
By: ~~Senator Middleton~~ Senators Middleton, Hollinger, Astle, Della, Exum, Gladden, Kelley, Klausmeier, and Teitelbaum

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CHAPTER _____

1 AN ACT concerning

2 **Community Health Care Access and Safety Net Act of 2005**

3 FOR the purpose of altering the eligibility requirements of the Maryland Pharmacy
 4 Discount Program to cover individuals who are not Medicare beneficiaries, who
 5 lack other public or private prescription drug coverage, who have a certain
 6 annual household income, and to exclude Medicare beneficiaries; altering the
 7 price at which an enrollee in the Program may purchase certain prescription
 8 drugs; requiring hospitals to develop financial assistance policies to provide free
 9 and reduced-cost care to certain patients; requiring hospitals to post a certain
 10 notice; requiring the Health Services Cost Review Commission to develop a
 11 uniform financial assistance application and require each hospital to use the
 12 application for a certain purpose; requiring a hospital to provide the uniform
 13 financial assistance application to certain patients; requiring hospitals to
 14 submit to the Health Services Cost Review Commission certain debt collection
 15 policies; requiring the Health Services Cost Review Commission to report to
 16 certain committees of the General Assembly on or before a certain date on the
 17 details of certain hospital policies; requiring nonprofit hospitals to include
 18 certain information in their community benefit reports to the Health Services
 19 Cost Review Commission; establishing the Maryland Community Health
 20 Resources Commission as an independent commission that functions within the
 21 Department of Health and Mental Hygiene; establishing the powers and duties
 22 of the Maryland Community Health Resources Commission; requiring the
 23 Maryland Community Health Resources Commission to adopt certain
 24 regulations on or before a certain date; providing for the purpose, duties,
 25 powers, membership, ~~appointment of members,~~ terms of members,
 26 ~~reimbursement for certain expenses of members~~ meetings, compensation,
 27 composition, staff, and appointment of a chair and vice chair of the Maryland

1 Community Health Resources Commission; establishing the powers and duties
2 of the Commission; authorizing the Commission to adopt regulations; requiring
3 the Commission to adopt rules and regulations that relate to its meetings,
4 minutes, and transactions; requiring the Maryland Community Health
5 Resources Commission to submit a certain annual report to the Governor, the
6 Secretary of Health and Mental Hygiene, and the General Assembly; providing
7 that a certain power powers of the Secretary of Health and Mental Hygiene does
8 do not apply to the Maryland Community Health Resources Commission;
9 requiring the Maryland Community Health Resources Commission to develop a
10 certain toll-free hotline; requiring the Commission to coordinate with certain
11 groups in fulfilling its duties; requiring the Maryland Community Health
12 Resources Commission to adopt certain regulations relating to criteria to qualify
13 as a community health resource; requiring the Maryland Community Health
14 Resources Commission to adopt certain regulations relating to the services that
15 a community health resource shall provide; requiring the Maryland Community
16 Health Resources Commission to adopt certain regulations relating to grants;
17 requiring the Maryland Community Health Resources Commission to
18 administer, develop, identify, evaluate, and study certain programs; requiring
19 the Maryland Community Health Resources Commission to submit certain
20 reports to the Governor and the General Assembly on or before certain dates;
21 requiring the final report of the Maryland Community Health Resources
22 Commission to include a plan for transitioning responsibility of any ongoing
23 duties of the Maryland Community Health Resources Commission to the
24 Department and recommendations for legislative changes; establishing the
25 Community Health Resources Fund; providing that the Treasurer shall hold the
26 Fund separately and the Comptroller shall account for the Fund; providing for
27 the contents and use of the Fund; establishing the sources and uses of funds in
28 the Community Health Resources Commission Fund; specifying the use of
29 grants to community health resources; requiring the Treasurer to invest the
30 money in the Fund in a certain manner; providing that any investment earnings
31 of the Fund shall be retained to the credit of the Fund; providing for the
32 investment of the Fund; providing that the Fund shall be is subject to a certain
33 audit by the Office of Legislative Audits; establishing the Federally Qualified
34 Health Centers Grant Program; authorizing the Board of Public Works, on the
35 recommendation of the Secretary of Health and Mental Hygiene, to provide
36 grants under the Program to counties, municipal corporations, and nonprofit
37 corporations for the conversion of public buildings to federally-qualified health
38 centers facilities Federally Qualified Health Centers, the acquisition of existing
39 buildings or parts of buildings for use as federally-qualified health centers
40 Federally Qualified Health Centers, the renovation of federally-qualified health
41 centers Federally Qualified Health Centers, the purchase of capital equipment
42 for federally-qualified health centers Federally Qualified Health Centers, and
43 the planning, design, and construction of federally-qualified health centers
44 Federally Qualified Health Centers; requiring the Department of Health and
45 Mental Hygiene to make certain recommendations and adopt certain
46 regulations; providing for the grant an application process; authorizing the
47 Board of Public Works to make certain funds available for a State grant under
48 certain circumstances; providing certain terms, conditions, and limitations on

1 the ~~allocation~~ allocations, use, and amount of State grants; prohibiting proceeds
 2 of a grant from being used for certain religious purposes; requiring the Governor
 3 to include ~~a certain amount of~~ funding in the capital budget for the Federally
 4 Qualified Health Centers Grant Program; authorizing the Board of Public
 5 Works to adopt certain regulations; authorizing the State, under certain
 6 circumstances, to recover a certain portion of the State funds expended;
 7 authorizing the Secretary of the Board of Public Works to file a civil complaint;
 8 providing for a certain judicial proceeding, ~~a temporary lien and liens~~ to enforce
 9 the State's right of recovery, ~~and the priority of the proceedings, the issuance of~~
 10 ~~a final judgment if a default has occurred, and the disposition of the recovery of~~
 11 ~~funds and the lien~~; ~~authorizing the Department to adopt certain regulations~~;
 12 providing that certain provisions of law do not apply to certain nonprofit health
 13 service plans; requiring certain nonprofit health service plans to subsidize
 14 grants to community health resources, subsidize the Maryland Pharmacy
 15 Discount Program, provide funding for a unified data information system, and
 16 transfer certain funds beginning in a certain fiscal year for certain purposes;
 17 requiring certain insurance carriers to reimburse certain providers for certain
 18 services to the extent required under federal law; establishing a Joint
 19 Legislative Task Force on Universal Access to Quality and Affordable Health
 20 Care; providing for membership, staffing, and duties of the Task Force;
 21 requiring the Task Force to report its findings on or before a certain date;
 22 requiring the Maryland Health Care Commission and the Health Services Cost
 23 Review Commission to jointly assess certain aspects of uncompensated and
 24 undercompensated care and certain reimbursement, make recommendations on
 25 alternative methods of distributing certain costs of uncompensated and
 26 undercompensated care, and submit certain assessments and recommendations
 27 to certain committees of the General Assembly on or before a certain date;
 28 requiring the Department of Health and Mental Hygiene to submit to the
 29 Centers for Medicare and Medicaid Services an application for an amendment to
 30 a certain waiver; requiring the Department to apply for certain federal matching
 31 funds; providing that certain enrollees in the Maryland Pharmacy Discount
 32 Program remain enrolled in the Program through a certain date if the
 33 application for a certain amendment to a certain demonstration waiver is
 34 approved; requiring the Secretary of Health and Mental Hygiene to provide
 35 certain notice to the Department of Legislative Services; making certain
 36 provisions of this Act subject to a certain contingency; defining certain terms;
 37 providing for the termination of certain provisions of this Act; and generally
 38 relating to access to health care services through community health resources
 39 and Federally Qualified Health Centers.

40 BY repealing and reenacting, with amendments,
 41 Article - Health - General
 42 Section 15-124.1 and 19-303(c)
 43 Annotated Code of Maryland
 44 (2000 Replacement Volume and 2004 Supplement)

45 BY adding to
 46 Article - Health - General

1 Section 19-214.1; 19-2101 through ~~19-2109~~ 19-2110, inclusive, to be under the
 2 new subtitle "Subtitle 21. Maryland Community Health Resources
 3 Commission"; 19-2201 to be under the new subtitle "Subtitle 22.
 4 Community Health Resources Fund"; and 24-1301 through 24-1307,
 5 inclusive, to be under the new subtitle "Subtitle 13. Federally Qualified
 6 Health Centers Grant Program"
 7 Annotated Code of Maryland
 8 (2000 Replacement Volume and 2004 Supplement)

9 BY repealing and reenacting, with amendments,
 10 Article - Insurance
 11 Section 14-102(h) and 14-106(d)
 12 Annotated Code of Maryland
 13 (2002 Replacement Volume and 2004 Supplement)

14 BY adding to
 15 Article - Insurance
 16 Section 14-106.1 and 15-131
 17 Annotated Code of Maryland
 18 (2002 Replacement Volume and 2004 Supplement)

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

21 **Article - Health - General**

22 15-124.1.

23 (a) (1) In this section the following words have the meanings indicated:

24 (2) "Enrollee" means an individual who is enrolled in the Maryland
 25 Pharmacy Discount Program.

