONENT;

29           (4)    ~~A MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC HEALTH CENTER  
30 COMPONENT; AND

31           (5)    AN ADMINISTRATIVE COMPONENT.

32    (D)    TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE  
33 TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE PROGRAM.

34    (E)    (1)    THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE  
35 BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

1           (2)     THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE  
 2 APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSES OF PURPOSE OF  
 3 IMPLEMENTING THE PROGRAM, INCLUDING THE USE OF ANY FUNDS BY PERSONS  
 4 RECEIVING FUNDS UNDER THIS SUBTITLE UNDER A GRANT OR CONTRACT RECEIVED  
 5 BY A PERSON UNDER ANY COMPONENT OF THE PROGRAM.

6       (F)     (1)     THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF  
 7 FUNDING THAT IS ALLOCATED TO EACH COMPONENT OF THE PROGRAM.

8           (2)     EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION,  
 9 MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE  
 10 BUDGET:

11           (I)     MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS  
 12 APPROPRIATED; AND

13           (II)    MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT IN  
 14 THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY UNIT OF STATE  
 15 GOVERNMENT, ~~UNLESS AUTHORIZED BY THE STATE BUDGET AS ENACTED.~~

16           (3)     (I)     EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS  
 17 PARAGRAPH, THE DEPARTMENT MAY TRANSFER A MAXIMUM OF 10% OF THE TOTAL  
 18 AMOUNT OF MONEY THAT IS ALLOCATED TO THE PROGRAM AMONG THE  
 19 COMPONENTS OF THE PROGRAM IF THE TRANSFER IS SPECIFICALLY AUTHORIZED  
 20 IN THE ANNUAL BUDGET BILL AS ENACTED.

21           (II)    THE DEPARTMENT MAY NOT TRANSFER FUNDS TO THE  
 22 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT OR THE ADMINISTRATIVE  
 23 COMPONENT FROM ANY OTHER COMPONENT OF THE PROGRAM.

24           (III)   IF THE DEPARTMENT TRANSFERS ANY MONEY AMONG THE  
 25 COMPONENTS OF THE PROGRAM AS AUTHORIZED UNDER SUBPARAGRAPH (I) OF  
 26 THIS PARAGRAPH, THE DEPARTMENT SHALL REPORT THE TRANSFER TO THE  
 27 SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE,  
 28 HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL MATTERS  
 29 COMMITTEE WITHIN 60 DAYS AFTER THE TRANSFER.

30           (IV)   THE DEPARTMENT MAY TRANSFER MONEY THAT IS  
 31 ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET ~~MAY BE~~  
 32 TRANSFERRED TO ANOTHER COMPONENT OF THE PROGRAM, ANOTHER PROGRAM IN  
 33 THE DEPARTMENT, DEPARTMENT OR ANOTHER UNIT OF STATE GOVERNMENT IF  
 34 THE TRANSFER IS SPECIFICALLY AUTHORIZED BY:

35           ~~(H)~~    1.     A PROVISION OF THIS SUBTITLE; OR

36           ~~(H)~~    2.     A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED  
 37 THAT RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT  
 38 COMPONENT.

1 (G) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN  
2 THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT THE END OF  
3 THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE RESTITUTION  
4 FUND.

5 (2) MONEY THAT REVERTS TO THE CIGARETTE RESTITUTION FUND  
6 UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE USED TO FUND THE  
7 PROGRAM IN THE FISCAL YEAR TO WHICH THE NEXT ANNUAL BUDGET BILL  
8 RELATES.

9 (3) THE GOVERNOR SHALL INCLUDE IN THE NEXT ANNUAL BUDGET  
10 BILL AN APPROPRIATION FOR THE PROGRAM THAT IS AT LEAST EQUAL TO THE  
11 AMOUNT OF MONEY THAT REVERTED TO THE CIGARETTE RESTITUTION FUND  
12 UNDER PARAGRAPH (1) OF THIS SUBSECTION.

13 (H) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL  
14 REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT  
15 ARTICLE, ~~THE~~ SENATE BUDGET AND TAXATION COMMITTEE AND, ~~THE~~ SENATE  
16 FINANCE COMMITTEE, ~~THE~~ HOUSE APPROPRIATIONS COMMITTEE, AND ~~THE~~ HOUSE  
17 ENVIRONMENTAL MATTERS COMMITTEE:

18 (1) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH  
19 COMPONENT OF THE PROGRAM DURING:

20 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
21 UNOBLIGATED AT THE END OF THAT YEAR; AND

22 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND  
23 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR; AND

24 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A  
25 LOCAL PUBLIC HEALTH CANCER GRANT DURING:

26 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
27 UNOBLIGATED AT THE END OF THAT YEAR; AND

28 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND  
29 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR.

30 (I) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE  
31 CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE  
32 PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1101(CC) OF  
33 THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR  
34 APPROPRIATE TREATMENT.

35 13-1103.

36 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE  
37 PROGRAM.

1 (B) THE PURPOSE OF THE SURVEILLANCE AND EVALUATION COMPONENT IS  
2 TO:

3 (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO ~~CANCER AND~~;

4 (I) TARGETED CANCERS;

5 (II) AS DETERMINED BY THE DEPARTMENT, NON-TARGETED  
6 CANCERS; AND

7 (III) CANCER PREVENTION, IDENTIFICATION EDUCATION,  
8 SCREENING, AND TREATMENT PROGRAMS IN THE STATE;

9 (2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM,  
10 INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;

11 (3) CONDUCT THE BASELINE CANCER STUDY, AS PROVIDED UNDER  
12 SUBSECTIONS (C) AND (D) OF THIS SECTION; AND

13 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §  
14 13-1104 OF THIS SUBTITLE.

15 (C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT,  
16 THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE  
17 CANCER STUDY AS PROVIDED IN THIS SECTION.

18 (2) THE DEPARTMENT MAY:

19 (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE  
20 STUDY; OR

21 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR  
22 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE  
23 STUDY.

24 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

25 (1) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO HAVE EACH  
26 TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY;

27 (2) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WITHIN EACH  
28 MINORITY POPULATION WHO HAVE EACH TARGETED CANCER, BOTH STATEWIDE  
29 AND IN EACH COUNTY;

30 (3) THE MORTALITY RATE FOR EACH TARGETED CANCER, BOTH  
31 STATEWIDE AND IN EACH COUNTY;

32 (4) THE MORTALITY RATE FOR DIFFERENT MINORITY POPULATIONS  
33 FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY; ~~AND~~

1           (5)     THE NUMBER OF IDENTIFIABLE CANCERS WITH A HIGH INCIDENCE  
 2 IN THE STATE FOR WHICH THERE ARE EFFECTIVE METHODS OF:

3                   (I)     EARLY DETECTION; AND

4                   (II)    PREVENTION AND TREATMENT AFTER DETECTION;

5           ~~(5)~~   (6)     ANY ASPECT OF TARGETED AND NON-TARGETED CANCERS  
 6 THAT THE DEPARTMENT SEEKS TO MEASURE; AND

7           ~~(5)~~   ~~(6)-(7)~~   ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES  
 8 TO BE IMPORTANT FOR MEASURING RATES OF ~~TARGETED~~ CANCERS IN THE STATE OR  
 9 FOR EVALUATING WHETHER THE PROGRAM MEETS ITS OBJECTIVES.

10       (E)     IN ORDER TO MAXIMIZE THE COST EFFECTIVENESS OF THE BASELINE  
 11 CANCER STUDY, THE DEPARTMENT MAY ~~RELY ON~~ USE DATA IN THE MARYLAND  
 12 CANCER REGISTRY OR PROVIDED BY OTHER SOURCES, TO THE EXTENT THAT THESE  
 13 SOURCES PROVIDE RELIABLE DATA RELATING TO THE FACTORS LISTED IN  
 14 SUBSECTION (D) OF THIS SECTION.

15       (F)     (1)     IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION  
 16 INSTITUTION OR PRIVATE ENTITY CONDUCT THE BASELINE CANCER STUDY OR ANY  
 17 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
 18 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF  
 19 THE STUDY.

20           (2)     THE REQUEST FOR PROPOSAL SHALL ~~SPECIFY~~ REQUIRE THAT ANY  
 21 METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE  
 22 BASELINE CANCER STUDY OR THE RELEVANT PART OF THE STUDY, ~~AND~~ ANY DATA  
 23 COLLECTED UNDER THE STUDY, ~~SHALL~~ AND ANY ELECTRONIC FILES, CODES, AND  
 24 DEFINITIONS RELATING TO THE STUDY BE PROVIDED TO THE STATE FOR USE IN  
 25 SUBSEQUENT STUDIES, REGARDLESS OF WHETHER THE STUDIES ARE CONDUCTED  
 26 BY THE SAME ENTITY.

27           (3)     THE DEPARTMENT MAY ~~ISSUE A REQUEST FOR PROPOSAL THAT~~  
 28 ~~ALLOWS THE DEPARTMENT TO~~ CONTRACT WITH AN ENTITY TO CONDUCT THE  
 29 BASELINE CANCER STUDY AND ONE OR MORE ANNUAL CANCER STUDIES AS  
 30 REQUIRED UNDER § 13-1104 OF THIS SUBTITLE.

31       (G)     ON OR BEFORE SEPTEMBER 1, 2000, THE DEPARTMENT SHALL SUBMIT A  
 32 REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT  
 33 ARTICLE, THE GENERAL ASSEMBLY, ON THE RESULTS OF THE BASELINE CANCER  
 34 STUDY.

35 13-1104.

36       (A)     EACH YEAR FOLLOWING THE YEAR IN WHICH THE BASELINE CANCER  
 37 STUDY IS COMPLETED, THE DEPARTMENT SHALL CONDUCT AN ANNUAL CANCER  
 38 STUDY.

1 (B) THE ANNUAL CANCER STUDY SHALL:

2 (1) MEASURE THE SAME FACTORS THAT ARE SET FORTH IN § 13-1103(D)  
3 OF THIS SUBTITLE; AND

4 (2) USE THE SAME METHODOLOGY OR MODEL THAT IS USED TO  
5 CONDUCT THE BASELINE CANCER STUDY.

6 (C) THE DEPARTMENT MAY:

7 (1) CONDUCT THE ANNUAL CANCER STUDY OR ANY PART OF THE  
8 STUDY; OR

9 (2) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE  
10 ENTITY TO CONDUCT THE ANNUAL CANCER STUDY OR ANY PART OF THE STUDY.

11 (D) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION  
12 INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY  
13 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
14 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF  
15 THE STUDY.

16 (2) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT  
17 ONE OR MORE ANNUAL CANCER STUDIES OR A PART OF ONE OR MORE ANNUAL  
18 CANCER STUDIES.

19 (E) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL  
20 SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE  
21 STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON THE RESULTS OF THE  
22 ANNUAL CANCER STUDY.

23 13-1105.

24 BEFORE THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH CANCER  
25 GRANT TO ANY COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE, THE  
26 DEPARTMENT SHALL DEVELOP AN INVENTORY OF PUBLICLY FUNDED SCREENING  
27 PROGRAMS THAT INCLUDES INFORMATION RELATING TO:

28 (1) THE NUMBER AND TYPES OF PUBLICLY FUNDED SCREENING  
29 PROGRAMS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY,  
30 AND THE NUMBER OF ~~PERSONS~~ INDIVIDUALS SCREENED EACH YEAR IN THESE  
31 PROGRAMS; AND

32 (2) THE EXISTENCE OF MECHANISMS TO ~~INSURE~~ ENSURE THAT  
33 UNINSURED INDIVIDUALS WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND  
34 ARE NOT COVERED BY MEDICAID OR MEDICARE RECEIVE APPROPRIATE TREATMENT  
35 FOR ANY CANCER THAT IS DETECTED IN THE SCREENING ~~PROGRAM~~ PROGRAMS  
36 IDENTIFIED UNDER ITEM (1) OF THIS SECTION.

