

BY: Budget and Taxation Committee

AMENDMENTS TO HOUSE BILL NO. 1425

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “- Smoking and Cancer Reduction Act of 2000” and substitute “Tobacco Use Prevention and Cessation Program - Cancer Prevention, Education, Screening, and Treatment Program”; and after line 2, insert:

“FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and a Cancer Prevention, Education, Screening, and Treatment Program in the Department of Health and Mental Hygiene; providing that the programs shall be funded as provided in the State budget with money from the Cigarette Restitution Fund; authorizing the Legislative Auditor to audit the appropriations and expenditures made for purposes of the programs; establishing a Surveillance and Evaluation Component, a Statewide Public Health Component, a Counter-Marketing and Media Component, a Local Public Health Component, and an Administrative Component in the Tobacco Use Prevention and Cessation Program; establishing a Surveillance and Evaluation Component, a Statewide Public Health Component, a Local Public Health Component, a Statewide Academic Health Center Component, and an Administrative Component in the Cancer Prevention, Education, Screening, and Treatment Program; requiring the annual budget bill to specify the amount of funding that is allocated to each of these components; requiring certain baseline studies to be conducted; providing that, with certain exceptions, certain components of this Act may not be implemented until after the baseline studies have been completed; clarifying that the Cigarette Restitution Fund may be used to fund the programs established under this Act; requiring the annual budget bill to include a certain provision relating to the Cigarette Restitution Fund; requiring the Department of Budget and Management to include certain information relating to the Cigarette Restitution Fund in the budget books each year; providing that certain parts of this Act are not applicable in a certain fiscal year; requiring the Department of Health and Mental Hygiene to conduct a certain study and issue a certain report; prohibiting the State Department of Education from discontinuing the administration of a certain survey except

(Over)

under certain circumstances; providing that a certain statewide medical health center may not receive in certain fiscal years a Statewide Academic Health Center Cancer Research Grant unless the grant is used for certain purposes; providing that the Department of Health and Mental Hygiene may not distribute a Statewide Academic Health Center Tobacco-Related Diseases Research Grant in a certain fiscal year; providing that the Department of Health and Mental Hygiene may not distribute any grants to a certain statewide medical health center until certain entities submit a certain memorandum of understanding; stating legislative intent with respect to the inclusion of funds in the State budget for a certain fiscal year for the implementation of a certain plan; requiring a certain amount of money to be included in a certain supplemental budget for a certain fiscal year to be used to provide certain outreach and start-up technical assistance to African American communities in the State for certain purposes; requiring a comprehensive evaluation of the Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening, and Treatment Program to be conducted at the end of a certain fiscal year; defining certain terms; and generally relating to the Cigarette Restitution Fund and programs relating to tobacco use prevention and cessation and to cancer prevention, education, screening, and treatment."

On pages 1 through 3, strike in their entirety the lines beginning with line 3 on page 1 through line 10 on page 3, inclusive, and substitute:

"BY repealing and reenacting, without amendments,

Article - Health - General

Section 1-101(a) and (g)

Annotated Code of Maryland

(1994 Replacement Volume and 1999 Supplement)

BY adding to

Article - Health - General

Section 13-1001 through 13-1014 to be under the new subtitle "Subtitle 10. Tobacco Use Prevention and Cessation Program"; and 13-1101 through 13-1119 to be under the new subtitle "Subtitle 11. Cancer Prevention, Education, Screening, and Treatment Program"

Annotated Code of Maryland

(1994 Replacement Volume and 1999 Supplement)

BY repealing and reenacting, without amendments,

Article - State Finance and Procurement  
Section 7-101(a) and (b)  
Annotated Code of Maryland  
(1995 Replacement Volume and 1999 Supplement)

BY adding to

Article - State Finance and Procurement  
Section 7-114  
Annotated Code of Maryland  
(1995 Replacement Volume and 1999 Supplement)

BY repealing and reenacting, with amendments,

Article - State Finance and Procurement  
Section 7-121 and 7-317  
Annotated Code of Maryland  
(1995 Replacement Volume and 1999 Supplement)".

AMENDMENT NO. 2

On pages 3 and 4, strike in their entirety the lines beginning with line 11 on page 3 through line 36 on page 4, inclusive, and substitute:

" Preamble

WHEREAS, Cigarette smoking is the leading cause of preventable death in the United States; and

WHEREAS, Each year the use of tobacco products kills over 7,500 Marylanders; and

WHEREAS, Tobacco is a risk factor for the top four leading causes of death in Maryland (heart disease, stroke, cancer, and pulmonary disease); and

(Over)

WHEREAS, Among Maryland adolescents, smoking prevalence increased during the 1990s after several years of decline; and

WHEREAS, In 1997, the direct and indirect costs of tobacco related diseases increased by 2% and cost Marylanders over \$1.8 billion; and

WHEREAS, Certain demographic groups remain at higher risk for tobacco use and often bear a disproportionate share of the human and economic cost of using tobacco products; and

WHEREAS, Tobacco is a leading risk factor in the development of many cancers, including cancer of the cervix, pancreas, kidney, bladder, esophagus, oral cavity and pharynx, larynx, and lung; and

WHEREAS, No single factor determines patterns of tobacco use: the patterns result from a complex interaction of multiple factors, such as socioeconomic status, cultural characteristics, stress, biological events, targeted marketing, tobacco pricing, and varying capacities of local communities to launch and sustain comprehensive tobacco control activities; and

WHEREAS, Cancer is the second leading cause of death in Maryland and one of every five deaths in Maryland is due to cancer; and

WHEREAS, Each year approximately 24,000 Marylanders are diagnosed with cancer and more than 10,000 Marylanders die of cancer; and

WHEREAS, Maryland's cancer incidence and mortality rates are consistently higher than national rates; and

WHEREAS, The burden of cancer differs among racial and ethnic groups, with cancer incidence and mortality rates higher for African Americans and certain other minority groups; and

WHEREAS, There are areas and neighborhoods of cancer clusters; and

WHEREAS, Studies show that financial barriers to cancer screening, early detection services, and treatment are significant factors in the disparities relating to cancer incidence and

mortality; and

WHEREAS, Any framework for conquering cancer requires a commitment of resources to many related areas, including education, prevention and early detection, treatment and supportive care, research, and surveillance and evaluation; and

WHEREAS, The General Assembly recognizes that the State's receipt of large sums of money under the Master Settlement Agreement (executed by the State and participating tobacco manufacturers) over a long period of time creates a unique opportunity for the State to address problems relating to tobacco use and cancer in a logical, planned, and committed fashion; and

WHEREAS, It is the intent of the General Assembly that the State coordinate its use of the Cigarette Restitution Fund in a logical, planned, and committed fashion so as to create a lasting legacy of public health initiatives that result in a reduction of both tobacco use and morbidity and mortality rates for cancer and tobacco-related diseases in the State and otherwise benefit the health and welfare of the State's residents; now, therefore,."

AMENDMENT NO. 3

On pages 4 through 59, strike in their entirety the lines beginning with line 37 on page 4 through line 6 on page 59, inclusive, and substitute:

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

Article - Health - General

1-101.

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

(g) "Person" means an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity.

(Over)

SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

13-1001.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1014 OF THIS SUBTITLE.

(C) "BASELINE TOBACCO STUDY" MEANS THE STUDY THAT IS CONDUCTED UNDER § 13-1003 OF THIS SUBTITLE.

(D) "COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED UNDER § 13-1008(B)(1) OF THIS SUBTITLE.

(E) "COUNTY" INCLUDES BALTIMORE CITY.

(F) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(G) "COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION" MEANS A PLAN THAT IS DEVELOPED UNDER § 13-1008(B)(2) OF THIS SUBTITLE.

(H) "COUNTER-MARKETING AND MEDIA COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1013 OF THIS SUBTITLE.

(I) "LOCAL HEALTH OFFICER" MEANS:

(1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR

(2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-

1008(G) OF THIS SUBTITLE.

(J) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1006 OF THIS SUBTITLE.

(K) "LOCAL PUBLIC HEALTH TOBACCO GRANT" MEANS A GRANT DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1006 THROUGH 13-1012 OF THIS SUBTITLE.

(L) "MARYLAND ADOLESCENT SURVEY" MEANS THE MARYLAND ADOLESCENT SURVEY THAT IS ADMINISTERED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION.

(M) "MASTER SETTLEMENT AGREEMENT" MEANS THE MASTER SETTLEMENT AGREEMENT EXECUTED BY THE STATE AND PARTICIPATING TOBACCO MANUFACTURERS.

(N) "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

(O) "NATIONAL PUBLIC EDUCATION FUND" MEANS THE NATIONAL PUBLIC EDUCATION FUND THAT WAS ESTABLISHED UNDER THE MASTER SETTLEMENT AGREEMENT.

(P) "PROGRAM" MEANS THE TOBACCO USE PREVENTION AND CESSATION PROGRAM ESTABLISHED UNDER § 13-1002 OF THIS SUBTITLE.

(Q) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1005 OF THIS SUBTITLE.

(R) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1003 OF THIS SUBTITLE.

(S)(1) "TARGETED MINORITY POPULATION" MEANS A MINORITY POPULATION TO WHICH THE TOBACCO INDUSTRY DISPROPORTIONATELY MARKETED TOBACCO PRODUCTS.

(2) "TARGETED MINORITY POPULATION" INCLUDES:

(I) WOMEN; AND

(II) INDIVIDUALS OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, AND ASIAN DESCENT.

(T) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "MAKING MARYLAND THE TOBACCO FREE STATE" THAT WAS ISSUED IN DECEMBER 1999 BY THE GOVERNOR'S TASK FORCE TO END SMOKING IN MARYLAND.

(U) "TOBACCO PRODUCT" INCLUDES CIGARS, CIGARETTES, PIPE TOBACCO, AND SMOKELESS TOBACCO.

(V) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

(1) FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY PRIVATE HEALTH INSURANCE, MEDICAID, MEDICARE, OR THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND

(2) WHO THE DEPARTMENT DETERMINES DOES NOT HAVE THE FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

(W) "YOUTH TOBACCO SURVEY" MEANS THE YOUTH TOBACCO SURVEY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND ADMINISTERED BY THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE DEPARTMENT OF EDUCATION.



(A) THERE IS A TOBACCO USE PREVENTION AND CESSATION PROGRAM IN THE DEPARTMENT.

(B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF THE CIGARETTE RESTITUTION FUND TO ADDRESS ISSUES RELATING TO TOBACCO USE PREVENTION AND CESSATION SO AS TO CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT RESULT IN A REDUCTION OF TOBACCO USE IN THE STATE AND OTHERWISE BENEFIT THE HEALTH AND WELFARE OF THE STATE'S RESIDENTS.

(C) THE PROGRAM CONSISTS OF:

(1) A SURVEILLANCE AND EVALUATION COMPONENT;

(2) A STATEWIDE PUBLIC HEALTH COMPONENT;

(3) A COUNTER-MARKETING AND MEDIA COMPONENT;

(4) A LOCAL PUBLIC HEALTH COMPONENT; AND

(5) AN ADMINISTRATIVE COMPONENT.

(D) (1) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

(2) THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSE OF IMPLEMENTING THE PROGRAM, INCLUDING THE USE OF ANY FUNDS RECEIVED BY A PERSON UNDER ANY COMPONENT OF THIS PROGRAM.

(E) (1) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING THAT IS ALLOCATED TO EACH COMPONENT OF THE PROGRAM.

(Over)

(2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET:

(I) MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS APPROPRIATED; AND

(II) MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT OF THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY OTHER UNIT OF STATE GOVERNMENT.

(3) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE DEPARTMENT MAY TRANSFER A MAXIMUM OF 10% OF THE TOTAL AMOUNT OF MONEY THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET AMONG COMPONENTS OF THE PROGRAM IF THE TRANSFER IS SPECIFICALLY AUTHORIZED IN THE ANNUAL BUDGET BILL AS ENACTED.

(II) THE DEPARTMENT MAY NOT TRANSFER MONEY TO THE ADMINISTRATIVE COMPONENT FROM ANY OTHER COMPONENT OF THE PROGRAM.

