

(PRE-FILED)

By: **Delegate Nathan-Pulliam**

Requested: November 5, 2003

Introduced and read first time: January 14, 2004

Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Maryland Office of Minority Health

FOR the purpose of establishing the Maryland Office of Minority Health in the Executive Department; establishing the Director of Minority Affairs as head of the Office; requiring the Director to report to the Secretary of Health and Mental Hygiene; establishing the duties and responsibilities of the Office; establishing a Minority Health Advisory Commission; providing for the membership, chairperson, expenses, and staff of the Commission; establishing the duties of the Commission; requiring the Director to promote health and prevention of disease among members of certain groups; authorizing the Director to distribute grants for the improvement of minority health under certain circumstances; authorizing the Director to fund certain projects; requiring that the Office provide a certain report; defining certain terms; and generally relating to the establishment of the Maryland Office of Minority Health and the Minority Health Advisory Commission.

BY adding to

Article - State Government

Section 9-3A-01 through 9-3A-08, inclusive, to be under the new subtitle
"Subtitle 3A. Office of Minority Health"

Annotated Code of Maryland

(1999 Replacement Volume and 2003 Supplement)

Preamble

WHEREAS, The cost of racial and ethnic disparities in health care has a substantial negative economic impact on the State; and

WHEREAS, There is a social and economic benefit to ensuring that minorities have access to preventive health care; now, therefore,

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

Article - State Government

SUBTITLE 3A. OFFICE OF MINORITY HEALTH.

9-3A-01.

- (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
- (B) "COMMISSION" MEANS THE MINORITY HEALTH ADVISORY COMMISSION.
- (C) "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- (D) "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF MINORITY AFFAIRS.
- (E) "MINORITY PERSON" INCLUDES AFRICAN AMERICANS, HISPANICS, ASIAN AND PACIFIC ISLANDERS, AND AMERICAN INDIANS STATEWIDE.
- (F) "OFFICE" MEANS THE MARYLAND OFFICE OF MINORITY HEALTH ESTABLISHED UNDER § 9-3A-02 OF THIS SUBTITLE.
- (G) "SECRETARY" MEANS THE SECRETARY OF HEALTH AND MENTAL HYGIENE.

9-3A-02.

THERE IS AN OFFICE OF MINORITY HEALTH IN THE EXECUTIVE DEPARTMENT.

9-3A-03.

- (A) THE HEAD OF THE OFFICE OF MINORITY HEALTH IS THE DIRECTOR OF MINORITY AFFAIRS.
- (B) THE DIRECTOR SHALL REPORT TO THE SECRETARY.

9-3A-04.

THE OFFICE SHALL:

- (1) BE AN ADVOCATE FOR THE IMPROVEMENT OF MINORITY HEALTH CARE BY WORKING WITH THE DEPARTMENT ON ITS OWN, OR IN PARTNERSHIP WITH OTHER PUBLIC AND PRIVATE ENTITIES TO ESTABLISH APPROPRIATE FORUMS, PROGRAMS, OR INITIATIVES DESIGNED TO EDUCATE THE PUBLIC REGARDING MINORITY HEALTH ISSUES, WITH AN EMPHASIS ON PREVENTIVE HEALTH AND HEALTHY LIFESTYLES;
- (2) ASSIST THE SECRETARY IN IDENTIFYING, COORDINATING AND ESTABLISHING PRIORITIES FOR PROGRAMS, SERVICES, AND RESOURCES THAT THE STATE SHOULD PROVIDE FOR MINORITY HEALTH ISSUES;

(3) COLLECT, CLASSIFY, AND ANALYZE RELEVANT RESEARCH INFORMATION AND DATA COLLECTED OR COMPILED BY:

- (I) THE DEPARTMENT;
- (II) THE DEPARTMENT IN COLLABORATION WITH OTHERS;
- (III) THE MINORITY HEALTH ADVISORY COMMISSION; AND
- (IV) OTHER PUBLIC AND PRIVATE ENTITIES;

(4) IMPROVE EXISTING DATA SYSTEMS TO ENSURE THAT THE HEALTH INFORMATION THAT IS COLLECTED INCLUDES SPECIFIC RACE AND ETHNICITY IDENTIFIERS;

(5) SERVE AS A CLEARINGHOUSE AND RESOURCE LIBRARY FOR INFORMATION ABOUT MINORITY HEALTH DATA, STRATEGIES, SERVICES, AND PROGRAMS THAT ADDRESS MINORITY HEALTH ISSUES;

(6) DEVELOP A STRATEGIC PLAN TO IMPROVE PUBLIC SERVICES AND PROGRAMS TARGETING MINORITIES;

(7) PROVIDE GRANTS TO COMMUNITY-BASED ORGANIZATIONS TO CONDUCT SPECIAL RESEARCH, DEMONSTRATION, AND EVALUATION PROJECTS FOR TARGETED AT-RISK RACIAL AND ETHNIC MINORITY POPULATIONS AND TO SUPPORT ONGOING COMMUNITY-BASED PROGRAMS THAT ARE DESIGNED TO REDUCE OR ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES IN THE STATE;

