

HB1582/474168/1

BY: Appropriations Committee

AMENDMENTS TO HOUSE BILL 1582

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Wilson” and substitute “Delegates Wilson, Pendergrass, Bromwell, Angel, Rosenberg, Morgan, McDonough, Kelly, Saab, Miele, Morales, Pena–Melnyk, Hayes, Szeliga, Kipke, Sample–Hughes, K. Young, Barron, Metzgar, West, Hill, Cullison, Platt, and Krebs”; in lines 2, 4 and 5, and 23, strike “in Out–of–Home Placement” and substitute “Receiving Child Welfare Services”; in line 7, after the second semicolon insert “requiring the State Medical Director and all personnel supervised by the State Medical Director to have access to certain confidential information and records.”; strike beginning with “requiring” in line 8 down through the semicolon in line 14; in line 15, strike “and the Regional Medical Directors”; in line 18, after “standard” insert “; declaring the intent of the General Assembly; requiring the Department to report to the General Assembly on or before a certain date”; and in line 22, strike “8–1104” and substitute “8–1103”.

AMENDMENT NO. 2

On page 3, in line 11, after “**DIRECTOR**” insert “**FOR CHILDREN RECEIVING CHILD WELFARE SERVICES**”; and in lines 11 and 12, strike “**FOR CHILDREN IN OUT–OF–HOME PLACEMENT**”.

On page 3 in lines 8, 15, 16 and 17, and 25 and 26, on page 5 in lines 5 and 6, and on page 8 in lines 27 and 28, strike “**IN OUT–OF–HOME PLACEMENT**” and substitute “**RECEIVING CHILD WELFARE SERVICES**”.

On page 4, in line 30, strike the second “**AND**”.

On page 5, in line 4, after “**SOLUTIONS**” insert “**; AND**”.

(Over)

(6) USING PRACTICE GUIDELINES DEVELOPED BY CHILD ABUSE MEDICAL PROVIDERS (MARYLAND CHAMP), THE AMERICAN ACADEMY OF PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE BEST-PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED CHILD ABUSE OR NEGLECT;

and in line 5, after “(B)” insert **“THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES AND ALL PERSONNEL SUPERVISED BY THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES SHALL HAVE ACCESS TO ALL CONFIDENTIAL INFORMATION AND RECORDS AVAILABLE TO, OR IN THE POSSESSION OF, A LOCAL DEPARTMENT.**

(c)”.

AMENDMENT NO. 3

On pages 5 through 8, strike beginning with line 13 on page 5 through line 26 on page 8, inclusive.

On page 8, strike beginning with “AND” in line 28 down through “PLACEMENT” in line 29; and in line 32, strike “REGIONS” and substitute **“THE STATE”**.

AMENDMENT NO. 4

On page 9, after line 6, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Department of Human Services:

(1) establish a centralized data portal for medical data for children receiving child welfare services by integrating into the Maryland Total Human Services Information Network, also known as MD THINK, health care information from:

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(i) the Chesapeake Regional Information Systems for Our Patients, also known as CRISP;

(ii) Immunet; and

(iii) Medicaid databases; and

(2) create an electronic health passport for children receiving child welfare services.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1, 2019, the Department of Human Services, in consultation with the Maryland Department of Health, shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on:

(1) the number of children receiving child welfare services identified by managed care organizations and provided additional levels of case management;

(2) barriers and challenges that prevent children receiving child welfare services from receiving optimal health care services;

(3) the benefits and challenges of implementing regional health care monitoring programs;

(4) the feasibility of linking a centralized data portal for medical data for children receiving child welfare services with clinical practice-based electronic health records used by federally qualified health centers, medical practices designated as patient-centered medical homes, and primary care medical practices with 10 or more care providers; and

(5) any other recommendations to improve the delivery of health care services to children receiving child welfare services.”;

(Over)

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and in line 7, strike “2.” and substitute “4.”.