26 (3) "Program" means the Maryland Pharmacy Discount Program
 27 established under this section.

28 (b) There is a Maryland Pharmacy Discount Program within the Maryland
 29 Medical Assistance Program.

30 (c) The purpose of the Program is to improve the health status of [Medicare
 31 beneficiaries] LOWER-INCOME INDIVIDUALS WHO ARE NOT MEDICARE
 32 BENEFICIARIES AND who lack prescription drug coverage by providing access to lower
 33 cost, medically necessary, prescription drugs.

34 (d) The Program shall be administered and operated by the Department as
 35 permitted by federal law or waiver.

1 (e) (1) The Program shall be open to [Medicare beneficiaries] INDIVIDUALS
 2 WHO ARE NOT MEDICARE BENEFICIARIES, who lack other public or private
 3 prescription drug coverage, AND WHO HAVE AN ANNUAL HOUSEHOLD INCOME
 4 BELOW 200% OF THE FEDERAL POVERTY LEVEL GUIDELINES.

5 (2) Notwithstanding paragraph (1) of this subsection, enrollment in the
 6 Maryland Medbank Program established under § 15-124.2 of this subtitle or the
 7 Maryland Pharmacy Assistance Program established under § 15-124 of this subtitle
 8 does not disqualify an individual from being eligible for the Program.

9 (f) [(1)] Subject to subsection (g) of this section, an enrollee may purchase
 10 medically necessary prescription drugs that are covered under the Maryland Medical
 11 Assistance Program from any pharmacy that participates in the Maryland Medical
 12 Assistance Program at a price that is based on the price paid by the Maryland
 13 Medical Assistance Program, minus the aggregate value of any federally mandated
 14 manufacturers' rebates AND ANY STATE CONTRIBUTION AMOUNT.

15 [(2)] Subject to subsection (g) of this section, and to the extent authorized
 16 under federal waiver, an enrollee whose annual household income is at or below 175
 17 percent of the federal poverty guidelines may receive a discount subsidized by the
 18 Department that is equal to 35 percent of the price paid by the Maryland Medical
 19 Assistance Program for each medically necessary prescription drug purchased under
 20 the Program.]

21 (g) The Department may establish mechanisms to:

22 (1) Recover the administrative costs of the Program;

23 (2) Reimburse participating pharmacies in an amount equal to the
 24 Maryland Medical Assistance price, minus the copayment paid by the enrollee for
 25 each prescription filled under the Program; and

26 (3) Allow participating pharmacies to collect a \$1 processing fee, in
 27 addition to any authorized dispensing fee, for each prescription filled for an enrollee
 28 under the Program.

29 (h) The Secretary shall adopt regulations to implement the Program.

30 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
 31 read as follows:

32 **Article - Health - General**

33 19-214.1.

34 (A) EACH HOSPITAL IN THE STATE SHALL DEVELOP A FINANCIAL ASSISTANCE
 35 POLICY FOR PROVIDING FREE AND REDUCED-COST CARE TO LOW-INCOME
 36 PATIENTS WHO LACK HEALTH CARE COVERAGE.

1 (B) A HOSPITAL SHALL POST A NOTICE IN CONSPICUOUS PLACES
2 THROUGHOUT THE HOSPITAL DESCRIBING THE FINANCIAL ASSISTANCE POLICY AND
3 HOW TO APPLY FOR FREE AND REDUCED-COST CARE.

4 (C) THE COMMISSION SHALL:

5 (1) DEVELOP A UNIFORM FINANCIAL ASSISTANCE APPLICATION; AND

6 (2) REQUIRE EACH HOSPITAL TO USE THE UNIFORM FINANCIAL
7 ASSISTANCE APPLICATION TO DETERMINE ELIGIBILITY FOR FREE AND
8 REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

9 (D) THE UNIFORM FINANCIAL ASSISTANCE APPLICATION:

10 (1) SHALL BE WRITTEN IN SIMPLIFIED LANGUAGE; AND

11 (2) MAY NOT REQUIRE DOCUMENTATION THAT PRESENTS AN UNDUE
12 BARRIER TO A PATIENT'S RECEIPT OF FINANCIAL ASSISTANCE.

13 (E) EACH HOSPITAL SHALL ESTABLISH A MECHANISM TO PROVIDE THE
14 UNIFORM FINANCIAL ASSISTANCE APPLICATION TO PATIENTS WHO DO NOT
15 INDICATE PUBLIC OR PRIVATE HEALTH CARE COVERAGE.

16 (F) (1) EACH HOSPITAL SHALL SUBMIT TO THE COMMISSION THE
17 HOSPITAL'S POLICY ON THE COLLECTION OF DEBTS OWED BY PATIENTS WHO
18 QUALIFY FOR REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL
19 ASSISTANCE POLICY.

20 (2) ON OR BEFORE JULY 1, 2006, THE COMMISSION SHALL REPORT, IN
21 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE HOUSE
22 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE SENATE FINANCE
23 COMMITTEE ON THE DETAILS OF THE POLICIES SUBMITTED TO THE COMMISSION
24 UNDER PARAGRAPH (1) OF THIS SUBSECTION.

25 19-303.

26 (c) (1) Each nonprofit hospital shall submit an annual community benefit
27 report to the Health Services Cost Review Commission detailing the community
28 benefits provided by the hospital during the preceding year.

29 (2) The community benefit report shall include:

30 (i) The mission statement of the hospital;

31 (ii) A list of the initiatives that were undertaken by the hospital;

32 (iii) The cost to the hospital of each community benefit initiative;

33 (iv) The objectives of each community benefit initiative; [and]

1 (v) A description of efforts taken to evaluate the effectiveness of
 2 each community benefit initiative; AND

3 (VI) A DESCRIPTION OF GAPS IN THE AVAILABILITY OF SPECIALIST
 4 PROVIDERS TO SERVE THE UNINSURED IN THE HOSPITAL.

5 SUBTITLE 21. MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.
 6 19-2101.

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

9 (B) "COMMISSION" MEANS THE MARYLAND COMMUNITY HEALTH RESOURCES
 10 COMMISSION.

11 (C) (1) "COMMUNITY HEALTH RESOURCE" MEANS A NONPROFIT OR FOR
 12 PROFIT HEALTH CARE CENTER OR PROGRAM THAT OFFERS THE PRIMARY HEALTH
 13 CARE SERVICES REQUIRED BY THE COMMISSION UNDER § 19-2108(A)(2) OF THIS
 14 SUBTITLE TO AN INDIVIDUAL ON A SLIDING SCALE FEE SCHEDULE AND WITHOUT
 15 REGARD TO AN INDIVIDUAL'S ABILITY TO PAY.

16 (2) "COMMUNITY HEALTH RESOURCE" INCLUDES:

17 (I) A FEDERALLY QUALIFIED HEALTH CENTER;

18 (II) A FEDERALLY QUALIFIED HEALTH CENTER "LOOK-ALIKE";

19 (III) A COMMUNITY HEALTH CENTER;

20 (IV) A MIGRANT HEALTH CENTER;

21 (V) A HEALTH CARE PROGRAM FOR THE HOMELESS;

22 (VI) A PRIMARY CARE PROGRAM FOR A PUBLIC HOUSING PROJECT;

23 (VII) A LOCAL NONPROFIT AND COMMUNITY-OWNED HEALTH CARE
 24 PROGRAM;

25 (VIII) A SCHOOL-BASED ~~CLINIC~~ HEALTH CENTER;

26 (IX) A TEACHING CLINIC FOR HEALTH CARE PROFESSIONALS NOT
 27 LOCATED IN SPACE REGULATED BY THE HEALTH SERVICES COST REVIEW
 28 COMMISSION;

29 (X) A WELLMOBILE;

30 (XI) A HEALTH CENTER CONTROLLED OPERATING NETWORK; ~~AND~~

31 (XII) A HISTORIC MARYLAND PRIMARY CARE PROVIDER;

1 (XIII) AN OUTPATIENT MENTAL HEALTH CLINIC; AND

2 ~~(XII)~~ (XIV) ANY OTHER CENTER OR PROGRAM IDENTIFIED BY THE
3 COMMISSION AS A COMMUNITY HEALTH RESOURCE.

4 19-2102.

5 (A) THERE IS A MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
6 ~~IN THE DEPARTMENT.~~

7 (B) THE COMMISSION IS AN INDEPENDENT COMMISSION THAT FUNCTIONS
8 WITHIN THE DEPARTMENT.

9 ~~(B)~~ (C) THE PURPOSE OF THE COMMISSION IS TO INCREASE ACCESS TO
10 HEALTH CARE SERVICES THROUGH COMMUNITY HEALTH RESOURCES.

11 19-2103.

12 (A) (1) THE COMMISSION CONSISTS OF ~~SEVEN~~ NINE MEMBERS APPOINTED
13 BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE.