(8) DEVELOP CRITERIA FOR THE AWARDING OF GRANTS FOR PROGRAMS THAT ARE DESIGNED TO IMPROVE MINORITY HEALTH CARE;

(9) REVIEW EXISTING LAWS AND REGULATIONS TO ENSURE THAT THEY FACILITATE THE PROVISION OF ADEQUATE HEALTH CARE TO THE MINORITIES OF THIS STATE;

(10) RECOMMEND TO THE SECRETARY ANY ADDITIONS OR CHANGES TO EXISTING LAWS AND REGULATIONS DESIGNED TO FACILITATE THE ADEQUATE PROVISION OF HEALTH CARE TO MINORITIES IN THIS STATE;

(11) EXAMINE THE FINANCING AND ACCESS TO HEALTH SERVICES FOR MARYLAND'S MINORITY POPULATIONS;

(12) IDENTIFY AND REVIEW HEALTH PROMOTION AND DISEASE PREVENTION STRATEGIES RELATING TO THE LEADING HEALTH CAUSES OF DEATH AND DISABILITY AMONG MINORITY POPULATIONS;

(13) DEVELOP AND IMPLEMENT MODEL PUBLIC AND PRIVATE PARTNERSHIPS IN RACIAL AND ETHNIC MINORITY COMMUNITIES FOR HEALTH AWARENESS CAMPAIGNS AND TO IMPROVE THE ACCESS, ACCEPTABILITY, AND USE OF PUBLIC HEALTH SERVICES;

(14) DEVELOP RECOMMENDATIONS FOR THE MOST EFFECTIVE MEANS OF PROVIDING OUTREACH TO RACIAL AND ETHNIC MINORITY COMMUNITIES THROUGHOUT THE STATE TO ENSURE THEIR MAXIMUM PARTICIPATION IN PUBLICLY FUNDED HEALTH BENEFITS PROGRAMS;

(15) DEVELOP A STATEWIDE PLAN FOR INCREASING THE NUMBER OF RACIAL AND ETHNIC MINORITY HEALTH CARE PROFESSIONALS WHICH INCLUDES RECOMMENDATIONS FOR THE FINANCING MECHANISMS AND RECRUITMENT STRATEGIES NECESSARY TO CARRY OUT THE PLAN;

(16) WORK COLLABORATIVELY WITH UNIVERSITIES AND COLLEGES OF MEDICINE, NURSING, PHARMACY, AND DENTISTRY IN THIS STATE AND OTHER HEALTH CARE PROFESSIONAL TRAINING PROGRAMS TO DEVELOP COURSES WITH CULTURAL COMPETENCY, SENSITIVITY, AND HEALTH LITERACY, THAT ARE DESIGNED TO ADDRESS THE PROBLEM OF RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE ACCESS, UTILIZATION, TREATMENT DECISIONS, QUALITY, AND OUTCOMES;

(17) WORK COLLABORATIVELY WITH THE MARYLAND HEALTH CARE DISPARITIES INITIATIVE, THE MORGAN-HOPKINS CENTER FOR HEALTH DISPARITIES SOLUTIONS, AND THE UNIVERSITY OF MARYLAND DISPARITY PROJECT AS WELL AS OTHER EXISTING ALLIANCES OR PLANS, TO REDUCE OR ELIMINATE RACIAL AND ETHNIC DISPARITIES IN THE STATE;

(18) SEEK TO ESTABLISH A STATEWIDE ALLIANCE WITH COMMUNITY-BASED AGENCIES AND ORGANIZATIONS, HEALTH CARE FACILITIES, HEALTH CARE PROVIDER ORGANIZATIONS, MANAGED CARE ORGANIZATIONS, AND PHARMACEUTICAL MANUFACTURERS TO PROMOTE THE OBJECTIVES OF THE OFFICE;

(19) EVALUATE MULTICULTURAL OR RACIAL AND ETHNIC MINORITY HEALTH PROGRAMS IN OTHER STATES TO ASSESS THEIR EFFICACY AND POTENTIAL FOR REPLICATION IN THIS STATE AND MAKE RECOMMENDATIONS REGARDING THE ADOPTION OF SUCH PROGRAMS, AS APPROPRIATE;

(20) APPLY FOR AND ACCEPT ANY GRANT OF MONEY FROM THE FEDERAL GOVERNMENT, PRIVATE FOUNDATIONS, OR OTHER SOURCES WHICH MAY BE AVAILABLE FOR PROGRAMS RELATED TO MINORITY HEALTH; AND

(21) SERVE AS THE DESIGNATED STATE AGENCY FOR RECEIPT OF FEDERAL FUNDS SPECIFICALLY DESIGNATED FOR MINORITY HEALTH PROGRAMS.

9-3A-05.

