

CHAPTER 625

(House Bill 1279)

AN ACT concerning

Maryland Community Health Resources Commission – Modifications

FOR the purpose of ~~authorizing a certain member of the Maryland Community Health Resources Commission to be employed by a certain community health resource;~~ establishing the terms of Maryland Community Health Resources Commission members; authorizing the Governor to remove a member under certain circumstances; establishing requirements for Commission decisions, compensation, and staff; authorizing the Commission to implement certain programs; repealing certain standing committees; requiring the Commission to adopt regulations that implement a certain subsidy program; ~~authorizing a community health resource that employs a member of the Commission to apply for and be eligible to receive a grant under certain circumstances;~~ establishing the terms of certain Commission members; extending the termination date of certain provisions; and generally relating to modifications to the Maryland Community Health Resources Commission.

BY repealing and reenacting, without amendments,
Article – Health – General
Section 19–2102
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 19–2103, 19–2106, 19–2109(a), and 19–2201(f) ~~and (h)~~
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing
Article – Health – General
Section 19–2110
Annotated Code of Maryland
(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,
Chapter 280 of the Acts of the General Assembly of 2005, as amended by
Chapter 333 of the Acts of the General Assembly of 2001
Section 14

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

Article – Health – General

19–2102.

- (a) There is a Maryland Community Health Resources Commission.
- (b) The Commission is an independent commission that operates within the Department.
- (c) The purpose of the Commission is to increase access to health care through community health resources.

19–2103.

- (a) (1) The Commission consists of eleven members appointed by the Governor with the advice and consent of the Senate.
 - (2) Of the eleven members:
 - (i) One shall be a representative of a nonprofit health maintenance organization;
 - (ii) One shall be a representative of a nonprofit health service plan;
 - (iii) One shall be a representative of a Maryland hospital;
 - (iv) Four shall be individuals who:
 - 1. Do not have any connection with the management or policy of a community health resource, nonprofit health service plan, or nonprofit health maintenance organization; and
 - 2. Have a background or experience in health care;
 - (v) One shall be an individual who has a background or experience with an outpatient mental health clinic within the past 5 years; and
 - (vi) Three shall be individuals who have a background or experience with a community health resource within the past 5 years.
 - (3) At least two of the eleven members shall be health care professionals licensed in the State.

(b) To the extent practicable, when appointing members to the Commission, the Governor shall assure geographic balance and promote racial and gender diversity in the Commission's membership.

~~(c) NOTWITHSTANDING §§ 15-502 AND 15-503 OF THE STATE GOVERNMENT ARTICLE, AND SUBJECT TO § 19-2201(H)(2) OF THIS TITLE, A MEMBER WHO IS REQUIRED TO HAVE A BACKGROUND OR EXPERIENCE WITH A COMMUNITY HEALTH RESOURCE WITHIN THE PAST 5 YEARS MAY BE EMPLOYED BY A COMMUNITY HEALTH RESOURCE THAT RECEIVES A GRANT FROM THE COMMISSION.~~

~~(d)~~ (1) ON OR AFTER JULY 1, 2009, THE TERM OF A MEMBER IS 4 YEARS.

(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE COMMISSION ON JULY 1, 2009.

(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE TERMS, EXCEPT THAT A MEMBER APPOINTED BEFORE JULY 1, 2009, MAY SERVE ONE ADDITIONAL 4-YEAR TERM WHEN THE MEMBER'S CURRENT TERM EXPIRES.

(6) THE GOVERNOR MAY REMOVE A MEMBER FOR NEGLIGENCE OF DUTY, INCOMPETENCE, OR MISCONDUCT.

19-2106.

(a) (1) A majority of the full authorized membership of the Commission is a quorum.

(2) [The Commission may not act on any matter unless at least six members in attendance concur.] **THE DECISION OF THE COMMISSION SHALL BE BY A MAJORITY OF THE QUORUM PRESENT AND VOTING.**

(b) The Commission shall meet at least six times a year, at the times and places that it determines.

(c) A member of the Commission **IS ENTITLED TO:**

(1) [May not receive compensation; but] **COMPENSATION IN ACCORDANCE WITH THE STATE BUDGET; AND**

(2) [Is entitled to reimbursement] **REIMBURSEMENT** for expenses under the Standard State Travel Regulations, as provided in the State budget.

(d) (1) The Commission may employ a staff in accordance with the State budget.

(2) **(I) STAFF HIRED AFTER JUNE 30, 2005, ARE IN THE EXECUTIVE SERVICE OR MANAGEMENT SERVICE OR ARE SPECIAL APPOINTMENTS IN THE STATE PERSONNEL MANAGEMENT SYSTEM.**

(II) The Commission, in consultation with the Secretary, shall determine the appropriate job classifications and grades for all staff.

19-2109.