14 (2) OF THE ~~SEVEN~~ NINE MEMBERS, ~~FOUR SHALL BE INDIVIDUALS WHO~~
15 ~~DO NOT HAVE ANY CONNECTION WITH THE MANAGEMENT OR POLICY OF ANY~~
16 ~~COMMUNITY HEALTH RESOURCE;~~

17 (I) ONE SHALL BE A REPRESENTATIVE OF A NONPROFIT HEALTH
18 MAINTENANCE ORGANIZATION;

19 (II) ONE SHALL BE A REPRESENTATIVE OF A NONPROFIT HEALTH
20 SERVICE PLAN;

21 (III) FOUR SHALL BE INDIVIDUALS WHO:

22 1. DO NOT HAVE ANY CONNECTION WITH THE
23 MANAGEMENT OR POLICY OF ANY COMMUNITY HEALTH RESOURCE, NONPROFIT
24 HEALTH SERVICE PLAN, OR NONPROFIT HEALTH MAINTENANCE ORGANIZATION;
25 AND

26 2. HAVE A BACKGROUND OR EXPERIENCE IN HEALTH CARE;
27 AND

28 (IV) THREE SHALL BE INDIVIDUALS WHO HAVE A BACKGROUND OR
29 EXPERIENCE WITH A COMMUNITY HEALTH RESOURCE WITHIN THE PAST 5 YEARS.

30 (3) AT LEAST TWO OF THE NINE MEMBERS SHALL BE HEALTH CARE
31 PROFESSIONALS LICENSED IN THE STATE.

32 (B) TO THE EXTENT PRACTICABLE, WHEN APPOINTING MEMBERS TO THE
33 COMMISSION, THE GOVERNOR SHALL ASSURE GEOGRAPHIC BALANCE AND
34 PROMOTE RACIAL DIVERSITY IN THE COMMISSION'S MEMBERSHIP.

1 ~~(C)~~ ~~THE TERM OF A MEMBER IS 4 YEARS.~~

2 19-2104.

3 FROM AMONG THE MEMBERS OF THE COMMISSION:

4 (1) THE GOVERNOR SHALL APPOINT A CHAIR; AND

5 (2) THE CHAIR SHALL APPOINT A VICE CHAIR.

6 19-2105.

7 (A) (1) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE
8 COMMISSION IS A QUORUM.

9 (2) THE COMMISSION MAY NOT ACT ON ANY MATTER UNLESS AT LEAST
10 FIVE MEMBERS IN ATTENDANCE CONCUR.

11 ~~(B)~~ THE COMMISSION SHALL MEET AT LEAST SIX TIMES A YEAR, AT THE
12 TIMES AND PLACES THAT IT DETERMINES.

13 ~~(B)~~ ~~A MEMBER OF THE COMMISSION:~~

14 ~~(1)~~ ~~MAY NOT RECEIVE COMPENSATION; BUT~~

15 ~~(2)~~ ~~IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE~~
16 ~~STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.~~

17 ~~(C)~~ EACH MEMBER OF THE COMMISSION IS ENTITLED TO:

18 (1) COMPENSATION IN ACCORDANCE WITH THE STATE BUDGET; AND

19 (2) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE
20 TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

21 ~~(C)~~ ~~(D)~~ THE COMMISSION MAY EMPLOY A STAFF IN ACCORDANCE WITH THE
22 STATE BUDGET.

23 19-2106.

24 (A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS SUBTITLE,
25 THE COMMISSION MAY:

26 (1) ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS
27 SUBTITLE;

28 (2) CREATE COMMITTEES FROM AMONG ITS MEMBERS;

29 (3) APPOINT ADVISORY COMMITTEES, WHICH MAY INCLUDE
30 INDIVIDUALS AND REPRESENTATIVES OF INTERESTED PUBLIC OR PRIVATE
31 ORGANIZATIONS;

1 (4) APPLY FOR AND ACCEPT ANY FUNDS, PROPERTY, OR SERVICES FROM
2 ANY PERSON OR GOVERNMENT AGENCY;

3 (5) MAKE AGREEMENTS WITH A GRANTOR OR PAYOR OF FUNDS,
4 PROPERTY, OR SERVICES, INCLUDING AN AGREEMENT TO MAKE ANY STUDY, PLAN,
5 DEMONSTRATION, OR PROJECT;

6 (6) PUBLISH AND GIVE OUT ANY INFORMATION THAT RELATES TO
7 EXPANDING ACCESS TO HEALTH CARE SERVICES THROUGH COMMUNITY HEALTH
8 RESOURCES THAT IS CONSIDERED DESIRABLE OR IN THE PUBLIC INTEREST; AND

9 (7) SUBJECT TO THE LIMITATIONS OF THIS SUBTITLE, EXERCISE ANY
10 OTHER POWER THAT IS NECESSARY TO CARRY OUT THE PURPOSES OF THIS
11 SUBTITLE.

12 (B) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,
13 THE COMMISSION SHALL:

14 (1) ADOPT RULES AND REGULATIONS THAT RELATE TO ITS MEETINGS,
15 MINUTES, AND TRANSACTIONS; AND

16 (2) KEEP MINUTES OF EACH MEETING.

17 19-2107.

18 (A) THE POWER OF THE SECRETARY OVER PLANS, PROPOSALS, AND PROJECTS
19 OF UNITS IN THE DEPARTMENT DOES NOT INCLUDE THE POWER TO DISAPPROVE OR
20 MODIFY ANY DECISION OR DETERMINATION THAT THE COMMISSION MAKES UNDER
21 AUTHORITY SPECIFICALLY DELEGATED BY LAW TO THE COMMISSION.

22 ~~(A)~~ (B) (1) THE POWER OF THE SECRETARY OVER THE PROCUREMENT
23 PROCEDURE FOR UNITS IN THE DEPARTMENT DOES NOT APPLY TO THE
24 PROCUREMENT PROCEDURE FOR THE COMMISSION.

25 ~~(B)~~ (2) SUBJECT TO THE PROVISIONS OF ~~SUBSECTION (A) OF THIS SECTION~~
26 PARAGRAPH (1) OF THIS SUBSECTION, ANY PROCUREMENT FOR SERVICES TO BE
27 PERFORMED OR FOR SUPPLIES TO BE DELIVERED TO THE COMMISSION IS SUBJECT
28 TO THE PURPOSES AND REQUIREMENTS OF THE STATE FINANCE AND
29 PROCUREMENT ARTICLE.

30 19-2108.

31 (A) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,
32 THE COMMISSION SHALL:

33 (1) ESTABLISH BY REGULATION THE CRITERIA TO QUALIFY AS A
34 COMMUNITY HEALTH RESOURCE UNDER THIS SUBTITLE;

- 1 (2) ESTABLISH BY REGULATION THE SERVICES THAT A COMMUNITY
2 HEALTH RESOURCE SHALL PROVIDE TO QUALIFY AS A COMMUNITY HEALTH
3 RESOURCE UNDER THIS SUBTITLE;
- 4 (3) REQUIRE COMMUNITY HEALTH RESOURCES TO SUBMIT A PLAN TO
5 THE COMMISSION ON HOW THE COMMUNITY HEALTH RESOURCE WILL PROVIDE OR
6 ARRANGE TO PROVIDE MENTAL HEALTH SERVICES;
- 7 (4) IDENTIFY AND SEEK FEDERAL AND STATE FUNDING FOR THE
8 EXPANSION OF COMMUNITY HEALTH RESOURCES;
- 9 (5) ESTABLISH BY REGULATION THE CRITERIA FOR COMMUNITY
10 HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING GRANTS AND THE
11 PROCEDURES FOR APPLYING FOR CAPITAL AND OPERATING GRANTS;
- 12 (6) ADMINISTER CAPITAL AND OPERATING GRANT FUND PROGRAMS
13 FOR QUALIFYING COMMUNITY HEALTH RESOURCES;
- 14 (7) DEVELOP A REVOLVING LOAN PROGRAM TO ASSIST COMMUNITY
15 HEALTH RESOURCES TO OBTAIN REDUCED DRUG PRICES UNDER § 340B OF THE
16 FEDERAL PUBLIC HEALTH SERVICE ACT;
- 17 (8) IDENTIFY PROGRAMS AND POLICIES TO ENCOURAGE SPECIALIST
18 PROVIDERS TO SERVE INDIVIDUALS REFERRED FROM COMMUNITY HEALTH
19 RESOURCES;
- 20 (9) IDENTIFY PROGRAMS AND POLICIES TO ENCOURAGE HOSPITALS
21 AND COMMUNITY HEALTH RESOURCES TO PARTNER TO INCREASE ACCESS TO
22 HEALTH CARE SERVICES;
- 23 (10) ESTABLISH A REVERSE REFERRAL PILOT PROGRAM UNDER WHICH A
24 HOSPITAL WILL IDENTIFY AND ASSIST PATIENTS IN ACCESSING HEALTH CARE
25 SERVICES THROUGH A COMMUNITY HEALTH RESOURCE;
- 26 (11) EVALUATE THE FEASIBILITY OF DEVELOPING A UNIFIED
27 INFORMATION AND DATA MANAGEMENT SYSTEM FOR USE BY ALL COMMUNITY
28 HEALTH RESOURCES THAT IS INTEGRATED WITH THE LOCAL HOSPITAL SYSTEMS TO
29 TRACK THE TREATMENT OF INDIVIDUAL PATIENTS AND THAT PROVIDES REAL-TIME
30 INDICATORS OF AVAILABLE RESOURCES;
- 31 (12) IDENTIFY AND PROVIDE ASSISTANCE, INCLUDING TECHNICAL
32 ASSISTANCE, TO ENABLE COMMUNITY HEALTH RESOURCES TO RECEIVE FEDERAL
33 OR STATE DESIGNATIONS FOR WHICH THE RESOURCE MAY BE ELIGIBLE;
- 34 (13) WORK IN CONJUNCTION WITH THE OFFICE OF PRIMARY CARE IN
35 THE IDENTIFICATION OF THE STATE'S HEALTH PROFESSIONAL SHORTAGE AREAS,
36 MEDICALLY UNDERSERVED AREAS, AND MEDICALLY UNDERSERVED POPULATIONS;
- 37 (14) DEVELOP AN OUTREACH PROGRAM TO EDUCATE AND INFORM
38 INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND

