

BY: Appropriations Committee

AMENDMENTS TO SENATE BILL NO. 896

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "Tobacco" in line 2 down through "Program" in line 4 and substitute "Smoking and Cancer Reduction Act of 2000".

On pages 1 and 2, strike in their entirety the lines beginning with line 5 on page 1 through line 9 on page 2, inclusive, and substitute:

"FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and a Cancer and Tobacco-Related Diseases Prevention, Identification, 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; establishing a Surveillance and Evaluation Component, a Statewide Public Health Component, a Countermarketing 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 Major Community Hospital Component, a Tobacco-Related Diseases Component, a Primary Health Care Component, a Local Public Health Component, a Targeted Hospital Capacity Component, a Statewide Academic Health Center Component, and an Administrative Component in the Cancer and Tobacco-Related Diseases Prevention, Identification, 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; requiring that preference be given to certain entities with certain records in awarding certain contracts; requiring that certain funds be distributed according to certain formulas; requiring that certain funds be used for certain purposes; requiring certain entities to submit certain plans and reports before receiving certain funds; 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

(Over)

Management to include certain information relating to the Cigarette Restitution Fund in the budget books each year; defining certain terms; establishing a certain subsidy program under which a subsidy is to be paid to insurers for certain enrollees in Medicare plus Choice; establishing certain guidelines for enrollee eligibility; establishing the eligibility criteria for participating in the subsidy program; requiring certain benefits to be provided in order to be eligible for the subsidy; allowing a managed care organization to include certain deductibles and co-payments as part of its program; requiring the Secretary of Health and Mental Hygiene to make payments to certain managed care providers within a certain period of time, to provide certain reports, and to adopt certain regulations; providing for the termination of this Act; requiring certain annual reports to the Governor and the General Assembly; prohibiting the State Department of Education from discontinuing the administration of the Maryland Adolescent Survey except under certain circumstances; providing that a certain component of this Act may not be implemented until after a certain baseline study has been completed; generally relating to a subsidy program for insurers for certain enrollees in Medicare plus Choice; and generally relating to the Cigarette Restitution Fund and programs relating to tobacco use prevention and cessation and to cancer and tobacco-related diseases prevention, identification, and treatment.”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 10 through 14, inclusive; in line 17, strike “13-1014” and substitute “13-1015”; in line 19, strike “13-1118” and substitute “13-1121”; in the same line, after “Cancer” insert “and Tobacco-Related Diseases”; in line 20, strike “Education, Screening” and substitute “Identification”; and after line 22, insert:

“BY adding to

Article - Health - General

Section 15-601 through 15-605, inclusive, to be under the new subtitle “Subtitle 6. Maryland Medicare Plus Choice Insurance Subsidy Program”

Annotated Code of Maryland

(1994 Replacement Volume and 1999 Supplement)”.

AMENDMENT NO. 3

On page 3, in line 4, after “year” insert “the use of”; in the same line, strike “kill” and substitute “kills”; in line 9, strike “direct” and substitute “economic burden of cancer”; in the same

line, strike “indirect costs of” and substitute “other”; in the same line, strike “tobacco related” and substitute “tobacco-related”; in line 10, strike “\$1.8” and substitute “1.8”; in line 28, after “differs” insert “markedly”; in line 30, after “groups;” insert “and

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

in line 32, strike “relating to” and substitute “for”; in line 34, after “cancer” insert “and tobacco-related diseases”; and after line 36, insert:

“WHEREAS, The University of Maryland Baltimore, which includes the University of Maryland School of Medicine and the University of Maryland Medical System, and The Johns Hopkins University are the State's only two academic health centers and serve the health needs of the entire State of Maryland; and

WHEREAS, The cost of providing Medicare plus Choice managed care benefits exceeded the income from premiums for these programs and thus has caused managed care organizations to leave fourteen counties as medically underserved areas in Maryland; and

WHEREAS, It is the intent of the Maryland General Assembly to provide an incentive to managed care organizations to provide Medicare plus Choice programs to seniors in those areas who have no Medicare managed care or are in medically underserved areas; and”.

On page 4, in line 2, after “Master” insert “Tobacco”; strike beginning with “Agreement” in line 2 down through “manufacturers)” in line 3; in line 9, strike “cancer”; and in the same line, after “State” insert “from cancer and tobacco-related diseases”.

AMENDMENT NO. 4

On pages 4 through 45, strike in their entirety the lines beginning with line 13 on page 4 through line 14 on page 45, inclusive, and substitute:

“Article - Health - General

SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

(Over)

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

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

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

(G) "COUNTY" INCLUDES BALTIMORE CITY.

(H) "LOCAL HEALTH OFFICER" MEANS:

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

(2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1008(F) OF THIS SUBTITLE.

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

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

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

(L) "MINORITY" MEANS WOMEN, AND INDIVIDUALS OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

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

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

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

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

(Q) "TARGETED MINORITY GROUP" MEANS A MINORITY GROUP TO WHICH THE TOBACCO INDUSTRY DISPROPORTIONATELY MARKETED TOBACCO PRODUCTS AND INCLUDES WOMEN AND INDIVIDUALS OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, AND ASIAN DESCENT.

(R) "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.
13-1002.

(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 GOAL OF THE PROGRAM IS TO REDUCE DISEASE, DISABILITY, AND DEATH RELATED TO TOBACCO USE BY:

(1) PREVENTING THE INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE;

(2) PROMOTING TOBACCO USE CESSATION AMONG YOUNG PEOPLE AND ADULTS;

(3) REDUCING NONSMOKERS' EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE; AND

(4) IDENTIFYING AND ELIMINATING THE DISPARITIES RELATED TO TOBACCO USE AND ITS EFFECTS AMONG DIFFERENT POPULATION GROUPS.