1 13-1106.

2 (A) THERE IS A STATEWIDE PUBLIC HEALTH COMPONENT IN THE PROGRAM.

3 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO  
 4 MAXIMIZE THE EFFECTIVENESS OF THE ~~ANTICANCER~~ ANTI-CANCER INITIATIVES IN  
 5 THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ~~INSURE~~ ENSURE  
 6 THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED  
 7 MANNER THROUGHOUT THE STATE.

8 (C) SUBJECT TO SUBSECTION (D) OF THIS SECTION AND AS NECESSARY TO  
 9 ~~INSURE~~ ENSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO  
 10 IMPLEMENT CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS  
 11 FOR TARGETED CANCERS, THE DEPARTMENT MAY:

12 (1) ~~DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED~~  
 13 ~~OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE;~~

14 (2) ~~ISSUE REQUESTS FOR PROPOSALS FOR PROGRAMS THAT ARE NOT~~  
 15 ~~ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE; AND~~

16 (3) ~~DISTRIBUTE GRANTS TO OR ENTER INTO CONTRACTS WITH OTHER~~  
 17 ~~PERSONS WHO DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED~~  
 18 ~~OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE~~ STATEWIDE  
 19 ANTI-CANCER INITIATIVES THAT ARE CONSISTENT WITH THE FINDINGS AND  
 20 RECOMMENDATIONS OF THE TASK FORCE REPORT, INCLUDING PROGRAMS THAT  
 21 SUPPORT THE IMPLEMENTATION OF THE LOCAL PUBLIC HEALTH COMPONENT OF  
 22 THE PROGRAM.

23 (D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A  
 24 GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF  
 25 THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE  
 26 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE  
 27 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR  
 28 PROPOSAL, GRANT, OR CONTRACT RELATES.

29 (E) THE DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO  
 30 THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL THE  
 31 BASELINE CANCER STUDY HAS BEEN COMPLETED.

32 13-1107.

33 (A) THERE IS A LOCAL PUBLIC HEALTH COMPONENT IN THE PROGRAM.

34 (B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO  
 35 MAXIMIZE THE EFFECTIVENESS OF ~~ANTICANCER~~ ANTI-CANCER INITIATIVES IN THE  
 36 STATE BY EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT  
 37 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
 38 PROGRAMS IN COORDINATION WITH THE DEPARTMENT.

1 (C) SUBJECT TO §§ 13-1108 THROUGH 13-1113 OF THIS SUBTITLE, THE  
 2 DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR CANCER PREVENTION,  
 3 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS.

4 (D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,  
 5 THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE  
 6 LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE  
 7 BASELINE CANCER STUDY HAS BEEN COMPLETED.

8 (2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE  
 9 DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO  
 10 EACH LOCAL HEALTH DEPARTMENT OTHER THAN THE BALTIMORE CITY HEALTH  
 11 DEPARTMENT.

12 13-1108.

13 (A) AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED AND  
 14 BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH CANCER GRANTS,  
 15 THE DEPARTMENT, IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, SHALL:

16 (1) ESTABLISH SHORT-TERM AND LONG-TERM CANCER PREVENTION,  
 17 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT GOALS FOR EACH  
 18 COUNTY;

19 (2) ESTABLISH OTHER REQUIREMENTS FOR EACH COUNTY THAT THE  
 20 DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED  
 21 UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

22 (3) PROVIDE FOR THE DISTRIBUTION OF LOCAL PUBLIC HEALTH  
 23 CANCER GRANTS TO ELIGIBLE COUNTIES BASED ON THE FORMULA ESTABLISHED  
 24 UNDER SUBSECTION (B) OF THIS SECTION.

25 (B) SUBJECT TO SUBSECTION (C) OF THIS SECTION AND §§ 13-1109 THROUGH  
 26 13-1113 OF THIS SUBTITLE, THE DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC  
 27 HEALTH CANCER GRANT TO EACH COUNTY THAT IS EQUAL TO THE SUM OF:

28 (1) THE PRODUCT OF:

29 (I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO  
 30 THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

31 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO HAVE ~~ONE~~  
 32 ANY OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE  
 33 STATE RESIDING OUTSIDE OF BALTIMORE CITY WHO HAVE ~~ONE~~ ANY OF THE  
 34 TARGETED CANCERS; AND

35 (2) THE PRODUCT OF:

36 (I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO  
 37 THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

1 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED  
2 FROM ~~ONE~~ ANY OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY  
3 THE NUMBER OF INDIVIDUALS IN THE STATE RESIDING OUTSIDE OF BALTIMORE  
4 CITY WHO DIED FROM ~~ONE~~ ANY OF THE TARGETED CANCERS DURING THE PRIOR  
5 YEAR.

6 (C) (1) EXCEPT AS PROVIDED IN THIS SUBSECTION, BALTIMORE CITY IS NOT  
7 ELIGIBLE TO RECEIVE MONEY FROM THE DEPARTMENT BASED ON THE FORMULA  
8 ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

9 (2) EACH YEAR, BEFORE CALCULATING THE AMOUNT OF MONEY THAT  
10 MAY BE DISTRIBUTED TO EACH COUNTY AS A LOCAL PUBLIC HEALTH CANCER  
11 GRANT UNDER SUBSECTION (B) OF THIS SECTION, THE DEPARTMENT SHALL  
12 CALCULATE THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED TO  
13 EACH COUNTY IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.

14 (3) IF THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED  
15 TO BALTIMORE CITY USING THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF  
16 THIS SECTION IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA EXCEEDS  
17 \$4,000,000, THE DEPARTMENT SHALL TRANSFER THE DIFFERENCE BETWEEN THAT  
18 AMOUNT AND \$4,000,000 FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE  
19 MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER COMPONENT.

20 13-1109.

21 (A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION  
22 DOES NOT APPLY TO BALTIMORE CITY.

23 (B) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL  
24 HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH  
25 CANCER GRANT.

26 (2) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT SHALL  
27 BE DETERMINED BY THE DEPARTMENT USING THE FORMULA THAT IS ESTABLISHED  
28 UNDER § 13-1108 OF THIS SUBTITLE.

29 (C) BEFORE APPLYING FOR A LOCAL PUBLIC HEALTH CANCER GRANT, A  
30 LOCAL HEALTH OFFICER SHALL:

31 (1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED  
32 UNDER § 13-1111 OF THIS SUBTITLE; AND

33 (2) WITH THE ASSISTANCE OF THE COMMUNITY HEALTH COALITION:

34 (I) IDENTIFY ALL EXISTING CANCER PREVENTION,  
35 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT  
36 RELATE TO TARGETED CANCERS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

37 (II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED  
38 PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

1 (III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
 2 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT THAT OUTLINES A  
 3 STRATEGY FOR MEETING THE CANCER PREVENTION, ~~IDENTIFICATION EDUCATION,~~  
 4 ~~SCREENING,~~ AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE  
 5 COUNTY ~~BY THE DEPARTMENT UNDER § 13-1108 OF THIS SUBTITLE.~~

6 (D) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, ~~IDENTIFICATION~~  
 7 ~~EDUCATION, SCREENING,~~ AND TREATMENT SHALL:

8 (1) INCLUDE A LIST OF THE MEMBERS OF THE COMMUNITY HEALTH  
 9 COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

10 (2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A  
 11 LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR;

12 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE  
 13 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,  
 14 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT GOALS ESTABLISHED  
 15 FOR THE COUNTY ~~BY THE DEPARTMENT UNDER § 13-1108 OF THIS SUBTITLE;~~

16 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF  
 17 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS  
 18 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,  
 19 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT GOALS AND  
 20 REQUIREMENTS ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT UNDER §~~  
 21 13-1108 OF THIS SUBTITLE;

22 (5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR  
 23 FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE;

24 (6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING  
 25 PROGRAM THAT IS OR WILL BE FUNDED UNDER A LOCAL PUBLIC HEALTH CANCER  
 26 GRANT PROVIDES ~~LINKAGES TO NECESSARY TREATMENT~~ OR LINKAGES TO  
 27 NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS,  
 28 ~~PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS FOR UNINSURED INDIVIDUALS~~  
 29 WHO:

30 (H) ARE DIAGNOSED WITH A TARGETED OR NON-TARGETED  
 31 ~~CANCER; AND~~

32 (I) ~~DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT~~  
 33 ~~ELIGIBLE FOR MEDICAID OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR~~  
 34 TREATMENT AS A RESULT OF THE SCREENING PROCESS;

35 (7) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL  
 36 PERSONS WHO RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH CANCER GRANT  
 37 IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY  
 38 EACH PERSON UNDER THE GRANT;

1           (8)     EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE  
 2 AMOUNT OF MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC  
 3 HEALTH CANCER GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
 4 UNOBLIGATED AT THE END OF THAT YEAR; ~~AND~~

5           (9)     DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER  
 6 INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY  
 7 POPULATIONS AND RURAL AREAS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN  
 8 SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE  
 9 TASK FORCE REPORT;

10          (10)    DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY  
 11 OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND  
 12 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW  
 13 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS  
 14 OF THE TASK FORCE REPORT; ~~AND~~

15          (11)    DEMONSTRATE THAT PRIORITY CONSIDERATION WAS GIVEN TO  
 16 PERSONS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE  
 17 DEMONSTRATED A COMMITMENT TO PROVIDING CANCER PREVENTION, EDUCATION,  
 18 SCREENING, AND TREATMENT SERVICES TO UNINSURED INDIVIDUALS IN THE  
 19 COUNTY AND A PROVEN ABILITY TO DO SO; AND

20          (9)     ~~(11)-(12)~~           CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED  
 21 BY THE DEPARTMENT.

22     ~~(E)~~    (1)     IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS  
 23 SECTION, IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE COMMUNITY  
 24 HEALTH COALITION, ACTING JOINTLY AND IN CONSULTATION WITH THE STATEWIDE  
 25 ACADEMIC HEALTH CENTERS, SHALL DEVELOP A SPECIFIC PLAN AS TO HOW THE  
 26 EXPERTISE OF THE STATEWIDE ACADEMIC HEALTH CENTERS WILL BE USED TO  
 27 ASSIST THE COMMUNITY HEALTH COALITION IN ACHIEVING THE GOALS  
 28 ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY  
 29 RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT  
 30 AT ONE OR MORE MAJOR COMMUNITY HOSPITALS IN THE COUNTY.

31          (2)     IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS  
 32 SECTION, IN BALTIMORE COUNTY, THE COMPREHENSIVE PLAN FOR CANCER  
 33 PREVENTION, EDUCATION, SCREENING, AND TREATMENT SHALL INCLUDE A  
 34 SPECIFIC PLAN AS TO HOW THE MAJOR COMMUNITY HOSPITAL OR HOSPITALS THAT  
 35 ARE INCLUDED IN THE COMMUNITY HEALTH COALITION, AS REQUIRED UNDER §  
 36 13-1111 OF THIS SUBTITLE, WILL BE USED TO ACHIEVE THE GOALS ESTABLISHED  
 37 FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO  
 38 ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT IN THE  
 39 COUNTY.

