

# HOUSE BILL 462

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HB 568/06 – HGO & APP

7lr1416

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By: **Delegates Nathan–Pulliam, Anderson, Benson, Burns, Cane, Carter, Conaway, Costa, Frush, Glenn, Harrison, Haynes, Howard, Hubbard, Jones, Kirk, Kullen, Lee, Montgomery, Morhaim, Oaks, Proctor, Ramirez, Robinson, Ross, Stukes, Tarrant, Valderrama, and Vaughn**

Introduced and read first time: February 6, 2007

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Office of Minority Health and Health Disparities – Grant Program and**  
3 **Funding**

4 FOR the purpose of providing that the Office of Minority Health and Health  
5 Disparities is the designated State agency for receipt of general or special funds  
6 specifically designated for minority health and health disparities programs;  
7 authorizing the Office to distribute certain grants from available general funds;  
8 creating a Health Disparities Grant Program within the Office; providing for  
9 the purpose of the grant program; requiring the Office to establish certain  
10 criteria to qualify for a grant and to establish a certain evaluation; requiring  
11 certain grantees to comply with the evaluation system and to provide certain  
12 reports; requiring the Office to consult with local minority groups when  
13 reviewing and approving grant applications; requiring the Department of  
14 Health and Mental Hygiene to include certain information on grants provided  
15 by the Office in a certain annual report to the Governor and General Assembly;  
16 providing for the intent of the General Assembly regarding the funding of the  
17 Office; providing for a certain annual appropriation from the Cigarette  
18 Restitution Fund to fund the Office; requiring that the annual appropriation  
19 from the Cigarette Restitution Fund shall not supplant certain appropriations  
20 from the Fund; and generally relating to the Office of Minority Health and  
21 Health Disparities.

22 BY repealing and reenacting, without amendments,

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Health – General  
2 Section 20–1002  
3 Annotated Code of Maryland  
4 (2005 Replacement Volume and 2006 Supplement)

5 BY repealing and reenacting, with amendments,  
6 Article – Health – General  
7 Section 20–1004 through 20–1007  
8 Annotated Code of Maryland  
9 (2005 Replacement Volume and 2006 Supplement)

10 BY adding to  
11 Article – Health – General  
12 Section 20–1005.1  
13 Annotated Code of Maryland  
14 (2005 Replacement Volume and 2006 Supplement)

15 BY repealing and reenacting, with amendments,  
16 Article – State Finance and Procurement  
17 Section 7–317  
18 Annotated Code of Maryland  
19 (2006 Replacement Volume and 2006 Supplement)

20 Preamble

21 WHEREAS, Racial and ethnic disparities in health care are widespread across a  
22 range of illnesses and health care services even after adjusting for socioeconomic  
23 differences; and

24 WHEREAS, The cost of racial and ethnic disparities in health care has a  
25 substantial negative economic impact on the State and has increased the demands for  
26 medical assistance services; and

27 WHEREAS, The Office of Minority Health and Health Disparities was  
28 established using existing resources within the Department of Health and Mental  
29 Hygiene, and these limited resources required Department staff to add new tasks to  
30 ongoing programs; and

31 WHEREAS, Chapter 453 of the Acts of the General Assembly of 2003 required  
32 the Department of Health and Mental Hygiene to develop and implement a plan to  
33 reduce health care disparities, and funds are needed to finish and implement the plan;  
34 and

1 WHEREAS, There are 37 states with offices of minority health programs, and of  
2 the 29 states that are funded, 15 states have at least \$500,000 and 8 states have more  
3 than \$1,000,000 for annual operations allowing those states to mount a sustained and  
4 coordinated initiative; and

5 WHEREAS, The population in the State has reached 39.7% minority and the  
6 State is projected to be 50% minority by 2010 if current trends continue; and

7 WHEREAS, The General Assembly and the Governor must exercise due  
8 diligence in building the infrastructure of the Office of Minority Health and Health  
9 Disparities to enable the Office to provide guidance and promote collaboration across  
10 the public and private sectors; now, therefore,

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

13 **Article - Health - General**

14 20-1002.

15 There is an Office of Minority Health and Health Disparities in the Department.

16 20-1004.

