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§19–2109. IN EFFECT

// EFFECTIVE UNTIL JUNE 30, 2025 PER CHAPTER 368 OF 2014 //

(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;

(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.

(b) The reverse referral pilot program established under subsection (a)(10) of this section shall include at least one hospital and one community health resource from a rural, urban, and suburban area of this State.

(c) The Commission, in developing and implementing the outreach program established under subsection (a)(14) of this section, shall consult and coordinate with the Motor Vehicle Administration, workforce investment boards, local departments of social services, local health departments, Medbank Inc., the Comptroller, the Maryland Health Care Commission, hospitals, community health resources, and physicians to provide outreach and consumer information.

(d) The Commission, in conducting the school-based health center study required under subsection (a)(15) of this section, shall:

(1) Solicit input from and consult with local governments that operate school-based health centers, the State Department of Education, the Maryland Insurance Commissioner, representatives from school-based health centers, providers, and insurers; and

(2) Identify the following:

(i) A fee schedule for individuals accessing a school-based community health center;

(ii) Reimbursement rates to be paid by managed care organizations and insurers, nonprofit health services plans, and health maintenance organizations to the school-based community health center;

(iii) Insurance payments owed to school-based community health centers and how much of the payments should be collected to offset any State subsidy;

(iv) Barriers to the reimbursement of licensed health care providers who provide services at school-based health centers, including nurse practitioners and physician assistants;

(v) A system of registering individuals who receive health care services from a school-based community health center that requires an individual to pay premiums and sliding scale fees; and

(vi) Security measures to be used by school-based community health centers.

(e) The Commission, in conducting the dental services study required under subsection (a)(16) of this section, shall select input from and consult with community health resources that provide dental services, managed care organizations, the University of Maryland School of Dentistry, and dental service providers.

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