(D) THE PROGRAM CONSISTS OF:

(1) A SURVEILLANCE AND EVALUATION COMPONENT;

(2) A STATEWIDE PUBLIC HEALTH COMPONENT;

- (3) A COUNTERMARKETING AND MEDIA COMPONENT;
- (4) A LOCAL PUBLIC HEALTH COMPONENT; AND

- (5) AN ADMINISTRATIVE COMPONENT.

(E) THE TOBACCO USE PREVENTION AND CESSATION PROGRAM COMPONENTS SHOULD BE COMPREHENSIVE, SUSTAINABLE, AND ACCOUNTABLE, AND BASED ON THE CENTERS FOR DISEASE CONTROL "BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS" AS DETERMINED BY EVIDENCE-BASED ANALYSES.

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

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

(2) 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) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE OR IN THE ANNUAL BUDGET BILL AS ENACTED, 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) 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.

(4) THE DEPARTMENT MAY SHIFT A MAXIMUM OF 10 PERCENT OF THE PROGRAM'S ALLOCATION FROM ONE COMPONENT TO ANOTHER COMPONENT, EXCEPT THAT NO FUNDS MAY BE TRANSFERRED TO THE ADMINISTRATIVE COMPONENT.

(5) THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND TAXATION AND FINANCE COMMITTEES AND THE HOUSE APPROPRIATIONS AND ENVIRONMENTAL MATTERS COMMITTEES ON ANY SHIFT OF FUNDS WITHIN 60 DAYS.

(H) ONE-THIRD OF THE TOTAL AMOUNT OF FUNDS ALLOCATED IN THE BUDGET EACH YEAR FOR THE PROGRAM SHALL BE DEDICATED TO REDUCING TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG TARGETED MINORITY GROUPS.

(I) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND TAXATION AND FINANCE COMMITTEES AND THE HOUSE APPROPRIATIONS AND ENVIRONMENTAL MATTERS COMMITTEES:

(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;

(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; AND

(3) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH COMPONENT AND DISTRIBUTED TO EACH COUNTY THAT WAS DEDICATED TO REDUCING TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG TARGETED MINORITY GROUPS.

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) AND (D) OF THIS SECTION; AND

(4) CONDUCT AN ANNUAL TOBACCO STUDY, AS PROVIDED UNDER § 13-1004 OF THIS SUBTITLE.

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

(2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

(Over)

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

(II) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO, WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE STUDY, STARTED TO SMOKE OR OTHERWISE BEGAN TO USE TOBACCO PRODUCTS, AND THE AGE AT WHICH THEY STARTED;

(III) 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;

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

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

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

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

(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 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.

(3) IN CONDUCTING THE BASELINE TOBACCO STUDY, THE DEPARTMENT SHALL CONSIDER THE FINDINGS CONTAINED IN THE MARYLAND ADOLESCENT SURVEY AND THE YOUTH TOBACCO SURVEY, WHEN APPROPRIATE.

(4) (I) THE MARYLAND STATE DEPARTMENT OF EDUCATION, LOCAL EDUCATION AGENCIES, AND EACH SCHOOL SELECTED TO PARTICIPATE, SHALL WORK COOPERATIVELY WITH THE DEPARTMENT IN DEVELOPING AND ADMINISTERING SURVEYS.

(II) THE MARYLAND STATE DEPARTMENT OF EDUCATION MAY NOT DISCONTINUE THE ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY:

1. UNLESS THE MARYLAND STATE DEPARTMENT OF EDUCATION PROVIDES A REPORT TO THE GENERAL ASSEMBLY ON THE REASONS FOR DISCONTINUING THE SURVEY; AND

2. UNTIL THE FIRST SCHOOL YEAR FOLLOWING THE SUBMISSION OF THE REPORT TO THE GENERAL ASSEMBLY.

(D) (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 PROPOSALS TO SELECT THE ENTITY THAT WILL CONDUCT THE BASELINE TOBACCO STUDY.

(3) THE REQUEST FOR PROPOSALS SHALL SPECIFY THAT ANY METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE BASELINE TOBACCO STUDY AND ANY DATA COLLECTED UNDER THE STUDY SHALL 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 ISSUE A REQUEST FOR PROPOSALS THAT ALLOWS THE DEPARTMENT TO 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.

(E) 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, NO LATER THAN JANUARY 15, 2001.

13-1004.

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

(B) THE ANNUAL TOBACCO STUDY SHALL:

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

(2) USE A METHODOLOGY OR MODEL THAT ENABLES COMPARISONS AND TREND ANALYSES TO BE MADE WITH THE BASELINE TOBACCO STUDY.

(C) (1) SUBJECT TO PARAGRAPH (2) 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 PROPOSALS TO SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.

(D) 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, NO LATER THAN SEPTEMBER 1 OF EACH YEAR.

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 ANTITOBACCO 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:

(1) DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE;

(2) ISSUE REQUESTS FOR PROPOSALS FOR PROGRAMS THAT ARE NOT ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE; AND

(3) DISTRIBUTE GRANTS TO OR ENTER INTO CONTRACTS WITH OTHER PERSONS WHO DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE.

(Over)

(D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSALS, DISTRIBUTES A GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL:

(1) 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.