40     ~~(E)~~    (F)     A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC  
 41 HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A

1 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
2 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT FOR APPROVAL.

3 ~~(F)~~ (G) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH  
4 THE COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN  
5 FOR CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND  
6 TREATMENT.

7 ~~(G)~~ (H) (1) THE DEPARTMENT MAY DESIGNATE A PERSON OTHER THAN  
8 THE HEAD OF A COUNTY HEALTH DEPARTMENT TO COORDINATE A COUNTY'S  
9 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
10 EFFORTS IF:

11 (I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO  
12 COORDINATE THESE EFFORTS;

13 (II) THE COUNTY HEALTH DEPARTMENT HAS BEEN  
14 UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, ~~IDENTIFICATION~~  
15 EDUCATION, SCREENING, AND TREATMENT INITIATIVES THAT SATISFY  
16 PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

17 (III) THE COUNTY HEALTH DEPARTMENT LACKS SUFFICIENT STAFF  
18 OR RESOURCES TO COORDINATE THESE EFFORTS.

19 (2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE  
20 DEPARTMENT SHALL ~~ADOPT~~ ESTABLISH PROCEDURES FOR MAKING A DESIGNATION  
21 UNDER THIS SUBSECTION.

22 (3) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO  
23 DESIGNATE A PERSON OTHER THAN THE LOCAL HEALTH OFFICER TO COORDINATE  
24 A COUNTY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT  
25 EFFORTS, THE DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY  
26 THAT WILL COORDINATE THE COUNTY'S EFFORTS.

27 13-1110.

28 (A) THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES MAY JOIN  
29 TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER GRANT.

30 (B) THE DEPARTMENT MAY REQUIRE THAT TWO OR MORE COUNTIES JOIN  
31 TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER GRANT IF  
32 THE DEPARTMENT DETERMINES THAT:

33 (1) IT WOULD BE COST-EFFECTIVE TO FUND CANCER PREVENTION,  
34 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS FOR  
35 TARGETED CANCERS ON A REGIONAL BASIS; AND

36 (2) IT WOULD SERVE THE PUBLIC HEALTH INTERESTS OF THE  
37 COUNTIES TO FUND CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,

1 SCREENING, AND TREATMENT PROGRAMS FOR TARGETED CANCERS ON A REGIONAL  
2 BASIS.

3 (C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS  
4 DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF  
5 THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN  
6 DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §  
7 13-1108 OF THIS SUBTITLE.

8 (D) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES CHOOSE TO  
9 JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER  
10 GRANT OR ARE REQUIRED TO DO SO BY THE DEPARTMENT, THE LOCAL HEALTH  
11 OFFICERS SHALL ACT JOINTLY TO:

12 (1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
13 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT, AS REQUIRED UNDER §  
14 13-1109(C) OF THIS SUBTITLE;

15 (2) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED  
16 UNDER § 13-1111 OF THIS SUBTITLE;

17 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT  
18 ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE HAS BEEN MET; AND

19 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ ~~13-1108~~ 13-1107  
20 THROUGH 13-1113 OF THIS SUBTITLE.

21 13-1111.

22 (A) ~~(1)~~ (1) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION  
23 ESTABLISHED UNDER § 13-1109(C) OF THIS SUBTITLE SHALL:

24 ~~(1)~~ (1) REFLECT THE DEMOGRAPHICS OF THE COUNTY ~~AND MAY~~  
25 ~~CONSIST OF~~; AND

26 ~~(1)~~ (2) (II) INCLUDE REPRESENTATIVES OF:

27 ~~(1)~~ (I) COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL,  
28 AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE  
29 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE  
30 COUNTY;

31 (2) (1) IN ADDITION TO THE REQUIREMENTS OF PARAGRAPH (1) OF  
32 THIS SUBSECTION, IN BALTIMORE CITY AND IN BALTIMORE, MONTGOMERY, AND  
33 PRINCE GEORGE'S COUNTIES, THE COMMUNITY HEALTH COALITION SHALL  
34 INCLUDE REPRESENTATIVES OF THE MAJOR COMMUNITY HOSPITALS THAT TREAT  
35 COUNTY RESIDENTS WITH TARGETED CANCERS.

36 (II) IN BALTIMORE, MONTGOMERY, AND PRINCE GEORGE'S  
37 COUNTIES, THE LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE

1 DEPARTMENT, SHALL DETERMINE WHETHER A HOSPITAL IS A MAJOR COMMUNITY  
 2 HOSPITAL BASED ON THE FOLLOWING FACTORS:

3 1. THE NUMBER OF COUNTY RESIDENTS WITH TARGETED  
 4 CANCERS WHO ARE SERVED BY THE HOSPITAL;

5 2. WHETHER THE HOSPITAL HAS SPECIAL EXPERTISE IN  
 6 TREATING TARGETED CANCERS;

7 3. WHETHER THE HOSPITAL HAS DEMONSTRATED A  
 8 COMMITMENT TO TREATING UNINSURED INDIVIDUALS; AND

9 4. THE NUMBER OF RESEARCH ACTIVITIES CONDUCTED BY  
 10 THE HOSPITAL THAT RELATE TO TARGETED CANCERS AND THE AMOUNT OF  
 11 FUNDING FOR THESE ACTIVITIES.

12 (III) IN BALTIMORE CITY, THE UNIVERSITY OF MARYLAND MEDICAL  
 13 GROUP AND THE JOHNS HOPKINS INSTITUTIONS, ACTING JOINTLY IN  
 14 COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, IN  
 15 CONSULTATION WITH THE DEPARTMENT, SHALL DETERMINE WHETHER A HOSPITAL  
 16 IS A MAJOR COMMUNITY HOSPITAL BASED ON THE FACTORS LISTED UNDER  
 17 SUBPARAGRAPH (II) OF THIS PARAGRAPH.

18 ~~(H)~~ (B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION  
 19 ESTABLISHED UNDER § 13-1109(C) OF THIS SUBTITLE MAY INCLUDE:

20 (1) REPRESENTATIVES OF:

21 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE  
 22 49D, § 11 OF THE CODE;

23 ~~(H)~~ (II) LOCAL HOSPITALS, CLINICS, PHYSICIANS, AND OTHER  
 24 HEALTH CARE PROVIDERS;

25 ~~(V)~~ (III) LOCAL RELIGIOUS ORGANIZATIONS; AND

26 ~~(V)~~ (IV) INSTITUTIONS OF HIGHER EDUCATION; AND

27 (V) HOSPITALS AND OTHER ENTITIES LOCATED OUTSIDE THE  
 28 COUNTY THAT COULD ENHANCE THE COUNTY'S CANCER PREVENTION, EDUCATION,  
 29 SCREENING, AND TREATMENT EFFORTS; AND

30 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES  
 31 WOULD HELP THE COUNTY MEET THE CANCER PREVENTION, IDENTIFICATION  
 32 EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS  
 33 ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT UNDER § 13-1108 OF THIS  
 34 SUBTITLE.

1 13-1112.

2 (A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION  
3 DOES NOT APPLY IN BALTIMORE CITY.

4 (B) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH CANCER GRANT, A  
5 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF  
6 ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, ~~IDENTIFICATION~~  
7 EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED  
8 CANCERS IN THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1109(C) OF THIS  
9 SUBTITLE.

10 (2) THE INVENTORY SHALL SPECIFY THE AMOUNT OF COUNTY FUNDS  
11 THAT ARE BEING SPENT ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

12 (C) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (B)(2) OF THIS  
13 SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,  
14 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT  
15 RELATE TO TARGETED CANCERS.

16 (D) A LOCAL PUBLIC HEALTH CANCER GRANT MAY NOT BE USED TO  
17 SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,  
18 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT  
19 RELATE TO TARGETED CANCERS.

20 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH  
21 CANCER GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE  
22 COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR  
23 FUNDING FOR CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING,  
24 AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

25 13-1113.

26 (A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER  
27 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
28 SUBMITTED UNDER § 13-1109(E) OF THIS SUBTITLE AND DETERMINE WHETHER:

29 (1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS  
30 ESTABLISHED ~~BY THE DEPARTMENT~~ FOR THE COUNTY UNDER § 13-1108 OF THIS  
31 SUBTITLE; AND

32 (2) ALL OTHER REQUIREMENTS OF §§ 13-1107 THROUGH 13-1112 OF THIS  
33 SUBTITLE HAVE BEEN MET.

34 (B) THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY  
35 FOR A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1108 OF  
36 THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF  
37 SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

1 13-1114.

2 (A) THERE IS A ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC HEALTH  
3 CENTER COMPONENT IN THE PROGRAM.

4 (B) THE PURPOSE OF THE ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
5 HEALTH CENTER COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF  
6 ~~ANTICANCER ANTI-CANCER INITIATIVES IN THE PROGRAM~~ STATE BY INVOLVING THE  
7 UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS  
8 INSTITUTIONS IN THE IMPLEMENTATION OF THE PROGRAM.

9 (C) ~~UNDER THE MEDICAL INSTITUTION COMPONENT~~ SUBJECT TO §§ 13-1115  
10 THROUGH 13-1118 OF THIS SUBTITLE, THE DEPARTMENT MAY DISTRIBUTE GRANTS  
11 TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS  
12 HOPKINS GROUP TO FUND:

13 (1) ~~SCREENING AND TREATMENT PROGRAMS FOR TARGETED CANCERS;~~

14 (2) ~~RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS; AND~~

15 (3) ~~A STATEWIDE NETWORK AND INFRASTRUCTURE THAT WILL~~  
16 ~~SUPPORT A WIDE RANGE OF OUTREACH, SCREENING, RESEARCH, AND TREATMENT~~  
17 ~~SERVICES RELATING TO TARGETED CANCERS~~ IMPLEMENT THE MEDICAL  
18 INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER COMPONENT BY  
19 DISTRIBUTING:

20 (1) ~~MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER~~  
21 PUBLIC HEALTH GRANTS, AS PROVIDED UNDER § 13-1115 OF THIS SUBTITLE;

22 (2) ~~MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER~~  
23 CANCER RESEARCH GRANTS, AS PROVIDED UNDER § 13-1116 OF THIS SUBTITLE; AND

24 (3) ~~A STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED~~  
25 DISEASES RESEARCH GRANT, AS PROVIDED UNDER § 13-1117 OF THIS SUBTITLE; AND

26 (3) (4) ~~A MEDICAL INSTITUTION A STATEWIDE ACADEMIC HEALTH~~  
27 CENTER NETWORK GRANT, AS PROVIDED UNDER § 13-1118 OF THIS SUBTITLE.