17 The Office shall:

18 (1) Be an advocate for the improvement of minority health care by  
19 working with the Department on its own, or in partnership with other public and  
20 private entities to establish appropriate forums, programs, or initiatives designed to  
21 educate the public regarding minority health and health disparities issues, with an  
22 emphasis on preventive health and healthy lifestyles;

23 (2) Assist the Secretary in identifying, coordinating and establishing  
24 priorities for programs, services, and resources that the State should provide for  
25 minority health and health disparities issues;

26 (3) Collect, classify, and analyze relevant research information and  
27 data collected or compiled by:

28 (i) The Department;

29 (ii) The Department in collaboration with others; and

1 (iii) Other public and private entities;

2 (4) Research innovative methods and obtain resources to improve  
3 existing data systems to ensure that the health information that is collected includes  
4 specific race and ethnicity identifiers;

5 (5) Serve as a clearinghouse and resource library for information  
6 about minority health and health disparities data, strategies, services, and programs  
7 that address minority health and health disparities issues;

8 (6) Develop a strategic plan to improve public services and programs  
9 targeting minorities;

10 (7) [Obtain funding and, contingent upon funding, provide grants to  
11 community-based organizations and historically black colleges and universities to  
12 conduct special research, demonstration, and evaluation projects for targeted at-risk  
13 racial and ethnic minority populations and to support ongoing community-based  
14 programs that are designed to reduce or eliminate racial and ethnic health disparities  
15 in the State;

16 (8) Develop criteria for the awarding of grants for programs that are  
17 designed to improve minority health care;

18 (9)] Review existing laws and regulations to ensure that they facilitate  
19 the provision of adequate health care to the minorities of this State;

20 [(10)] (8) Recommend to the Secretary any additions or changes to  
21 existing laws and regulations designed to facilitate the adequate provision of health  
22 care to minorities in this State;

23 [(11)] (9) Identify and review health promotion and disease  
24 prevention strategies relating to the leading health causes of death and disability  
25 among minority populations;

26 [(12)] (10) Develop and implement model public and private  
27 partnerships in racial and ethnic minority communities for health awareness  
28 campaigns and to improve the access, acceptability, and use of public health services;

29 [(13)] (11) Develop recommendations for the most effective means of  
30 providing outreach to racial and ethnic minority communities throughout the State to  
31 ensure their maximum participation in publicly funded health benefits programs;

1            [(14)] (12) Develop a statewide plan for increasing the number of racial  
2 and ethnic minority health care professionals which includes recommendations for the  
3 financing mechanisms and recruitment strategies necessary to carry out the plan;

4            [(15)] (13) Work collaboratively with universities and colleges of  
5 medicine, nursing, pharmacy, and dentistry in this State and other health care  
6 professional training programs to develop courses with cultural competency,  
7 sensitivity, and health literacy, that are designed to address the problem of racial and  
8 ethnic disparities in health care access, utilization, treatment decisions, quality, and  
9 outcomes;

10           [(16)] (14) Work collaboratively with the Maryland Health Care  
11 Disparities Initiative, the Morgan–Hopkins Center for Health Disparities Solutions,  
12 the University of Maryland Disparity Project, the Monumental City Medical Society,  
13 faculty and researchers at historically black colleges and universities, and other  
14 existing alliances or plans, to reduce or eliminate racial and ethnic disparities in the  
15 State;

16           [(17)] (15) Seek to establish a statewide alliance with  
17 community–based agencies and organizations, historically black colleges and  
18 universities, health care facilities, health care provider organizations, managed care  
19 organizations, and pharmaceutical manufacturers to promote the objectives of the  
20 Office;

21           [(18)] (16) Evaluate multicultural or racial and ethnic minority health  
22 programs in other states to assess their efficacy and potential for replication in this  
23 State and make recommendations regarding the adoption of such programs, as  
24 appropriate;

25           [(19)] (17) Apply for and accept any grant of money from the federal  
26 government, private foundations, or other sources which may be available for  
27 programs related to minority health and health disparities;

28           [(20)] (18) Serve as the designated State agency for receipt of  
29 **GENERAL, federal, OR SPECIAL** funds specifically designated for minority health and  
30 health disparities programs;

31           [(21)] (19) Work collaboratively with the Office of Minority Affairs as  
32 the Office determines necessary; and

1            [(22)] **(20)** In collaboration with the Maryland Health Care  
2 Commission, publish annually on the Department's website and provide in writing on  
3 request a "Health Care Disparities Policy Report Card" that includes:

4            (i) An analysis of racial and ethnic variations in insurance  
5 coverage for low-income, nonelderly individuals;

6            (ii) The racial and ethnic composition of the physician  
7 population compared to the racial and ethnic composition of the State's population;  
8 and

9            (iii) The racial and ethnic disparities in morbidity and mortality  
10 rates for cardiovascular disease, cancer, diabetes, HIV/AIDS, infant mortality, asthma,  
11 and other diseases identified by the Maryland Health Care Commission.