1 ASSIST INDIVIDUALS UNDER 200% OF THE FEDERAL POVERTY LEVEL WHO DO NOT
 2 HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE SERVICES THROUGH
 3 COMMUNITY HEALTH RESOURCES;

4 (15) STUDY SCHOOL-BASED ~~CLINIC~~ HEALTH CENTER FUNDING AND
 5 ACCESS ISSUES INCLUDING ~~BUT NOT LIMITED TO:~~

6 (I) REIMBURSEMENT OF SCHOOL-BASED HEALTH CENTERS BY
 7 MANAGED CARE ORGANIZATIONS, COMMERCIAL INSURERS, AND HEALTH
 8 MAINTENANCE ORGANIZATIONS; AND

9 (II) METHODS TO EXPAND SCHOOL-BASED HEALTH CENTERS TO
 10 PROVIDE PRIMARY CARE SERVICES;

11 (16) STUDY ACCESS AND REIMBURSEMENT ISSUES REGARDING THE
 12 PROVISION OF DENTAL SERVICES; AND

13 (17) EVALUATE THE FEASIBILITY OF EXTENDING LIABILITY PROTECTION
 14 UNDER THE MARYLAND TORT CLAIMS ACT TO HEALTH CARE PRACTITIONERS WHO
 15 CONTRACT DIRECTLY WITH A COMMUNITY HEALTH RESOURCE.

16 ~~(B) THE COMMISSION SHALL CONSIDER GEOGRAPHIC BALANCE AS A FACTOR~~
 17 ~~IN DEVELOPING CRITERIA UNDER SUBSECTION (A)(5) OF THIS SECTION FOR~~
 18 ~~COMMUNITY HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING~~
 19 ~~GRANTS.~~

20 ~~(C)~~ (B) THE REVERSE REFERRAL PILOT PROGRAM ESTABLISHED UNDER
 21 SUBSECTION (A)(10) OF THIS SECTION SHALL INCLUDE AT LEAST A ONE HOSPITAL
 22 AND A ONE COMMUNITY HEALTH RESOURCE FROM A RURAL, URBAN, AND
 23 SUBURBAN AREA OF THIS STATE.

24 ~~(D)~~ (C) THE COMMISSION, IN DEVELOPING AND IMPLEMENTING THE
 25 OUTREACH PROGRAM ESTABLISHED UNDER SUBSECTION (A)(14) OF THIS SECTION,
 26 SHALL CONSULT AND COORDINATE WITH THE MOTOR VEHICLE ADMINISTRATION,
 27 WORKFORCE INVESTMENT BOARDS, LOCAL DEPARTMENTS OF SOCIAL SERVICES,
 28 LOCAL HEALTH DEPARTMENTS, MEDBANK INC., THE COMPTROLLER, THE MARYLAND
 29 HEALTH CARE COMMISSION, HOSPITALS, COMMUNITY HEALTH RESOURCES, AND
 30 PHYSICIANS TO PROVIDE OUTREACH AND CONSUMER INFORMATION.

31 ~~(E)~~ (D) THE COMMISSION, IN CONDUCTING THE SCHOOL-BASED ~~CLINIC~~
 32 HEALTH CENTER STUDY REQUIRED UNDER SUBSECTION (A)(15) OF THIS SECTION,
 33 SHALL:

34 (1) SOLICIT INPUT FROM AND CONSULT WITH LOCAL GOVERNMENTS
 35 THAT OPERATE SCHOOL-BASED HEALTH CENTERS, THE STATE DEPARTMENT OF
 36 EDUCATION, THE MARYLAND INSURANCE COMMISSIONER, REPRESENTATIVES FROM
 37 SCHOOL-BASED HEALTH CENTERS, PROVIDERS, AND INSURERS; AND

38 (2) IDENTIFY THE FOLLOWING:

1 (I) A SCHEDULE FOR PREMIUM PAYMENTS TO BE PAID BY
2 INDIVIDUALS ACCESSING A SCHOOL-BASED COMMUNITY HEALTH CENTER;

3 (II) A SCHEDULE FOR THE REIMBURSEMENT TO BE PAID BY
4 MANAGED CARE ORGANIZATIONS AND PRIVATE INSURERS TO THE SCHOOL-BASED
5 COMMUNITY HEALTH CENTER;

6 (III) INSURANCE PAYMENTS OWED TO SCHOOL-BASED COMMUNITY
7 HEALTH CENTERS AND HOW MUCH OF THE PAYMENTS SHOULD BE COLLECTED TO
8 OFFSET ANY STATE SUBSIDY;

9 (IV) BARRIERS TO THE REIMBURSEMENT OF LICENSED HEALTH
10 CARE PROVIDERS WHO PROVIDE SERVICES AT SCHOOL-BASED HEALTH CENTERS,
11 INCLUDING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS;

12 (V) A SYSTEM OF REGISTERING INDIVIDUALS WHO RECEIVE
13 HEALTH CARE SERVICES FROM A SCHOOL-BASED COMMUNITY HEALTH CENTER
14 THAT REQUIRES AN INDIVIDUAL TO PAY PREMIUMS AND SLIDING SCALE FEES; AND

15 (VI) SECURITY MEASURES TO BE USED BY SCHOOL-BASED
16 COMMUNITY HEALTH CENTERS.

17 ~~(F)~~ (E) THE COMMISSION, IN CONDUCTING THE DENTAL SERVICES STUDY
18 REQUIRED UNDER SUBSECTION (A)(16) OF THIS SECTION, SHALL SELECT INPUT
19 FROM AND CONSULT WITH COMMUNITY HEALTH RESOURCES THAT PROVIDE
20 DENTAL SERVICES, MANAGED CARE ORGANIZATIONS, THE UNIVERSITY OF
21 MARYLAND SCHOOL OF DENTISTRY, AND DENTAL SERVICE PROVIDERS.

22 19-2109.

23 (A) THE COMMISSION SHALL DEVELOP A TOLL-FREE HOTLINE TO:

24 (1) DETERMINE A CALLER'S POTENTIAL ELIGIBILITY FOR HEALTH CARE
25 SERVICES;

26 (2) ASSIST CALLERS IN COMPLETING APPLICATION FORMS FOR HEALTH
27 CARE SERVICES;

28 (3) REFER CALLERS TO COMMUNITY HEALTH RESOURCES THAT ARE
29 CLOSE TO THE CALLER'S RESIDENCE OR WORKPLACE; AND

30 (4) PROVIDE OUTREACH SERVICES TO EDUCATE AND INFORM
31 INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND THE
32 ELIGIBILITY CRITERIA OF COMMUNITY HEALTH RESOURCES.

33 (B) IN DEVELOPING A TOLL-FREE HOTLINE, THE COMMISSION SHALL
34 COORDINATE TO THE EXTENT PRACTICABLE WITH ANY EXISTING TOLL-FREE
35 HOTLINE.

1 19-2110.

2 (A) THE COMMISSION SHALL SUBMIT THE FOLLOWING REPORTS TO THE
3 GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
4 ARTICLE, TO THE GENERAL ASSEMBLY ON ITS ACTIVITIES, FINDINGS, AND
5 RECOMMENDATIONS, INCLUDING THE ACTIVITIES, FINDINGS, AND
6 RECOMMENDATIONS OF ITS STANDING COMMITTEES:

7 (1) AN INTERIM REPORT ON OR BEFORE JUNE 30, 2006;

8 (2) AN INTERIM REPORT ON OR BEFORE JUNE 30, 2007; AND

9 (3) A FINAL REPORT ON OR BEFORE JUNE 30, 2008.

10 (B) THE FINAL REPORT OF THE COMMISSION SHALL INCLUDE:

11 (1) A PLAN FOR TRANSITIONING RESPONSIBILITY FOR ANY ONGOING
12 DUTIES OF THE COMMISSION UNDER THIS SUBTITLE TO THE DEPARTMENT; AND

13 (2) RECOMMENDATIONS FOR LEGISLATIVE CHANGES.