28 (D) (1) ~~SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE~~  
29 ~~DEPARTMENT MAY USE FUNDS THAT ARE ALLOCATED TO THE MEDICAL~~  
30 ~~INSTITUTION COMPONENT IN THE STATE BUDGET TO COVER ADMINISTRATIVE~~  
31 ~~COSTS OF THE MEDICAL INSTITUTION COMPONENT.~~

32 (2) ~~UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS~~  
33 ~~ENACTED, THE DEPARTMENT MAY NOT USE MORE THAN FIVE PERCENT OF THE~~  
34 ~~FUNDS THAT ARE ALLOCATED TO THE MEDICAL INSTITUTION COMPONENT IN THE~~  
35 ~~STATE BUDGET TO COVER ADMINISTRATIVE COSTS OF THE MEDICAL INSTITUTION~~  
36 ~~COMPONENT, INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT,~~  
37 ~~THE UNIVERSITY OF MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS~~  
38 ~~INSTITUTIONS, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER A MEDICAL~~

1 ~~INSTITUTION PUBLIC HEALTH GRANT, A MEDICAL INSTITUTION RESEARCH GRANT,~~  
 2 ~~OR A MEDICAL INSTITUTION NETWORK GRANT.~~

3 (3) ~~THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF~~  
 4 ~~ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, THE UNIVERSITY OF~~  
 5 ~~MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS INSTITUTIONS, AND ANY OTHER~~  
 6 ~~PERSON WHO RECEIVES FUNDS UNDER A MEDICAL INSTITUTION PUBLIC HEALTH~~  
 7 ~~GRANT, A MEDICAL INSTITUTION RESEARCH GRANT, OR A MEDICAL INSTITUTION~~  
 8 ~~NETWORK GRANT.~~

9 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE UNIVERSITY  
 10 OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS, AT THE  
 11 REQUEST OF A COMMUNITY HEALTH COALITION IN MONTGOMERY OR PRINCE  
 12 GEORGE'S COUNTY, AS PROVIDED UNDER § 13-1109(E) OF THIS SUBTITLE, SHALL  
 13 COLLABORATE WITH THE COMMUNITY HEALTH COALITION FOR THE PURPOSE OF  
 14 DEVELOPING AND IMPLEMENTING A SPECIFIC PLAN AS TO HOW THE EXPERTISE OF  
 15 THE INSTITUTION WILL BE USED TO ASSIST THE COMMUNITY HEALTH COALITION  
 16 IN ACHIEVING THE GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS  
 17 SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING  
 18 AND TREATMENT AT ONE OR MORE MAJOR COMMUNITY HOSPITALS IN THE COUNTY.

19 (2) PARAGRAPH (1) OF THIS SUBSECTION DOES NOT APPLY WITH  
 20 RESPECT TO THE IMPLEMENTATION OF A PLAN UNLESS FUNDS ARE SPECIFICALLY  
 21 ALLOCATED IN THE STATE BUDGET FOR THIS PURPOSE.

22 (E) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS  
 23 HOPKINS INSTITUTIONS SHALL COORDINATE THEIR EFFORTS WITH REGARD TO  
 24 INITIATIVES THAT ARE FUNDED WITH GRANTS THAT ARE DISTRIBUTED UNDER THE  
 25 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT TO MAXIMIZE THE BENEFITS  
 26 RECEIVED FROM THE USE OF THESE GRANT FUNDS AND TO ELIMINATE  
 27 UNNECESSARY DUPLICATION OF EFFORTS.

28 ~~(D) THE DEPARTMENT MAY NOT DISTRIBUTE ANY MONEY THAT IS~~  
 29 ~~ALLOCATED TO THE MEDICAL INSTITUTION COMPONENT IN THE STATE BUDGET~~  
 30 ~~UNTIL AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED.~~

31 13-1115.

32 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE  
 33 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS  
 34 GROUP INSTITUTIONS MAY EACH APPLY FOR A MEDICAL INSTITUTION STATEWIDE  
 35 ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT.

36 (2) THE AMOUNT OF A EACH MEDICAL INSTITUTION STATEWIDE  
 37 ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT THAT IS DISTRIBUTED TO THE  
 38 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP OR THE JOHNS HOPKINS  
 39 GROUP INSTITUTIONS, RESPECTIVELY, SHALL BE EQUAL TO THE GREATER SUM OF:

40 (I) \$2,000,000; AND OR

1                   (II)     ~~ONE HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT~~  
 2  ~~THAT WOULD OTHERWISE HAVE BEEN DISTRIBUTED TO BALTIMORE CITY USING THE~~  
 3  ~~FORMULA ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY~~  
 4  ~~WERE INCLUDED IN THE FORMULA; AND~~

5                   (II)     ~~ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE~~  
 6  ~~LOCAL PUBLIC HEALTH COMPONENT TO THE MEDICAL INSTITUTION STATEWIDE~~  
 7  ~~ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.~~

8                   (3)     (4)     ~~IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH~~  
 9  ~~GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM~~  
 10  ~~GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION IS EQUAL TO THE AMOUNT~~  
 11  ~~SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION, THE DIFFERENCE BETWEEN~~  
 12  ~~THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION AND THE~~  
 13  ~~AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS SUBSECTION SHALL BE DEDUCTED~~  
 14  ~~FROM THE AMOUNT OF ANY OTHER MONEY THAT WOULD OTHERWISE BE~~  
 15  ~~DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP UNDER~~  
 16  ~~§§ 13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.~~

17                   (II)     ~~IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH~~  
 18  ~~GRANT TO THE JOHNS HOPKINS GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION~~  
 19  ~~IS EQUAL TO THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION,~~  
 20  ~~THE DIFFERENCE BETWEEN THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS~~  
 21  ~~SUBSECTION AND THE AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS~~  
 22  ~~SUBSECTION SHALL BE DEDUCTED FROM THE AMOUNT OF ANY OTHER MONEY THAT~~  
 23  ~~WOULD OTHERWISE BE DISTRIBUTED TO THE JOHNS HOPKINS GROUP UNDER §§~~  
 24  ~~13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.~~

25                   (B)     ~~BEFORE APPLYING FOR A MEDICAL INSTITUTION STATEWIDE ACADEMIC~~  
 26  ~~HEALTH CENTER PUBLIC HEALTH GRANT, THE UNIVERSITY OF MARYLAND MEDICAL~~  
 27  ~~SYSTEM GROUP AND THE JOHNS HOPKINS GROUP INSTITUTIONS, ACTING JOINTLY~~  
 28  ~~IN COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, SHALL:~~

29                   (1)     ~~ESTABLISH A BALTIMORE CITY COMMUNITY HEALTH COALITION, AS~~  
 30  ~~PROVIDED UNDER § 13-1111 OF THIS SUBTITLE, THAT REFLECTS THE DEMOGRAPHICS~~  
 31  ~~OF BALTIMORE CITY AND INCLUDES REPRESENTATIVES OF COMMUNITY-BASED~~  
 32  ~~GROUPS, INCLUDING MINORITY AND MEDICALLY UNDERSERVED POPULATIONS,~~  
 33  ~~THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT~~  
 34  ~~COMMUNITIES AND CULTURES IN BALTIMORE CITY; AND~~

35                   (2)     ~~WITH THE ASSISTANCE OF THE BALTIMORE CITY COMMUNITY~~  
 36  ~~HEALTH COALITION:~~

37                   (I)     ~~IDENTIFY ALL EXISTING CANCER PREVENTION,~~  
 38  ~~IDENTIFICATION EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT~~  
 39  ~~RELATE TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE PUBLICLY FUNDED;~~

40                   (II)     ~~EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED~~  
 41  ~~PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND~~

1 (III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
 2 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT THAT OUTLINES A  
 3 STRATEGY FOR MEETING THE CANCER PREVENTION, ~~IDENTIFICATION EDUCATION,~~  
 4 ~~SCREENING,~~ AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR  
 5 BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER § 13-1108 OF THIS SUBTITLE.

6 (C) THE BALTIMORE CITY COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
 7 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT SHALL:

8 (1) INCLUDE A LIST OF THE MEMBERS OF THE BALTIMORE CITY  
 9 COMMUNITY HEALTH COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

10 (2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A  
 11 MEDICAL INSTITUTION PUBLIC HEALTH GRANT IN THE PRIOR YEAR;

12 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE  
 13 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,  
 14 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT GOALS ESTABLISHED  
 15 FOR BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER § 13-1108 OF THIS SUBTITLE;

16 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF  
 17 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS  
 18 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,  
 19 ~~IDENTIFICATION EDUCATION, SCREENING,~~ AND TREATMENT GOALS AND  
 20 REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER §  
 21 13-1108 OF THIS SUBTITLE;

22 (5) DEMONSTRATE THAT BALTIMORE CITY HAS MET THE BASE-YEAR  
 23 FUNDING REQUIREMENT ESTABLISHED UNDER SUBSECTION (H) OF THIS SECTION;

24 (6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING  
 25 PROGRAM THAT IS OR WILL BE FUNDED UNDER A MEDICAL INSTITUTION PUBLIC  
 26 HEALTH GRANT PROVIDES ~~LINKAGES TO NECESSARY TREATMENT~~ OR LINKAGES TO  
 27 NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS,  
 28 ~~PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS FOR TREATMENT FOR PERSONS~~  
 29 UNINSURED INDIVIDUALS WHO:

30 (H) ARE DIAGNOSED WITH A TARGETED AND NON-TARGETED  
 31 ~~CANCER; AND~~

32 (H) ~~DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT~~  
 33 ~~ELIGIBLE FOR MEDICAID OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR~~  
 34 TREATMENT AS A RESULT OF THE SCREENING PROCESS;

35 (7) STATE THAT THE ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
 36 HEALTH CENTER PUBLIC HEALTH GRANT WILL NOT BE USED TO SUPPLANT ANY  
 37 EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE  
 38 JOHNS HOPKINS INSTITUTIONS FOR ANY CANCER PREVENTION, ~~IDENTIFICATION~~  
 39 EDUCATION, SCREENING, OR TREATMENT PROGRAMS THAT RELATE TO TARGETED  
 40 CANCERS;

1 (8) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL  
 2 PERSONS WHO RECEIVED MONEY UNDER THE ~~MEDICAL INSTITUTION~~ STATEWIDE  
 3 ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT IN THE PRIOR YEAR AND STATE  
 4 THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON UNDER THE GRANT;

5 (9) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE  
 6 AMOUNT OF MONEY THAT WAS RECEIVED BY THE UNIVERSITY OF MARYLAND  
 7 MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS GROUP INSTITUTIONS UNDER A  
 8 ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH  
 9 GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED  
 10 AT THE END OF THAT YEAR; ~~AND~~

11 (10) DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER  
 12 INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY  
 13 POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS  
 14 THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

15 (11) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY  
 16 OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND  
 17 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW  
 18 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS  
 19 OF THE TASK FORCE REPORT; ~~AND~~

20 (12) DEMONSTRATE THAT PRIORITY CONSIDERATION WAS GIVEN TO  
 21 PERSONS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE A  
 22 DEMONSTRATED COMMITMENT TO PROVIDING CANCER PREVENTION, EDUCATION,  
 23 SCREENING, AND TREATMENT SERVICES TO UNINSURED INDIVIDUALS IN THE CITY  
 24 AND A PROVEN ABILITY TO DO SO;

25 (13) INCLUDE A SPECIFIC PLAN AS TO HOW THE MAJOR COMMUNITY  
 26 HOSPITAL OR HOSPITALS THAT ARE INCLUDED IN THE COMMUNITY HEALTH  
 27 COALITION, AS REQUIRED UNDER § 13-1111 OF THIS SUBTITLE, WILL BE USED TO  
 28 ACHIEVE THE GOALS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS  
 29 SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING  
 30 AND TREATMENT IN THE CITY; AND

31 ~~(10)~~ ~~(12)-(14)~~ CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED  
 32 BY THE DEPARTMENT.