(2) STATE THAT PRIORITY WILL BE GIVEN TO ENTITIES WITH A DEMONSTRATED RECORD OF SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

(E) TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL AWARD ONE-THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES WITH DEMONSTRATED RECORDS OF SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

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 ANTITOBACCO 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 SHALL DISTRIBUTE GRANTS TO COUNTIES FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS, INCLUDING:

(1) COMMUNITY-BASED PROGRAMS;

- (2) SCHOOL-BASED PROGRAMS; AND
- (3) PROGRAMS RELATING TO ENFORCEMENT OF TOBACCO CONTROL LAWS.

(D) BY 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, TO THE GENERAL ASSEMBLY THAT INCLUDES:

(1) A LIST OF THE TOBACCO USE PREVENTION AND CESSATION PROGRAMS UNDERTAKEN BY EACH COUNTY;

(2) AN ANALYSIS OF EACH INITIATIVE'S EFFECTIVENESS BASED ON THE GOALS ESTABLISHED UNDER § 13-1007 OF THIS ARTICLE; AND

(3) A LIST OF ENTITIES ASSISTED WITH THE GRANTS PROVIDED UNDER THIS SECTION.

13-1007.

(A) AFTER THE BASELINE TOBACCO STUDY HAS BEEN COMPLETED, THE DEPARTMENT SHALL:

(1) IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, ESTABLISH TOBACCO USE PREVENTION AND CESSATION GOALS FOR EACH COUNTY;

(2) ESTABLISH OTHER REQUIREMENTS 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.

(Over)

(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-THIRD 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;

(2) THE PRODUCT OF:

(I) ONE-THIRD 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;
AND

(3) THE PRODUCT OF:

(I) ONE-THIRD 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 ARE

MEMBERS OF TARGETED MINORITY GROUPS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE WHO ARE MEMBERS OF TARGETED MINORITY GROUPS.

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 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) TO THE EXTENT PRACTICABLE, IDENTIFY EXISTING TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

(II) ASSESS THE EFFECTIVENESS OF THE PUBLICLY FUNDED PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS ITEM;

(III) IDENTIFY UNMET HEALTH NEEDS REGARDING TOBACCO USE PREVENTION AND CESSATION; AND

(IV) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION THAT OUTLINES A STRATEGY FOR MEETING:

(Over)

1. THE TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED BY THE DEPARTMENT IN CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT; AND

2. MEETING THE UNMET HEALTH NEEDS IDENTIFIED UNDER ITEM (III) OF THIS ITEM.

(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) 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 BY THE DEPARTMENT;

(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 BY THE DEPARTMENT;

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

(6) DEMONSTRATE THAT PRIORITY WAS GIVEN TO EXISTING ENTITIES, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE A DEMONSTRATED COMMITMENT AND PROVEN ABILITY TO PROVIDE TOBACCO USE PREVENTION AND CESSATION SERVICES TO UNINSURED AND UNDERINSURED RESIDENTS OF THE COUNTY;

(7) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY THE FINAL FUNDING ALLOCATIONS FOR EACH PURPOSE IDENTIFIED IN § 13-1011(E) OF THIS SUBTITLE AND EACH PROGRAM IN THE PLAN;

(8) DESCRIBE HOW THE PLAN WILL HELP REDUCE TOBACCO USE AMONG MINORITIES 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 GOVERNOR'S TASK FORCE TO END SMOKING IN MARYLAND;

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

(10) 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; AND

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

(D) 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 BY JUNE 1 OF EACH YEAR.

(E) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND CESSATION.

(F) (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 OR UNABLE 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) IN CHOOSING A PERSON OTHER THAN THE HEAD OF A COUNTY HEALTH DEPARTMENT TO SERVE AS A LOCAL HEALTH OFFICER AND COORDINATE A COUNTY'S TOBACCO USE AND CESSATION EFFORTS, THE DEPARTMENT SHALL:

(I) ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER THIS SUBSECTION; AND

(II) 1. ISSUE A REQUEST FOR PROPOSALS; OR
2. COORDINATE THE COUNTY'S TOBACCO USE AND CESSATION PROGRAM FROM WITHIN THE DEPARTMENT.

13-1009.

(A) THE DEPARTMENT SHALL ENCOURAGE REGIONAL AND STATEWIDE COORDINATION AMONG THE COUNTIES BY:

(1) APPROVING THE FORMATION OF REGIONAL COMMUNITY HEALTH COALITIONS WHERE APPROPRIATE; AND

(2) FACILITATING COMMUNICATION AMONG THE COMMUNITY HEALTH COALITIONS.

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

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

(D) 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.

THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER § 13-1008(B) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE COUNTY AND MAY CONSIST OF:

(Over)

(1) REPRESENTATIVES OF:

(I) COMMUNITY-BASED GROUPS THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE COUNTY, INCLUDING MINORITY, RURAL, AND MEDICALLY UNDERSERVED GROUPS;

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

(III) THE LOCAL PUBLIC SCHOOL SYSTEM;

(IV) LOCAL HEALTH CARE PROVIDERS;

(V) LOCAL LAW ENFORCEMENT;

(VI) LOCAL BUSINESSES;

(VII) LOCAL RELIGIOUS ORGANIZATIONS;

(VIII) LOCAL MEDIA;

(IX) INSTITUTIONS OF HIGHER EDUCATION;

(X) LOCAL HOSPITALS; AND

(XI) OTHER HOSPITALS AND ORGANIZATIONS IN THE STATE THAT MAY PARTICIPATE IN TOBACCO USE PREVENTION AND CESSATION ACTIVITIES IN THE COUNTY;

(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 BY THE DEPARTMENT; AND

(3) ANY OTHER PERSON NECESSARY TO ENSURE THAT THE COALITION IS REPRESENTATIVE OF THE COMMUNITY IT SERVES.

13-1011.