(A) THERE IS A MINORITY HEALTH ADVISORY COMMISSION.

(B) THE COMMISSION CONSISTS OF 15 MEMBERS APPOINTED AS FOLLOWS:

(1) FIVE MEMBERS SHALL BE APPOINTED BY THE GOVERNOR FROM AMONG HEALTH RESEARCHERS, HEALTH PLANNERS, AND HEALTH PROFESSIONALS;

(2) FIVE MEMBERS SHALL BE APPOINTED BY THE SPEAKER OF THE HOUSE OF DELEGATES, TWO OF WHOM SHALL BE MEMBERS OF THE HOUSE OF DELEGATES, AND THE REMAINDER OF WHOM SHALL BE REPRESENTATIVE OF ANY OF THE OCCUPATIONS OR PROFESSIONS LISTED IN ITEM (1) OF THIS SUBSECTION; AND

(3) FIVE MEMBERS SHALL BE APPOINTED BY THE PRESIDENT OF THE SENATE, TWO OF WHOM SHALL BE MEMBERS OF THE SENATE, AND THE REMAINDER OF WHOM SHALL BE REPRESENTATIVE OF ANY OF THE OCCUPATIONS OR PROFESSIONS LISTED IN ITEM (1) OF THIS SUBSECTION.

(C) THE COMMISSION SHALL ELECT A CHAIRPERSON FROM AMONG ITS MEMBERS.

(D) MEMBERS OF THE COMMISSION SHALL SERVE WITHOUT COMPENSATION, BUT SHALL BE REIMBURSED FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(E) THE OFFICE SHALL:

(1) HAVE A STAFF AS PROVIDED IN THE STATE BUDGET; AND

(2) PROVIDE STAFF AND ASSISTANCE TO THE COMMISSION AS NECESSARY FOR IT TO CARRY OUT ITS WORK.

9-3A-06.

THE COMMISSION SHALL:

(1) ADVISE THE DIRECTOR ON PROPOSALS TO IMPLEMENT AND ENHANCE THE DUTIES OF THE OFFICE;

(2) GATHER INFORMATION THAT THE COMMISSION DEEMS NECESSARY TO PROMOTE THE GOALS OF THE OFFICE;

(3) PROVIDE SUCH OTHER ASSISTANCE AS MAY BE REQUIRED TO FURTHER THE PURPOSES OF § 9-3A-04 OF THIS SUBTITLE;

(4) MEET AT THE CALL OF THE DIRECTOR;

(5) REVIEW AND MAKE RECOMMENDATIONS TO THE OFFICE ON ANY RULES, REGULATIONS, AND POLICIES PROPOSED BY THE OFFICE;

(6) ADVISE THE OFFICE ON THE NEEDS, PRIORITIES, PROGRAMS, AND POLICIES RELATING TO MINORITY HEALTH IN THIS STATE; AND

(7) PROVIDE ANY OTHER ASSISTANCE TO THE OFFICE THAT THE DIRECTOR REQUESTS.

9-3A-07.

SUBJECT TO THE LIMITATIONS OF ANY LAW THAT GOVERNS THE ACTIVITIES OF OTHER UNITS OF THE EXECUTIVE BRANCH OF STATE GOVERNMENT, THE DIRECTOR SHALL:

- (1) PROMOTE HEALTH AND THE PREVENTION OF DISEASE AMONG MEMBERS OF MINORITY GROUPS;
- (2) DISTRIBUTE GRANTS FROM AVAILABLE FUNDS TO COMMUNITY-BASED HEALTH GROUPS TO BE USED TO PROMOTE HEALTH AND THE PREVENTION OF DISEASE AMONG MEMBERS OF MINORITY GROUPS; AND
- (3) FUND PROJECTS WHICH ARE INNOVATIVE, CULTURALLY SENSITIVE, AND SPECIFIC IN THEIR APPROACH TOWARD REDUCTION OF THE INCIDENCE AND SEVERITY OF THOSE DISEASES OR CONDITIONS WHICH ARE RESPONSIBLE FOR EXCESS MORBIDITY AND MORTALITY IN MINORITY POPULATIONS.

9-3A-08.

(A) ON OR BEFORE THE 15TH DAY OF EACH REGULAR SESSION OF THE GENERAL ASSEMBLY, THE DIRECTOR SHALL SUBMIT AN ANNUAL REPORT ON THE OFFICE OF MINORITY HEALTH TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THIS ARTICLE, TO THE GENERAL ASSEMBLY.

(B) THE REPORT SHALL INCLUDE THE PROJECTS AND SERVICES DEVELOPED AND FUNDED BY THE OFFICE AND THE HEALTH CARE PROBLEMS THAT THE GRANT FUNDS ARE INTENDED TO AMELIORATE.

(C) THE REPORT MAY INCLUDE ANY RECOMMENDATIONS FOR ADMINISTRATIVE OR LEGISLATIVE ACTION THAT IT DEEMS APPROPRIATE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2004.