

SENATE BILL 177

Unofficial Copy  
P1

2004 Regular Session  
4lr1685  
CF HB 86

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By: **Senators Exum, Britt, Conway, Currie, Giannetti, Gladden, Grosfeld,  
Hughes, Jones, Kelley, Lawlah, McFadden, Pinsky, and Teitelbaum**  
Introduced and read first time: January 23, 2004  
Assigned to: Education, Health, and Environmental Affairs and Budget and Taxation

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Committee Report: Favorable with amendments  
Senate action: Adopted  
Read second time: April 8, 2004

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CHAPTER 443

1 AN ACT concerning

2 **Maryland Office of Minority Health and Health Disparities**

3 FOR the purpose of requiring the Department of Health and Mental Hygiene to  
4 include certain recommendations in a certain plan; establishing the Maryland  
5 Office of Minority Health and Health Disparities in the ~~Executive Department~~;  
6 ~~establishing the Director of Minority Affairs as head of the Office~~ Department;  
7 requiring the Director of the Office to report to the Secretary of Health and  
8 Mental Hygiene; establishing the duties and responsibilities of the Office;  
9 ~~establishing a Minority Health Advisory Commission; providing for the~~  
10 ~~membership, chairperson, expenses, and staff of the Commission; establishing~~  
11 ~~the duties of the Commission~~; requiring the Director to promote health and  
12 prevention of disease among members of certain groups; authorizing the  
13 Director to distribute certain grants for the improvement of minority health and  
14 health disparities under certain circumstances; authorizing the Director to fund  
15 certain projects; requiring that the ~~Office~~ Department provide a certain report;  
16 ~~declaring the intent of the General Assembly~~; defining certain terms; and  
17 generally relating to the establishment of the Maryland Office of Minority  
18 Health and ~~the Minority Health Advisory Commission~~ Health Disparities.

19 BY repealing and reenacting, with amendments,  
20 Article - Health - General  
21 Section 20-904(d)  
22 Annotated Code of Maryland  
23 (2000 Replacement Volume and 2003 Supplement)

24 BY adding to

1 Article - ~~State Government~~ Health - General  
 2 Section ~~9-3A-01 through 9-3A-08~~ 20-1001 through 20-1007, inclusive, to be  
 3 under the new subtitle "Subtitle 3A- 10. Office of Minority Health and  
 4 Health Disparities"  
 5 Annotated Code of Maryland  
 6 (~~1999~~ 2000 Replacement Volume and 2003 Supplement)

7 Preamble

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

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

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

14 Article - Health - General

15 20-904.

16 (d) The plan shall include recommendations to coordinate existing programs  
 17 related to health care disparities by:

18 (1) Identifying available funding;

19 (2) Identifying any gaps in service delivery based on gender, race,  
 20 ethnicity, and poverty;

21 (3) Reducing the duplication of available health care services;

22 (4) Reducing the fragmentation of health care services; [and]

23 (5) Identifying outcome measures to reduce health care disparities; AND

24 (6) ASSESSING THE ESTABLISHMENT OF A MINORITY HEALTH  
 25 ADVISORY COMMISSION TO BE COMPOSED OF REPRESENTATIVES FROM THE  
 26 LEGISLATIVE AND EXECUTIVE BRANCHES THAT WOULD ASSIST THE OFFICE OF  
 27 MINORITY HEALTH AND HEALTH DISPARITIES.

28 ~~Article - State Government~~

29 ~~SUBTITLE 3A- 10. OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES.~~

30 ~~9-3A-01- 20-1001.~~

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

1     ~~(B)~~     "COMMISSION" MEANS ~~THE MINORITY HEALTH ADVISORY COMMISSION.~~

2     ~~(C)~~     "DEPARTMENT" MEANS ~~THE DEPARTMENT OF HEALTH AND MENTAL~~  
3 ~~HYGIENE.~~

4     ~~(D)~~     ~~(B)~~     "DIRECTOR" MEANS THE DIRECTOR OF THE OFFICE OF MINORITY  
5 ~~AFFAIRS~~ HEALTH AND HEALTH DISPARITIES.

6     ~~(E)~~     ~~(C)~~     "MINORITY PERSON" INCLUDES AFRICAN AMERICANS, HISPANICS,  
7 ASIAN AND PACIFIC ISLANDERS, AND AMERICAN INDIANS STATEWIDE.

8     ~~(F)~~     ~~(D)~~     "OFFICE" MEANS THE MARYLAND OFFICE OF MINORITY HEALTH  
9 AND HEALTH DISPARITIES ESTABLISHED UNDER ~~§ 9-3A-02~~ § 20-1002 OF THIS  
10 SUBTITLE.

11    ~~(G)~~     "SECRETARY" MEANS ~~THE SECRETARY OF HEALTH AND MENTAL~~  
12 ~~HYGIENE.~~

13 ~~9-3A-02. 20-1002.~~

14     THERE IS AN OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES IN THE  
15 ~~EXECUTIVE~~ DEPARTMENT.

16 ~~9-3A-03. 20-1003.~~

17    ~~(A)~~     ~~THE HEAD OF THE OFFICE OF MINORITY HEALTH IS THE DIRECTOR OF~~  
18 ~~MINORITY AFFAIRS.~~

19    ~~(B)~~     THE DIRECTOR SHALL REPORT TO THE SECRETARY.