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

(E) EXCEPT AS PROVIDED IN SUBSECTION (F) OF THIS SECTION, A COUNTY THAT RECEIVES A LOCAL PUBLIC HEALTH TOBACCO GRANT SHALL SPEND:

(1) 15 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR TOBACCO CESSATION PROGRAMS;

(Over)

(2) 45 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR PROGRAMS DESIGNED TO REDUCE TOBACCO USE IN THE COUNTY;

(3) 30 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR PROGRAMS DESIGNED TO REDUCE TOBACCO USE AMONG INDIVIDUALS IN THE COUNTY UNDER THE AGE OF 18 YEARS; AND

(4) 10 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT TO ENFORCE STATE AND LOCAL LAWS REGARDING THE SALE AND USE OF TOBACCO PRODUCTS.

(F) (1) AFTER NOTIFYING THE DEPARTMENT, A LOCAL HEALTH OFFICER MAY SHIFT A MAXIMUM OF 10 PERCENT OF A LOCAL PUBLIC HEALTH TOBACCO GRANT EACH YEAR AMONG THE PURPOSES DESCRIBED IN SUBSECTION (E) OF THIS SECTION.

(2) A LOCAL HEALTH OFFICER MAY REQUEST, AND THE SECRETARY MAY GRANT, A WAIVER FROM THE SECRETARY TO SHIFT MORE THAN 10 PERCENT OF A GRANT IN ANY YEAR.

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 BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE; AND

(2) 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 COUNTERMARKETING AND MEDIA COMPONENT IN THE PROGRAM.

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

(C) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, BY JANUARY 15, 2001, THAT:

(1) DESCRIBES THE VARIOUS ELEMENTS OF THE COUNTERMARKETING AND MEDIA COMPONENT AND HOW THE DEPARTMENT PLANS TO IMPLEMENT THE COMPONENT; AND

(2) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE COUNTERMARKETING AND MEDIA COMPONENT.

(D) (1) THE DEPARTMENT MAY CONTRACT WITH A PRIVATE ENTITY TO IMPLEMENT ANY PART OF THE COUNTERMARKETING AND MEDIA COMPONENT.

(2) IF THE DEPARTMENT DETERMINES THAT ANY PART OF THE COUNTERMARKETING AND MEDIA COMPONENT SHOULD BE IMPLEMENTED BY PRIVATE ENTITY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSALS TO SELECT THE ENTITY THAT WILL IMPLEMENT THAT PART OF THE COMPONENT.

(3) THE REQUEST FOR PROPOSALS SHALL:

(Over)

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

(II) STATE THAT PRIORITY WILL BE GIVEN TO ENTITIES WITH A DEMONSTRATED RECORD OF SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

(4) TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL AWARD ONE-THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES WITH DEMONSTRATED RECORDS OF SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

(E) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTERMARKETING 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 (F) OF THIS SECTION, USING MONEY THAT IS ALLOCATED TO THE COUNTERMARKETING COMPONENT TO OBTAIN MONEY FROM THE FEDERAL GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY; AND

(3) COORDINATING THE PURCHASES OF BROADCAST TIME WITH OTHER STATES AND THE DISTRICT OF COLUMBIA.

(F) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL GOVERNMENT, THE 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.

(G) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT, ON OR BEFORE SEPTEMBER 1, TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE RESULTS OF THE COUNTERMARKETING AND MEDIA CAMPAIGN.

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 FOR EFFECTIVE MANAGEMENT OF THE PROGRAM.

(C) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING THAT IS ALLOCATED TO THE DEPARTMENT UNDER THE ADMINISTRATIVE COMPONENT TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, WHICH MAY NOT EXCEED 5 PERCENT OF THE AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

(D) THE ADMINISTRATIVE COSTS INCURRED BY ANY ENTITY THAT RECEIVES FUNDS UNDER ANY OTHER COMPONENT OF THE PROGRAM, WHICH MAY NOT EXCEED 7 PERCENT OF THE FUNDS GRANTED ANNUALLY TO EACH ENTITY, ARE NOT INCLUDED IN THE ADMINISTRATIVE COMPONENT.

13-1015.

THE DEPARTMENT SHALL ADOPT ANY REGULATIONS NECESSARY TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE.

(Over)

SUBTITLE 11. CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
IDENTIFICATION, 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 § 13-1120 OF THIS SUBTITLE.

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

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

(E) "CLINICAL RESEARCH" MEANS TESTING THE SAFETY AND EFFECTIVENESS OF PROMISING NEW TREATMENTS AND PROTOCOLS INVOLVING HUMAN SUBJECTS AND OTHER APPLICABLE MODELS FOR TESTING.

(F) "COUNTY" INCLUDES BALTIMORE CITY.

(G) "FEDERALLY QUALIFIED HEALTH CENTER" MEANS A HEALTH CARE PROVIDER THAT HAS HISTORICALLY PROVIDED COMPREHENSIVE PRIMARY CARE SERVICES TO THE UNINSURED AND UNDERINSURED AND MEETS SPECIFIC REQUIREMENTS AS DEFINED IN 42 U.S.C.A. § 254B.

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

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

(J) “LOCAL HEALTH OFFICER” MEANS:

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

(2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1111(F) OF THIS SUBTITLE.

(K) “LOCAL PUBLIC HEALTH CANCER GRANT” MEANS A GRANT DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1109 THROUGH 13-1115 OF THIS SUBTITLE.

(L) “LOCAL PUBLIC HEALTH COMPONENT” MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1109 OF THIS SUBTITLE.

(M) “MAJOR COMMUNITY HOSPITAL COMPONENT” MEANS THE COMPONENT OF THE PROGRAM ESTABLISHED UNDER § 13-1106 OF THIS SUBTITLE.

