

# HOUSE BILL 520

J1, O4

(9lr1341)

## ENROLLED BILL

— *Health and Government Operations and Appropriations/Finance* —

Introduced by **Delegates Lierman, Jones, Bagnall, Boyce, Bridges, Charkoudian, Clippinger, Conaway, Ebersole, Feldmark, Glenn, Hettleman, Ivey, Jalisi, Korman, Krimm, Lafferty, Lehman, R. Lewis, McIntosh, Palakovich Carr, Sample-Hughes, Smith, Solomon, Valderrama, ~~and Wells~~ Wells, Brooks, Bartlett, Terrasa, Pendergrass, Pena-Melnyk, Barron, Bhandari, Carr, Charles, Cullison, Hill, Johnson, Kerr, Rosenberg, and K. Young**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

#### 2 **Prenatal and Infant Care Coordination – Grant Funding and Task Force**

3 FOR the purpose of requiring the Governor to include a certain amount of funding for the  
4 Maryland Prenatal and Infant Care Coordination Services Grant Program Fund in  
5 the annual budget beginning in a certain fiscal year; establishing the Task Force on  
6 Maryland Maternal and Child Health; providing for the composition, chair, and staff  
7 for the Task Force; prohibiting a member of the Task Force from receiving certain  
8 compensation, but authorizing the reimbursement of certain expenses; requiring the  
9 Task Force to study and make recommendations regarding certain matters;  
10 requiring the Task Force to report its findings and recommendations to the General

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



1 Assembly on or before a certain date; providing for the effective dates of this Act;  
2 providing for the termination of certain provisions of this Act; and generally relating  
3 to prenatal and infant care coordination services.

4 BY repealing and reenacting, without amendments,  
5 Article – Health – General  
6 Section 24–1502(a)  
7 Annotated Code of Maryland  
8 (2015 Replacement Volume and 2018 Supplement)

9 BY repealing and reenacting, with amendments,  
10 Article – Health – General  
11 Section 24–1502(f)  
12 Annotated Code of Maryland  
13 (2015 Replacement Volume and 2018 Supplement)

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

16 **Article – Health – General**

17 24–1502.

18 (a) There is a Maryland Prenatal and Infant Care Coordination Services Grant  
19 Program Fund.

20 (f) **(1)** [Beginning in] IN fiscal year 2020 [and in each fiscal year thereafter],  
21 the Governor shall include in the annual budget \$50,000 for the Fund.

22 **(2) FOR FISCAL YEAR 2021 AND EACH FISCAL YEAR THEREAFTER,**  
23 **THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET ~~\$5,000,000~~ \$100,000 FOR**  
24 **THE FUND.**

25 SECTION 2. AND BE IT FURTHER ENACTED, That:

26 (a) There is a Task Force on Maryland Maternal and Child Health.

27 (b) The Task Force consists of the following members:

28 (1) one representative of the Maryland Department of Health, designated  
29 by the Secretary of Health;

30 (2) one representative of the Maryland Department of Human Services,  
31 designated by the Secretary of Human Services;

1 (3) one representative of the Maryland Medical Assistance Program,  
2 designated by the Secretary of Health;

3 (4) one representative of the Health Services Cost Review Commission,  
4 designated by the Executive Director of the Commission; and

5 (5) the following members, appointed by the Secretary of Health:

6 (i) one representative of Johns Hopkins Children's Center;

7 (ii) one representative from a community-based organization  
8 focused on maternal and infant care support and currently partnered with Johns Hopkins  
9 Children's Center;

10 (iii) one representative of University of Maryland Children's  
11 Hospital;

12 (iv) one representative from a community-based organization  
13 focused on maternal and infant care support and currently partnered with University of  
14 Maryland Children's Hospital; ~~and~~

15 (v) three representatives of participants who qualify, are receiving  
16 or have received care coordination from targeted programs within the current care  
17 coordination system;

18 (vi) one representative of the Maryland Affiliate of the American  
19 College of Nurse Midwives;

20 (vii) one representative of the Maryland Chapter of the American  
21 Academy of Pediatrics;

22 (viii) one representative of the Maryland Association for the  
23 Treatment of Opioid Dependence; ~~and~~

24 (ix) one physician specializing in neonatology, maternal fetal  
25 medicine, or pediatric cardiology from a hospital other than the Johns Hopkins Children's  
26 Center or the University of Maryland Children's Hospital;

27 (x) one representative of the Maryland Patient Safety Center; and

28 (xi) one representative of the Maryland Section of the American  
29 College of Obstetricians and Gynecologists.

30 (c) The Secretary of Health shall designate the chair of the Task Force.

1 (d) The Maryland Department of Health, Maryland Department of Human  
2 Services, and the Health Services Cost Review Commission jointly shall provide staff for  
3 the Task Force.

4 (e) A member of the Task Force:

5 (1) may not receive compensation as a member of the Task Force; but

6 (2) is entitled to reimbursement for expenses under the Standard State  
7 Travel Regulations, as provided in the State budget.

8 (f) The Task Force shall study and make recommendations on:

9 (1) how the policies of the ~~Health Services Cost Review Commission~~  
10 Maryland Department of Health can be used to incentivize early intervention and  
11 prevention of key adverse health outcomes, such as asthma, adverse birth outcomes, sickle  
12 cell crisis, and mental health crises; ~~and~~

13 (2) how State policies and payment mechanisms can:

14 (i) support community-based and school-based models of care;

15 (ii) ~~use the global budgets revenue system~~ encourage partnerships  
16 under the all-payer model to improve child care;

17 (iii) assist in collaborations with public health care; and

18 (iv) use the Core Set of Children's Health Care Quality Measures for  
19 Medicaid to monitor improvements; and

20 (3) programs that the Maryland Medical Assistance Program should  
21 implement.

22 (g) On or before November 1, 2019, the Task Force shall report its findings and  
23 recommendations to the General Assembly in accordance with § 2-1246 of the State  
24 Government Article.

25 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take  
26 effect October 1, 2019.

27 SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section  
28 3 of this Act, this Act shall take effect July 1, 2019. Section 2 of this Act shall remain  
29 effective for a period of 1 year and, at the end of June 30, 2020, Section 2 of this Act, with  
30 no further action required by the General Assembly, shall be abrogated and of no further  
31 force and effect.