(III) IF THE DEPARTMENT TRANSFERS ANY MONEY AMONG THE COMPONENTS OF THE PROGRAM AS AUTHORIZED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE DEPARTMENT SHALL REPORT THE TRANSFER TO THE SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE, HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL MATTERS COMMITTEE WITHIN 60 DAYS OF THE TRANSFER.

(IV) THE DEPARTMENT MAY TRANSFER MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET TO ANOTHER PROGRAM IN THE DEPARTMENT, OR ANOTHER UNIT OF STATE GOVERNMENT IF THE TRANSFER IS SPECIFICALLY AUTHORIZED BY:

1. A PROVISION OF THIS SUBTITLE; OR

2. A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED THAT RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT COMPONENT.

(F) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT THE END OF THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE RESTITUTION FUND.

(2) MONEY THAT REVERTS TO THE CIGARETTE RESTITUTION FUND UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE USED TO FUND THE PROGRAM IN THE FISCAL YEAR TO WHICH THE NEXT ANNUAL BUDGET BILL RELATES.

(3) THE GOVERNOR SHALL INCLUDE IN THE NEXT ANNUAL BUDGET BILL AN APPROPRIATION FOR THE PROGRAM THAT IS AT LEAST EQUAL TO THE AMOUNT OF MONEY THAT REVERTED TO THE CIGARETTE RESTITUTION FUND UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(G) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE, HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL MATTERS COMMITTEE:

(1) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH COMPONENT OF THE PROGRAM DURING:

(I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR; AND

(Over)

(2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A LOCAL PUBLIC HEALTH TOBACCO GRANT DURING:

(I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR.

(H) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1001(T) OF THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

13-1003.

(A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE PROGRAM.

(B) THE PURPOSES OF THE SURVEILLANCE AND EVALUATION COMPONENT ARE TO:

(1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO TOBACCO USE AND TOBACCO USE PREVENTION AND CESSATION IN THE STATE;

(2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM, INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;

(3) CONDUCT A BASELINE TOBACCO STUDY, AS PROVIDED UNDER SUBSECTIONS (C) THROUGH (E) OF THIS SECTION; AND

(4) CONDUCT AN ANNUAL TOBACCO STUDY, AS PROVIDED UNDER §

13-1004 OF THIS TITLE.

(C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT, THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE TOBACCO STUDY AS PROVIDED UNDER THIS SECTION.

(2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

(I) THE NUMBER AND PERCENTAGE OF INDIVIDUALS UNDER THE AGE OF 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(II) THE NUMBER AND PERCENTAGE OF MINORITY INDIVIDUALS UNDER THE AGE OF 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(III) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(IV) THE NUMBER AND PERCENTAGE OF MINORITY INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(V) THE NUMBER AND PERCENTAGE OF PREGNANT WOMEN WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(VI) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH INDIVIDUALS UNDER THE AGE OF 18 YEARS IN WHICH AT LEAST ONE HOUSEHOLD MEMBER WHO IS AT LEAST 18 YEARS OLD SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH COUNTY;

(VII) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO,

(Over)

WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE TOBACCO STUDY, STARTED TO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS;

(VIII) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO ON A REGULAR BASIS AND WHO, WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE TOBACCO STUDY, VOLUNTARILY STOPPED SMOKING OR OTHERWISE USING TOBACCO PRODUCTS FOR A SIGNIFICANT AMOUNT OF TIME, AS DETERMINED BY THE DEPARTMENT, BOTH STATEWIDE AND IN EACH COUNTY; AND

(IX) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO BE IMPORTANT FOR MEASURING TOBACCO USE OR EVALUATING WHETHER THE PROGRAM MEETS ITS OBJECTIVES.

(D) (1) IN CONDUCTING THE BASELINE TOBACCO STUDY, THE DEPARTMENT MAY CONSIDER ANY DATA COLLECTED AFTER MARCH 1, 2000 THROUGH THE ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY OR THE YOUTH TOBACCO SURVEY.

(2) THE MARYLAND STATE DEPARTMENT OF EDUCATION, COUNTY BOARDS OF EDUCATION, AND EACH SCHOOL SELECTED TO PARTICIPATE IN THE MARYLAND ADOLESCENT SURVEY OR THE YOUTH TOBACCO SURVEY SHALL COOPERATE WITH THE DEPARTMENT IN ADMINISTERING THE SURVEYS.

(3) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE MARYLAND STATE DEPARTMENT OF EDUCATION MAY NOT DISCONTINUE ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY UNTIL AFTER IT HAS SUBMITTED A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT STATES THE REASON FOR DISCONTINUING THE SURVEY.

(II) IF THE MARYLAND STATE DEPARTMENT OF EDUCATION SUBMITS A REPORT AS PROVIDED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, IT MAY DISCONTINUE THE MARYLAND ADOLESCENT SURVEY IN THE FIRST SCHOOL

YEAR THAT BEGINS AFTER THE REPORT HAS BEEN SUBMITTED.

(E) (1) SUBJECT TO PARAGRAPHS (2) THROUGH (4) OF THIS SUBSECTION, THE DEPARTMENT SHALL CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE BASELINE TOBACCO STUDY.

(2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL CONDUCT THE BASELINE TOBACCO STUDY.

(3) THE REQUEST FOR PROPOSAL SHALL REQUIRE THAT ANY METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE BASELINE TOBACCO STUDY ANY DATA COLLECTED UNDER THE STUDY, AND ANY ELECTRONIC FILES, CODES, AND DEFINITIONS RELATING TO THE STUDY BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF WHETHER THE SUBSEQUENT STUDIES ARE CONDUCTED BY THE SAME ENTITY.

(4) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT THE BASELINE TOBACCO STUDY AND ONE OR MORE ANNUAL TOBACCO STUDIES AS REQUIRED UNDER § 13-1004 OF THIS SUBTITLE.

(5) (I) THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH AS A GUIDE IN ADMINISTERING THE REQUEST FOR PROPOSAL PROCESS FOR THE BASELINE TOBACCO STUDY.

(II) THE DEPARTMENT SHALL GIVE PREFERENCE TO AN ENTITY THAT:

1. IS A MARYLAND-BASED VENDOR;
2. HAS PREVIOUS WORK EXPERIENCE RELATING TO TOBACCO OR HEALTH ACTIVITIES;
3. HAS PREVIOUS WORK EXPERIENCE RELATING TO YOUTH AND ADOLESCENTS;

(Over)

4. DEMONSTRATES A CAPABILITY FOR INNOVATIVE ACTIVITIES AND USE OF STATE-OF-THE-ART TECHNOLOGIES;

5. HAS DEMONSTRATED THE ABILITY TO PROVIDE CULTURALLY-SPECIFIC AND EFFECTIVE SERVICES TO TARGETED MINORITY POPULATIONS;

6. HAS PREVIOUS WORK EXPERIENCE WITH THE PUBLIC SECTOR;

7. DEMONSTRATES PERFORMANCE IN THE SPECIFIC CONTENT AREA FOR AT LEAST 3 YEARS;

8. HAS PREVIOUS WORK EXPERIENCE WITH RURAL OR URBAN COMMUNITIES;

9. WILL MAXIMIZE THE USE OF STATE FUNDS THROUGH THE USE OF PREEXISTING MATERIALS, FUNDING PARTNERSHIPS, AND RESOURCE MATCHING; AND

10. HAS NO HISTORY OF WORKING FOR THE TOBACCO INDUSTRY.

(F) ON OR BEFORE JANUARY 1, 2001, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE BASELINE TOBACCO STUDY.

13-1004.

(A) EACH YEAR FOLLOWING THE YEAR IN WHICH THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT SHALL CONDUCT AN ANNUAL TOBACCO STUDY.



(B) THE ANNUAL TOBACCO STUDY:

(1) SHALL MEASURE THE SAME FACTORS THAT ARE SET FORTH IN § 13-1003(C) OF THIS SUBTITLE;

(2) SUBJECT TO ITEM (3) OF THIS SUBSECTION, SHALL USE A METHODOLOGY OR MODEL THAT IS CONSISTENT WITH THE METHODOLOGY OR MODEL THAT WAS USED TO CONDUCT THE BASELINE TOBACCO STUDY; AND

(3) AT LEAST EVERY OTHER YEAR, SHALL MEASURE THE FACTORS LISTED IN § 13-1003(C) OF THIS SUBTITLE USING THE SAME METHODOLOGY OR MODEL THAT WAS USED FOR THE BASELINE TOBACCO STUDY.

(C) (1) SUBJECT TO PARAGRAPHS (2) THROUGH (4) OF THIS SUBSECTION, THE DEPARTMENT SHALL CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE ANNUAL TOBACCO STUDY.

(2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.

(3) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT ONE OR MORE ANNUAL TOBACCO STUDIES.

(4) THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN §13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR PROPOSAL PROCESS.

(D) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE ANNUAL TOBACCO STUDY.

13-1005.

(A) THERE IS A STATEWIDE PUBLIC HEALTH COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF THE ANTI-TOBACCO INITIATIVES IN THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ENSURE THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER THROUGHOUT THE STATE.

(C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS NECESSARY TO ENSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS, THE DEPARTMENT MAY DEVELOP AND IMPLEMENT STATEWIDE ANTI-TOBACCO INITIATIVES THAT ARE CONSISTENT WITH THE FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT AND THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS AS THEY RELATE TO STATEWIDE PROGRAMS, INCLUDING PROGRAMS THAT SUPPORT THE IMPLEMENTATION OF THE LOCAL PUBLIC HEALTH COMPONENT.

(D) (1) TO IMPLEMENT THIS SECTION, THE DEPARTMENT MAY ISSUE A REQUEST FOR PROPOSAL, DISTRIBUTE A GRANT, OR ENTER INTO A CONTRACT.

(2) THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT RELATES.

(3) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL TO SELECT AN ENTITY TO IMPLEMENT AN INITIATIVE UNDER THIS SECTION, THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN § 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR PROPOSAL PROCESS.

(E) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT SPEND ANY OF THE MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE BASELINE TOBACCO STUDY IS COMPLETED.

(2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH AND BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET FOR FISCAL YEAR 2001 TO DISTRIBUTE GRANTS THAT WILL BE USED TO PROVIDE OUTREACH AND START-UP TECHNICAL ASSISTANCE TO COMMUNITIES FOR THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY HEALTH COALITIONS.

(II) THE DEPARTMENT SHALL USE AT LEAST \$750,000 OF THE MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET FOR FISCAL YEAR 2001 TO PROVIDE OUTREACH AND START-UP TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITIES IN THE STATE FOR THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY HEALTH COALITIONS THAT ARE FORMED UNDER § 13-1008(B), § 13-1109(C), OR § 13-1115(B) OF THIS TITLE.

13-1006.

(A) THERE IS A LOCAL PUBLIC HEALTH COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF ANTI-TOBACCO INITIATIVES IN THE STATE BY AUTHORIZING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN COORDINATION WITH THE DEPARTMENT.

(C) SUBJECT TO §§ 13-1007 THROUGH 13-1012 OF THIS SUBTITLE, THE DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS, INCLUDING:

(Over)

(1) COMMUNITY-BASED PROGRAMS;

(2) SCHOOL-BASED PROGRAMS WHICH MAY INCLUDE TOBACCO USE PREVENTION AND CESSATION COMPONENTS OF SCHOOL-BASED HEALTH CARE SERVICES AND PROGRAMS ESTABLISHED UNDER §§ 7-401 AND 7-415 OF THE EDUCATION ARTICLE; AND

(3) PROGRAMS RELATING TO ENFORCEMENT OF TOBACCO CONTROL LAWS.

(D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE BASELINE TOBACCO STUDY HAS BEEN COMPLETED.

(2) BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO EACH LOCAL HEALTH DEPARTMENT.

13-1007.