14 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That the Laws of
15 Maryland read as follows:

16 **Article - Health - General**

17 **SUBTITLE 22. COMMUNITY HEALTH RESOURCES FUND.**

18 19-2201.

19 (A) IN THIS SECTION, "FUND" MEANS THE COMMUNITY HEALTH RESOURCES
20 FUND.

21 (B) THERE IS A COMMUNITY HEALTH RESOURCES FUND.

22 (C) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT
23 TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

24 (2) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND
25 THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

26 (D) THE FUND CONSISTS OF:

27 (1) ~~MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND; AND~~
28 MONEY COLLECTED FROM A NONPROFIT HEALTH SERVICE PLAN IN ACCORDANCE
29 WITH § 14-106.1 OF THE INSURANCE ARTICLE;

30 (2) INTEREST EARNED ON INVESTMENTS;

31 (3) MONEY DONATED TO THE FUND;

1 (4) MONEY AWARDED TO THE FUND THROUGH GRANTS; AND

2 ~~(2)~~ (5) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR
3 THE BENEFIT OF THE FUND.

4 (E) (1) THE FUND MAY BE USED ONLY TO:

5 ~~(1)~~ (I) COVER THE ADMINISTRATIVE COSTS OF THE COMMISSION AS
6 OF JULY 1, 2005 THROUGH JUNE 30, 2008;

7 ~~(2)~~ (II) COVER THE ACTUAL DOCUMENTED DIRECT COSTS OF
8 FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE COMMISSION IN
9 ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE AS OF JULY 1, 2005
10 THROUGH JUNE 30, 2008; ~~AND~~

11 ~~(3)~~ (III) PROVIDE OPERATING GRANTS ~~TOTALING \$5,000,000 ANNUALLY~~
12 ~~BEGINNING IN FISCAL YEAR 2006, LESS THE COSTS INCURRED BY THE COMMISSION~~
13 ~~UNDER PARAGRAPHS (1) AND (2) OF THIS SUBSECTION, TO QUALIFYING COMMUNITY~~
14 ~~HEALTH RESOURCES; AND~~

15 (IV) PROVIDE FUNDING FOR THE DEVELOPMENT, SUPPORT, AND
16 MONITORING OF A UNIFIED DATA INFORMATION SYSTEM AMONG PRIMARY AND
17 SPECIALTY CARE PROVIDERS, HOSPITALS, AND OTHER PROVIDERS OF SERVICES TO
18 COMMUNITY HEALTH RESOURCE MEMBERS.

19 (2) THE FUNDING FOR A UNIFIED DATA INFORMATION SYSTEM UNDER
20 PARAGRAPH (1)(IV) OF THIS SUBSECTION SHALL BE LIMITED TO:

21 (I) \$1,000,000 IN FISCAL YEAR 2006; AND

22 (II) \$1,400,000 IN FISCAL YEAR 2007 AND ANNUALLY THEREAFTER.

23 (F) THE COMMISSION SHALL ADOPT REGULATIONS THAT:

24 (1) ESTABLISH THE CRITERIA FOR A COMMUNITY HEALTH RESOURCE
25 TO QUALIFY FOR A GRANT;

26 (2) ESTABLISH THE PROCEDURES FOR DISBURSING GRANTS TO
27 QUALIFYING COMMUNITY HEALTH RESOURCES; AND

28 (3) DEVELOP A FORMULA FOR DISBURSING GRANTS TO QUALIFYING
29 COMMUNITY HEALTH RESOURCES.

30 (G) IN DEVELOPING REGULATIONS UNDER SUBSECTION (F)(1) OF THIS
31 SECTION, THE COMMISSION SHALL:

32 (1) CONSIDER GEOGRAPHIC BALANCE; AND

33 (2) GIVE PRIORITY TO COMMUNITY HEALTH RESOURCES THAT:

1 (I) IN ADDITION TO NORMAL BUSINESS HOURS, HAVE EVENING
2 AND WEEKEND HOURS OF OPERATION;

3 (II) HAVE PARTNERED WITH A HOSPITAL TO ESTABLISH A REVERSE
4 REFERRAL PROGRAM AT THE HOSPITAL;

5 (III) REDUCE THE USE OF THE HOSPITAL EMERGENCY
6 DEPARTMENT FOR NONEMERGENCY SERVICES;

7 (IV) ASSIST PATIENTS IN ESTABLISHING A MEDICAL HOME WITH A
8 COMMUNITY HEALTH RESOURCE;

9 (V) COORDINATE AND INTEGRATE THE DELIVERY OF PRIMARY AND
10 SPECIALTY CARE SERVICES;

11 (VI) PROMOTE THE INTEGRATION OF MENTAL AND SOMATIC
12 HEALTH WITH FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER SOMATIC CARE
13 PROVIDERS;

14 (VII) FUND MEDICATION MANAGEMENT OR THERAPY SERVICES FOR
15 UNINSURED INDIVIDUALS UP TO 200% OF THE FEDERAL POVERTY LEVEL WHO MEET
16 MEDICAL NECESSITY CRITERIA BUT WHO ARE INELIGIBLE FOR THE PUBLIC MENTAL
17 HEALTH SYSTEM;

18 (VIII) PROVIDE A CLINICAL HOME FOR INDIVIDUALS WHO ACCESS
19 HOSPITAL EMERGENCY DEPARTMENTS FOR MENTAL HEALTH SERVICES; AND

20 (IX) SUPPORT THE IMPLEMENTATION OF EVIDENCE-BASED
21 CLINICAL PRACTICES.

22 (H) GRANTS AWARDED TO A COMMUNITY HEALTH RESOURCE UNDER THIS
23 SECTION MAY BE USED:

24 (1) TO PROVIDE OPERATIONAL ASSISTANCE TO A COMMUNITY HEALTH
25 RESOURCE; AND

26 (2) FOR ANY OTHER PURPOSE THE COMMISSION DETERMINES IS
27 APPROPRIATE TO ASSIST A COMMUNITY HEALTH RESOURCE.

28 ~~(F)~~ (I) (1) THE STATE TREASURER SHALL INVEST THE MONEY IN THE
29 FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

30 (2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE RETAINED TO
31 THE CREDIT OF THE FUND.

32 ~~(G) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN ACCORDANCE~~
33 ~~WITH THE STATE BUDGET.~~

34 ~~(H)~~ (J) THE FUND SHALL BE SUBJECT TO AN AUDIT BY THE OFFICE OF
35 LEGISLATIVE AUDITS AS PROVIDED FOR IN § 2-1220 OF THE STATE GOVERNMENT
36 ARTICLE.

1 SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland
2 read as follows:

3 **Article - Health - General**

4 SUBTITLE 13. FEDERALLY QUALIFIED HEALTH CENTERS GRANT PROGRAM.

5 24-1301.

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

8 (B) "FEDERALLY QUALIFIED HEALTH CENTER" MEANS A HEALTH CENTER
9 THAT IS:

10 (1) DESIGNATED AS A FEDERALLY QUALIFIED HEALTH CENTER UNDER
11 § 330 OF THE FEDERAL PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 254B; AND

12 (2) WHOLLY OWNED BY AND OPERATED UNDER THE AUTHORITY OF A
13 COUNTY, MUNICIPAL CORPORATION, OR NONPROFIT ORGANIZATION.

14 (C) "NONPROFIT ORGANIZATION" MEANS:

15 (1) A BONA FIDE RELIGIOUS ORGANIZATION, NO PART OF THE
16 EARNINGS OF WHICH INURES TO THE BENEFIT OF ANY INDIVIDUAL OR IS USED FOR
17 ANY PURPOSE OTHER THAN THE MAINTENANCE AND OPERATION OF A FACILITY,
18 THE PURCHASE OF EQUIPMENT TO BE USED IN A FACILITY, OR THE EXPANSION OF A
19 FACILITY; OR

20 (2) AN ORGANIZATION:

21 (I) THAT IS CHARTERED AS A NONPROFIT CORPORATION AND
22 CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS NONPROFIT; AND

23 (II) NO PART OF THE EARNINGS OF WHICH INURES TO THE
24 BENEFIT OF ANY INDIVIDUAL OR IS USED FOR ANY PURPOSE OTHER THAN THE
25 MAINTENANCE AND OPERATION OF A FACILITY, THE PURCHASE OF EQUIPMENT TO
26 BE USED IN A FACILITY, OR THE EXPANSION OF A FACILITY.

27 (D) "WHOLLY OWNED" INCLUDES LEASED, IF:

28 (1) (I) THE LEASE IS FOR A MINIMUM TERM OF 15 YEARS FOLLOWING
29 PROJECT COMPLETION; OR

30 (II) THE LEASE AGREEMENT EXTENDS THE RIGHT OF PURCHASE
31 TO THE LESSEE; AND

32 (2) THE LESSOR CONSENTS TO THE RECORDING IN THE LAND RECORDS
33 OF THE COUNTY OR BALTIMORE CITY WHERE THE FACILITY IS LOCATED, OF A

1 NOTICE OF THE STATE'S RIGHT OF RECOVERY AS PROVIDED UNDER § 24-1306 OF THIS
2 SUBTITLE.

3 24-1302.