33 ~~(E)~~ (D) TO APPLY FOR A ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
 34 HEALTH CENTER PUBLIC HEALTH GRANT, THE UNIVERSITY OF MARYLAND MEDICAL  
 35 SYSTEM GROUP AND THE JOHNS HOPKINS GROUP INSTITUTIONS SHALL SUBMIT TO  
 36 THE DEPARTMENT A COPY OF BALTIMORE CITY'S COMPREHENSIVE PLAN FOR  
 37 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
 38 FOR APPROVAL.

39 ~~(F)~~ (E) EACH YEAR, THE UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~  
 40 GROUP, ~~AND~~ THE JOHNS HOPKINS GROUP, ~~AND~~ INSTITUTIONS, ACTING JOINTLY IN  
 41 COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, IN  
 42 CONSULTATION WITH THE BALTIMORE CITY COMMUNITY HEALTH COALITION,

1 SHALL UPDATE THE COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
2 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT.

3 ~~(G) (1) IF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP DOES~~  
4 ~~NOT APPLY FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT AS PROVIDED~~  
5 ~~UNDER THIS SECTION, THE BALTIMORE CITY HEALTH DEPARTMENT MAY APPLY FOR~~  
6 ~~A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1109 OF THIS~~  
7 ~~SUBTITLE, IN AN AMOUNT THAT IS EQUAL TO ONE HALF OF THE LOCAL PUBLIC~~  
8 ~~HEALTH CANCER GRANT THAT MAY BE DISTRIBUTED TO BALTIMORE CITY UNDER~~  
9 ~~THE FORMULA ESTABLISHED IN § 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY IS~~  
10 ~~INCLUDED IN THE FORMULA.~~

11 ~~(2) IF THE JOHNS HOPKINS GROUP DOES NOT APPLY FOR A MEDICAL~~  
12 ~~INSTITUTION PUBLIC HEALTH GRANT AS PROVIDED UNDER THIS SECTION, THE~~  
13 ~~BALTIMORE CITY HEALTH DEPARTMENT MAY APPLY FOR A LOCAL PUBLIC HEALTH~~  
14 ~~CANCER GRANT, AS PROVIDED UNDER § 13-1109 OF THIS SUBTITLE, IN AN AMOUNT~~  
15 ~~THAT IS EQUAL TO ONE HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT THAT~~  
16 ~~MAY BE DISTRIBUTED TO BALTIMORE CITY UNDER THE FORMULA ESTABLISHED IN §~~  
17 ~~13-1108 OF THIS SUBTITLE IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.~~

18 ~~(G) (F) (1) RATHER THAN DISTRIBUTING A MEDICAL INSTITUTION~~  
19 ~~STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT TO THE~~  
20 ~~UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS~~  
21 ~~UNDER THIS SECTION, THE DEPARTMENT MAY DISTRIBUTE TO THE BALTIMORE CITY~~  
22 ~~HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT A~~  
23 ~~LOCAL PUBLIC HEALTH CANCER GRANT FOR THE PURPOSE OF COORDINATING~~  
24 ~~BALTIMORE CITY'S CANCER PREVENTION, EDUCATION, SCREENING, AND~~  
25 ~~TREATMENT EFFORTS IF:~~

26 ~~(I) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE~~  
27 ~~JOHNS HOPKINS INSTITUTIONS ARE UNWILLING TO COORDINATE THESE EFFORTS.~~

28 ~~(II) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE~~  
29 ~~JOHNS HOPKINS INSTITUTIONS HAVE BEEN UNSUCCESSFUL IN IMPLEMENTING~~  
30 ~~CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT INITIATIVES~~  
31 ~~THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR~~

32 ~~(III) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE~~  
33 ~~JOHNS HOPKINS INSTITUTIONS LACK SUFFICIENT STAFF OR RESOURCES TO~~  
34 ~~COORDINATE THESE EFFORTS.~~

35 ~~(2) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH~~  
36 ~~CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER~~  
37 ~~PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER~~  
38 ~~THAN DISTRIBUTING A MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH~~  
39 ~~CENTER PUBLIC HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL~~  
40 ~~GROUP, THE AMOUNT OF THE GRANT SHALL EQUAL THE SUM OF:~~

41 ~~(I) \$2,000,000; AND~~

1 (II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE  
 2 LOCAL PUBLIC HEALTH COMPONENT TO THE ~~MEDICAL INSTITUTION STATEWIDE~~  
 3 ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.

4 (3) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH  
 5 CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER  
 6 PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER  
 7 THAN DISTRIBUTING A ~~MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH~~  
 8 CENTER PUBLIC HEALTH GRANT TO THE JOHNS HOPKINS INSTITUTIONS, THE  
 9 AMOUNT OF THE GRANT SHALL EQUAL THE SUM OF:

10 (I) \$2,000,000; AND

11 (II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE  
 12 LOCAL PUBLIC HEALTH COMPONENT TO THE ~~MEDICAL INSTITUTION STATEWIDE~~  
 13 ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.

14 (4) THE DEPARTMENT SHALL USE MONEY THAT IS ALLOCATED TO THE  
 15 ~~MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN~~  
 16 THE STATE BUDGET OR TRANSFERRED TO THE ~~MEDICAL INSTITUTION STATEWIDE~~  
 17 ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE TO  
 18 FUND A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS DISTRIBUTED TO THE  
 19 BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE  
 20 DEPARTMENT UNDER THIS SUBSECTION.

21 ~~(3)~~ (5) IF THE BALTIMORE CITY HEALTH DEPARTMENT ~~OR ANOTHER~~  
 22 PERSON DESIGNATED BY THE DEPARTMENT APPLIES FOR A LOCAL PUBLIC HEALTH  
 23 CANCER GRANT AS AUTHORIZED UNDER THIS SUBSECTION, THE BALTIMORE CITY  
 24 HEALTH DEPARTMENT ~~OR OTHER PERSON~~ SHALL COMPLY WITH THE  
 25 REQUIREMENTS OF §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

26 (6) SUBJECT TO PARAGRAPH (7) OF THIS SUBSECTION, THE  
 27 DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER  
 28 THIS SUBSECTION.

29 (7) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO  
 30 DESIGNATE A PERSON OTHER THAN THE BALTIMORE CITY HEALTH DEPARTMENT TO  
 31 COORDINATE THE CITY'S CANCER PREVENTION, EDUCATION, SCREENING, AND  
 32 TREATMENT EFFORTS AS AUTHORIZED UNDER THIS SUBSECTION, THE  
 33 DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY THAT WILL  
 34 COORDINATE THE CITY'S EFFORTS.

35 ~~(H)-(G)~~ (1) (I) BEFORE THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
 36 GROUP OR THE JOHNS HOPKINS GROUP INSTITUTIONS MAY RECEIVE A ~~MEDICAL~~  
 37 ~~INSTITUTION STATEWIDE ACADEMIC HEALTH CENTER~~ PUBLIC HEALTH GRANT, THE  
 38 BALTIMORE CITY HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT AN  
 39 INVENTORY OF ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION,  
 40 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT  
 41 RELATE TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE IDENTIFIED UNDER  
 42 SUBSECTION ~~(C)~~ SUBSECTION (B) OF THIS SECTION.

1 (II) THE INVENTORY PREPARED UNDER SUBPARAGRAPH (I) OF THIS  
 2 PARAGRAPH SHALL SPECIFY THE AMOUNT OF FUNDS THAT ARE BEING SPENT BY  
 3 BALTIMORE CITY ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

4 (2) THE LEVEL OF FUNDING SPECIFIED UNDER PARAGRAPH (1)(II) OF  
 5 THIS SUBSECTION SHALL BE BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER  
 6 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
 7 PROGRAMS THAT RELATE TO TARGETED CANCERS.

8 (3) A ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC HEALTH CENTER  
 9 PUBLIC HEALTH GRANT MAY NOT BE USED TO SUPPLANT:

10 (I) BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER  
 11 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
 12 PROGRAMS THAT RELATE TO ~~TARGET~~ TARGETED CANCERS; OR

13 (II) ANY EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND  
 14 MEDICAL ~~SYSTEM~~ GROUP OR THE JOHNS HOPKINS ~~GROUP~~ INSTITUTIONS FOR  
 15 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT  
 16 PROGRAMS THAT RELATE TO TARGETED CANCERS.

17 ~~(G)-(H)~~ (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE  
 18 DEPARTMENT MAY NOT DISTRIBUTE A ~~MEDICAL INSTITUTION STATEWIDE~~  
 19 ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT UNDER THIS SECTION UNTIL  
 20 AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED.

21 (2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE  
 22 DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE ~~MEDICAL INSTITUTION~~  
 23 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE STATE BUDGET TO  
 24 FUND A PLANNING GRANT OF NOT MORE THAN \$10,000 THAT MAY BE DISTRIBUTED  
 25 TO AND USED COLLECTIVELY BY THE UNIVERSITY OF MARYLAND MEDICAL GROUP,  
 26 THE JOHNS HOPKINS INSTITUTIONS, AND THE BALTIMORE CITY HEALTH  
 27 DEPARTMENT.

28 ~~(I)-(J)~~ (1) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR  
 29 CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SUBMITTED  
 30 UNDER THIS SECTION AND DETERMINE WHETHER:

31 (I) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS  
 32 ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE; AND

33 (II) ALL OTHER REQUIREMENTS OF THIS SECTION HAVE BEEN  
 34 MET.

35 (2) IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF  
 36 THIS SECTION HAVE NOT BEEN MET, THE DEPARTMENT MAY NOT DISTRIBUTE:

37 (I) A ~~MEDICAL INSTITUTION STATEWIDE ACADEMIC HEALTH~~  
 38 CENTER PUBLIC HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL  
 39 GROUP OR THE JOHNS HOPKINS INSTITUTIONS; OR

1                    (II)    A LOCAL PUBLIC HEALTH CANCER GRANT TO THE BALTIMORE  
2 CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE  
3 DEPARTMENT UNDER SUBSECTION ~~(G)~~ (F) OF THIS SECTION.

4 13-1116.

5       (A)        SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE  
6 DEPARTMENT MAY DISTRIBUTE ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
7 HEALTH CENTER CANCER RESEARCH GRANTS TO THE UNIVERSITY OF MARYLAND  
8 MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS ~~GROUP INSTITUTIONS, AS~~  
9 ~~ALLOCATED IN THE STATE BUDGET,~~ FOR THE PURPOSE OF ENHANCING CANCER  
10 RESEARCH ACTIVITIES THAT MAY LEAD TO A CURE FOR A TARGETED CANCER AND  
11 INCREASING THE RATE AT WHICH CANCER RESEARCH ACTIVITIES ARE TRANSLATED  
12 INTO TREATMENT PROTOCOLS IN THE STATE.