(N) “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.

(O) “MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM” MEANS THE PROGRAM ESTABLISHED UNDER TITLE 15, SUBTITLE 6 OF THIS ARTICLE.

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

(Q) “MARYLAND TELEMEDICINE NETWORK” MEANS A STATEWIDE NETWORK AND INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF

(Over)

EDUCATION, PREVENTION, OUTREACH, SCREENING, TREATMENT, AND RESEARCH PROGRAMS RELATING TO CERTAIN PUBLIC HEALTH PURPOSES THAT CAN BE ACCESSED BY INDIVIDUALS THROUGHOUT THE STATE, INCLUDING:

(1) REGIONAL COORDINATION OF AND SUPPORT FOR INCREASING PARTICIPATION OF DIVERSE POPULATIONS IN CLINICAL TRIALS;

(2) DEVELOPMENT OF BEST PRACTICES MODELS; AND

(3) COORDINATION OF PREVENTION AND CONTROL ACTIVITIES AMONG PHYSICIANS AND OTHER STAKEHOLDERS IN DIFFERENT GEOGRAPHIC AREAS OF THE STATE.

(R) “MINORITY” MEANS WOMEN, AND INDIVIDUALS OF AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.

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

(T) “PROGRAM” MEANS THE CANCER AND TOBACCO-RELATED DISEASES PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAM THAT IS ESTABLISHED UNDER § 13-1102 OF THIS SUBTITLE.

(U) “PRIMARY HEALTH CARE COMPONENT” MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE.

(V) “STATEWIDE ACADEMIC HEALTH CENTER COMPONENT” MEANS THE COMPONENT ESTABLISHED UNDER § 13-1117 OF THIS SUBTITLE.

(W) “STATEWIDE ACADEMIC HEALTH CENTER GRANT” MEANS A GRANT THAT IS DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS UNDER § 13-1117 OF THIS SUBTITLE.

(X) “SURVEILLANCE AND EVALUATION COMPONENT” MEANS THE

COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1103 OF THIS SUBTITLE.

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

(Z) "TARGETED HOSPITAL CAPACITY COMPONENT" MEANS THE COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1116 OF THIS SUBTITLE.

(AA) "TARGETED HOSPITAL CAPACITY GRANT" MEANS A GRANT THAT IS DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS UNDER § 13-1116 OF THIS SUBTITLE.

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

(CC) "TOBACCO-RELATED DISEASES GRANT" MEANS A GRANT DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP UNDER § 13-1107 OF THIS SUBTITLE.

(DD) "TRANSLATIONAL RESEARCH" MEANS RESEARCH THAT TRANSLATES BASIC RESEARCH INTO THE DEVELOPMENT OF NEW TREATMENT PROTOCOLS.

(EE) "TREATMENT" INCLUDES CLINICAL TRIALS, TRANSPORTATION, CASE MANAGEMENT, HOSPICE CARE, AND CANCER SUPPORT GROUPS.

(FF) "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.

(Over)

(A) THERE IS A CANCER AND TOBACCO-RELATED DISEASES PREVENTION, IDENTIFICATION, AND TREATMENT 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:

(1) PREVENTION, IDENTIFICATION, AND TREATMENT OF CANCER SO AS TO CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE CANCER MORTALITY AND MORBIDITY IN THE STATE;

(2) PREVENTION, IDENTIFICATION, AND TREATMENT OF TOBACCO-RELATED DISEASES SO AS TO CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE TOBACCO-RELATED DISEASES MORTALITY AND MORBIDITY IN THE STATE; AND

(3) PROVISION OF PRIMARY HEALTH CARE SERVICES FOR CANCER AND TOBACCO-RELATED DISEASES TO THE UNINSURED AND UNDERINSURED AND TO OTHERWISE BENEFIT THE HEALTH AND WELFARE OF THE STATE'S RESIDENTS.

(C) THE PROGRAM CONSISTS OF:

(1) A SURVEILLANCE AND EVALUATION COMPONENT;

(2) A MAJOR COMMUNITY HOSPITAL COMPONENT;

(3) A TOBACCO-RELATED DISEASES COMPONENT;

(4) A PRIMARY HEALTH CARE COMPONENT;

(5) A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT;

(6) A LOCAL PUBLIC HEALTH COMPONENT;

(7) A TARGETED HOSPITAL CAPACITY COMPONENT; AND

(8) AN ADMINISTRATIVE COMPONENT.

(D) TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE MAJOR COMMUNITY HOSPITAL COMPONENT, THE LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL CAPACITY COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT OF THE PROGRAM.

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

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

(2) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE OR IN THE ANNUAL BUDGET BILL AS ENACTED, MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE BUDGET MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS APPROPRIATED.

(3) THE DEPARTMENT MAY SHIFT A MAXIMUM OF 10 PERCENT OF THE PROGRAM'S ALLOCATION FROM ONE COMPONENT TO ANOTHER COMPONENT, EXCEPT THAT NO FUNDS MAY BE TRANSFERRED TO THE ADMINISTRATIVE COMPONENT.

(4) THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND TAXATION AND FINANCE COMMITTEES AND THE HOUSE APPROPRIATIONS AND ENVIRONMENTAL MATTERS COMMITTEE ON ANY SHIFT OF FUNDS WITHIN 60 DAYS.

(G) 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.