(a) In addition to the duties set forth elsewhere in this subtitle, the Commission shall, to the extent budgeted resources permit:

(1) Establish by regulation the criteria to qualify as a community health resource under this subtitle;

(2) Establish by regulation the services that a community health resource shall provide to qualify as a community health resource under this subtitle; and

(3) Require community health resources to submit a plan to the Commission on how the community health resource will provide or arrange to provide mental health services;

(4) Identify and seek federal and State funding for the expansion of community health resources;

(5) Establish by regulation the criteria for community health resources to qualify for operating grants and procedures for applying for operating grants;

(6) Administer operating grant fund programs for qualifying community health resources;

(7) Taking into consideration regional disparities in income and the cost of medical services, establish guidelines for sliding scale fee payments at community health resources that are not federally qualified health centers, for individuals whose family income is between 100% and 200% of the federal poverty guidelines;

(8) Identify **AND IMPLEMENT** programs and policies to encourage specialist providers to serve individuals referred from community health resources;

(9) Identify **AND IMPLEMENT** programs and policies to encourage hospitals and community health resources to partner to increase access to health care services;

(10) Establish a reverse referral pilot program under which a hospital will identify and assist patients in accessing health care services through a community health resource;

(11) Work with community health resources, hospital systems, and others to develop a unified information and data management system for use by all community health resources that is integrated with the local hospital systems to track the treatment of individual patients and that provides real-time indicators of available resources;

(12) Work in cooperation with clinical education and training programs, area health education centers, and telemedicine centers to enhance access to quality primary and specialty health care for individuals in rural and underserved areas referred by community health resources;

(13) Evaluate the feasibility of developing a capital grant program for community health resources that are not federally qualified health centers;

(14) Develop an outreach program to educate and inform individuals of the availability of community health resources and assist individuals under 200% of the federal poverty level who do not have health insurance to access health care services through community health resources;

(15) Study school-based health center funding and access issues including:

(i) Reimbursement of school-based health centers by managed care organizations, insurers, nonprofit health service plans, and health maintenance organizations; and

(ii) Methods to expand school-based health centers to provide primary care services;

(16) Study access and reimbursement issues regarding the provision of dental services;

(17) Evaluate the feasibility of extending liability protection under the Maryland Tort Claims Act to health care practitioners who contract directly with a community health resource that is also a Maryland qualified health center or a school-based health center; and

(18) Establish criteria and mechanisms to pay for office-based specialty care visits, diagnostic testing, and laboratory tests for uninsured individuals with family income that does not exceed 200% of the federal poverty guidelines who are referred through community health resources.

[19–2110.

To facilitate its work, the Commission shall establish standing committees, including:

- (1) The Committee on Capital and Operational Funding;
- (2) The Committee on Hospital and Community Health Resources Relations;
- (3) The Committee on School-based Community Health Clinic Center Expansion; and
- (4) The Committee on Data Information Systems.]

19–2201.

- (f) The Commission shall adopt regulations that:
- (1) Establish the criteria for a community health resource to qualify for a grant;
 - (2) Establish the procedures for disbursing grants to qualifying community health resources;
 - (3) Develop a formula for disbursing grants to qualifying community health resources; [and]
 - (4) Establish criteria and mechanisms for funding a unified data information system; **AND**
 - (5) **IN CONSULTATION WITH THE SECRETARY, IMPLEMENT A PROGRAM TO PROVIDE SUBSIDIES TO COMMUNITY HEALTH RESOURCES FOR**

OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS.

~~(h) (1) Grants awarded to a community health resource under this section may be used:~~

~~[(1)] (I) To provide operational assistance to a community health resource; and~~

~~[(2)] (II) For any other purpose the Commission determines is appropriate to assist a community health resource.~~

~~(2) A COMMUNITY HEALTH RESOURCE THAT EMPLOYS A MEMBER OF THE COMMISSION MAY APPLY FOR AND BE ELIGIBLE TO RECEIVE A GRANT UNDER THIS SECTION IF THE MEMBER DOES NOT PARTICIPATE IN THE COMMISSION'S CONSIDERATION OF THE GRANT APPLICATION.~~

Chapter 280 of the Acts of 2005, as amended by Chapter 21 of the Acts of 2006

SECTION 14. AND BE IT FURTHER ENACTED, That, subject to Section 13 of this Act, this Act shall take effect July 1, 2005. Section 3 of this Act shall remain effective for a period of [5] **10** years and, at the end of June 30, [2010] **2015**, with no further action required by the General Assembly, Section 3 of this Act shall be abrogated and of no further force and effect. Section 5 of this Act shall remain effective for a period of 2 years and, at the end of June 30, 2007, with no further action required by the General Assembly, Section 5 of this Act shall be abrogated and of no further force and effect.

SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the members of the Community Health Resources Commission serving on July 1, 2009, shall expire as follows:

- (1) three members in 2010;
- (2) three members in 2011;
- (3) three members in 2012; and
- (4) two members in 2013.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2008.

Approved by the Governor, May 22, 2008.