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§19–2111. IN EFFECT

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

(a) The Commission, in collaboration with community health resources and local health departments, shall develop a specialty care network for individuals:

(1) With family income that does not exceed 200% of the federal poverty level; and

(2) Who are referred through a community health resource.

(b) The specialty care network shall:

(1) Consist of health care practitioners who agree to provide care to individuals referred through a community health resource for a discounted fee established by the Commission; and

(2) Include health care practitioners who historically have served the uninsured.

(c) Individuals receiving health care through the specialty care network shall pay for specialty care according to a sliding fee scale developed by the Commission.

(d) In addition to patient fees, office-based specialty care visits, diagnostic testing, and laboratory tests shall be subsidized by funds provided from:

(1) General funds; and

(2) Money collected from a nonprofit health maintenance organization in accordance with § 6–121(b)(3) of the Insurance Article.

(e) Subject to available funding, the Commission shall provide subsidies to community health resources for office-based specialty care visits, diagnostic testing, and laboratory tests.

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