4 (A) THERE IS A FEDERALLY QUALIFIED HEALTH CENTERS GRANT PROGRAM.

5 (B) ON THE RECOMMENDATION OF THE SECRETARY, THE BOARD OF PUBLIC
6 WORKS MAY MAKE GRANTS TO COUNTIES, MUNICIPAL CORPORATIONS, AND
7 NONPROFIT ORGANIZATIONS FOR:

8 (1) THE CONVERSION OF PUBLIC BUILDINGS OR PARTS OF PUBLIC
9 BUILDINGS TO FEDERALLY QUALIFIED HEALTH CENTERS;

10 (2) THE ACQUISITION OF EXISTING BUILDINGS OR PARTS OF BUILDINGS
11 FOR USE AS FEDERALLY QUALIFIED HEALTH CENTERS;

12 (3) THE RENOVATION OF FEDERALLY QUALIFIED HEALTH CENTERS;

13 (4) THE PURCHASE OF CAPITAL EQUIPMENT FOR FEDERALLY
14 QUALIFIED HEALTH CENTERS; OR

15 (5) THE PLANNING, DESIGN, AND CONSTRUCTION OF FEDERALLY
16 QUALIFIED HEALTH CENTERS.

17 24-1303.

18 (A) ANY COUNTY, MUNICIPAL CORPORATION, OR NONPROFIT ORGANIZATION
19 SPONSORING A PROJECT INVOLVING WORK SPECIFIED IN § 24-1302 OF THIS
20 SUBTITLE MAY APPLY TO THE SECRETARY FOR A STATE GRANT TO BE APPLIED
21 TOWARD THE COST OF THAT PROJECT.

22 (B) THE APPLICATION SHALL INCLUDE:

23 (1) PROJECT PLANS FOR THE WORK TO BE CARRIED OUT;

24 (2) A STATEMENT LISTING THE PERSONNEL EMPLOYED OR TO BE
25 EMPLOYED AT THE FEDERALLY QUALIFIED HEALTH CENTER, INCLUDING ALL
26 REMUNERATION AND PERQUISITES FOR PERSONAL SERVICES AND ALL OTHER
27 EXPENSES PAID OR TO BE PAID TO THESE PERSONNEL;

28 (3) ALL OTHER EXPENSES INCURRED OR TO BE INCURRED IN
29 OPERATING THE FEDERALLY QUALIFIED HEALTH CENTER; AND

30 (4) THE SCHEDULE OF RATES CHARGED OR TO BE CHARGED FOR
31 SERVICES RENDERED.

32 (C) ON APPROVAL OF A PROJECT AND THE PROJECT PLANS, THE SECRETARY
33 SHALL PROMPTLY REPORT THE APPLICATION TO THE BOARD OF PUBLIC WORKS,
34 TOGETHER WITH THE SECRETARY'S RECOMMENDATION, THAT THE BOARD MAKE
35 FUNDS AVAILABLE AS PROVIDED IN THIS SUBTITLE.

1 24-1304.

2 (A) THE ALLOCATION AND USE OF STATE FUNDS UNDER THIS SUBTITLE ARE
3 SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THIS SECTION.

4 (B) STATE FUNDS MAY ONLY BE USED FOR THE PURPOSES LISTED UNDER §
5 24-1302 OF THIS SUBTITLE AND APPROVED BY THE SECRETARY UNDER § 24-1303 OF
6 THIS SUBTITLE.

7 (C) THE ALLOCATION AND USE OF STATE FUNDS UNDER THIS SUBTITLE ARE
8 SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

9 (1) ANY FEDERAL OR OTHER GRANT THAT IS RECEIVED FOR AN
10 ELIGIBLE PROJECT SHALL BE APPLIED FIRST TO THE COST OF THE PROJECT;

11 (2) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, A STATE
12 GRANT MAY NOT EXCEED 50% OF THE COST OF ELIGIBLE WORK REMAINING UNPAID
13 AFTER ALL FEDERAL GRANTS HAVE BEEN APPLIED; AND

14 (3) FOR PURPOSES OF THIS SUBTITLE, COMMUNITY DEVELOPMENT
15 BLOCK GRANT FUNDS SHALL BE CONSIDERED AS LOCAL MATCHING FUNDS AND MAY
16 NOT BE CONSIDERED AS FEDERAL GRANT FUNDS.

17 (D) FOR A PROJECT DESIGNATED AS ELIGIBLE FOR POVERTY AREA FUNDING
18 UNDER FEDERAL REGULATIONS, STATE PLANS, OR DEPARTMENTAL REGULATIONS, A
19 STATE GRANT MAY COVER UP TO 75% OF THE COST OF ELIGIBLE WORK REMAINING
20 UNPAID AFTER ALL FEDERAL GRANTS HAVE BEEN APPLIED.

21 (E) THE AMOUNT OF THE STATE GRANT RECOMMENDED TO THE BOARD OF
22 PUBLIC WORKS FOR ANY PROJECT SHALL BE DETERMINED AFTER CONSIDERATION
23 OF:

24 (1) ALL ELIGIBLE PROJECTS;

25 (2) THE TOTAL OF UNALLOCATED STATE FUNDS AVAILABLE AT THE
26 TIME THE GRANT RECOMMENDATION IS MADE TO THE BOARD OF PUBLIC WORKS;
27 AND

28 (3) THE PRIORITIES OF AREA NEED ESTABLISHED BY THE DEPARTMENT.

29 (F) (1) NO PORTION OF THE PROCEEDS OF A STATE GRANT MAY BE USED:

30 (I) TO FURTHER SECTARIAN RELIGIOUS INSTRUCTION;

31 (II) IN CONNECTION WITH THE DESIGN, ACQUISITION, OR
32 CONSTRUCTION OF ANY BUILDING TO BE USED AS A PLACE OF SECTARIAN
33 RELIGIOUS WORSHIP OR INSTRUCTION; OR

34 (III) IN CONNECTION WITH ANY PROGRAM OR DEPARTMENT OF
35 DIVINITY FOR ANY RELIGIOUS DENOMINATION.

1 (2) ON THE REQUEST OF THE BOARD OF PUBLIC WORKS, THE
2 APPLICANT SHALL SUBMIT EVIDENCE SATISFACTORY TO THE BOARD OF PUBLIC
3 WORKS THAT THE PROCEEDS OF THE GRANT ARE NOT BEING USED FOR A PURPOSE
4 PROHIBITED UNDER THIS SUBSECTION OR UNDER APPLICABLE FEDERAL LAW.

5 (G) BEGINNING IN FISCAL YEAR 2007 AND CONTINUING EVERY YEAR
6 THEREAFTER, THE GOVERNOR SHALL INCLUDE ~~AT LEAST \$5,000,000 AN~~
7 APPROPRIATION IN THE STATE CAPITAL BUDGET TO BE DISTRIBUTED AND MANAGED
8 IN ACCORDANCE WITH THIS SUBTITLE.

9 24-1305.

10 (A) THE BOARD OF PUBLIC WORKS SHALL MAKE ALLOCATIONS FROM FUNDS
11 AVAILABLE UNDER THIS SUBTITLE IN ACCORDANCE WITH THIS SUBTITLE.

12 (B) THE BOARD OF PUBLIC WORKS SHALL CERTIFY THE ALLOCATIONS TO THE
13 PROPER STATE OFFICERS, AND THE STATE TREASURER SHALL MAKE PAYMENTS TO
14 OR ON BEHALF OF THE APPLICANT, WHEN NEEDED, FOR THE APPROVED PROJECT.

15 (C) THE BOARD OF PUBLIC WORKS MAY ADOPT REGULATIONS TO IMPLEMENT
16 THIS SECTION.

17 24-1306.

18 (A) THE STATE MAY RECOVER FROM EITHER THE TRANSFEROR OR
19 TRANSFEREE OR, IN THE CASE OF A PROPERTY THAT HAS CEASED TO BE A
20 FEDERALLY QUALIFIED HEALTH CENTER, FROM THE OWNER, AN AMOUNT BEARING
21 THE SAME RATIO TO THE THEN CURRENT VALUE OF SO MUCH OF THE PROPERTY AS
22 CONSTITUTED AN APPROVED PROJECT AS THE AMOUNT OF THE STATE
23 PARTICIPATION BORE TO THE TOTAL ELIGIBLE COST OF THE APPROVED PROJECT,
24 TOGETHER WITH ALL COSTS AND REASONABLE ATTORNEYS' FEES INCURRED BY THE
25 STATE IN THE RECOVERY PROCEEDINGS, IF, WITHIN 30 YEARS AFTER COMPLETION
26 OF A PROJECT, A PROPERTY FOR WHICH FUNDS HAVE BEEN PAID UNDER THIS
27 SUBTITLE:

28 (1) IS SOLD OR TRANSFERRED TO ANY PERSON, AGENCY, OR
29 ORGANIZATION THAT WOULD NOT QUALIFY AS AN APPLICANT UNDER THIS
30 SUBTITLE, OR THAT IS NOT APPROVED AS A TRANSFEREE BY THE BOARD OF PUBLIC
31 WORKS; OR

32 (2) CEASES TO BE A FEDERALLY QUALIFIED HEALTH CENTER AS
33 DEFINED IN THIS SUBTITLE.