(Over)

(H) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND TAXATION AND FINANCE COMMITTEES AND THE HOUSE APPROPRIATIONS AND ENVIRONMENTAL MATTERS COMMITTEES:

(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 AS GRANTS TO EACH RECIPIENT IN THE PRIMARY HEALTH CARE COMPONENT, THE MAJOR COMMUNITY HOSPITAL COMPONENT, THE TOBACCO-RELATED DISEASES COMPONENT, THE LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL CAPACITY COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT:

(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.

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 CANCER AND CANCER PREVENTION, IDENTIFICATION, AND TREATMENT 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 AND TYPES OF SCREENING PROGRAMS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY, AND THE NUMBER OF INDIVIDUALS SCREENED EACH YEAR IN THESE PROGRAMS;

(6) THE MECHANISMS TO INSURE THAT INDIVIDUALS WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND ARE NOT COVERED BY MEDICAID OR MEDICARE RECEIVE APPROPRIATE TREATMENT FOR ANY CANCER THAT IS DETECTED IN A SCREENING PROGRAM;

(7) THE NUMBER OF IDENTIFIABLE CANCERS WITH A HIGH INCIDENCE FOR WHICH THERE ARE:

(I) EFFECTIVE PROCEDURES FOR EARLY DETECTION; AND

(II) EFFECTIVE PROCEDURES FOR PREVENTION OR TREATMENT AFTER EARLY DETECTION;

(8) ANY ASPECT OF TARGETED AND NONTARGETED CANCERS THAT THE DEPARTMENT SEEKS TO MEASURE; AND

(9) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO BE IMPORTANT FOR MEASURING RATES OF TARGETED 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 RELY ON 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 PROPOSALS TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF THE STUDY.

(2) THE REQUEST FOR PROPOSALS SHALL SPECIFY THAT ANY METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR THE RELEVANT PART OF THE STUDY, AND ANY DATA COLLECTED UNDER THE STUDY, SHALL 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 ISSUE A REQUEST FOR PROPOSALS THAT ALLOWS THE DEPARTMENT TO 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) 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 NO LATER THAN SEPTEMBER 1, 2000.

13-1104.

(A) 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:

(Over)

(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.

(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) 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 PROPOSALS TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF THE STUDY.

(E) 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 NO LATER THAN SEPTEMBER 1.

13-1105.

AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED, THE DEPARTMENT, IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, SHALL:

(1) ESTABLISH CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS FOR THE STATE AND EACH COUNTY; AND

(2) ESTABLISH OTHER REQUIREMENTS THAT THE DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED UNDER ITEM (1) OF THIS SECTION.

13-1106.

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

(2) "REGIONAL CANCER DISCHARGE RATE" MEANS A COMMUNITY HOSPITAL'S PERCENTAGE OF THE COUNTY'S TOTAL CANCER PATIENT DISCHARGES.

(3) "UNCOMPENSATED CARE RATE" MEANS THE PERCENTAGE OF CARE PROVIDED BY A COMMUNITY HOSPITAL THAT IS UNCOMPENSATED.

(4) "CANCER RESEARCH DOLLARS" MEANS THE TOTAL DOLLARS RECEIVED BY A COMMUNITY HOSPITAL DESIGNATED FOR CANCER RESEARCH.

(5) (I) "COMMUNITY HOSPITAL" MEANS ANY ACCREDITED HOSPITAL IN THE STATE.

(II) "COMMUNITY HOSPITAL" DOES NOT INCLUDE THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND THE JOHNS HOPKINS UNIVERSITY HOSPITAL.

(6) "MAJOR COMMUNITY HOSPITAL" MEANS THE COMMUNITY HOSPITAL IN THE STATE IDENTIFIED IN SUBSECTION (G) OF THIS SECTION.

(B) THERE IS A MAJOR COMMUNITY HOSPITAL COMPONENT.

(C) THE PURPOSE OF THE MAJOR COMMUNITY HOSPITAL COMPONENT IS TO PROVIDE FUNDING FOR A COMMUNITY-BASED HOSPITAL EFFORT TO REDUCE

(Over)

THE MORBIDITY AND MORTALITY OF CANCER IN THE STATE.

(D) UNDER THE MAJOR COMMUNITY HOSPITAL COMPONENT, THE DEPARTMENT SHALL DISTRIBUTE A GRANT TO THE MAJOR COMMUNITY HOSPITAL.

(E) FUNDING FOR THE MAJOR COMMUNITY HOSPITAL COMPONENT SHALL BE AS ALLOCATED IN THE STATE BUDGET.

(F) THE MAJOR COMMUNITY HOSPITAL THAT RECEIVES A GRANT SHALL USE THE FUNDS TOWARD PREVENTION, IDENTIFICATION, AND TREATMENT OF TARGETED CANCERS IN ORDER TO DEVELOP PILOT PROGRAMS WHICH CAN SERVE AS MODELS FOR OTHER COMMUNITY HOSPITALS.

(G) THE DEPARTMENT SHALL DETERMINE THE MAJOR COMMUNITY HOSPITAL TO RECEIVE A GRANT BASED ON THE SUM OF THE FOLLOWING WEIGHTED CRITERIA:

(1) 60 PERCENT TIMES THE REGIONAL CANCER DISCHARGE RATE IN THE PREVIOUS YEAR;

(2) 40 PERCENT TIMES THE UNCOMPENSATED CARE RATE IN THE PREVIOUS YEAR; AND

(3) 10 PERCENT TIMES THE AMOUNT OF CANCER RESEARCH DOLLARS IN THE PREVIOUS YEAR DIVIDED BY 100,000.

(H) THE DEPARTMENT SHALL AWARD A GRANT TO THE MAJOR COMMUNITY HOSPITAL WITH THE HIGHEST WEIGHTED SUM AS CALCULATED IN SUBSECTION (G) OF THIS SECTION.

