

# Chapter 242

(Senate Bill 514)

AN ACT concerning

## Maryland Community Health Resources Commission – Health Care Reform – ~~Safety-Net Providers~~ Implementation

FOR the purpose of authorizing the Maryland Community Health Resources Commission to provide certain assistance to ~~safety-net providers~~ community health resources in preparing to implement certain health care reform; authorizing the Commission to examine certain issues and potential challenges for ~~safety-net providers~~ community health resources in preparing to implement certain health care reform; requiring the Commission to develop a certain business plan for the provision by the State of certain assistance to ~~safety-net providers~~ community health resources; requiring the Commission to make certain recommendations to the Governor and certain committees of the General Assembly on or before a certain date; altering a certain definition; defining certain terms; and generally relating to the Maryland Community Health Resources Commission and the implementation of health care reform ~~by safety-net providers~~.

BY repealing and reenacting, with amendments,  
Article – Health – General  
Section 19–2101 and 19–2107(a)  
Annotated Code of Maryland  
(2009 Replacement Volume and 2010 Supplement)

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

### Article – Health – General

19–2101.

(a) In this subtitle the following words have the meanings indicated.

**(B) “AFFORDABLE CARE ACT” MEANS THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT, AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010, AND ANY REGULATIONS ADOPTED OR GUIDANCE ISSUED UNDER THE ACTS.**

**[(b)] (C)** “Commission” means the Maryland Community Health Resources Commission.

**[(c)] (D)** (1) “Community health resource” means a nonprofit or for profit health care center or program that offers the primary health care services required by the Commission under § 19–2109(a)(2) of this subtitle to an individual on a sliding scale fee schedule and without regard to an individual’s ability to pay.

(2) “Community health resource” includes:

- (i) A federally qualified health center;
- (ii) A federally qualified health center “look–alike”;
- (iii) A community health center;
- (iv) A migrant health center;
- (v) A health care program for the homeless;
- (vi) A primary care program for a public housing project;
- (vii) A local nonprofit and community–owned health care program;
- (viii) A school–based health center;
- (ix) A teaching clinic;
- (x) A wellmobile;
- (xi) A health center controlled operating network;
- (xii) A historic Maryland primary care provider;
- (xiii) An outpatient [mental health clinic] **BEHAVIORAL HEALTH PROGRAM**; and
- (xiv) Any other center or program identified by the Commission as a community health resource.

~~**(E) “SAFETY NET PROVIDER” MEANS A PROVIDER THAT DELIVERS A SIGNIFICANT LEVEL OF HEALTH CARE TO THE UNINSURED, ENROLLEES IN THE MEDICAL ASSISTANCE PROGRAM, OR OTHER VULNERABLE PATIENTS.**~~

19–2107.

(a) In addition to the powers set forth elsewhere in this subtitle, the Commission may:

- (1) Adopt regulations to carry out the provisions of this subtitle;
- (2) Create committees from among its members;
- (3) Appoint advisory committees, which may include individuals and representatives of interested public or private organizations;
- (4) Apply for and accept any funds, property, or services from any person or government agency;
- (5) Make agreements with a grantor or payor of funds, property, or services, including an agreement to make any study, plan, demonstration, or project;
- (6) Publish and give out any information that relates to expanding access to health care through community health resources that is considered desirable in the public interest; [and]
- (7) Subject to the limitations of this subtitle, exercise any other power that is reasonably necessary to carry out the purposes of this subtitle; AND
- (8) ASSIST ~~SAFETY-NET PROVIDERS~~ COMMUNITY HEALTH RESOURCES IN PREPARING TO IMPLEMENT THE AFFORDABLE CARE ACT.**

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) In this section, “Affordable Care Act” and “~~safety-net provider~~ community health resource” have the meanings stated in § 19–2101 of the Health – General Article, as enacted by Section 1 of this Act.

(b) The Maryland Community Health Resources Commission shall:

(1) examine issues and potential challenges for ~~safety-net providers~~ community health resources in preparing to implement health care reform associated with the Affordable Care Act, including:

(i) the administrative infrastructure and information technology capacity of ~~safety-net providers~~ community health resources and any barriers to ~~safety-net providers~~ community health resources achieving meaningful use of the information technology;

(ii) whether common administrative and information technology systems and technical assistance would help ~~safety-net providers~~ community health resources in contracting with managed care organizations and commercial insurers;

(iii) opportunities for ~~safety net providers~~ community health resources to partner to achieve efficient administrative economies of scale;

(iv) ~~methods to assist safety net providers to obtain reimbursement from third party payors~~ barriers to community health resources contracting with and billing third-party payors;

(v) assistance in positioning ~~safety net providers~~ community health resources to obtain resources available under health care reform; and

(vi) barriers that may impede ~~safety net providers~~ community health resources from sustaining their service delivery; and

(2) develop a business plan for the State to provide ongoing assistance to ~~safety net providers~~ community health resources to assist the ~~providers~~ community health resources in:

(i) ~~obtaining reimbursement from third party payors; and~~

(ii) ~~sustaining~~ sustaining and enhancing their service delivery.

(c) On or before January 1, 2012, the Maryland Community Health Resources Commission shall make recommendations for a plan to assist ~~safety net providers~~ community health resources in implementing health care reform associated with the Affordable Care Act to the Governor and, in accordance with § 2-1246 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2011.

**Approved by the Governor, May 10, 2011.**