34 (B) (1) BEFORE THE STATE MAKES ANY FUNDS AVAILABLE FOR AN
35 APPROVED PROJECT, THE DEPARTMENT SHALL CAUSE A NOTICE OF THIS RIGHT OF
36 RECOVERY TO BE RECORDED IN THE LAND RECORDS OF THE COUNTY OR
37 BALTIMORE CITY WHERE THE PROPERTY IS LOCATED.

38 (2) THE RECORDING OF THE NOTICE:

1 (I) DOES NOT CREATE A LIEN AGAINST THE PROPERTY; BUT

2 (II) SHALL CONSTITUTE NOTICE TO ANY POTENTIAL TRANSFEREE,
3 POTENTIAL TRANSFEROR, POTENTIAL CREDITOR, OR OTHER INTERESTED PARTY OF
4 THE POSSIBILITY THAT THE STATE MAY OBTAIN A LIEN UNDER THIS SUBTITLE.

5 (C) (1) (I) THE SECRETARY OF THE BOARD OF PUBLIC WORKS MAY FILE A
6 CIVIL COMPLAINT UNDER SUBSECTION (B) OF THIS SECTION, IN THE CIRCUIT COURT
7 OF THE COUNTY OR BALTIMORE CITY WHERE THE PROPERTY IS LOCATED, AGAINST
8 THE OWNER OF THE PROPERTY AND ANY OTHER INTERESTED PARTIES, INCLUDING
9 ANY TRANSFEROR THAT THE STATE WISHES TO MAKE A PARTY.

10 (II) THE COMPLAINT SHALL BE FILED WITH:

11 1. SWORN AFFIDAVITS STATING FACTS ON WHICH THE
12 ALLEGATIONS OF DEFAULT ARE BASED; AND

13 2. A DETAILED JUSTIFICATION OF THE AMOUNT CLAIMED.

14 (2) IF THE CIRCUIT COURT DETERMINES FROM THE STATE'S INITIAL
15 FILING THAT A DEFAULT HAS OCCURRED, PENDING FULL DETERMINATION OF THE
16 STATE'S CLAIM, THE COURT SHALL AUTHORIZE A TEMPORARY LIEN ON THE
17 PROPERTY:

18 (I) IN THE AMOUNT OF THE STATE'S COMPLAINT PLUS ANY
19 ADDITIONAL AMOUNT ESTIMATED TO BE NECESSARY TO COVER THE COSTS AND
20 REASONABLE ATTORNEYS' FEES INCURRED BY THE STATE; OR

21 (II) IN OTHER AMOUNTS THAT THE COURT DETERMINES TO BE
22 REASONABLE.

23 (3) (I) A TEMPORARY LIEN SHALL TAKE EFFECT:

24 1. ON THE DATE OF THE COURT'S AUTHORIZATION, IF THE
25 SECRETARY OF THE BOARD OF PUBLIC WORKS RECORDS A NOTICE OF TEMPORARY
26 LIEN IN THE LAND RECORDS OF THE COUNTY OR BALTIMORE CITY WHERE THE
27 PROPERTY IS LOCATED WITHIN 10 DAYS AFTER THE COURT'S AUTHORIZATION; OR

28 2. ON THE DATE A NOTICE OF TEMPORARY LIEN IS
29 RECORDED.

30 (II) WHILE THE TEMPORARY LIEN IS IN EFFECT, NEITHER THE
31 OWNER NOR ANY PERSON WHO ACQUIRED AN INTEREST IN THE PROPERTY AFTER
32 THE STATE FIRST MADE FUNDS AVAILABLE IN CONNECTION WITH THE PROPERTY
33 MAY, WITHOUT THE PRIOR WRITTEN CONSENT OF THE STATE:

34 1. TAKE ANY ACTION THAT WOULD AFFECT THE TITLE TO
35 THE PROPERTY; OR

1 (IV) A LIEN IMPOSED UNDER THIS SUBSECTION MAY BE ENFORCED
2 AND FORECLOSED IN ACCORDANCE WITH THE PROCEDURES PRESCRIBED IN THE
3 MARYLAND RULES, EXCEPT THAT NEITHER THE STATE NOR ANY AGENT APPOINTED
4 BY THE STATE TO SELL THE PROPERTY NEED FILE A BOND.

5 (3) (I) THE OWNER OR ANY OTHER INTERESTED PARTY MAY OBTAIN
6 RELEASE OF A LIEN AT ANY TIME BY PAYING TO THE STATE THE FULL AMOUNT OF
7 THE JUDGMENT RENDERED BY THE CIRCUIT COURT, TOGETHER WITH INTEREST
8 FROM THE DATE OF JUDGMENT.

9 (II) ON PAYMENT IN FULL, THE SECRETARY OF THE BOARD OF
10 PUBLIC WORKS SHALL CAUSE A RELEASE TO BE RECORDED IN THE LAND RECORDS.

11 (4) IF THE CIRCUIT COURT FINDS THAT THERE HAS BEEN NO DEFAULT
12 OR IF THE FULL AMOUNT OF THE COURT'S JUDGMENT IS PAID TO THE STATE WITHIN
13 30 DAYS AFTER THE COURT'S FINAL ORDER, A TEMPORARY LIEN THEN IN EFFECT
14 SHALL BE RELEASED IMMEDIATELY AND THE SECRETARY OF THE BOARD OF PUBLIC
15 WORKS SHALL CAUSE THE RELEASE TO BE RECORDED IN THE LAND RECORDS.

16 (F) (1) ALL FUNDS RECOVERED AS A RESULT OF THIS RIGHT OF RECOVERY
17 SHALL BE DEPOSITED IN THE ANNUITY BOND FUND AND APPLIED TO THE DEBT
18 SERVICE REQUIREMENTS OF THE STATE.

19 (2) IF THE BOARD DETERMINES THAT THERE IS GOOD CAUSE FOR
20 RELEASING THE TRANSFEROR, TRANSFEREE, OR OWNER FROM THE OBLIGATION
21 IMPOSED UNDER THIS SUBTITLE, THE BOARD OF PUBLIC WORKS MAY WAIVE THE
22 STATE'S RIGHT OF RECOVERY UNDER THIS SUBTITLE.

23 24-1307.

24 THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE
25 PROVISIONS OF THIS SUBTITLE.

26 **Article - Insurance**

27 14-102.

28 (h) The provisions of subsections (d) and (e) of this section and §§ 14-106,
29 14-106.1, 14-115(d), (e), (f), and (g), and 14-139(d) and (e) of this subtitle do not
30 apply to a nonprofit health service plan that insures between 1 and 10,000 covered
31 lives in Maryland or issues contracts for only one of the following services:

32 (1) podiatric;

33 (2) chiropractic;

34 (3) pharmaceutical;

35 (4) dental;

1 (5) psychological; or

2 (6) optometric.

3 14-106.

4 (d) (1) Notwithstanding subsection (c) of this section, a nonprofit health
5 service plan that is subject to this section and issues comprehensive health care
6 benefits in the State shall:

7 [(1)] (I) offer health care products in the individual market;

8 [(2)] (II) offer health care products in the small employer group market
9 in accordance with Title 15, Subtitle 12 of this article; [and]

10 [(3)] (III) administer and subsidize the Senior Prescription Drug
11 ASSISTANCE Program established under Title 14, Subtitle 5, Part II of this title;

12 [(4)] (IV) SUBSIDIZE GRANTS TO COMMUNITY HEALTH RESOURCES, AS
13 PROVIDED UNDER § 14-106.1 OF THIS SUBTITLE;

14 [(5)] (V) SUBSIDIZE THE MARYLAND PHARMACY DISCOUNT PROGRAM
15 UNDER § 15-124 OF THE HEALTH - GENERAL ARTICLE; AND

16 [(VI)] (VI) PROVIDE FUNDING FOR A UNIFIED DATA INFORMATION
17 SYSTEM UNDER § 19-2201(D)(5)(IV) OF THE HEALTH - GENERAL ARTICLE.

18 (2) (I) THE SUBSIDY PROVIDED UNDER PARAGRAPH (1)(IV) OF THIS
19 SECTION FOR GRANTS TO COMMUNITY HEALTH RESOURCES SHALL BE LIMITED TO:

20 1. \$6,000,000 IN FISCAL YEAR 2006; AND

21 2. IN FISCAL YEAR 2007 AND ANNUALLY THEREAFTER, THE
22 VALUE OF THE PREMIUM TAX EXEMPTION LESS:

23 A. THE SUBSIDY REQUIRED UNDER THIS SECTION FOR THE
24 SENIOR PRESCRIPTION DRUG ASSISTANCE PROGRAM; AND

25 B. THE SUBSIDY REQUIRED UNDER THIS SECTION FOR THE
26 MARYLAND PHARMACY DISCOUNT PROGRAM.

27 (II) THE SUBSIDY PROVIDED UNDER PARAGRAPH (1)(V) OF THIS
28 SECTION FOR THE MARYLAND PHARMACY DISCOUNT PROGRAM SHALL BE LIMITED
29 TO:

30 1. \$1,000,000 IN FISCAL YEAR 2006; AND

31 2. \$600,000 IN FISCAL YEAR 2007 AND ANNUALLY
32 THEREAFTER.