(I) BEFORE DISTRIBUTING A GRANT, THE MAJOR COMMUNITY HOSPITAL SHALL SUBMIT A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT THAT:

(1) PROVIDES A DETAILED PLAN AS TO HOW THE GRANT WILL BE

SPENT AND HOW IT WILL BE USED TO ACHIEVE THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT;

(2) TO THE EXTENT PRACTICABLE, PROVIDES A COMPLETE INVENTORY OF CANCER ACTIVITIES RELATING TO TARGETED CANCERS THAT ARE CURRENTLY BEING CONDUCTED BY THE MAJOR COMMUNITY HOSPITAL, INCLUDING A BREAKDOWN OF THE TYPES OF CANCER TO WHICH THE ACTIVITIES RELATE;

(3) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL OF THE CANCER ACTIVITIES IDENTIFIED UNDER ITEM (2) OF THIS SUBSECTION;

(4) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATES THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT AND INCLUDES THE EVALUATION OF ANY PROGRAM FUNDED WITH A GRANT IN THE PRIOR YEAR;

(5) AFTER THE FIRST YEAR OF FUNDING, THE AMOUNT OF MONEY THAT WAS RECEIVED UNDER A GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(6) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE DEPARTMENT.

(J) THE DEPARTMENT MAY NOT DISTRIBUTE A GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

(1) THE COMPREHENSIVE PLAN WILL HELP ACHIEVE THE STATE'S CANCER GOALS;

(2) THE MAJOR COMMUNITY HOSPITAL THAT RECEIVES A GRANT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING CANCER-RELATED ACTIVITIES OR ANY OTHER TYPE OF CURRENT EXPENDITURE BY THE MAJOR

(Over)

COMMUNITY HOSPITAL;

(3) THE GRANT WILL BE USED TO FUND CANCER-RELATED ACTIVITIES AS PROVIDED IN SUBSECTION (F) OF THIS SECTION THAT RELATE TO STATE CANCER GOALS; AND

(4) THE MAJOR COMMUNITY HOSPITAL SATISFIES ANY OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.

13-1107.

(A) THERE IS A TOBACCO-RELATED DISEASES COMPONENT IN THE PROGRAM.

(B) THE PURPOSE OF THE TOBACCO-RELATED DISEASES COMPONENT IS TO REDUCE THE MORBIDITY AND MORTALITY RATES OF MARYLAND RESIDENTS FROM TOBACCO-RELATED DISEASES.

(C) FUNDING FOR THE TOBACCO-RELATED DISEASES COMPONENT SHALL BE AS ALLOCATED IN THE STATE BUDGET.

(D) UNDER THE TOBACCO-RELATED DISEASES COMPONENT, THE DEPARTMENT MAY DISTRIBUTE A GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP TO FUND:

(1) PREVENTION, IDENTIFICATION, AND TREATMENT OF TOBACCO-RELATED DISEASES THROUGH THE MARYLAND TELEMEDICINE NETWORK; AND

(2) TOBACCO-RELATED DISEASES RESEARCH IN THE FOLLOWING AREAS:

(I) HEALTH SERVICES RESEARCH TO DETERMINE:

1. BEST METHODS OF DELIVERING SERVICES TO DIVERSE POPULATION GROUPS;

2. FACTORS AND POLICIES WHICH FACILITATE DELIVERY OF SERVICES; AND

3. FACTORS WHICH INHIBIT DELIVERY OF SERVICES, INCLUDING PHYSICAL, CULTURAL, ECONOMIC, AND SOCIAL FACTORS WITH A GOAL OF DETERMINING APPROPRIATE METHODS TO INCREASE PARTICIPATION OF MEMBERS OF UNDERSERVED COMMUNITIES IN CLINICAL TRIALS;

(II) TRANSLATIONAL RESEARCH; AND

(III) CLINICAL RESEARCH.

(E) NO MORE THAN 25 PERCENT OF THE TOBACCO-RELATED DISEASES GRANT MAY BE EXPENDED FOR THE RESEARCH PURPOSES ESTABLISHED IN SUBSECTION (D)(2) OF THIS SECTION.

(F) BEFORE RECEIVING A TOBACCO-RELATED DISEASES GRANT, THE UNIVERSITY OF MARYLAND MEDICAL GROUP SHALL:

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

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

(II) TO THE EXTENT PRACTICABLE PROVIDES A COMPLETE INVENTORY OF PREVENTION, IDENTIFICATION, 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 THE RESEARCH RELATES;

(Over)

(III) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL OF THE TOBACCO-RELATED DISEASES ACTIVITIES IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH;

(IV) DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER THE TOBACCO-RELATED DISEASES GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS FOR INDIVIDUALS WHO:

1. ARE DIAGNOSED WITH A TOBACCO-RELATED DISEASE; AND

2. DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT ELIGIBLE FOR MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR TREATMENT;

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

(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) CONSISTENT WITH FEDERAL LAW, ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WHICH SHALL CONSULT WITH THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT AND THE MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION, THAT ESTABLISHES:

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

(II) TO THE EXTENT CONSISTENT WITH STATE LAW, THE APPLICATION OF THE EXISTING INTELLECTUAL PROPERTY POLICIES OF THE INSTITUTION; AND

(III) A PLAN FOR EXPEDITING THE TRANSLATION OF SUCCESSFUL TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL TRIALS.

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

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

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

(3) THE GRANT WILL BE USED TO FUND TOBACCO-RELATED DISEASES ACTIVITIES AS PROVIDED IN SUBSECTION (D) OF THIS SECTION THAT RELATE TO STATE PUBLIC HEALTH GOALS;

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

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

(Over)

(H) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND EFFECTIVENESS OF THE TOBACCO-RELATED DISEASES COMPONENT.