(A) AFTER THE BASELINE TOBACCO STUDY HAS BEEN COMPLETED AND BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH TOBACCO GRANTS, THE DEPARTMENT, IN CONSULTATION WITH THE LOCAL HEALTH DEPARTMENTS, SHALL:

(1) ESTABLISH SHORT-TERM AND LONG-TERM TOBACCO USE PREVENTION AND CESSATION GOALS FOR EACH COUNTY;

(2) ESTABLISH OTHER REQUIREMENTS FOR EACH COUNTY THAT THE DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

(3) PROVIDE FOR THE DISTRIBUTION OF LOCAL PUBLIC HEALTH TOBACCO GRANTS TO ELIGIBLE COUNTIES BASED ON THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

(B) SUBJECT TO §§ 13-1008 THROUGH 13-1012 OF THIS SUBTITLE, THE DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC HEALTH TOBACCO GRANT TO EACH COUNTY THAT IS EQUAL TO THE SUM OF:

(1) THE PRODUCT OF:

(I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY UNDER THE AGE OF 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE UNDER THE AGE OF 18 YEARS WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS; AND

(2) THE PRODUCT OF:

(I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS.

13-1008.

(A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH

(Over)

TOBACCO GRANT.

(2) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT SHALL BE DETERMINED BY THE DEPARTMENT USING THE FORMULA ESTABLISHED UNDER § 13-1007 OF THIS SUBTITLE.

(B) BEFORE APPLYING FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT, A LOCAL HEALTH OFFICER SHALL:

(1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED UNDER § 13-1010 OF THIS SUBTITLE; AND

(2) WITH THE ASSISTANCE OF THE COMMUNITY HEALTH COALITION:

(I) IDENTIFY ALL EXISTING TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

(II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

(III) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION THAT OUTLINES A STRATEGY FOR MEETING THE TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1007 OF THIS SUBTITLE.

(C) A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION SHALL:

(1) INCLUDE A LIST OF THE MEMBERS OF THE COMMUNITY HEALTH COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

(2) INCLUDE AN EVALUATION OF ANY COUNTY PROGRAM FUNDED WITH A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR YEAR;

(3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING,

DEMONSTRATE THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE TOBACCO USE PREVENTION AND CESSATION GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1007 OF THIS SUBTITLE;

(4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1007 OF THIS SUBTITLE;

(5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1011 OF THIS SUBTITLE;

(6) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON UNDER THE GRANT;

(7) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR;

(8) DESCRIBE HOW THE PLAN WILL HELP TO REDUCE TOBACCO USE AMONG WOMEN, MINORITY INDIVIDUALS, AND INDIVIDUALS UNDER THE AGE OF 18 YEARS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(9) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY OF AND ACCESS TO CESSATION PROGRAMS FOR UNINSURED INDIVIDUALS AND MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(Over)

(10) ALLOCATE RESOURCES IN A MANNER THAT IS CONSISTENT WITH:

(I) THE NEEDS OF DIFFERENT POPULATIONS IN THE COUNTY, INCLUDING TARGETED MINORITY POPULATIONS, AS IDENTIFIED IN THE BASELINE TOBACCO STUDY AND ANNUAL TOBACCO STUDIES; AND

(II) THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE TOBACCO CONTROL PROGRAM; AND

(11) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY THE DEPARTMENT.

(D) IF A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION DOES NOT ALLOCATE RESOURCES IN A MANNER THAT IS CONSISTENT WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE TOBACCO CONTROL PROGRAM, THE PLAN SHALL:

(1) STATE THE REASON FOR NOT ALLOCATING RESOURCES IN THIS MANNER; AND

(2) IDENTIFY THE EXTENT TO WHICH OTHER RESOURCES ASSIST THE COUNTY IN MEETING THIS REQUIREMENT.

(E) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC HEALTH TOBACCO GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION FOR APPROVAL.

(F) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN FOR



TOBACCO USE PREVENTION AND CESSATION.

(G) (1) THE DEPARTMENT MAY DESIGNATE A PERSON OTHER THAN THE HEAD OF A COUNTY HEALTH DEPARTMENT TO COORDINATE A COUNTY'S TOBACCO USE PREVENTION AND CESSATION EFFORTS IF:

(I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO COORDINATE THESE EFFORTS;

(II) THE COUNTY HEALTH DEPARTMENT HAS BEEN UNSUCCESSFUL IN IMPLEMENTING TOBACCO USE PREVENTION AND CESSATION INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

(III) THE COUNTY HEALTH DEPARTMENT LACKS SUFFICIENT STAFF OR RESOURCES TO COORDINATE THESE EFFORTS.

(2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER THIS SUBSECTION.

(3) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO DESIGNATE A PERSON OTHER THAN THE LOCAL HEALTH OFFICER TO COORDINATE A COUNTY'S TOBACCO USE PREVENTION AND CESSATION EFFORTS, THE DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY THAT WILL COORDINATE THE COUNTY'S EFFORTS.

13-1009.

(A) THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES MAY JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT.

(B) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT THAT IS DISTRIBUTED TO A REGION UNDER SUBSECTION (A) OF THIS SECTION SHALL BE

(Over)

EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH TOBACCO GRANTS THAT OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER § 13-1007 OF THIS SUBTITLE.

(C) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT, THE LOCAL HEALTH OFFICERS SHALL ACT JOINTLY TO:

(1) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION, AS REQUIRED UNDER § 13-1008 OF THIS SUBTITLE;

(2) ESTABLISH A COMMUNITY HEALTH COALITION, AS REQUIRED UNDER § 13-1008 OF THIS SUBTITLE;

(3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF § 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

(4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH 13-1012 OF THIS SUBTITLE.

13-1010.

(A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER § 13-1008(B) OF THIS SUBTITLE SHALL:

(1) REFLECT THE DEMOGRAPHICS OF THE COUNTY; AND

(2) INCLUDE REPRESENTATIVES OF COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL, AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE COUNTY.

(B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER § 13-1008(B) OF THIS SUBTITLE MAY INCLUDE:

(1) REPRESENTATIVES OF:

(I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE 49D, §11 OF THE CODE;

(II) THE LOCAL PUBLIC SCHOOL SYSTEM;

(III) LOCAL HOSPITALS, CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS;

(IV) LOCAL LAW ENFORCEMENT;

(V) LOCAL BUSINESSES;

(VI) LOCAL RELIGIOUS ORGANIZATIONS;

(VII) LOCAL MEDIA;

(VIII) INSTITUTIONS OF HIGHER EDUCATION; AND

(IX) HOSPITALS AND OTHER ENTITIES LOCATED OUTSIDE THE COUNTY THAT COULD ENHANCE THE COUNTY'S TOBACCO USE PREVENTION AND CESSATION EFFORTS; AND

(2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1007 OF THIS SUBTITLE.

13-1011.

(A) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH TOBACCO GRANT, A LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF

(Over)

ALL PUBLICLY FUNDED TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1008(B)(2) OF THIS SUBTITLE.

(2) THE INVENTORY SHALL SPECIFY THE AMOUNT OF COUNTY FUNDS THAT ARE BEING SPENT ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

(B) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (A)(2) OF THIS SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

(C) A LOCAL PUBLIC HEALTH TOBACCO GRANT MAY NOT BE USED TO SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

(D) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH TOBACCO GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR FUNDING FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

13-1012.

(A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION SUBMITTED UNDER § 13-1008(D) OF THIS SUBTITLE AND DETERMINE WHETHER:

(1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1007 OF THIS SUBTITLE; AND

(2) THE PLAN ALLOCATES RESOURCES IN A MANNER THAT IS CONSISTENT WITH THE NEEDS OF THE DIFFERENT POPULATIONS IN THE COUNTY, INCLUDING TARGETED MINORITY POPULATIONS, AS IDENTIFIED IN THE BASELINE TOBACCO STUDY AND ANNUAL TOBACCO STUDIES;

(3) THE PLAN ALLOCATES RESOURCES IN A MANNER THAT IS CONSISTENT WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE TOBACCO CONTROL PROGRAM OR STATES A REASON FOR NOT MEETING THIS REQUIREMENT AND IDENTIFIES OTHER RESOURCES THAT, TAKEN TOGETHER, MEET THIS REQUIREMENT; AND

(4) THE LOCAL HEALTH OFFICER HAS COMPLIED WITH THE OTHER REQUIREMENTS OF §§ 13-1007 THROUGH 13-1011 OF THIS SUBTITLE.

(B) THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY FOR A LOCAL PUBLIC HEALTH TOBACCO GRANT, AS PROVIDED UNDER § 13-1007 OF THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

13-1013.

(A) THERE IS A COUNTER-MARKETING AND MEDIA COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE COUNTER-MARKETING AND MEDIA COMPONENT IS TO COORDINATE A STATEWIDE COUNTER-MARKETING AND MEDIA CAMPAIGN TO COUNTER TOBACCO ADVERTISEMENTS AND DISCOURAGE THE USE OF TOBACCO PRODUCTS.

(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO THE COUNTER-MARKETING AND MEDIA COMPONENT IN THE STATE BUDGET UNTIL AFTER THE BASELINE TOBACCO STUDY IS COMPLETED.

(2) BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT MAY SPEND MONEY THAT IS ALLOCATED TO THE COUNTER-MARKETING AND MEDIA COMPONENT IN THE STATE BUDGET TO CONDUCT

(Over)

FORMATIVE RESEARCH RELATING TO THE COUNTER-MARKETING AND MEDIA COMPONENT.

(D) SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, BEFORE SPENDING ANY FUNDS ALLOCATED IN THE STATE BUDGET TO THE COUNTER-MARKETING AND MEDIA COMPONENT AND NO LATER THAN JANUARY 1, 2001, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT:

(1) IDENTIFIES THE GOALS OF THE COUNTER-MARKETING AND MEDIA COMPONENT AND THE TARGET DATES FOR MEETING THESE GOALS;

(2) DESCRIBES THE VARIOUS ELEMENTS OF THE COUNTER-MARKETING AND MEDIA COMPONENT AND HOW THE DEPARTMENT PLANS TO IMPLEMENT THE COMPONENT; AND

(3) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE COUNTER-MARKETING AND MEDIA COMPONENT.

(E) (1) THE DEPARTMENT MAY CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO IMPLEMENT ANY PART OF THE COUNTER-MARKETING AND MEDIA COMPONENT.

(2) IF THE DEPARTMENT DETERMINES THAT ANY PART OF THE COUNTER-MARKETING AND MEDIA COMPONENT SHOULD BE IMPLEMENTED BY A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL IMPLEMENT THAT PART OF THE COMPONENT.

(3) AT A MINIMUM, THE REQUEST FOR PROPOSAL SHALL:

(I) STATE WITH SPECIFICITY THE GOALS OF THE COUNTER-MARKETING AND MEDIA COMPONENT;

(II) STATE WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR PROPOSAL RELATES; AND

(III) REQUIRE THAT THE RESPONSE TO THE REQUEST FOR PROPOSAL INCLUDE A PLAN TO REACH THE TARGETED AUDIENCES IDENTIFIED BY THE DEPARTMENT.

(4) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL TO SELECT AN ENTITY TO IMPLEMENT ANY PART OF THE COUNTER-MARKETING AND MEDIA COMPONENT, THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN § 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR PROPOSAL PROCESS.

(F) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTER-MARKETING AND MEDIA COMPONENT, INCLUDING:

(1) USING ADVERTISEMENTS AND OTHER COMMUNICATIONS AND PUBLIC RELATIONS PRODUCTS AND SERVICES THAT HAVE BEEN DEVELOPED BY AND SHOWN TO BE EFFECTIVE IN OTHER STATES;

(2) SUBJECT TO SUBSECTION (G) OF THIS SECTION, USING MONEY THAT IS ALLOCATED TO THE COUNTER-MARKETING AND MEDIA COMPONENT TO OBTAIN MONEY FROM THE FEDERAL GOVERNMENT, THE NATIONAL PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY ; AND

(3) COORDINATING THE PURCHASE OF BROADCAST TIME WITH OTHER STATES.

(G) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL GOVERNMENT, THE NATIONAL PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF THE DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE

MONEY, RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS, OR OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT ARE FUNDED WITH MONEY FROM THE CIGARETTE RESTITUTION FUND IF THE RESTRICTIONS ARE INCONSISTENT WITH THE PURPOSES OF THIS SUBTITLE.