13       (B)        BEFORE RECEIVING A ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
14 HEALTH CENTER CANCER RESEARCH GRANT, AN INSTITUTION SHALL:

15               (1)        SUBMIT A CANCER RESEARCH PLAN THAT:

16                    (I)        PROVIDES A DETAILED PLAN AS TO HOW THE ~~MEDICAL~~  
17 ~~INSTITUTION~~ STATEWIDE ACADEMIC HEALTH CENTER CANCER CANCER RESEARCH  
18 GRANT WILL BE SPENT AND HOW IT WILL BE USED TO ~~ESTABLISH~~ MEET THE GOALS  
19 ESTABLISHED BY THE DEPARTMENT;

20                    (II)        PROVIDES A COMPLETE INVENTORY OF ALL CANCER  
21 RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS THAT ARE CURRENTLY  
22 BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES  
23 OF CANCER TO WHICH THE RESEARCH RELATES;

24                    (III)        SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL  
25 OF THE CANCER RESEARCH ACTIVITIES IDENTIFIED UNDER ITEM (II) OF THIS  
26 PARAGRAPH;

27                    (IV)        CERTIFIES THAT THE CANCER RESEARCH ACTIVITIES THAT  
28 WILL BE FUNDED BY THE ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC HEALTH  
29 CENTER CANCER RESEARCH GRANT HAVE BEEN ENDORSED BY AN INDEPENDENT  
30 PEER REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD FROM OUTSIDE  
31 THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE RESEARCH;

32                    (V)        IDENTIFIES THE INDIVIDUALS WHO MAKE UP THE  
33 INDEPENDENT PEER REVIEW GROUP; AND

34                    (VI)        INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY  
35 THE DEPARTMENT; AND

36               (2)        ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE  
37 DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF BUSINESS  
38 AND ECONOMIC DEVELOPMENT, AND THE MARYLAND SCIENCE, ENGINEERING, AND  
39 TECHNOLOGY DEVELOPMENT CORPORATION THAT ~~ESTABLISHES~~:

1 (I) ESTABLISHES THE SCOPE OF THE STATE'S OWNERSHIP OR  
 2 OTHER FINANCIAL INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS  
 3 OF THE RESULTS, PRODUCTS, INVENTIONS, AND DISCOVERIES OF CANCER  
 4 RESEARCH ACTIVITIES FUNDED BY A ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
 5 HEALTH CENTER CANCER RESEARCH GRANT; AND

6 (II) ESTABLISHES A ~~PROTOCOL PLAN~~ FOR EXPEDITING THE  
 7 TRANSLATION OF CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS  
 8 AND CLINICAL TRIALS; AND

9 (III) TO THE EXTENT CONSISTENT WITH FEDERAL AND STATE LAW,  
 10 REFLECTS THE INTELLECTUAL PROPERTY POLICIES OF THE STATEWIDE ACADEMIC  
 11 HEALTH CENTER.

12 (C) A MEMORANDUM OF UNDERSTANDING ESTABLISHED UNDER  
 13 SUBSECTION (B)(2) OF THIS SECTION MAY ALLOW FOR THE SELECTION OF A HIGHER  
 14 EDUCATION INSTITUTION OR PRIVATE ENTITY TO EXPEDITE THE TRANSLATION OF  
 15 CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL  
 16 TRIALS.

17 ~~(E)~~ (D) THE DEPARTMENT MAY NOT DISTRIBUTE A ~~MEDICAL INSTITUTION~~  
 18 STATEWIDE ACADEMIC HEALTH CENTER RESEARCH GRANT UNLESS THE  
 19 DEPARTMENT FIRST DETERMINES THAT:

20 (1) A CANCER RESEARCH PLAN WILL HELP ACHIEVE THE PURPOSE OF  
 21 THE PROGRAM;

22 (2) THE INSTITUTION THAT RECEIVES THE GRANT WILL NOT USE ANY  
 23 PART OF THE GRANT TO SUPPLANT EXISTING CANCER RESEARCH ACTIVITIES OR  
 24 ANY OTHER TYPE OF CURRENT EXPENDITURE BY THE INSTITUTION;

25 (3) THE GRANT WILL BE USED TO FUND CANCER RESEARCH ACTIVITIES  
 26 THAT RELATE TO TARGETED CANCERS;

27 (4) THE INSTITUTION HAS EXECUTED A MEMORANDUM OF  
 28 UNDERSTANDING AS REQUIRED BY ~~SUBSECTION (D)(2)~~ SUBSECTION (B)(2) OF THIS  
 29 SECTION; AND

30 (5) THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT  
 31 ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.

32 13-1117.

33 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE  
 34 DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER  
 35 TOBACCO-RELATED DISEASES RESEARCH GRANT TO THE UNIVERSITY OF  
 36 MARYLAND MEDICAL GROUP FOR THE PURPOSE OF ENHANCING RESEARCH  
 37 ACTIVITIES THAT MAY LEAD TO A REDUCTION IN MORBIDITY AND MORTALITY RATES  
 38 FOR TOBACCO-RELATED DISEASES IN THE STATE.

1           (2)     THIS SECTION MAY NOT BE IMPLEMENTED UNTIL FUNDS ARE  
2 SPECIFICALLY ALLOCATED IN THE STATE BUDGET FOR THIS PURPOSE.

3     (B)     A TOBACCO-RELATED DISEASES RESEARCH GRANT MAY BE USED TO  
4 CONDUCT RESEARCH IN THE FOLLOWING AREAS:

5           (1)     HEALTH SERVICES RESEARCH TO DETERMINE:

6                   (I)     BEST METHODS OF DELIVERING SERVICES TO DIVERSE  
7 POPULATIONS;

8                   (II)    FACTORS AND POLICIES THAT FACILITATE DELIVERY OF  
9 HEALTH CARE SERVICES; AND

10                   (III)   FACTORS THAT INHIBIT DELIVERY OF SERVICES, INCLUDING  
11 PHYSICAL, CULTURAL, ECONOMIC, AND SOCIAL FACTORS, WITH THE GOAL OF  
12 DETERMINING APPROPRIATE METHODS TO INCREASE PARTICIPATION OF  
13 INDIVIDUALS IN MEDICALLY UNDERSERVED POPULATIONS IN CLINICAL TRIALS;

14           (2)     TRANSLATIONAL RESEARCH; AND

15           (3)     CLINICAL RESEARCH.

16     (C)     BEFORE RECEIVING A TOBACCO-RELATED DISEASES RESEARCH GRANT,  
17 THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM SHALL:

18           (1)     SUBMIT A TOBACCO-RELATED DISEASES RESEARCH PLAN THAT:

19                   (I)     PROVIDES A DETAILED PLAN AS TO HOW THE  
20 TOBACCO-RELATED DISEASES RESEARCH GRANT WILL BE SPENT;

21                   (II)    PROVIDES A COMPLETE INVENTORY OF PREVENTION,  
22 EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO  
23 TOBACCO-RELATED DISEASES THAT ARE CURRENTLY BEING CONDUCTED BY THE  
24 INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES OF TOBACCO-RELATED  
25 DISEASES TO WHICH THESE ACTIVITIES RELATE;

26                   (III)   SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL  
27 OF THE EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES  
28 RELATING TO TOBACCO-RELATED DISEASES THAT ARE IDENTIFIED UNDER ITEM (II)  
29 OF THIS ITEM;

30                   (IV)   DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING  
31 PROGRAM THAT IS OR WILL BE FUNDED UNDER THE TOBACCO-RELATED DISEASES  
32 RESEARCH GRANT PROVIDES NECESSARY TREATMENT OR LINKAGES TO NECESSARY  
33 TREATMENT FOR UNINSURED INDIVIDUALS WHO ARE DIAGNOSED WITH A  
34 TOBACCO-RELATED DISEASE AS A RESULT OF THE SCREENING PROCESS;

35                   (V)     CERTIFIES THAT THE TOBACCO-RELATED DISEASES  
36 RESEARCH ACTIVITIES THAT WILL BE FUNDED BY THE TOBACCO-RELATED

1 DISEASES RESEARCH GRANT HAVE BEEN ENDORSED BY AN INDEPENDENT PEER  
2 REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD FROM OUTSIDE THE  
3 INSTITUTION WHO WILL NOT BE INVOLVED IN THE RESEARCH;

4 (VI) IDENTIFIES THE INDIVIDUALS WHO MAKE UP THE  
5 INDEPENDENT PEER REVIEW GROUP; AND

6 (VII) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY  
7 THE DEPARTMENT; AND

8 (2) ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE  
9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF BUSINESS  
10 AND ECONOMIC DEVELOPMENT, AND THE MARYLAND SCIENCE, ENGINEERING, AND  
11 TECHNOLOGY DEVELOPMENT CORPORATION THAT:

12 (I) ESTABLISHES THE SCOPE OF THE STATE'S OWNERSHIP OR  
13 OTHER FINANCIAL INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS  
14 OF THE RESULTS, PRODUCTS, INVENTIONS, AND DISCOVERIES OF  
15 TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES FUNDED BY A  
16 TOBACCO-RELATED DISEASES RESEARCH GRANT;

17 (II) ESTABLISHES A PLAN FOR EXPEDITING THE TRANSLATION OF  
18 TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES INTO TREATMENT  
19 PROTOCOLS AND CLINICAL TRIALS; AND

20 (III) TO THE EXTENT CONSISTENT WITH FEDERAL AND STATE LAW,  
21 REFLECTS THE INTELLECTUAL PROPERTY POLICIES OF THE INSTITUTION.

22 (D) A MEMORANDUM OF UNDERSTANDING ESTABLISHED UNDER  
23 SUBSECTION (C)(2) OF THIS SECTION MAY ALLOW FOR THE SELECTION OF A HIGHER  
24 EDUCATION INSTITUTION OR PRIVATE ENTITY TO EXPEDITE THE TRANSLATION OF  
25 CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL  
26 TRIALS.

27 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A TOBACCO-RELATED DISEASES  
28 RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

29 (1) THE TOBACCO-RELATED DISEASES RESEARCH PLAN WILL HELP  
30 ACHIEVE THE STATE'S PUBLIC HEALTH GOALS;

31 (2) THE UNIVERSITY OF MARYLAND MEDICAL GROUP WILL NOT USE  
32 ANY PART OF THE GRANT TO SUPPLANT THE FUNDING FOR ANY EXISTING  
33 EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO  
34 TOBACCO-RELATED DISEASES OR ANY OTHER TYPE OF CURRENT EXPENDITURE BY  
35 THE INSTITUTION;

36 (3) THE GRANT WILL BE USED TO CONDUCT RESEARCH IN THE AREAS  
37 SPECIFIED IN SUBSECTION (B) OF THIS SECTION;

1           (4)     THE INSTITUTION HAS EXECUTED A MEMORANDUM OF  
 2 UNDERSTANDING AS REQUIRED BY SUBSECTION (C)(2) OF THIS SECTION; AND

3           (5)     THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT  
 4 ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.

5           (F)     EACH YEAR, THE DEPARTMENT SHALL EVALUATE THE EFFICIENCY AND  
 6 EFFECTIVENESS OF THE RESEARCH THAT IS CONDUCTED UNDER A  
 7 TOBACCO-RELATED DISEASES RESEARCH GRANT.

8 43-1117 13-1118.

9           (A)     THE DEPARTMENT MAY DISTRIBUTE A ~~MEDICAL INSTITUTION STATEWIDE~~  
 10 ~~ACADEMIC HEALTH CENTER~~ NETWORK GRANT TO THE UNIVERSITY OF MARYLAND  
 11 ~~MEDICAL SYSTEM GROUP, AS ALLOCATED IN THE STATE BUDGET,~~ FOR THE PURPOSE  
 12 OF ESTABLISHING A STATEWIDE NETWORK ~~AND INFRASTRUCTURE~~ THAT WILL  
 13 SUPPORT A WIDE RANGE OF PREVENTION, EDUCATION, ~~OUTREACH,~~ SCREENING,  
 14 TREATMENT, AND RESEARCH PROGRAMS RELATING TO TARGETED CANCERS AND  
 15 TOBACCO-RELATED DISEASES THAT CAN BE ACCESSED BY INDIVIDUALS  
 16 THROUGHOUT THE STATE, INCLUDING:

17           (1)     ~~REGIONAL COORDINATION OF CLINICAL TRIALS SUPPORT SERVICES~~  
 18 AIMED AT INCREASING PARTICIPATION OF DIVERSE POPULATIONS IN CLINICAL  
 19 TRIALS;

20           (2)     DEVELOPMENT OF BEST PRACTICES MODELS ~~FOR~~ TO ADDRESS  
 21 TARGETED CANCERS AND TOBACCO-RELATED DISEASES; AND

22           (3)     COORDINATION AMONG LOCAL HOSPITALS, COMMUNITY CLINICS,  
 23 PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS IN DIFFERENT GEOGRAPHIC  
 24 AREAS OF THE STATE.