12 **20-1005.**

13            Subject to the limitations of any law that governs the activities of other units of  
14 the Executive Branch of State government, the Director shall:

15            (1) Promote health and the prevention of disease among members of  
16 minority groups;

17            (2) Distribute grants from available **GENERAL**, federal, and special  
18 funds to community-based health groups to be used to promote health and the  
19 prevention of disease among members of minority groups; and

20            (3) Fund projects which are innovative, culturally sensitive, and  
21 specific in their approach toward reduction of the incidence and severity of those  
22 diseases or conditions which are responsible for excess morbidity and mortality in  
23 minority populations.

24 **20-1005.1.**

25            **(A) THERE IS A HEALTH DISPARITIES GRANT PROGRAM IN THE**  
26 **OFFICE.**

27            **(B) THE PURPOSE OF THE PROGRAM IS TO PROVIDE GRANTS TO:**

28            **(1) COMMUNITY-BASED ORGANIZATIONS AND HISTORICALLY**  
29 **BLACK COLLEGES AND UNIVERSITIES TO CONDUCT SPECIAL RESEARCH,**

1 DEMONSTRATION, AND EVALUATION PROJECTS FOR TARGETED AT-RISK RACIAL  
2 AND ETHNIC MINORITY POPULATIONS; AND

3 (2) COMMUNITY-BASED ORGANIZATIONS AND OTHER HEALTH  
4 CARE PROVIDERS THAT DEMONSTRATE THE CAPACITY FOR REDUCING HEALTH  
5 DISPARITIES AND THAT UTILIZE INTERVENTIONS IN THE PLAN TO REDUCE  
6 HEALTH CARE DISPARITIES DEVELOPED UNDER § 20-904 OF THIS TITLE OR  
7 OTHER RECOGNIZED BEST PRACTICES.

8 (c) (1) THE OFFICE SHALL:

9 (i) ESTABLISH THE CRITERIA FOR A GROUP OR PROVIDER  
10 TO QUALIFY FOR A GRANT;

11 (ii) ESTABLISH AN EVALUATION SYSTEM OF GRANTEEES  
12 THAT INCLUDES THE COLLECTION OF PROCESS AND OUTCOME DATA TO  
13 DETERMINE THE EFFICACY OF THE PROGRAMS; AND

14 (iii) REQUIRE GRANTEEES TO COMPLY WITH THE  
15 EVALUATION SYSTEM DEVELOPED BY THE OFFICE AND TO PROVIDE  
16 QUARTERLY REPORTS ON THE COMPLIANCE OF THE GRANTEE.

17 (2) THE OFFICE SHALL CONSULT WITH LOCAL MINORITY GROUPS  
18 WHEN REVIEWING AND APPROVING GRANT APPLICATIONS.

19 20-1006.

20 (a) On or before the 15th day of each regular session of the General  
21 Assembly, the Department shall submit an annual report on the Office of Minority  
22 Health and Health Disparities to the Governor and, subject to § 2-1246 of the State  
23 Government Article, to the General Assembly.

24 (b) The report shall include:

25 (i) [the] THE projects and services developed and funded by the Office  
26 and the health care problems that the grant funds are intended to ameliorate; AND

27 (ii) THE GRANTS PROVIDED UNDER § 20-1005.1 OF THIS  
28 SUBTITLE AND THE IMPACT OF THE GRANTS ON REDUCING HEALTH  
29 DISPARITIES IN THE COMMUNITY.

1 (c) The report may include any recommendations for administrative or  
2 legislative action that it deems appropriate.

3 20–1007.

4 (A) It is the intent of the General Assembly that the Office be funded:

5 (1) **WITH FUNDS FROM THE CIGARETTE RESTITUTION FUND**  
6 **ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT**  
7 **ARTICLE; AND**

8 (2) **WITH FUNDS** from [federal] **GENERAL, FEDERAL,** and special  
9 funding sources.