(H) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE COUNTER-MARKETING AND MEDIA COMPONENT.

13-1014.

(A) THERE IS AN ADMINISTRATIVE COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE NECESSARY ADMINISTRATIVE STRUCTURE IN THE DEPARTMENT FOR EFFECTIVE MANAGEMENT OF THE PROGRAM.

(C) FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO COVER ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT IN ADMINISTERING THE PROGRAM.

(D) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

(E) A COUNTY THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, A PERSON WHO RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER ANY COMPONENT OF THE PROGRAM MAY NOT USE MORE THAN 7% OF THE FUNDS TO COVER ADMINISTRATIVE COSTS.



SUBTITLE 11. CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT  
PROGRAM.

13-1101.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE PROGRAM ESTABLISHED UNDER § 13-1118 OF THIS SUBTITLE.

(C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER § 13-1103 OF THIS SUBTITLE.

(D) "CANCER RESEARCH PLAN" MEANS A PLAN DEVELOPED UNDER § 13-1116 OF THIS SUBTITLE.

(E) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(F) "COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED UNDER § 13-1109(C)(1) OR § 13-1115(B)(1) OF THIS SUBTITLE.

(G) "COUNTY" INCLUDES BALTIMORE CITY.

(H) "COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT" MEANS A PLAN DEVELOPED UNDER § 13-1109(C)(2) OR § 13-1115(B)(2) OF THIS SUBTITLE.

(I) "EDUCATION" MEANS INFORMATION PROVIDED TO THE PUBLIC REGARDING THE PURPOSE OF, AVAILABILITY OF, AND ACCESS TO SCREENING PROGRAMS.

(Over)

(J) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING STATED IN 42 U.S.C. § 254B.

(K) "JOHNS HOPKINS INSTITUTIONS" MEANS THE JOHNS HOPKINS UNIVERSITY AND THE JOHNS HOPKINS HEALTH SYSTEM.

(L) "LOCAL HEALTH OFFICER" MEANS:

(1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR

(2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1109(G) OR § 13-1115(I) OF THIS SUBTITLE.

(M) "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

(N) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1107 OF THIS SUBTITLE.

(O) "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED DATA SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND TREATED IN THE STATE.

(P) "MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION" MEANS THE ENTITY THAT IS ESTABLISHED UNDER ARTICLE 83A, § 5-2A-02 OF THE CODE.

(Q) "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

(R) "OUTREACH EFFORTS" MEANS ACTIVITIES THAT ARE RELATED TO ENCOURAGING INDIVIDUALS TO SEEK SCREENING SERVICES.

(S) "PREVENTION" MEANS ACTIVITIES RELATING TO EARLY DETECTION, SCREENING, AND RISK FACTOR REDUCTION.

(T) "PROGRAM" MEANS THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAM THAT IS ESTABLISHED UNDER § 13-1102 OF THIS SUBTITLE.

(U) "SCREENING" INCLUDES SCREENING, EARLY DETECTION, IDENTIFICATION, DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING AND EARLY DETECTION PROGRAMS.

(V) "STATEWIDE ACADEMIC HEALTH CENTER" MEANS THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS.

(W) "STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT" MEANS A GRANT THAT IS DISTRIBUTED UNDER § 13-1116 OF THIS SUBTITLE.

(X) "STATEWIDE ACADEMIC HEALTH CENTER COMPONENT" MEANS THE COMPONENT ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE.

(Y) "STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT" MEANS THE GRANT THAT IS DISTRIBUTED UNDER § 13-1118 OF THIS SUBTITLE.

(Z) "STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT" MEANS A GRANT THAT IS DISTRIBUTED UNDER § 13-1115 OF THIS SUBTITLE.

(AA) "STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED DISEASES RESEARCH GRANT" MEANS A GRANT THAT IS DISTRIBUTED UNDER § 13-1017 OF THIS SUBTITLE.

(BB) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 OF THIS SUBTITLE.

(CC) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1103 OF THIS SUBTITLE.

(DD) "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY THE DEPARTMENT UNDER § 13-1102(D) OF THIS SUBTITLE.

(EE) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "REPORT OF THE GOVERNOR'S TASK FORCE TO CONQUER CANCER" THAT WAS ISSUED IN DECEMBER 1999.

(FF) "TOBACCO-RELATED DISEASES" MEANS CARDIOVASCULAR DISEASE, CHRONIC PULMONARY DISEASE, PERIPHERAL VASCULAR DISEASE, STROKE, AND INFANT MORTALITY DUE TO LOW BIRTH WEIGHT.

(GG) "TREATMENT" INCLUDES APPROPRIATE ACCESS TO:

(1) LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS; AND

(2) CLINICAL TRIALS, TRANSPORTATION, CASE MANAGEMENT, HOSPICE CARE, AND CANCER SUPPORT GROUPS.

(HH) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

(1) FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY PRIVATE HEALTH INSURANCE, MEDICAID, MEDICARE, OR THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND

(2) WHO THE DEPARTMENT DETERMINES DOES NOT HAVE THE FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

(II) "UNIVERSITY OF MARYLAND MEDICAL GROUP" MEANS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, THE UNIVERSITY OF MARYLAND MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.

13-1102.

(A) THERE IS A CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAM IN THE DEPARTMENT.

(B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF THE CIGARETTE RESTITUTION FUND SO AS TO CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE MORTALITY AND MORBIDITY RATES FOR CANCER AND TOBACCO-RELATED DISEASES IN THE STATE AND OTHERWISE BENEFIT THE HEALTH AND WELFARE OF THE STATE'S RESIDENTS.

(C) THE PROGRAM CONSISTS OF:

(1) A SURVEILLANCE AND EVALUATION COMPONENT;

(2) A STATEWIDE PUBLIC HEALTH COMPONENT;

(3) A LOCAL PUBLIC HEALTH COMPONENT;

(4) A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT; AND

(5) AN ADMINISTRATIVE COMPONENT.

(D) TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE PROGRAM.

(E) (1) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

(Over)

(2) THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSE OF IMPLEMENTING THE PROGRAM, INCLUDING THE USE OF ANY FUNDS RECEIVED BY A PERSON UNDER ANY COMPONENT OF THE PROGRAM.

(F) (1) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING THAT IS ALLOCATED TO EACH COMPONENT OF THE PROGRAM.

(2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET:

(I) MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS APPROPRIATED; AND

(II) MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT IN THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY UNIT OF STATE GOVERNMENT.

(3) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE DEPARTMENT MAY TRANSFER A MAXIMUM OF 10% OF THE TOTAL AMOUNT OF MONEY THAT IS ALLOCATED TO THE PROGRAM AMONG THE COMPONENTS OF THE PROGRAM IF THE TRANSFER IS SPECIFICALLY AUTHORIZED IN THE ANNUAL BUDGET BILL AS ENACTED.

(II) THE DEPARTMENT MAY NOT TRANSFER FUNDS TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT OR THE ADMINISTRATIVE COMPONENT FROM ANY OTHER COMPONENT OF THE PROGRAM.

(III) IF THE DEPARTMENT TRANSFERS ANY MONEY AMONG THE COMPONENTS OF THE PROGRAM AS AUTHORIZED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE DEPARTMENT SHALL REPORT THE TRANSFER TO THE SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE,

HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL MATTERS COMMITTEE WITHIN 60 DAYS AFTER THE TRANSFER.

(IV) THE DEPARTMENT MAY TRANSFER MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET TO ANOTHER PROGRAM IN THE DEPARTMENT OR ANOTHER UNIT OF STATE GOVERNMENT IF THE TRANSFER IS SPECIFICALLY AUTHORIZED BY:

1. A PROVISION OF THIS SUBTITLE; OR

2. A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED THAT RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT COMPONENT.

(G) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT THE END OF THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE RESTITUTION FUND.

(2) MONEY THAT REVERTS TO THE CIGARETTE RESTITUTION FUND UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE USED TO FUND THE PROGRAM IN THE FISCAL YEAR TO WHICH THE NEXT ANNUAL BUDGET BILL RELATES.

(3) THE GOVERNOR SHALL INCLUDE IN THE NEXT ANNUAL BUDGET BILL AN APPROPRIATION FOR THE PROGRAM THAT IS AT LEAST EQUAL TO THE AMOUNT OF MONEY THAT REVERTED TO THE CIGARETTE RESTITUTION FUND UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(H) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE, SENATE FINANCE COMMITTEE, HOUSE APPROPRIATIONS COMMITTEE, AND HOUSE ENVIRONMENTAL

(Over)

MATTERS COMMITTEE:

(1) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH COMPONENT OF THE PROGRAM DURING:

(I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR; AND

(2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A LOCAL PUBLIC HEALTH CANCER GRANT DURING:

(I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR.

(I) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1101(CC) OF THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.

13-1103.

(A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE SURVEILLANCE AND EVALUATION COMPONENT IS TO:



- (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO :
    - (I) TARGETED CANCERS;
    - (II) AS DETERMINED BY THE DEPARTMENT, NON-TARGETED CANCERS; AND
    - (III) CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS IN THE STATE;
  - (2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM, INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;
  - (3) CONDUCT THE BASELINE CANCER STUDY, AS PROVIDED UNDER SUBSECTIONS (C) AND (D) OF THIS SECTION; AND
  - (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER § 13-1104 OF THIS SUBTITLE.
- (C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT, THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE CANCER STUDY AS PROVIDED IN THIS SECTION.
- (2) THE DEPARTMENT MAY:
    - (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE STUDY; OR
    - (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE STUDY.
- (D) THE BASELINE CANCER STUDY SHALL MEASURE:

(1) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO HAVE EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY;

(2) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WITHIN EACH MINORITY POPULATION WHO HAVE EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY;

(3) THE MORTALITY RATE FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY;

(4) THE MORTALITY RATE FOR DIFFERENT MINORITY POPULATIONS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY;

(5) THE NUMBER OF IDENTIFIABLE CANCERS WITH A HIGH INCIDENCE IN THE STATE FOR WHICH THERE ARE EFFECTIVE METHODS OF:

(I) EARLY DETECTION; AND

(II) PREVENTION AND TREATMENT AFTER DETECTION;

(6) ANY ASPECT OF TARGETED AND NON-TARGETED CANCERS THAT THE DEPARTMENT SEEKS TO MEASURE; AND

(7) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO BE IMPORTANT FOR MEASURING RATES OF CANCERS IN THE STATE OR FOR EVALUATING WHETHER THE PROGRAM MEETS ITS OBJECTIVES.

(E) IN ORDER TO MAXIMIZE THE COST EFFECTIVENESS OF THE BASELINE CANCER STUDY, THE DEPARTMENT MAY USE DATA IN THE MARYLAND CANCER REGISTRY OR PROVIDED BY OTHER SOURCES, TO THE EXTENT THAT THESE SOURCES PROVIDE RELIABLE DATA RELATING TO THE FACTORS LISTED IN SUBSECTION (D) OF THIS SECTION.

(F) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY CONDUCT THE BASELINE CANCER STUDY OR ANY

PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF THE STUDY.

(2) THE REQUEST FOR PROPOSAL SHALL REQUIRE THAT ANY METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR THE RELEVANT PART OF THE STUDY, ANY DATA COLLECTED UNDER THE STUDY, AND ANY ELECTRONIC FILES, CODES, AND DEFINITIONS RELATING TO THE STUDY BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF WHETHER THE STUDIES ARE CONDUCTED BY THE SAME ENTITY.

(3) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT THE BASELINE CANCER STUDY AND ONE OR MORE ANNUAL CANCER STUDIES AS REQUIRED UNDER § 13-1104 OF THIS SUBTITLE.

(G) ON OR BEFORE SEPTEMBER 1, 2000, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON THE RESULTS OF THE BASELINE CANCER STUDY.

13-1104.

(A) EACH YEAR FOLLOWING THE YEAR IN WHICH THE BASELINE CANCER STUDY IS COMPLETED, THE DEPARTMENT SHALL CONDUCT AN ANNUAL CANCER STUDY.