25           (B)     (1)     EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE  
 26 DEPARTMENT MAY NOT DISTRIBUTE A ~~MEDICAL INSTITUTION STATEWIDE~~  
 27 ACADEMIC HEALTH CENTER NETWORK GRANT UNDER THIS SECTION UNTIL AFTER  
 28 THE BASELINE CANCER STUDY IS COMPLETED.

29           (2)     BEFORE COMPLETING THE BASELINE CANCER STUDY, THE  
 30 DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE ~~MEDICAL INSTITUTION~~  
 31 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE STATE BUDGET TO  
 32 FUND THE DEVELOPMENT OF AN INFRASTRUCTURE FOR THE NETWORK THAT IS  
 33 AUTHORIZED UNDER SUBSECTION (A) OF THIS SECTION.

34 43-1118 13-1119.

35           (A)     THERE IS AN ADMINISTRATIVE COMPONENT IN THE PROGRAM.

36           (B)     THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE  
 37 NECESSARY ADMINISTRATIVE STRUCTURE IN THE DEPARTMENT FOR EFFECTIVE

1 MANAGEMENT OF THE LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC HEALTH, AND  
2 SURVEILLANCE AND EVALUATION COMPONENTS OF THE PROGRAM.

3 (C) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING  
4 THAT IS ALLOCATED TO THE DEPARTMENT UNDER FUNDS THAT ARE ALLOCATED TO  
5 THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO  
6 COVER ADMINISTRATIVE COSTS OF THE LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC  
7 HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS OF THE PROGRAM,  
8 INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT, A COUNTY  
9 THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, THE  
10 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP, AND THE JOHNS HOPKINS  
11 GROUP, OR ANY A PERSON RECEIVING MONEY WHO RECEIVES FUNDS UNDER A  
12 MEDICAL INSTITUTION LOCAL PUBLIC HEALTH CANCER GRANT, AND ANY OTHER  
13 PERSON WHO RECEIVES FUNDS UNDER THE LOCAL PUBLIC HEALTH, STATEWIDE  
14 PUBLIC HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS OF THE  
15 PROGRAM IN ADMINISTERING THE PROGRAM.

16 (D) THE AMOUNT THAT IS UNLESS OTHERWISE SPECIFIED IN THE ANNUAL  
17 BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE  
18 ADMINISTRATIVE COMPONENT UNDER SUBSECTION (C) OF THIS SECTION IN THE  
19 STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS  
20 ALLOCATED TO THE LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC HEALTH, AND  
21 SURVEILLANCE AND EVALUATION COMPONENTS OF THE PROGRAM IN THE STATE  
22 BUDGET.

23 (E) THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF  
24 ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, A COUNTY THAT  
25 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, A PERSON WHO  
26 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, AND ANY OTHER  
27 PERSON WHO RECEIVES FUNDS UNDER THE PROGRAM.

28 (F) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS  
29 ENACTED, THE FUNDS THAT ARE ALLOCATED TO THE LOCAL PUBLIC HEALTH,  
30 STATEWIDE PUBLIC HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS  
31 OF THE PROGRAM IN THE STATE BUDGET MAY NOT BE USED FOR ADMINISTRATIVE  
32 COSTS.

33 (E) A COUNTY THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH  
34 CANCER GRANT, A PERSON WHO RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH  
35 CANCER GRANT, A STATEWIDE ACADEMIC HEALTH CENTER THAT RECEIVES MONEY  
36 UNDER ANY OF THE GRANTS DISTRIBUTED UNDER THE STATEWIDE ACADEMIC  
37 HEALTH COMPONENT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER THE  
38 PROGRAM MAY NOT USE MORE THAN 7% OF THE FUNDS TO COVER ADMINISTRATIVE  
39 COSTS.

**Article - State Finance and Procurement**

1  
2 7-101.

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

4 (b) "Proposed budget" means:

5 (1) the budget bill; and

6 (2) the budget books and other documents that support the budget bill.

7 7-114.

8 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
9 INDICATED.

10 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,  
11 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAM  
12 ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

13 (3) "TOBACCO PROGRAM" MEANS THE TOBACCO USE PREVENTION AND  
14 CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH -  
15 GENERAL ARTICLE.

16 (B) EACH BUDGET BILL SHALL CONTAIN A SEPARATE SECTION THAT  
17 INCLUDES THE APPROPRIATION FOR:

18 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

19 (2) EACH COMPONENT OF THE CANCER PROGRAM; AND

20 (3) ANY OTHER PROGRAM THAT IS FUNDED WITH MONEY FROM THE  
21 CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE.

22 7-121.

23 (a) The budget books shall contain a section that, by unit of the State  
24 government, sets forth, for each program or purpose of that unit:

25 (1) the total number of officers and employees and the number in each  
26 job classification:

27 (i) authorized in the State budget for the last full fiscal year and  
28 the current fiscal year; and

29 (ii) requested for the next fiscal year;

30 (2) the total amount for salaries of officers and employees and the  
31 amount for salaries of each job classification:

- 1 (i) spent during the last full fiscal year;
- 2 (ii) authorized in the State budget for the current fiscal year; and
- 3 (iii) requested for the next fiscal year; and
- 4 (3) an itemized statement of the expenditures for contractual services,  
 5 supplies and materials, equipment, land and structures, fixed charges, and other  
 6 operating expenses:
- 7 (i) made in the last full fiscal year;
- 8 (ii) authorized in the State budget for the current fiscal year; and
- 9 (iii) requested for the next fiscal year.

10 (b) In its annual submission of the PROPOSED budget, the Department of  
 11 Budget and Management shall provide, for informational purposes, a budget  
 12 presentation that includes a description of the proposed expenditures under the  
 13 Maryland Emergency Medical System Operations Fund for the:

- 14 (1) Maryland Institute for Emergency Medical Services Systems;
- 15 (2) R Adams Cowley Shock Trauma Center;
- 16 (3) Maryland Fire and Rescue Institute;
- 17 (4) Aviation Division of the Special Operations Bureau, Department of  
 18 State Police; and
- 19 (5) grants under the State Fire, Rescue, and Ambulance Fund.

20 (C) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE  
 21 MEANINGS INDICATED.

22 ~~(2)~~ (II) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,  
 23 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAM  
 24 ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

25 ~~(3)~~ (III) "TOBACCO PROGRAM" MEANS THE TOBACCO USE PREVENTION  
 26 AND CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE  
 27 HEALTH - GENERAL ARTICLE.

28 ~~(D)~~ (2) THE BUDGET BOOKS SHALL CONTAIN A BUDGET PRESENTATION  
 29 THAT PROVIDES AN OVERVIEW OF THE PROPOSED EXPENDITURES FOR:

30 ~~(1)~~ (I) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED  
 31 EXPENDITURES FOR:

32 ~~(1)~~ (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

1                   ~~(H)~~ 2.       EACH PROGRAM FUNDED UNDER EACH COMPONENT OF  
2 THE TOBACCO PROGRAM; AND

3                   ~~(HH)~~ 3.       EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

4                   ~~(I)~~ (II)       THE CANCER PROGRAM, INCLUDING THE PROPOSED  
5 EXPENDITURES FOR:

6                   ~~(J)~~ 1.       EACH COMPONENT OF THE CANCER PROGRAM;

7                   ~~(K)~~ 2.       EACH PROGRAM FUNDED UNDER EACH COMPONENT OF  
8 THE CANCER PROGRAM;

9                   ~~(L)~~ 3.       EACH LOCAL PUBLIC HEALTH CANCER GRANT;

10                  ~~(M)~~ 4.       EACH ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
11 HEALTH CENTER PUBLIC HEALTH GRANT; ~~AND~~

12                  ~~(N)~~ 5.       EACH ~~MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
13 HEALTH CENTER CANCER RESEARCH GRANT; ~~AND~~

14                               6.       EACH STATEWIDE ACADEMIC HEALTH CENTER  
15 TOBACCO-RELATED DISEASES RESEARCH GRANT; AND

16                  ~~(O)~~ 7.       ~~EACH MEDICAL INSTITUTION~~ STATEWIDE ACADEMIC  
17 HEALTH CENTER NETWORK GRANT; AND

18                  ~~(P)~~ (III)       ANY OTHER PROGRAM THAT IS FUNDED WITH THE CIGARETTE  
19 RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE.

20 7-317.

21       (a)       There is a Cigarette Restitution Fund.

22       (b)       (1)       The Fund is a continuing, nonlapsing fund that is not subject to §  
23 7-302 of this subtitle.

24       (2)       There shall be credited to the Fund all revenues consisting of funds  
25 received by the State from any source resulting, directly or indirectly, from any  
26 judgment against or settlement with tobacco product manufacturers, tobacco research  
27 associations, or any other person in the tobacco industry relating to litigation,  
28 administrative proceedings, or any other claims made or prosecuted by the State to  
29 recover damages for violations of State law.

30       (c)       The Treasurer shall:

31               (1)       invest and reinvest the Fund in the same manner as other State  
32 funds; and

33               (2)       credit any investment earnings to the Fund.

1 (d) Expenditures from the Fund shall be made by an appropriation in the  
2 annual State budget.

3 (e) (1) The Fund shall be expended subject to any restrictions on its use or  
4 other limitations on its allocation that are:

5 (i) expressly provided by statute;

6 (ii) required as a condition of the acceptance of funds; or

7 (iii) determined to be necessary to avoid recoupment by the federal  
8 government of money paid to the Fund.

9 (2) Disbursements from the Fund to programs funded by the State or  
10 with federal funds administered by the State shall be used solely to supplement, and  
11 not to supplant, funds otherwise available for the programs under federal or State law  
12 as provided in this section.

13 (f) (1) [Expenditures from the] THE Cigarette Restitution Fund shall be  
14 [made for the following purposes] USED TO FUND:

15 (I) THE TOBACCO USE PREVENTION AND CESSATION PROGRAM  
16 ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH - GENERAL ARTICLE;

17 (II) THE CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,  
18 SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE  
19 11 OF THE HEALTH - GENERAL ARTICLE; AND

20 (III) OTHER PROGRAMS THAT SERVE THE FOLLOWING PURPOSES:

21 [(i)] 1. reduction of the use of tobacco products by minors;

22 [(ii)] 2. implementation of the Southern Maryland Regional  
23 Strategy-Action Plan for Agriculture adopted by the Tri-County Council for Southern  
24 Maryland with an emphasis on alternative crop uses for agricultural land now used  
25 for growing tobacco;

26 [(iii)] 3. public and school education campaigns to decrease tobacco  
27 use with initial emphasis on areas targeted by tobacco manufacturers in marketing  
28 and promoting cigarette and tobacco products;

29 [(iv)] 4. smoking cessation programs;

30 [(v)] 5. enforcement of the laws regarding tobacco sales;

31 [(vi)] 6. the purposes of the Maryland Health Care Foundation  
32 under Title 20, Subtitle 5 of the Health - General Article;

33 [(vii)] 7. primary health care in rural areas of the State and areas  
34 targeted by tobacco manufacturers in marketing and promoting cigarette and tobacco  
35 products;

1 [(viii)] 8. prevention, treatment, and research concerning cancer,  
 2 heart disease, lung disease, tobacco product use, and tobacco control, including  
 3 operating costs and related capital projects;

4 [(ix)] 9. substance abuse treatment and prevention programs; and

5 [(x)] 10. any other public purpose.