10 (B) **IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE OFFICE**  
11 **USE GENERAL FUNDS TO LEVERAGE FEDERAL AND SPECIAL FUNDS.**

12 **Article – State Finance and Procurement**

13 7–317.

14 (a) There is a Cigarette Restitution Fund.

15 (b) (1) The Fund is a continuing, nonlapsing fund that is not subject to §  
16 7–302 of this subtitle.

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

23 (c) The Treasurer shall:

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

26 (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  
8 federal 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) The Cigarette Restitution Fund shall be used to fund:

14 (i) the Tobacco Use Prevention and Cessation Program  
15 established under Title 13, Subtitle 10 of the Health – General Article;

16 (ii) the Cancer Prevention, Education, Screening, and  
17 Treatment Program established under Title 13, Subtitle 11 of the Health – General  
18 Article; [and]

19 **(iii) THE OFFICE OF MINORITY HEALTH AND HEALTH**  
20 **DISPARITIES ESTABLISHED UNDER TITLE 20, SUBTITLE 10 OF THE HEALTH –**  
21 **GENERAL ARTICLE; AND**

22 [(iii)] (IV) other programs that serve the following purposes:

23 1. reduction of the use of tobacco products by minors;

24 2. implementation of the Southern Maryland Regional  
25 Strategy–Action Plan for Agriculture adopted by the Tri–County Council for Southern  
26 Maryland with an emphasis on alternative crop uses for agricultural land now used for  
27 growing tobacco;

1                   3.     public and school education campaigns to decrease  
2 tobacco use with initial emphasis on areas targeted by tobacco manufacturers in  
3 marketing and promoting cigarette and tobacco products;

4                   4.     smoking cessation programs;

5                   5.     enforcement of the laws regarding tobacco sales;

6                   6.     [the purposes of the Maryland Health Care  
7 Foundation under Title 20, Subtitle 5 of the Health – General Article;

8                   7.]    primary health care in rural areas of the State and  
9 areas targeted by tobacco manufacturers in marketing and promoting cigarette and  
10 tobacco products;

11                   [8.]   7.   prevention, treatment, and research concerning  
12 cancer, heart disease, lung disease, tobacco product use, and tobacco control, including  
13 operating costs and related capital projects;

14                   [9.]   8.   substance abuse treatment and prevention  
15 programs; and

16                   [10.] 9.   any other public purpose.

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

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

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

26                   (3)   For each fiscal year for which appropriations are made, at least  
27 50% of the appropriations shall be made for those purposes enumerated in subsection  
28 (f)(1)(i), (ii), and (iii)1 through 9 of this section subject to the requirement of subsection  
29 (e)(2) of this section.

1           (4) For each fiscal year for which appropriations are made, at least  
2 30% of the appropriations shall be made for the purposes of the Maryland Medical  
3 Assistance Program.

4           (5) For each fiscal year for which appropriations are made, 0.15% of  
5 the Fund shall be appropriated for the purposes of enforcement of Title 16, Subtitle 5  
6 of the Business Regulation Article.

7           **(6) (I) FOR EACH FISCAL YEAR FOR WHICH APPROPRIATIONS**  
8 **ARE MADE, AT LEAST \$2,600,000 SHALL BE USED TO FUND THE OFFICE OF**  
9 **MINORITY HEALTH AND HEALTH DISPARITIES ESTABLISHED UNDER TITLE 20,**  
10 **SUBTITLE 10 OF THE HEALTH – GENERAL ARTICLE.**

11           **(II) THE APPROPRIATION REQUIRED UNDER THIS**  
12 **PARAGRAPH MAY NOT SUPPLANT ANY OTHER APPROPRIATION:**

13                           **1. REQUIRED UNDER THIS SECTION; OR**

14                           **2. MADE TO A PROGRAM PRIOR TO FISCAL YEAR**  
15 **2009.**

16           ~~[(6)]~~ **(7)** Any additional appropriations, not subject to [paragraph (3),  
17 paragraph (4), or paragraph (5)] **PARAGRAPHS (3) THROUGH (6)** of this subsection,  
18 may be made for any lawful purpose.

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

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

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

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

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

1           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
2    July 1, 2007.