(B) THE ANNUAL CANCER STUDY SHALL:

(1) MEASURE THE SAME FACTORS THAT ARE SET FORTH IN § 13-1103(D) OF THIS SUBTITLE; AND

(2) USE THE SAME METHODOLOGY OR MODEL THAT IS USED TO CONDUCT THE BASELINE CANCER STUDY.

(Over)

(C) THE DEPARTMENT MAY:

(1) CONDUCT THE ANNUAL CANCER STUDY OR ANY PART OF THE STUDY; OR

(2) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE ANNUAL CANCER STUDY OR ANY PART OF THE STUDY.

(D) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF THE STUDY.

(2) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT ONE OR MORE ANNUAL CANCER STUDIES OR A PART OF ONE OR MORE ANNUAL CANCER STUDIES.

(E) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON THE RESULTS OF THE ANNUAL CANCER STUDY.

13-1105.

BEFORE THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH CANCER GRANT TO ANY COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE, THE DEPARTMENT SHALL DEVELOP AN INVENTORY OF PUBLICLY FUNDED SCREENING PROGRAMS THAT INCLUDES INFORMATION RELATING TO:

(1) THE NUMBER AND TYPES OF PUBLICLY FUNDED SCREENING PROGRAMS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH

COUNTY, AND THE NUMBER OF INDIVIDUALS SCREENED EACH YEAR IN THESE PROGRAMS; AND

(2) THE EXISTENCE OF MECHANISMS TO ENSURE THAT UNINSURED INDIVIDUALS RECEIVE APPROPRIATE TREATMENT FOR ANY CANCER THAT IS DETECTED IN THE SCREENING PROGRAMS IDENTIFIED UNDER ITEM (1) OF THIS SECTION.

13-1106.

(A) THERE IS A STATEWIDE PUBLIC HEALTH COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF THE ANTI-CANCER INITIATIVES IN THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ENSURE THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER THROUGHOUT THE STATE.

(C) SUBJECT TO SUBSECTION (D) OF THIS SECTION AND AS NECESSARY TO ENSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO IMPLEMENT CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS FOR TARGETED CANCERS, THE DEPARTMENT MAY DEVELOP AND IMPLEMENT STATEWIDE ANTI-CANCER INITIATIVES THAT ARE CONSISTENT WITH THE FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT, INCLUDING PROGRAMS THAT SUPPORT THE IMPLEMENTATION OF THE LOCAL PUBLIC HEALTH COMPONENT OF THE PROGRAM.

(D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE

(Over)

REQUEST FOR PROPOSAL, GRANT, OR CONTRACT RELATES.

(E) THE DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL THE BASELINE CANCER STUDY HAS BEEN COMPLETED.

13-1107.

(A) THERE IS A LOCAL PUBLIC HEALTH COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF ANTI-CANCER INITIATIVES IN THE STATE BY EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS IN COORDINATION WITH THE DEPARTMENT.

(C) SUBJECT TO §§ 13-1108 THROUGH 13-1113 OF THIS SUBTITLE, THE DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS.

(D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED.

(2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO EACH LOCAL HEALTH DEPARTMENT OTHER THAN THE BALTIMORE CITY HEALTH DEPARTMENT.

13-1108.

(A) AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED AND BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH CANCER GRANTS,

THE DEPARTMENT, IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, SHALL:

(1) ESTABLISH SHORT-TERM AND LONG-TERM CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS FOR EACH COUNTY;

(2) ESTABLISH OTHER REQUIREMENTS FOR EACH COUNTY THAT THE DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

(3) PROVIDE FOR THE DISTRIBUTION OF LOCAL PUBLIC HEALTH CANCER GRANTS TO ELIGIBLE COUNTIES BASED ON THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

(B) SUBJECT TO SUBSECTION (C) OF THIS SECTION AND §§ 13-1109 THROUGH 13-1113 OF THIS SUBTITLE, THE DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC HEALTH CANCER GRANT TO EACH COUNTY THAT IS EQUAL TO THE SUM OF:

(1) THE PRODUCT OF:

(I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND

(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO HAVE ANY OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE RESIDING OUTSIDE OF BALTIMORE CITY WHO HAVE ANY OF THE TARGETED CANCERS; AND

(2) THE PRODUCT OF:

(I) ONE-HALF OF THE AMOUNT OF MONEY THAT IS

(Over)

ALLOCATED TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET;  
AND

(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED FROM ANY OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE RESIDING OUTSIDE OF BALTIMORE CITY WHO DIED FROM ANY OF THE TARGETED CANCERS DURING THE PRIOR YEAR.

(C) (1) EXCEPT AS PROVIDED IN THIS SUBSECTION, BALTIMORE CITY IS NOT ELIGIBLE TO RECEIVE MONEY FROM THE DEPARTMENT BASED ON THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

(2) EACH YEAR, BEFORE CALCULATING THE AMOUNT OF MONEY THAT MAY BE DISTRIBUTED TO EACH COUNTY AS A LOCAL PUBLIC HEALTH CANCER GRANT UNDER SUBSECTION (B) OF THIS SECTION, THE DEPARTMENT SHALL CALCULATE THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.

(3) IF THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED TO BALTIMORE CITY USING THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA EXCEEDS \$4,000,000, THE DEPARTMENT SHALL TRANSFER THE DIFFERENCE BETWEEN THAT AMOUNT AND \$4,000,000 FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT.

13-1109.

(A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION DOES NOT APPLY TO BALTIMORE CITY.

(B) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH CANCER GRANT.



(2) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT SHALL BE DETERMINED BY THE DEPARTMENT USING THE FORMULA THAT IS ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE.

(C) BEFORE APPLYING FOR A LOCAL PUBLIC HEALTH CANCER GRANT, A LOCAL HEALTH OFFICER SHALL:

(1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED UNDER § 13-1111 OF THIS SUBTITLE; AND

(2) WITH THE ASSISTANCE OF THE COMMUNITY HEALTH COALITION:

(I) IDENTIFY ALL EXISTING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

(II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

(III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT THAT OUTLINES A STRATEGY FOR MEETING THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE.

(D) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SHALL:

(1) INCLUDE A LIST OF THE MEMBERS OF THE COMMUNITY HEALTH COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

(2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A

(Over)

LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR;

(3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE;

(4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE;

(5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE;

(6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER A LOCAL PUBLIC HEALTH CANCER GRANT PROVIDES NECESSARY TREATMENT OR LINKAGES TO NECESSARY TREATMENT FOR UNINSURED INDIVIDUALS WHO ARE DIAGNOSED WITH A TARGETED OR NON-TARGETED CANCER AS A RESULT OF THE SCREENING PROCESS;

(7) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON UNDER THE GRANT;

(8) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR;

(9) DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY

POPULATIONS AND RURAL AREAS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(10) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(11) DEMONSTRATE THAT PRIORITY CONSIDERATION WAS GIVEN TO PERSONS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE DEMONSTRATED A COMMITMENT TO PROVIDING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SERVICES TO UNINSURED INDIVIDUALS IN THE COUNTY AND A PROVEN ABILITY TO DO SO; AND

(12) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY THE DEPARTMENT.

(E) (1) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS SECTION, IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE COMMUNITY HEALTH COALITION, ACTING JOINTLY AND IN CONSULTATION WITH THE STATEWIDE ACADEMIC HEALTH CENTERS, SHALL DEVELOP A SPECIFIC PLAN AS TO HOW THE EXPERTISE OF THE STATEWIDE ACADEMIC HEALTH CENTERS WILL BE USED TO ASSIST THE COMMUNITY HEALTH COALITION IN ACHIEVING THE GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT AT ONE OR MORE MAJOR COMMUNITY HOSPITALS IN THE COUNTY.

(2) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS SECTION, IN BALTIMORE COUNTY, THE COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SHALL INCLUDE A SPECIFIC PLAN AS TO HOW THE MAJOR COMMUNITY HOSPITAL OR HOSPITALS THAT ARE INCLUDED IN THE COMMUNITY HEALTH COALITION, AS REQUIRED UNDER § 13-

1111 OF THIS SUBTITLE, WILL BE USED TO ACHIEVE THE GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT IN THE COUNTY.

(F) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT FOR APPROVAL.

(G) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT.

(H) (1) THE DEPARTMENT MAY DESIGNATE A PERSON OTHER THAN THE HEAD OF A COUNTY HEALTH DEPARTMENT TO COORDINATE A COUNTY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT EFFORTS IF:

(I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO COORDINATE THESE EFFORTS;

(II) THE COUNTY HEALTH DEPARTMENT HAS BEEN UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

(III) THE COUNTY HEALTH DEPARTMENT LACKS SUFFICIENT STAFF OR RESOURCES TO COORDINATE THESE EFFORTS.

(2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, THE DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER THIS SUBSECTION.

(3) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO DESIGNATE A PERSON OTHER THAN THE LOCAL HEALTH OFFICER TO COORDINATE

A COUNTY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT EFFORTS, THE DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY THAT WILL COORDINATE THE COUNTY'S EFFORTS.

13-1110.

(A) THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES MAY JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER GRANT.

(B) THE DEPARTMENT MAY REQUIRE THAT TWO OR MORE COUNTIES JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER GRANT IF THE DEPARTMENT DETERMINES THAT:

(1) IT WOULD BE COST-EFFECTIVE TO FUND CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS FOR TARGETED CANCERS ON A REGIONAL BASIS; AND

(2) IT WOULD SERVE THE PUBLIC HEALTH INTERESTS OF THE COUNTIES TO FUND CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS FOR TARGETED CANCERS ON A REGIONAL BASIS.

(C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE.

(D) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES CHOOSE TO JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER GRANT OR ARE REQUIRED TO DO SO BY THE DEPARTMENT, THE LOCAL HEALTH OFFICERS SHALL ACT JOINTLY TO:

(1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,

(Over)

EDUCATION, SCREENING, AND TREATMENT, AS REQUIRED UNDER § 13-1109(C) OF THIS SUBTITLE;

(2) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED UNDER § 13-1111 OF THIS SUBTITLE;

(3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE HAS BEEN MET; AND

(4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

13-1111.

(A) (1) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER § 13-1109(C) OF THIS SUBTITLE SHALL:

(I) REFLECT THE DEMOGRAPHICS OF THE COUNTY; AND

(II) INCLUDE REPRESENTATIVES OF COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL, AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE COUNTY.

(2) (I) IN ADDITION TO THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, IN BALTIMORE CITY AND IN BALTIMORE, MONTGOMERY, AND PRINCE GEORGE'S COUNTIES, THE COMMUNITY HEALTH COALITION SHALL INCLUDE REPRESENTATIVES OF THE MAJOR COMMUNITY HOSPITALS THAT TREAT COUNTY RESIDENTS WITH TARGETED CANCERS.

(II) IN BALTIMORE, MONTGOMERY, AND PRINCE GEORGE'S COUNTIES, THE LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE DEPARTMENT, SHALL DETERMINE WHETHER A HOSPITAL IS A MAJOR COMMUNITY HOSPITAL BASED ON THE FOLLOWING FACTORS:

1. THE NUMBER OF COUNTY RESIDENTS WITH TARGETED  
CANCERS WHO ARE SERVED BY THE HOSPITAL;

2. WHETHER THE HOSPITAL HAS SPECIAL EXPERTISE IN  
TREATING TARGETED CANCERS;

3. WHETHER THE HOSPITAL HAS DEMONSTRATED A  
COMMITMENT TO TREATING UNINSURED INDIVIDUALS; AND

4. THE NUMBER OF RESEARCH ACTIVITIES CONDUCTED BY  
THE HOSPITAL THAT RELATE TO TARGETED CANCERS AND THE AMOUNT OF  
FUNDING FOR THESE ACTIVITIES.

(III) IN BALTIMORE CITY, THE UNIVERSITY OF MARYLAND  
MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS, ACTING JOINTLY IN  
COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, IN  
CONSULTATION WITH THE DEPARTMENT, SHALL DETERMINE WHETHER A HOSPITAL  
IS A MAJOR COMMUNITY HOSPITAL BASED ON THE FACTORS LISTED UNDER  
SUBPARAGRAPH (II) OF THIS PARAGRAPH.