20 ~~9-3A-04. 20-1004.~~

21     THE OFFICE SHALL:

22           (1)     BE AN ADVOCATE FOR THE IMPROVEMENT OF MINORITY HEALTH  
23 CARE BY WORKING WITH THE DEPARTMENT ON ITS OWN, OR IN PARTNERSHIP WITH  
24 OTHER PUBLIC AND PRIVATE ENTITIES TO ESTABLISH APPROPRIATE FORUMS,  
25 PROGRAMS, OR INITIATIVES DESIGNED TO EDUCATE THE PUBLIC REGARDING  
26 MINORITY HEALTH AND HEALTH DISPARITIES ISSUES, WITH AN EMPHASIS ON  
27 PREVENTIVE HEALTH AND HEALTHY LIFESTYLES;

28           (2)     ASSIST THE SECRETARY IN IDENTIFYING, COORDINATING AND  
29 ESTABLISHING PRIORITIES FOR PROGRAMS, SERVICES, AND RESOURCES THAT THE  
30 STATE SHOULD PROVIDE FOR MINORITY HEALTH AND HEALTH DISPARITIES ISSUES;

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

33                   (I)     THE DEPARTMENT;

34                   (II)    THE DEPARTMENT IN COLLABORATION WITH OTHERS; AND

1                   ~~(III)~~    THE MINORITY HEALTH ADVISORY COMMISSION; AND

2                   ~~(IV)~~    (III)    OTHER PUBLIC AND PRIVATE ENTITIES;

3                   (4)        RESEARCH INNOVATIVE METHODS AND OBTAIN RESOURCES TO  
4 IMPROVE EXISTING DATA SYSTEMS TO ENSURE THAT THE HEALTH INFORMATION  
5 THAT IS COLLECTED INCLUDES SPECIFIC RACE AND ETHNICITY IDENTIFIERS;

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

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

12                  (7)        OBTAIN FUNDING AND, CONTINGENT UPON FUNDING, PROVIDE  
13 GRANTS TO COMMUNITY-BASED ORGANIZATIONS AND HISTORICALLY BLACK  
14 COLLEGES AND UNIVERSITIES TO CONDUCT SPECIAL RESEARCH, DEMONSTRATION,  
15 AND EVALUATION PROJECTS FOR TARGETED AT-RISK RACIAL AND ETHNIC  
16 MINORITY POPULATIONS AND TO SUPPORT ONGOING COMMUNITY-BASED  
17 PROGRAMS THAT ARE DESIGNED TO REDUCE OR ELIMINATE RACIAL AND ETHNIC  
18 HEALTH DISPARITIES IN THE STATE;

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

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

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

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

29                  ~~(12)~~    (11)    IDENTIFY AND REVIEW HEALTH PROMOTION AND DISEASE  
30 PREVENTION STRATEGIES RELATING TO THE LEADING HEALTH CAUSES OF DEATH  
31 AND DISABILITY AMONG MINORITY POPULATIONS;

32                  ~~(13)~~    (12)    DEVELOP AND IMPLEMENT MODEL PUBLIC AND PRIVATE  
33 PARTNERSHIPS IN RACIAL AND ETHNIC MINORITY COMMUNITIES FOR HEALTH  
34 AWARENESS CAMPAIGNS AND TO IMPROVE THE ACCESS, ACCEPTABILITY, AND USE  
35 OF PUBLIC HEALTH SERVICES;

36                  ~~(14)~~    (13)    DEVELOP RECOMMENDATIONS FOR THE MOST EFFECTIVE  
37 MEANS OF PROVIDING OUTREACH TO RACIAL AND ETHNIC MINORITY COMMUNITIES

1 THROUGHOUT THE STATE TO ENSURE THEIR MAXIMUM PARTICIPATION IN  
2 PUBLICLY FUNDED HEALTH BENEFITS PROGRAMS;

3 ~~(15)~~ (14) DEVELOP A STATEWIDE PLAN FOR INCREASING THE NUMBER  
4 OF RACIAL AND ETHNIC MINORITY HEALTH CARE PROFESSIONALS WHICH INCLUDES  
5 RECOMMENDATIONS FOR THE FINANCING MECHANISMS AND RECRUITMENT  
6 STRATEGIES NECESSARY TO CARRY OUT THE PLAN;

7 ~~(16)~~ (15) WORK COLLABORATIVELY WITH UNIVERSITIES AND COLLEGES  
8 OF MEDICINE, NURSING, PHARMACY, AND DENTISTRY IN THIS STATE AND OTHER  
9 HEALTH CARE PROFESSIONAL TRAINING PROGRAMS TO DEVELOP COURSES WITH  
10 CULTURAL COMPETENCY, SENSITIVITY, AND HEALTH LITERACY, THAT ARE  
11 DESIGNED TO ADDRESS THE PROBLEM OF RACIAL AND ETHNIC DISPARITIES IN  
12 HEALTH CARE ACCESS, UTILIZATION, TREATMENT DECISIONS, QUALITY, AND  
13 OUTCOMES;