1 (III) THE SUBSIDY PROVIDED UNDER PARAGRAPH (1)(VI) OF THIS
2 SECTION TO FUND A UNIFIED DATA INFORMATION SYSTEM LIMITED TO:

3 1. \$1,000,000 IN FISCAL YEAR 2006; AND

4 2. \$1,400,000 IN FISCAL YEAR 2007 AND ANNUALLY

5 THEREAFTER.

6 (3) FOR ANY YEAR, THE SUBSIDY AND FUNDING REQUIRED UNDER THIS
7 SUBSECTION BY A NONPROFIT HEALTH SERVICE PLAN SUBJECT TO THIS SECTION
8 MAY NOT EXCEED THE VALUE OF THE NONPROFIT HEALTH SERVICE PLAN'S
9 PREMIUM TAX EXEMPTION UNDER § 6-101(B) OF THIS ARTICLE.

10 14-106.1.

11 BEGINNING IN FISCAL YEAR 2006, A NONPROFIT HEALTH SERVICE PLAN SHALL
12 TRANSFER FUNDS IN THE AMOUNTS PROVIDED UNDER § 14-106(D)(2) OF THIS
13 SUBTITLE TO:

14 (1) THE COMMUNITY HEALTH RESOURCES COMMISSION FUND
15 ESTABLISHED UNDER § 19-2201 OF THE HEALTH - GENERAL ARTICLE TO:

16 (I) PROVIDE ANNUAL OPERATING GRANTS TO COMMUNITY
17 HEALTH RESOURCES; AND

18 (II) PROVIDE FUNDING FOR A UNIFIED DATA INFORMATION
19 SYSTEM; AND

20 (2) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO SUBSIDIZE
21 THE MARYLAND PHARMACY DISCOUNT PROGRAM UNDER § 15-124 OF THE HEALTH -
22 GENERAL ARTICLE.

23 15-131.

24 (A) (1) IN THIS SECTION, "CARRIER" MEANS:

25 (I) AN INSURER;

26 (II) A NONPROFIT HEALTH SERVICE PLAN;

27 (III) A HEALTH MAINTENANCE ORGANIZATION;

28 (IV) A DENTAL PLAN ORGANIZATION; OR

29 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS
30 SUBJECT TO REGULATION BY THE STATE.

31 (2) "CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER
32 PANEL FOR THE CARRIER.

1 (B) TO THE EXTENT REQUIRED UNDER FEDERAL LAW, A CARRIER SHALL
2 REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF THE
3 HEALTH - GENERAL ARTICLE, FOR COVERED SERVICES PROVIDED TO AN ENROLLEE
4 OR SUBSCRIBER OF THE CARRIER.

5 SECTION 5. AND BE IT FURTHER ENACTED, That:

6 (a) There is a Joint Legislative Task Force on Universal Access to Quality and
7 Affordable Health Care.

8 (b) The Task Force is comprised of eight voting members of the General
9 Assembly, including:

10 (1) four members of the Senate of Maryland, appointed by the President
11 of the Senate; and

12 (2) four members of the House of Delegates, appointed by the Speaker of
13 the House.

14 (c) The following individuals shall serve as nonvoting members of the Task
15 Force:

16 (1) the Secretary of Health and Mental Hygiene, or the Secretary's
17 designee; and

18 (2) the Executive Director of the Maryland Health Care Commission, or
19 the Executive Director's designee.

20 (d) (1) Of the four members of the Senate, the President of the Senate shall
21 appoint one member to serve as a cochair; and

22 (2) of the four members of the House of Delegates, the Speaker of the
23 House shall appoint one member to serve as a cochair.

24 (e) The Department of Legislative Services shall provide staff for the Task
25 Force.

26 (f) The Task Force shall:

27 (1) study and make recommendations on how to make quality, affordable
28 health care, including primary care, specialty care, hospitalization, and prescription
29 drug coverage, accessible to all citizens of the State; and

30 (2) analyze the feasibility and desirability of implementing aspects of the
31 "Dirigo Health" plan, the California employer mandate, or other innovative state
32 health care coverage programs in Maryland.

33 (g) The Task Force, in conducting the study required under subsection (f)(1) of
34 this section, shall seek input from consumer advocates, health care providers,
35 insurance carriers that write policies in the State, the business community, hospitals,
36 and community clinics.

1 (h) The Task Force shall conduct a minimum of four public hearings in
2 different geographic regions of the State to receive citizen input.

3 (i) The Task Force shall report its findings and recommendations to the
4 Governor and, in accordance with § 2-1246 of the State Government Article, to the
5 General Assembly on or before December 31, 2005.

6 SECTION 6. AND BE IT FURTHER ENACTED, That:

7 (a) On or before September 1, 2005, the Department of Health and Mental
8 Hygiene shall submit to the Centers for Medicare and Medicaid Services an
9 application for an amendment to the State's existing § 1115 demonstration waiver
10 necessary to implement the alterations to the eligibility requirements of the
11 Maryland Pharmacy Discount Program as provided under Section 1 of this Act.

12 (b) The Department shall apply for federal matching funds subject to budget
13 neutrality requirements under § 1115 of the Social Security Act and the availability of
14 State funds.

15 (c) If the application for the amendment to the State's § 1115 demonstration
16 waiver under this section is approved, all individuals enrolled in the Maryland
17 Pharmacy Discount Program on or before the date of approval of the waiver
18 amendment may remain enrolled in the Program through December 31, 2005; and

19 (d) The Department of Health and Mental Hygiene, within 5 days after
20 receiving notice of the approval or denial of the waiver amendment application, shall
21 forward a copy of the notice to the Department of Legislative Services, 90 State Circle,
22 Annapolis, Maryland 21401.

23 SECTION 7. AND BE IT FURTHER ENACTED, That, if the Centers for
24 Medicare and Medicaid Services approves the primary care waiver applied for under
25 Chapter 448 of the Acts of 2003, the Department of Health and Mental Hygiene shall
26 submit an amendment to the waiver to include office-based and outpatient specialty
27 medical care and inpatient medical care for individuals with family income below
28 116% of the federal poverty guidelines who meet the eligibility requirements for the
29 Maryland Primary Care Program.

30 SECTION 8. AND BE IT FURTHER ENACTED, That:

31 (a) The Maryland Health Care Commission and the Health Services Cost
32 Review Commission jointly shall assess:

33 (1) the level and underlying causes of uncompensated and
34 undercompensated care provided by physicians who provide at least 25% of their
35 services in a hospital setting, as determined by reporting on the most currently
36 available complete year of data from the Medical Care Data Base; and

37 (2) the level of reimbursement provided by commercial payers in the
38 State as a percentage of provider costs compared to reimbursement provided by
39 Medicare as a percentage of provider costs.

- 1 (b) (1) The Commissions shall make recommendations on:
- 2 (i) alternative methods of distributing the reasonable costs of
3 uncompensated and undercompensated care provided by physicians who provide at
4 least 25% of their services in a hospital setting, as determined by reporting on the
5 most currently available complete year of data from the Medical Care Data Base; and
- 6 (ii) the feasibility of establishing an uncompensated and
7 undercompensated care fund patterned after the Maryland Trauma Physician
8 Services Fund.
- 9 (2) To determine the percentage of services provided by a physician in a
10 hospital setting, the Commissions shall use data from the Medical Care Data Base for
11 the most recent calendar year for which there is a complete year of data.
- 12 (c) The assessments and recommendations required under subsections (a) and
13 (b) of this section shall be submitted, in accordance with § 2-1246 of the State
14 Government Article, to the House Health and Government Operations Committee
15 and the Senate Finance Committee on or before January 1, 2006.

16 SECTION 9. AND BE IT FURTHER ENACTED, That Section 1 of this Act
17 shall take effect contingent on the approval by the Centers for Medicare and Medicaid
18 Services of a waiver amendment applied for under Section 6 of this Act. If the waiver
19 amendment applied for under Section 6 of this Act is denied, Section 1 of this Act,
20 without the necessity of any further action by the General Assembly, shall be null and
21 void and of no further force and effect.

22 SECTION ~~3~~ 10. AND BE IT FURTHER ENACTED, That, subject to Section 9
23 of this Act, this Act shall take effect July 1, 2005. ~~Section 4~~ Section 3 of this Act shall
24 remain effective for a period of 3 years and, at the end of June 30, 2008, with no
25 further action required by the General Assembly, Section 4 ~~3~~ of this Act shall be
26 abrogated and of no further force and effect. Section 5 of this Act shall remain
27 effective for a period of 1 year and, at the end of June 30, 2006, with no further action
28 required by the General Assembly, Section 5 of this Act shall be abrogated and of no
29 further force and effect.