(B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED  
UNDER § 13-1109(C) OF THIS SUBTITLE MAY INCLUDE:

(1) REPRESENTATIVES OF:

(I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER  
ARTICLE 49D, § 11 OF THE CODE;

(II) LOCAL HOSPITALS, CLINICS, PHYSICIANS, AND OTHER  
HEALTH CARE PROVIDERS;

(III) LOCAL RELIGIOUS ORGANIZATIONS;

(Over)

(IV) INSTITUTIONS OF HIGHER EDUCATION; AND

(V) HOSPITALS AND OTHER ENTITIES LOCATED OUTSIDE THE COUNTY THAT COULD ENHANCE THE COUNTY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT EFFORTS; AND

(2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES WOULD HELP THE COUNTY MEET THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE.

13-1112.

(A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION DOES NOT APPLY IN BALTIMORE CITY.

(B) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH CANCER GRANT, A LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1109(C) OF THIS SUBTITLE.

(2) THE INVENTORY SHALL SPECIFY THE AMOUNT OF COUNTY FUNDS THAT ARE BEING SPENT ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

(C) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (B)(2) OF THIS SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(D) A LOCAL PUBLIC HEALTH CANCER GRANT MAY NOT BE USED TO SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,



EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(E) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH CANCER GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR FUNDING FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

13-1113.

(A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SUBMITTED UNDER § 13-1109(E) OF THIS SUBTITLE AND DETERMINE WHETHER:

(1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE; AND

(2) ALL OTHER REQUIREMENTS OF §§ 13-1107 THROUGH 13-1112 OF THIS SUBTITLE HAVE BEEN MET.

(B) THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY FOR A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1108 OF THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

13-1114.

(A) THERE IS A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF THE PROGRAM BY INVOLVING THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS

(Over)

HOPKINS INSTITUTIONS IN THE IMPLEMENTATION OF THE PROGRAM.

(C) SUBJECT TO §§ 13-1115 THROUGH 13-1118 OF THIS SUBTITLE, THE DEPARTMENT MAY IMPLEMENT THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT BY DISTRIBUTING:

(1) STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANTS, AS PROVIDED UNDER § 13-1115 OF THIS SUBTITLE;

(2) STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANTS, AS PROVIDED UNDER § 13-1116 OF THIS SUBTITLE;

(3) A STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED DISEASES RESEARCH GRANT, AS PROVIDED UNDER § 13-1117 OF THIS SUBTITLE; AND

(4) A STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT, AS PROVIDED UNDER § 13-1118 OF THIS SUBTITLE.

(D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS, AT THE REQUEST OF A COMMUNITY HEALTH COALITION IN MONTGOMERY OR PRINCE GEORGE'S COUNTY, AS PROVIDED UNDER § 13-1109(E) OF THIS SUBTITLE, SHALL COLLABORATE WITH THE COMMUNITY HEALTH COALITION FOR THE PURPOSE OF DEVELOPING AND IMPLEMENTING A SPECIFIC PLAN AS TO HOW THE EXPERTISE OF THE INSTITUTION WILL BE USED TO ASSIST THE COMMUNITY HEALTH COALITION IN ACHIEVING THE GOALS ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT AT ONE OR MORE MAJOR COMMUNITY HOSPITALS IN THE COUNTY.

(2) PARAGRAPH (1) OF THIS SUBSECTION DOES NOT APPLY WITH RESPECT TO THE IMPLEMENTATION OF A PLAN UNLESS FUNDS ARE SPECIFICALLY ALLOCATED IN THE STATE BUDGET FOR THIS PURPOSE.

(E) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS SHALL COORDINATE THEIR EFFORTS WITH REGARD TO INITIATIVES THAT ARE FUNDED WITH GRANTS THAT ARE DISTRIBUTED UNDER THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT TO MAXIMIZE THE BENEFITS RECEIVED FROM THE USE OF THESE GRANT FUNDS AND TO ELIMINATE UNNECESSARY DUPLICATION OF EFFORTS.

13-1115.

(A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS MAY EACH APPLY FOR A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT.

(2) THE AMOUNT OF EACH STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS, RESPECTIVELY, SHALL BE EQUAL TO THE SUM OF:

(I) \$2,000,000; AND

(II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.

(B) BEFORE APPLYING FOR A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS, ACTING JOINTLY IN COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, SHALL:

(1) ESTABLISH A BALTIMORE CITY COMMUNITY HEALTH COALITION, AS PROVIDED UNDER § 13-1111 OF THIS SUBTITLE, THAT REFLECTS THE DEMOGRAPHICS OF BALTIMORE CITY AND INCLUDES REPRESENTATIVES OF COMMUNITY-BASED GROUPS, INCLUDING MINORITY AND MEDICALLY

(Over)

UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN BALTIMORE CITY; AND

(2) WITH THE ASSISTANCE OF THE BALTIMORE CITY COMMUNITY HEALTH COALITION:

(I) IDENTIFY ALL EXISTING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE PUBLICLY FUNDED;

(II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

(III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT THAT OUTLINES A STRATEGY FOR MEETING THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE.

(C) THE BALTIMORE CITY COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SHALL:

(1) INCLUDE A LIST OF THE MEMBERS OF THE BALTIMORE CITY COMMUNITY HEALTH COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

(2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT IN THE PRIOR YEAR;

(3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE;

(4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE;

(5) DEMONSTRATE THAT BALTIMORE CITY HAS MET THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER SUBSECTION (H) OF THIS SECTION;

(6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT PROVIDES NECESSARY TREATMENT OR LINKAGES TO NECESSARY TREATMENT FOR UNINSURED INDIVIDUALS WHO ARE DIAGNOSED WITH A TARGETED AND NON-TARGETED CANCER AS A RESULT OF THE SCREENING PROCESS;

(7) STATE THAT THE STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT WILL NOT BE USED TO SUPPLANT ANY EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS FOR ANY CANCER PREVENTION, EDUCATION, SCREENING, OR TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS;

(8) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO RECEIVED MONEY UNDER THE STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON UNDER THE GRANT;

(9) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS UNDER A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR;

(Over)

(10) DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(11) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

(12) DEMONSTRATE THAT PRIORITY CONSIDERATION WAS GIVEN TO PERSONS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE A DEMONSTRATED COMMITMENT TO PROVIDING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SERVICES TO UNINSURED INDIVIDUALS IN THE CITY AND A PROVEN ABILITY TO DO SO;

(13) INCLUDE A SPECIFIC PLAN AS TO HOW THE MAJOR COMMUNITY HOSPITAL OR HOSPITALS THAT ARE INCLUDED IN THE COMMUNITY HEALTH COALITION, AS REQUIRED UNDER § 13-1111 OF THIS SUBTITLE, WILL BE USED TO ACHIEVE THE GOALS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT IN THE CITY; AND

(14) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY THE DEPARTMENT.

(D) TO APPLY FOR A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS SHALL SUBMIT TO THE DEPARTMENT A COPY OF BALTIMORE CITY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT FOR APPROVAL.

(E) EACH YEAR, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS, ACTING JOINTLY IN COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, IN CONSULTATION WITH THE BALTIMORE CITY COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT.

(F) (1) RATHER THAN DISTRIBUTING A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS UNDER THIS SECTION, THE DEPARTMENT MAY DISTRIBUTE TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT A LOCAL PUBLIC HEALTH CANCER GRANT FOR THE PURPOSE OF COORDINATING BALTIMORE CITY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT EFFORTS IF:

(I) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS ARE UNWILLING TO COORDINATE THESE EFFORTS;

(II) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS HAVE BEEN UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

(III) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS LACK SUFFICIENT STAFF OR RESOURCES TO COORDINATE THESE EFFORTS.

(2) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER THAN DISTRIBUTING A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP, THE AMOUNT OF THE GRANT SHALL EQUAL THE SUM OF:

(Over)

(I) \$2,000,000; AND

(II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.

(3) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER THAN DISTRIBUTING A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT TO THE JOHNS HOPKINS INSTITUTIONS, THE AMOUNT OF THE GRANT SHALL EQUAL THE SUM OF:

(I) \$2,000,000; AND

(II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE.

(4) THE DEPARTMENT SHALL USE MONEY THAT IS ALLOCATED TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE STATE BUDGET OR TRANSFERRED TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE TO FUND A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS DISTRIBUTED TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION.

(5) IF THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT APPLIES FOR A LOCAL PUBLIC HEALTH CANCER GRANT AS AUTHORIZED UNDER THIS SUBSECTION, THE BALTIMORE CITY HEALTH DEPARTMENT OR OTHER PERSON SHALL COMPLY WITH THE REQUIREMENTS OF §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

(6) SUBJECT TO PARAGRAPH (7) OF THIS SUBSECTION, THE



DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER THIS SUBSECTION.

(7) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO DESIGNATE A PERSON OTHER THAN THE BALTIMORE CITY HEALTH DEPARTMENT TO COORDINATE THE CITY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT EFFORTS AS AUTHORIZED UNDER THIS SUBSECTION, THE DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY THAT WILL COORDINATE THE CITY'S EFFORTS.

(G) (1) (I) BEFORE THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS MAY RECEIVE A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT, THE BALTIMORE CITY HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE IDENTIFIED UNDER SUBSECTION (B) OF THIS SECTION.

(II) THE INVENTORY PREPARED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL SPECIFY THE AMOUNT OF FUNDS THAT ARE BEING SPENT BY BALTIMORE CITY ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

(2) THE LEVEL OF FUNDING SPECIFIED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION SHALL BE BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(3) A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT MAY NOT BE USED TO SUPPLANT:

(I) BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS; OR

(Over)

(II) ANY EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(H) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT UNDER THIS SECTION UNTIL AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED.

(2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE STATE BUDGET TO FUND A PLANNING GRANT OF NOT MORE THAN \$10,000 THAT MAY BE DISTRIBUTED TO AND USED COLLECTIVELY BY THE UNIVERSITY OF MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS INSTITUTIONS, AND THE BALTIMORE CITY HEALTH DEPARTMENT.

(I) (1) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SUBMITTED UNDER THIS SECTION AND DETERMINE WHETHER:

(I) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE; AND

(II) ALL OTHER REQUIREMENTS OF THIS SECTION HAVE BEEN MET.

(2) IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF THIS SECTION HAVE NOT BEEN MET, THE DEPARTMENT MAY NOT DISTRIBUTE:

(I) A STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS; OR

(II) A LOCAL PUBLIC HEALTH CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE DEPARTMENT UNDER SUBSECTION (F) OF THIS SECTION.

13-1116.

(A) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE DEPARTMENT MAY DISTRIBUTE STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANTS TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS FOR THE PURPOSE OF ENHANCING CANCER RESEARCH ACTIVITIES THAT MAY LEAD TO A CURE FOR A TARGETED CANCER AND INCREASING THE RATE AT WHICH CANCER RESEARCH ACTIVITIES ARE TRANSLATED INTO TREATMENT PROTOCOLS IN THE STATE.

(B) BEFORE RECEIVING A STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT, AN INSTITUTION SHALL:

(1) SUBMIT A CANCER RESEARCH PLAN THAT:

(I) PROVIDES A DETAILED PLAN AS TO HOW THE STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT WILL BE SPENT AND HOW IT WILL BE USED TO MEET THE GOALS ESTABLISHED BY THE DEPARTMENT;

(II) PROVIDES A COMPLETE INVENTORY OF ALL CANCER RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS THAT ARE CURRENTLY BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES OF CANCER TO WHICH THE RESEARCH RELATES;

(III) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL OF THE CANCER RESEARCH ACTIVITIES IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH;

(IV) CERTIFIES THAT THE CANCER RESEARCH ACTIVITIES THAT

(Over)

WILL BE FUNDED BY THE STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT HAVE BEEN ENDORSED BY AN INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE RESEARCH;

(V) IDENTIFIES THE INDIVIDUALS WHO MAKE UP THE INDEPENDENT PEER REVIEW GROUP; AND

(VI) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE DEPARTMENT; AND

(2) ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT, AND THE MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION THAT:

(I) ESTABLISHES THE SCOPE OF THE STATE'S OWNERSHIP OR OTHER FINANCIAL INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS OF THE RESULTS, PRODUCTS, INVENTIONS, AND DISCOVERIES OF CANCER RESEARCH ACTIVITIES FUNDED BY A STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT;

(II) ESTABLISHES A PLAN FOR EXPEDITING THE TRANSLATION OF CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL TRIALS ; AND

(III) TO THE EXTENT CONSISTENT WITH FEDERAL AND STATE LAW, REFLECTS THE INTELLECTUAL PROPERTY POLICIES OF THE STATEWIDE ACADEMIC HEALTH CENTER.