14 ~~(17)~~ (16) WORK COLLABORATIVELY WITH THE MARYLAND HEALTH CARE  
15 DISPARITIES INITIATIVE, THE MORGAN-HOPKINS CENTER FOR HEALTH DISPARITIES  
16 SOLUTIONS, ~~AND THE UNIVERSITY OF MARYLAND DISPARITY PROJECT, THE~~  
17 MONUMENTAL CITY MEDICAL SOCIETY, FACULTY AND RESEARCHERS AT  
18 HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, AND AS WELL AS OTHER  
19 EXISTING ALLIANCES OR PLANS, TO REDUCE OR ELIMINATE RACIAL AND ETHNIC  
20 DISPARITIES IN THE STATE;

21 ~~(18)~~ (17) SEEK TO ESTABLISH A STATEWIDE ALLIANCE WITH  
22 COMMUNITY-BASED AGENCIES AND ORGANIZATIONS, HISTORICALLY BLACK  
23 COLLEGES AND UNIVERSITIES, HEALTH CARE FACILITIES, HEALTH CARE PROVIDER  
24 ORGANIZATIONS, MANAGED CARE ORGANIZATIONS, AND PHARMACEUTICAL  
25 MANUFACTURERS TO PROMOTE THE OBJECTIVES OF THE OFFICE;

26 ~~(19)~~ (18) EVALUATE MULTICULTURAL OR RACIAL AND ETHNIC  
27 MINORITY HEALTH PROGRAMS IN OTHER STATES TO ASSESS THEIR EFFICACY AND  
28 POTENTIAL FOR REPLICATION IN THIS STATE AND MAKE RECOMMENDATIONS  
29 REGARDING THE ADOPTION OF SUCH PROGRAMS, AS APPROPRIATE;

30 ~~(20)~~ (19) APPLY FOR AND ACCEPT ANY GRANT OF MONEY FROM THE  
31 FEDERAL GOVERNMENT, PRIVATE FOUNDATIONS, OR OTHER SOURCES WHICH MAY  
32 BE AVAILABLE FOR PROGRAMS RELATED TO MINORITY HEALTH AND HEALTH  
33 DISPARITIES; AND

34 ~~(21)~~ (20) SERVE AS THE DESIGNATED STATE AGENCY FOR RECEIPT OF  
35 FEDERAL FUNDS SPECIFICALLY DESIGNATED FOR MINORITY HEALTH AND HEALTH  
36 DISPARITIES PROGRAMS; AND

37 (21) WORK COLLABORATIVELY WITH THE OFFICE OF MINORITY AFFAIRS  
38 AS THE OFFICE DETERMINES NECESSARY.

39 9-3A-05.

40 ~~(A)~~ ~~THERE IS A MINORITY HEALTH ADVISORY COMMISSION.~~

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

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

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

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

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

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

18       (E)     ~~THE OFFICE SHALL:~~

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

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

22 ~~9-3A-06.~~

23       ~~THE COMMISSION SHALL:~~

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

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

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

30             (4)     ~~MEET AT THE CALL OF THE DIRECTOR;~~

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

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

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

3 ~~9-3A-07. 20-1005.~~

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

7           (1)     PROMOTE HEALTH AND THE PREVENTION OF DISEASE AMONG  
8 MEMBERS OF MINORITY GROUPS;

9           (2)     DISTRIBUTE GRANTS FROM AVAILABLE FEDERAL AND SPECIAL  
10 FUNDS TO COMMUNITY-BASED HEALTH GROUPS TO BE USED TO PROMOTE HEALTH  
11 AND THE PREVENTION OF DISEASE AMONG MEMBERS OF MINORITY GROUPS; AND

12           (3)     FUND PROJECTS WHICH ARE INNOVATIVE, CULTURALLY SENSITIVE,  
13 AND SPECIFIC IN THEIR APPROACH TOWARD REDUCTION OF THE INCIDENCE AND  
14 SEVERITY OF THOSE DISEASES OR CONDITIONS WHICH ARE RESPONSIBLE FOR  
15 EXCESS MORBIDITY AND MORTALITY IN MINORITY POPULATIONS.

16 ~~9-3A-08. 20-1006.~~

17     (A)     ON OR BEFORE THE 15TH DAY OF EACH REGULAR SESSION OF THE  
18 GENERAL ASSEMBLY, THE ~~DIRECTOR~~ DEPARTMENT SHALL SUBMIT AN ANNUAL  
19 REPORT ON THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES TO THE  
20 GOVERNOR AND, SUBJECT TO § 2-1246 OF ~~THIS~~ THE STATE GOVERNMENT ARTICLE,  
21 TO THE GENERAL ASSEMBLY.

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

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

27 20-1007.

28     IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE OFFICE BE FUNDED  
29 FROM FEDERAL AND SPECIAL FUNDING SOURCES.

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