6 (2) The provisions of this subsection may not be construed to affect the  
 7 Governor's powers with respect to a request for an appropriation in the annual budget  
 8 bill.

9 (g) (1) Amounts may only be expended from the Fund through  
 10 appropriations in the State budget bill as provided in this subsection.

11 (2) The Governor shall include in the annual budget bill appropriations  
 12 from the Fund equivalent to the lesser of \$100,000,000 or 90% of the funds estimated  
 13 to be available to the Fund in the fiscal year for which the appropriations are made.

14 (3) For each fiscal year for which appropriations are made, at least 50%  
 15 of the appropriations shall be made for those purposes enumerated in subsection  
 16 [(f)(1)(i) through (ix)] (F)(1)(I), (II), AND (III)1 THROUGH 9 of this section subject to the  
 17 requirement of subsection (e)(2) of this section.

18 (4) Any additional appropriations, not subject to paragraph (3) of this  
 19 subsection, may be made for any lawful purpose.

20 (h) For each program, project or activity receiving funds appropriated under  
 21 subsection (g)(3) of this section, the Governor shall:

22 (1) develop appropriate statements of vision, mission, key goals, key  
 23 objectives, and key performance indicators and report these statements in a discrete  
 24 part of the State budget submission, which shall also provide data for key  
 25 performance indicators; and

26 (2) report annually, subject to § 2-1246 of the State Government Article,  
 27 to the General Assembly no later than October 1 on:

28 (i) total funds expended, by program and subdivision, in the prior  
 29 fiscal year from the Fund established under this section; and

30 (ii) the specific outcomes or public benefits resulting from that  
 31 expenditure.

32 SECTION 2. AND BE IT FURTHER ENACTED, That § 13-1115(a)(2)(i) and ~~(e)~~  
 33 ~~(f)(2)(i)~~ and (3)(i) of the Health - General Article, which, as provided in this Act,  
 34 require that \$4,000,000 of the funds that are allocated in the State budget to the  
 35 ~~Medical Institution~~ Statewide Academic Health Center Component of the Cancer  
 36 Prevention, Education, Screening, and Treatment Program be used only for ~~Medical~~  
 37 ~~Institution~~ Statewide Academic Health Center Public Health Grants or a Baltimore

1 City Local Public Health Cancer Grant, do not apply to fiscal year 2001. Of the funds  
2 that are allocated in the State budget to the ~~Medical Institution~~ *Statewide Academic*  
3 *Health Center* Component of the Cancer Prevention, Education, Screening, and  
4 Treatment Program for fiscal year 2001, \$3,000,000 may be used only for ~~Medical~~  
5 ~~Institution~~ *Statewide Academic Health Center* Public Health Grants or a Baltimore  
6 City Local Public Health Cancer Grant. In fiscal year 2001, the University of  
7 Maryland Medical Group and the Johns Hopkins Institutions may each apply for a  
8 ~~Medical Institution~~ *Statewide Academic Health Center* Public Health Grant in an  
9 amount that is equal to \$1,500,000 plus any amount that is available under §  
10 13-1115(a)(2)(ii) of the Health - General Article.

11 SECTION 3. AND BE IT FURTHER ENACTED, That notwithstanding §  
12 13-1116 of the Health - General Article, in fiscal years 2001, 2002, and 2003, the  
13 Johns Hopkins Institutions may not receive a *Statewide Academic Health Center*  
14 *Cancer Research Grant* unless the grant will be used for the following purposes: (1) to  
15 *recruit high-quality faculty in the behavioral research, genetic epidemiology, cancer*  
16 *epidemiology, molecular genetics of cancer, and viral vaccine development fields;* (2)  
17 *retain high-quality faculty, including clinicians and researchers, who contribute to a*  
18 *community-focused cancer research program; or (3) cancer surveillance and*  
19 *epidemiology, including: (i) development of a comprehensive list of cancer-causing*  
20 *agents; (ii) compilation and mapping of sources of exposure; (iii) a focus on the unique*  
21 *cultural and other factors related to delays in treatment and lack of success in care*  
22 *and treatment in underserved urban and rural communities; and (iv) improved*  
23 *understanding of cancer risk factors and how they impact on the State's unique cancer*  
24 *statistics. During fiscal years 2001, 2002, and 2003, the Johns Hopkins Institutions*  
25 *may use no more than two-thirds of the funds received under a *Statewide Academic**  
26 *Health Center Cancer Research Grant* for items (1) and (2) of this section. As a  
27 *condition of receiving a *Statewide Academic Health Center Cancer Research Grant*,*  
28 *the Johns Hopkins Institutions shall agree to use any applicable information obtained*  
29 *under item (3) of this section to enhance the Maryland Cancer Registry. In order to*  
30 *receive a *Statewide Academic Health Center Cancer Research Grant* in fiscal years*  
31 *2001, 2002, and 2003, the Johns Hopkins Institutions shall comply with the grant*  
32 *application requirements of § 13-1116 of the Health - General Article. However, during*  
33 *fiscal years 2001, 2002, and 2003, the grant application requirements of § 13-1116 of*  
34 *the Health - General Article shall be modified by the Department as necessary to*  
35 *reflect the requirements of this section.*

36 SECTION 4. AND BE IT FURTHER ENACTED, That, notwithstanding §  
37 13-1117 of the Health - General Article, the Department of Health and Mental Hygiene  
38 may not distribute a *Statewide Academic Health Center Tobacco-Related Diseases*  
39 *Research Grant* in fiscal year 2001. In subsequent fiscal years, the Department may  
40 distribute a *Statewide Academic Health Center Tobacco-Related Diseases Research*  
41 *Grant* only if funds are specifically allocated for this purpose in the State budget. It is  
42 the intent of the General Assembly that the Governor include funds in the State budget  
43 for fiscal year 2002 that are specifically allocated for this purpose.

44 SECTION 5. AND BE IT FURTHER ENACTED, That the Department of Health  
45 and Mental Hygiene may not distribute any grants to the University of Maryland  
46 Medical Group under §§ 13-1114 through 13-1119 of the Health - General Article until

1 the following entities enter into and submit to the Department a Memorandum of  
 2 Understanding regarding the procedures for expenditure of any grant funds: (1) the  
 3 University of Maryland, Baltimore; (2) the University of Maryland School of Medicine;  
 4 (3) and the University of Maryland Medical System Corporation.

5 SECTION 6. AND BE IT FURTHER ENACTED, That it is the intent of the  
 6 General Assembly that the Governor include funds in the State budget for fiscal year  
 7 2002 that are specifically allocated for the purpose of implementing any plan  
 8 developed under §§ 13-1109(e) and 13-1114(d) of the Health - General Article as to  
 9 how the expertise of the statewide academic health centers will be used to assist the  
 10 community health coalitions in Montgomery County and Prince George's County in  
 11 enhancing the capacity for cancer screening and treatment at one or more major  
 12 community hospitals in Montgomery County and Prince George's County.

13 SECTION 7. AND BE IT FURTHER ENACTED, That, in addition to the  
 14 requirements of § 13-1005(e)(3) of the Health - General Article, which requires that the  
 15 Department use at least \$750,000 of the money that is allocated to the Statewide Public  
 16 Health Component of the Tobacco Use Prevention and Cessation Program in fiscal  
 17 year 2001 to provide outreach and start-up technical assistance to African American  
 18 communities in the State for the purpose of organizing participation in community  
 19 health coalitions that are formed under § 13-1108(b), § 13-1109(c), or § 13-1115(b) of  
 20 the Health - General Article, an additional \$750,000 is included in Supplemental  
 21 Budget No. 2 of the fiscal year 2001 State budget for this same purpose.

22 SECTION 8. AND BE IT FURTHER ENACTED, That the Department of  
 23 Health and Mental Hygiene shall conduct a study to determine whether all screening  
 24 programs that are funded through grants that are distributed under the Cancer  
 25 Prevention, Education, Screening, and Treatment Program created under this Act  
 26 provide necessary treatment for uninsured individuals, as defined in § 13-1101 of the  
 27 Health - General Article, who are diagnosed with a targeted or non-targeted cancer  
 28 as a result of the screening programs. In conducting the study, the Department shall:  
 29 (1) identify the number of uninsured individuals who have participated in the  
 30 screening programs; (2) identify the number of uninsured individuals who have been  
 31 diagnosed with a targeted or non-targeted cancer as a result of the screening  
 32 programs; (3) identify the type of treatment that was received by uninsured  
 33 individuals who were diagnosed with a targeted or non-targeted cancer as a result of  
 34 the screening programs; and (4) determine the financial impact of treating these  
 35 uninsured individuals on hospitals, community clinics, physicians, and other health  
 36 care providers. The Department shall submit a report on its findings to the Governor  
 37 and, subject to § 2-1246 of the State Government Article, the General Assembly  
 38 within 1 year after the date that the Department ~~approved~~ approves or disapproves  
 39 all of the Comprehensive Plans for Cancer Prevention, Education, Screening, and  
 40 Treatment submitted to the Department under this Act by local health departments,  
 41 ~~medical institutions~~ statewide academic health centers, or other persons designated  
 42 by the Department. Any local health department, ~~medical institution~~ statewide  
 43 academic health center, or other person who receives money to fund a screening  
 44 program through a grant that is distributed under the Cancer Prevention, Education,  
 45 Screening, and Treatment Program created under this Act shall submit to the

1 Department any information that is needed by the Department to complete the study  
2 required by this section.

3 SECTION 9. AND BE IT FURTHER ENACTED, That a comprehensive  
4 evaluation of the Tobacco Use Prevention and Cessation Program and the Cancer  
5 Prevention, Education, Screening, and Treatment Program established in this Act  
6 shall be conducted at the end of fiscal year 2004. The comprehensive evaluation shall  
7 be conducted by a higher education institution or private entity. The Department shall  
8 issue a request for proposal to select the entity that will conduct the comprehensive  
9 evaluation. The comprehensive evaluation shall include an evaluation of: (1) the  
10 administration of the Programs; and (2) the effectiveness of the Programs, including  
11 an analysis of: (i) whether appropriate benchmarks based on objective performance  
12 measures have been met; and (ii) the extent to which the short-term and long-term  
13 goals established under §§ 13-1007 and 13-1109 of the Health - General Article have  
14 been met. No later than February 1, 2004, the Department shall submit a proposed  
15 request for proposal for the comprehensive evaluation to the Senate Budget and  
16 Taxation Committee, Senate Finance Committee, House Appropriations Committee,  
17 and House Environmental Matters Committee for review and comment. Based on the  
18 results of the comprehensive evaluation, the Department shall consider whether the  
19 Programs should be modified in any way. No later than November 1, 2004, the  
20 Department shall submit a report to the Governor and, subject to § 2-1246 of the State  
21 Government Article, the General Assembly that includes the results of the  
22 comprehensive evaluation and the Department's recommendations regarding  
23 modifications to the Programs.

24 SECTION 2-4 10. AND BE IT FURTHER ENACTED, That, except as provided  
25 in ~~Section 2~~ Sections 2 through 5 of this Act, this Act shall take effect ~~October~~ July 1,  
26 2000.