(C) A MEMORANDUM OF UNDERSTANDING ESTABLISHED UNDER SUBSECTION (B)(2) OF THIS SECTION MAY ALLOW FOR THE SELECTION OF A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO EXPEDITE THE TRANSLATION OF CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL

TRIALS.

(D) THE DEPARTMENT MAY NOT DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

(1) A CANCER RESEARCH PLAN WILL HELP ACHIEVE THE PURPOSE OF THE PROGRAM;

(2) THE INSTITUTION THAT RECEIVES THE GRANT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING CANCER RESEARCH ACTIVITIES OR ANY OTHER TYPE OF CURRENT EXPENDITURE BY THE INSTITUTION;

(3) THE GRANT WILL BE USED TO FUND CANCER RESEARCH ACTIVITIES THAT RELATE TO TARGETED CANCERS;

(4) THE INSTITUTION HAS EXECUTED A MEMORANDUM OF UNDERSTANDING AS REQUIRED BY SUBSECTION (B)(2) OF THIS SECTION; AND

(5) THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.

13-1117.

(A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED DISEASES RESEARCH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP FOR THE PURPOSE OF ENHANCING RESEARCH ACTIVITIES THAT MAY LEAD TO A REDUCTION IN MORBIDITY AND MORTALITY RATES FOR TOBACCO-RELATED DISEASES IN THE STATE.

(2) THIS SECTION MAY NOT BE IMPLEMENTED UNTIL FUNDS ARE SPECIFICALLY ALLOCATED IN THE STATE BUDGET FOR THIS PURPOSE.

(Over)

(B) A TOBACCO-RELATED DISEASES RESEARCH GRANT MAY BE USED TO CONDUCT RESEARCH IN THE FOLLOWING AREAS:

(1) HEALTH SERVICES RESEARCH TO DETERMINE:

(I) BEST METHODS OF DELIVERING SERVICES TO DIVERSE POPULATIONS;

(II) FACTORS AND POLICIES THAT FACILITATE DELIVERY OF HEALTH CARE SERVICES; AND

(III) FACTORS THAT INHIBIT DELIVERY OF SERVICES, INCLUDING PHYSICAL, CULTURAL, ECONOMIC, AND SOCIAL FACTORS, WITH THE GOAL OF DETERMINING APPROPRIATE METHODS TO INCREASE PARTICIPATION OF INDIVIDUALS IN MEDICALLY UNDERSERVED POPULATIONS IN CLINICAL TRIALS;

(2) TRANSLATIONAL RESEARCH; AND

(3) CLINICAL RESEARCH.

(C) BEFORE RECEIVING A TOBACCO-RELATED DISEASES RESEARCH GRANT, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM SHALL:

(1) SUBMIT A TOBACCO-RELATED DISEASES RESEARCH PLAN THAT:

(I) PROVIDES A DETAILED PLAN AS TO HOW THE TOBACCO-RELATED DISEASES RESEARCH GRANT WILL BE SPENT;

(II) PROVIDES A COMPLETE INVENTORY OF PREVENTION, EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO TOBACCO-RELATED DISEASES THAT ARE CURRENTLY BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES OF TOBACCO-RELATED DISEASES TO WHICH THESE ACTIVITIES RELATE;

(III) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL

OF THE EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO TOBACCO-RELATED DISEASES THAT ARE IDENTIFIED UNDER ITEM (II) OF THIS ITEM;

(IV) DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER THE TOBACCO-RELATED DISEASES RESEARCH GRANT PROVIDES NECESSARY TREATMENT OR LINKAGES TO NECESSARY TREATMENT FOR UNINSURED INDIVIDUALS WHO ARE DIAGNOSED WITH A TOBACCO-RELATED DISEASE AS A RESULT OF THE SCREENING PROCESS;

(V) CERTIFIES THAT THE TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES THAT WILL BE FUNDED BY THE TOBACCO-RELATED DISEASES RESEARCH GRANT HAVE BEEN ENDORSED BY AN INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE RESEARCH;

(VI) IDENTIFIES THE INDIVIDUALS WHO MAKE UP THE INDEPENDENT PEER REVIEW GROUP; AND

(VII) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE DEPARTMENT; AND

(2) ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT, AND THE MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION THAT:

(I) ESTABLISHES THE SCOPE OF THE STATE'S OWNERSHIP OR OTHER FINANCIAL INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS OF THE RESULTS, PRODUCTS, INVENTIONS, AND DISCOVERIES OF TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES FUNDED BY A TOBACCO-RELATED DISEASES RESEARCH GRANT;

(Over)

(II) ESTABLISHES A PLAN FOR EXPEDITING THE TRANSLATION OF TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL TRIALS; AND

(III) TO THE EXTENT CONSISTENT WITH FEDERAL AND STATE LAW, REFLECTS THE INTELLECTUAL PROPERTY POLICIES OF THE INSTITUTION.

(D) A MEMORANDUM OF UNDERSTANDING ESTABLISHED UNDER SUBSECTION (C)(2) OF THIS SECTION MAY ALLOW FOR THE SELECTION OF A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY TO EXPEDITE THE TRANSLATION OF CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL TRIALS.

(E) THE DEPARTMENT MAY NOT DISTRIBUTE A TOBACCO-RELATED DISEASES RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

(1) THE TOBACCO-RELATED DISEASES RESEARCH PLAN WILL HELP ACHIEVE THE STATE'S PUBLIC HEALTH GOALS;

(2) THE UNIVERSITY OF MARYLAND MEDICAL GROUP WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT THE FUNDING FOR ANY EXISTING EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO TOBACCO-RELATED DISEASES OR ANY OTHER TYPE OF CURRENT EXPENDITURE BY THE INSTITUTION;

(3) THE GRANT WILL BE USED TO CONDUCT RESEARCH IN THE AREAS SPECIFIED IN SUBSECTION (B) OF THIS SECTION;

(4) THE INSTITUTION HAS EXECUTED A MEMORANDUM OF UNDERSTANDING AS REQUIRED BY SUBSECTION(C)(2) OF THIS SECTION; AND

(5) THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.



(F) EACH YEAR, THE DEPARTMENT SHALL EVALUATE THE EFFICIENCY AND EFFECTIVENESS OF THE RESEARCH THAT IS CONDUCTED UNDER A TOBACCO-RELATED DISEASES RESEARCH GRANT.

13-1118.

(A) THE DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP FOR THE PURPOSE OF ESTABLISHING A STATEWIDE NETWORK THAT WILL SUPPORT A WIDE RANGE OF PREVENTION, EDUCATION, SCREENING, TREATMENT, AND RESEARCH PROGRAMS RELATING TO TARGETED CANCERS AND TOBACCO-RELATED DISEASES THAT CAN BE ACCESSED BY INDIVIDUALS THROUGHOUT THE STATE, INCLUDING:

(1) SUPPORT SERVICES AIMED AT INCREASING PARTICIPATION OF DIVERSE POPULATIONS IN CLINICAL TRIALS;

(2) DEVELOPMENT OF BEST PRACTICES MODELS TO ADDRESS TARGETED CANCERS AND TOBACCO-RELATED DISEASES; AND

(3) COORDINATION AMONG LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS IN DIFFERENT GEOGRAPHIC AREAS OF THE STATE.

(B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT MAY NOT DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT UNDER THIS SECTION UNTIL AFTER THE BASELINE CANCER STUDY IS COMPLETED.

(2) BEFORE COMPLETING THE BASELINE CANCER STUDY, THE DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE STATE BUDGET TO FUND THE DEVELOPMENT OF AN INFRASTRUCTURE FOR THE NETWORK THAT IS AUTHORIZED

(Over)

UNDER SUBSECTION (A) OF THIS SECTION.

13-1119.

(A) THERE IS AN ADMINISTRATIVE COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE NECESSARY ADMINISTRATIVE STRUCTURE IN THE DEPARTMENT FOR EFFECTIVE MANAGEMENT OF THE PROGRAM.

(C) FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO COVER ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT IN ADMINISTERING THE PROGRAM.

(D) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

(E) A COUNTY THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, A PERSON WHO RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, A STATEWIDE ACADEMIC HEALTH CENTER THAT RECEIVES MONEY UNDER ANY OF THE GRANTS DISTRIBUTED UNDER THE STATEWIDE ACADEMIC HEALTH COMPONENT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER THE PROGRAM MAY NOT USE MORE THAN 7% OF THE FUNDS TO COVER ADMINISTRATIVE COSTS.

Article - State Finance and Procurement

7-101.

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

(b) "Proposed budget" means:

- (1) the budget bill; and
- (2) the budget books and other documents that support the budget bill.

7-114.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

(3) "TOBACCO PROGRAM" MEANS THE TOBACCO USE PREVENTION AND CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH - GENERAL ARTICLE.

(B) EACH BUDGET BILL SHALL CONTAIN A SEPARATE SECTION THAT INCLUDES THE APPROPRIATION FOR:

- (1) EACH COMPONENT OF THE TOBACCO PROGRAM;
- (2) EACH COMPONENT OF THE CANCER PROGRAM; AND
- (3) ANY OTHER PROGRAM THAT IS FUNDED WITH MONEY FROM THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE.

7-121.

(a) The budget books shall contain a section that, by unit of the State government, sets forth, for each program or purpose of that unit:

(Over)

(1) the total number of officers and employees and the number in each job classification:

(i) authorized in the State budget for the last full fiscal year and the current fiscal year; and

(ii) requested for the next fiscal year;

(2) the total amount for salaries of officers and employees and the amount for salaries of each job classification:

(i) spent during the last full fiscal year;

(ii) authorized in the State budget for the current fiscal year; and

(iii) requested for the next fiscal year; and

(3) an itemized statement of the expenditures for contractual services, supplies and materials, equipment, land and structures, fixed charges, and other operating expenses:

(i) made in the last full fiscal year;

(ii) authorized in the State budget for the current fiscal year; and

(iii) requested for the next fiscal year.

(b) In its annual submission of the PROPOSED budget, the Department of Budget and Management shall provide, for informational purposes, a budget presentation that includes a description of the proposed expenditures under the Maryland Emergency Medical System Operations Fund for the:

(1) Maryland Institute for Emergency Medical Services Systems;

(2) R Adams Cowley Shock Trauma Center;

(3) Maryland Fire and Rescue Institute;

(4) Aviation Division of the Special Operations Bureau, Department of State  
Police; and

(5) grants under the State Fire, Rescue, and Ambulance Fund.

(C) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE  
MEANINGS INDICATED.

(II) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,  
EDUCATION, SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE  
13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

(III) "TOBACCO PROGRAM" MEANS THE TOBACCO USE  
PREVENTION AND CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE  
10 OF THE HEALTH - GENERAL ARTICLE.

(2) THE BUDGET BOOKS SHALL CONTAIN A BUDGET PRESENTATION  
THAT PROVIDES AN OVERVIEW OF THE PROPOSED EXPENDITURES FOR:

(I) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED  
EXPENDITURES FOR:

1. EACH COMPONENT OF THE TOBACCO PROGRAM;

2. EACH PROGRAM FUNDED UNDER EACH COMPONENT  
OF THE TOBACCO PROGRAM; AND

3. EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

(II) THE CANCER PROGRAM, INCLUDING THE PROPOSED

EXPENDITURES FOR:

1. EACH COMPONENT OF THE CANCER PROGRAM;
2. EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE CANCER PROGRAM;
3. EACH LOCAL PUBLIC HEALTH CANCER GRANT;
4. EACH STATEWIDE ACADEMIC HEALTH CENTER PUBLIC HEALTH GRANT;
5. EACH STATEWIDE ACADEMIC HEALTH CENTER CANCER RESEARCH GRANT;
6. EACH STATEWIDE ACADEMIC HEALTH CENTER TOBACCO-RELATED DISEASES GRANT; AND
7. EACH STATEWIDE ACADEMIC HEALTH CENTER NETWORK GRANT; AND

(III) ANY OTHER PROGRAM THAT IS FUNDED WITH THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE. 7-317.

(a) There is a Cigarette Restitution Fund.

(b) (1) The Fund is a continuing, nonlapsing fund that is not subject to § 7-302 of this subtitle.

(2) There shall be credited to the Fund all revenues consisting of funds received by the State from any source resulting, directly or indirectly, from any judgment against or settlement with tobacco product manufacturers, tobacco research associations, or any other person in the tobacco industry relating to litigation, administrative proceedings, or any other claims made or

prosecuted by the State to recover damages for violations of State law.

(c) The Treasurer shall:

(1) invest and reinvest the Fund in the same manner as other State funds; and

(2) credit any investment earnings to the Fund.

(d) Expenditures from the Fund shall be made by an appropriation in the annual State budget.

(e) (1) The Fund shall be expended subject to any restrictions on its use or other limitations on its allocation that are:

(i) expressly provided by statute;

(ii) required as a condition of the acceptance of funds; or

(iii) determined to be necessary to avoid recoupment by the federal government of money paid to the Fund.

(2) Disbursements from the Fund to programs funded by the State or with federal funds administered by the State shall be used solely to supplement, and not to supplant, funds otherwise available for the programs under federal or State law as provided in this section.

(f) (1) [Expenditures from the] THE Cigarette Restitution Fund shall be [made for the following purposes] USED TO FUND:

(I) THE TOBACCO USE PREVENTION AND CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH - GENERAL ARTICLE;

(II) THE CANCER PREVENTION, EDUCATION, SCREENING, AND

(Over)

TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH  
- GENERAL ARTICLE; AND

(III) OTHER PROGRAMS THAT SERVE THE FOLLOWING  
PURPOSES:

[(i)] 1. reduction of the use of tobacco products by minors;

[(ii)] 2. implementation of the Southern Maryland Regional Strategy-  
Action Plan for Agriculture adopted by the Tri-County Council for Southern Maryland with an  
emphasis on alternative crop uses for agricultural land now used for growing tobacco;

[(iii)] 3. public and school education campaigns to decrease tobacco use  
with initial emphasis on areas targeted by tobacco manufacturers in marketing and promoting  
cigarette and tobacco products;

[(iv)] 4. smoking cessation programs;

[(v)] 5. enforcement of the laws regarding tobacco sales;

[(vi)] 6. the purposes of the Maryland Health Care Foundation under  
Title 20, Subtitle 5 of the Health - General Article;

[(vii)] 7. primary health care in rural areas of the State and areas targeted  
by tobacco manufacturers in marketing and promoting cigarette and tobacco products;

[(viii)] 8. prevention, treatment, and research concerning cancer, heart  
disease, lung disease, tobacco product use, and tobacco control, including operating costs and related  
capital projects;

[(ix)] 9. substance abuse treatment and prevention programs; and

[(x)] 10. any other public purpose.



(2) The provisions of this subsection may not be construed to affect the Governor's powers with respect to a request for an appropriation in the annual budget bill.

(g) (1) Amounts may only be expended from the Fund through appropriations in the State budget bill as provided in this subsection.

(2) The Governor shall include in the annual budget bill appropriations from the Fund equivalent to the lesser of \$100,000,000 or 90% of the funds estimated to be available to the Fund in the fiscal year for which the appropriations are made.

(3) For each fiscal year for which appropriations are made, at least 50% of the appropriations shall be made for those purposes enumerated in subsection [(f)(1)(i) through (ix)] (F)(1)(I), (II), AND (III)1 THROUGH 9 of this section subject to the requirement of subsection (e)(2) of this section.

(4) Any additional appropriations, not subject to paragraph (3) of this subsection, may be made for any lawful purpose.

(h) For each program, project or activity receiving funds appropriated under subsection (g)(3) of this section, the Governor shall:

(1) develop appropriate statements of vision, mission, key goals, key objectives, and key performance indicators and report these statements in a discrete part of the State budget submission, which shall also provide data for key performance indicators; and

(2) report annually, subject to § 2-1246 of the State Government Article, to the General Assembly no later than October 1 on:

(i) total funds expended, by program and subdivision, in the prior fiscal year from the Fund established under this section; and

(ii) the specific outcomes or public benefits resulting from that expenditure.

(Over)

SECTION 2. AND BE IT FURTHER ENACTED, That § 13-1115(a)(2)(i) and (f)(2)(i) and (3)(i) of the Health - General Article, which, as provided in this Act, require that \$4,000,000 of the funds that are allocated in the State budget to the Statewide Academic Health Center Component of the Cancer Prevention, Education, Screening, and Treatment Program be used only for Statewide Academic Health Center Public Health Grants or a Baltimore City Local Public Health Cancer Grant, do not apply to fiscal year 2001. Of the funds that are allocated in the State budget to the Statewide Academic Health Center Component of the Cancer Prevention, Education, Screening, and Treatment Program for fiscal year 2001, \$3,000,000 may be used only for Statewide Academic Health Center Public Health Grants or a Baltimore City Local Public Health Cancer Grant. In fiscal year 2001, the University of Maryland Medical Group and the Johns Hopkins Institutions may each apply for a Statewide Academic Health Center Public Health Grant in an amount that is equal to \$1,500,000 plus any amount that is available under § 13-1115(a)(2)(ii) of the Health - General Article.

SECTION 3. AND BE IT FURTHER ENACTED, That notwithstanding § 13-1116 of the Health - General Article, in fiscal years 2001, 2002, and 2003, the Johns Hopkins Institutions may not receive a Statewide Academic Health Center Cancer Research Grant unless the grant will be used for the following purposes: (1) to recruit high-quality faculty in the behavioral research, genetic epidemiology, cancer epidemiology, molecular genetics of cancer, and viral vaccine development fields; (2) retain high-quality faculty, including clinicians and researchers, who contribute to a community-focused cancer research program; or (3) cancer surveillance and epidemiology, including: (i) development of a comprehensive list of cancer-causing agents; (ii) compilation and mapping of sources of exposure; (iii) a focus on the unique cultural and other factors related to delays in treatment and lack of success in care and treatment in underserved urban and rural communities; and (iv) improved understanding of cancer risk factors and how they impact on the State's unique cancer statistics. During fiscal years 2001, 2002, and 2003, the Johns Hopkins Institutions may use no more than two-thirds of the funds received under a Statewide Academic Health Center Cancer Research Grant for items (1) and (2) of this section. As a condition of receiving a Statewide Academic Health Center Cancer Research Grant, the Johns Hopkins Institutions shall agree to use any applicable information obtained under item (3) of this section to enhance the Maryland Cancer Registry. In order to receive a Statewide Academic Health Center Cancer Research Grant in fiscal years 2001, 2002, and 2003, the Johns Hopkins Institutions shall comply with the grant application requirements of § 13-1116 of the Health - General Article. However, during fiscal years 2001, 2002, and 2003, the grant application requirements of § 13-1116

of the Health - General Article shall be modified by the Department as necessary to reflect the requirements of this section.

SECTION 4. AND BE IT FURTHER ENACTED, That, notwithstanding § 13-1117 of the Health - General Article, the Department of Health and Mental Hygiene may not distribute a Statewide Academic Health Center Tobacco-Related Diseases Research Grant in fiscal year 2001. In subsequent fiscal years, the Department may distribute a Statewide Academic Health Center Tobacco-Related Diseases Research Grant only if funds are specifically allocated for this purpose in the State budget. It is the intent of the General Assembly that the Governor include funds in the State budget for fiscal year 2002 that are specifically allocated for this purpose.

SECTION 5. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene may not distribute any grants to the University of Maryland Medical Group under §§ 13-1114 through 13-1119 of the Health - General Article until the following entities enter into and submit to the Department a Memorandum of Understanding regarding the procedures for expenditure of any grant funds: (1) the University of Maryland, Baltimore; (2) the University of Maryland School of Medicine; (3) and the University of Maryland Medical System Corporation.

SECTION 6. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Governor include funds in the State budget for fiscal year 2002 that are specifically allocated for the purpose of implementing any plan developed under §§ 13-1109(e) and 13-1114(d) of the Health - General Article as to how the expertise of the statewide academic health centers will be used to assist the community health coalitions in Montgomery County and Prince George's County in enhancing the capacity for cancer screening and treatment at one or more major community hospitals in Montgomery County and Prince George's County.

SECTION 7. AND BE IT FURTHER ENACTED, That, in addition to the requirements of § 13-1005(e)(3) of the Health - General Article, which requires that the Department use at least \$750,000 of the money that is allocated to the Statewide Public Health Component of the Tobacco Use Prevention and Cessation Program in fiscal year 2001 to provide outreach and start-up technical assistance to African American communities in the State for the purpose of organizing participation in community health coalitions that are formed under § 13-1108(b), § 13-1109(c), or § 13-1115(b) of the Health - General Article, an additional \$750,000 is included in Supplemental Budget No. 2 of the

(Over)

fiscal year 2001 State budget for this same purpose.

SECTION 8. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene shall conduct a study to determine whether all screening programs that are funded through grants that are distributed under the Cancer Prevention, Education, Screening, and Treatment Program created under this Act provide necessary treatment for uninsured individuals, as defined in § 13-1101 of the Health - General Article, who are diagnosed with a targeted or non-targeted cancer as a result of the screening programs. In conducting the study, the Department shall: (1) identify the number of uninsured individuals who have participated in the screening programs; (2) identify the number of uninsured individuals who have been diagnosed with a targeted or non-targeted cancer as a result of the screening programs; (3) identify the type of treatment that was received by uninsured individuals who were diagnosed with a targeted or non-targeted cancer as a result of the screening programs; and (4) determine the financial impact of treating these uninsured individuals on hospitals, community clinics, physicians, and other health care providers. The Department shall submit a report on its findings to the Governor and, subject to § 2-1246 of the State Government Article, the General Assembly within 1 year after the date that the Department approves or disapproves all of the Comprehensive Plans for Cancer Prevention, Education, Screening, and Treatment submitted to the Department under this Act by local health departments, statewide academic health centers, or other persons designated by the Department. Any local health department, statewide academic health center, or other person who receives money to fund a screening program through a grant that is distributed under the Cancer Prevention, Education, Screening, and Treatment Program created under this Act shall submit to the Department any information that is needed by the Department to complete the study required by this section.

SECTION 9. AND BE IT FURTHER ENACTED, That a comprehensive evaluation of the Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening, and Treatment Program established in this Act shall be conducted at the end of fiscal year 2004. The comprehensive evaluation shall be conducted by a higher education institution or private entity. The Department shall issue a request for proposal to select the entity that will conduct the comprehensive evaluation. The comprehensive evaluation shall include an evaluation of: (1) the administration of the Programs; and (2) the effectiveness of the Programs, including an analysis of: (i) whether appropriate benchmarks based on objective performance measures have been met; and (ii) the extent to which the short-term and long-term goals established under §§ 13-1007 and 13-1109 of the

Health - General Article have been met. No later than February 1, 2004, the Department shall submit a proposed request for proposal for the comprehensive evaluation to the Senate Budget and Taxation Committee, Senate Finance Committee, House Appropriations Committee, and House Environmental Matters Committee for review and comment. Based on the results of the comprehensive evaluation, the Department shall consider whether the Programs should be modified in any way. No later than November 1, 2004, the Department shall submit a report to the Governor and, subject to § 2-1246 of the State Government Article, the General Assembly that includes the results of the comprehensive evaluation and the Department's recommendations regarding modifications to the Programs.

SECTION 10. AND BE IT FURTHER ENACTED, That, except as provided in Sections 2 through 5 of this Act, this Act shall take effect July 1, 2000."