13-1108.

(A) THERE IS A PRIMARY HEALTH CARE COMPONENT IN THE PROGRAM.

(B) THE MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM IS PART OF THE PRIMARY HEALTH CARE COMPONENT.

13-1109.

(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, IDENTIFICATION, AND TREATMENT PROGRAMS FOR TARGETED CANCERS IN COORDINATION WITH THE DEPARTMENT.

(C) SUBJECT TO §§ 13-1110 THROUGH 13-1115 OF THIS SUBTITLE, THE DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS.

(D) 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.

13-1110.

(A) AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED, THE DEPARTMENT SHALL:

(1) IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS,

ESTABLISH CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS FOR EACH COUNTY;

(2) ESTABLISH OTHER REQUIREMENTS THAT THE DEPARTMENT DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED UNDER ITEM (1) OF THIS SUBSECTION;

(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; AND

(4) REPORT TO THE SENATE BUDGET AND TAXATION AND FINANCE COMMITTEES AND THE HOUSE APPROPRIATIONS AND ENVIRONMENTAL MATTERS COMMITTEES BY SEPTEMBER 1, 2000, ON THE BASELINE CANCER STUDY, THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS FOR EACH COUNTY, AND EACH COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT.

(B) SUBJECT TO §§ 13-1111 THROUGH 13-1115 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 ONE OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE WHO HAVE ONE OF THE TARGETED CANCERS; AND

(2) THE PRODUCT OF:

(Over)

(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 DIED FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE WHO DIED FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR.

13-1111.

(A) (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 § 13-1110 OF THIS SUBTITLE.

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

(1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED UNDER § 13-1113 OF THIS SUBTITLE; AND

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

(I) TO THE EXTENT PRACTICABLE, IDENTIFY EXISTING CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY AND THAT ARE PUBLICLY FUNDED;

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

(III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT THAT OUTLINES A STRATEGY FOR MEETING THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT.

(C) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION, 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 LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR;

(3) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS ESTABLISHED BY THE DEPARTMENT IN CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT;

(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, IDENTIFICATION, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT;

(5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1114 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 LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE

(Over)

PROVIDERS FOR INDIVIDUALS WHO:

(I) ARE DIAGNOSED WITH A TARGETED OR NONTARGETED
CANCER; AND

(II) DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT
ELIGIBLE FOR MEDICAID, THE MARYLAND CHILDREN'S HEALTH INSURANCE
PROGRAM, OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR TREATMENT;

(7) DEMONSTRATE THAT PRIORITY WAS GIVEN TO EXISTING
ENTITIES, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS, THAT HAVE A
DEMONSTRATED COMMITMENT AND PROVEN ABILITY TO PROVIDE CANCER
PREVENTION, IDENTIFICATION, AND TREATMENT SERVICES TO UNINSURED AND
UNDERINSURED RESIDENTS OF THE COUNTY;

(8) DESCRIBE HOW THE PLAN WILL HELP ELIMINATE THE INCIDENCE
AND MORBIDITY RATES FOR CANCER AMONG MINORITIES AND IN RURAL AREAS,
WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE FINDINGS
AND RECOMMENDATIONS OF THE GOVERNOR'S TASK FORCE TO CONQUER CANCER
IN MARYLAND;

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

(10) 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; AND

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

(D) 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, IDENTIFICATION, AND TREATMENT.

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

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

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

(II) THE COUNTY HEALTH DEPARTMENT HAS BEEN UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, IDENTIFICATION, 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) IN CHOOSING A PERSON OTHER THAN THE HEAD OF A COUNTY HEALTH DEPARTMENT TO SERVE AS A LOCAL HEALTH OFFICER AND COORDINATE A COUNTY'S ANTICANCER EFFORTS, THE DEPARTMENT SHALL:

(I) ADOPT PROCEDURES FOR MAKING A DESIGNATION UNDER THIS SUBSECTION; AND

(II) 1. ISSUE A REQUEST FOR PROPOSALS; OR

2. COORDINATE THE COUNTY'S ANTICANCER PROGRAMS FROM WITHIN THE DEPARTMENT.

13-1112.

(A) THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES MAY JOIN TOGETHER TO APPLY AS A REGION 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:

(1) IT WOULD BE COST-EFFECTIVE TO FUND CANCER PREVENTION, IDENTIFICATION, 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, IDENTIFICATION, 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 § 13-1110 OF THIS SUBTITLE.

(D) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES CHOOSE TO JOIN TOGETHER TO APPLY AS A REGION 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, IDENTIFICATION, AND TREATMENT AS REQUIRED UNDER § 13-1111(B) OF THIS SUBTITLE;

(2) ESTABLISH A COMMUNITY HEALTH COALITION AS PROVIDED UNDER § 13-1113 OF THIS SUBTITLE;

(3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE HAS BEEN MET; AND

(4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1109 THROUGH 13-1115 OF THIS SUBTITLE.

13-1113.

(A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER § 13-1111(B) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE COUNTY AND MAY CONSIST OF:

(1) REPRESENTATIVES OF:

(I) COMMUNITY-BASED GROUPS THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE COUNTY INCLUDING MINORITY, RURAL, AND MEDICALLY UNDERSERVED GROUPS;

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

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

(IV) LOCAL RELIGIOUS ORGANIZATIONS;

(V) INSTITUTIONS OF HIGHER EDUCATION; AND

(VI) OTHER HOSPITALS OR ORGANIZATIONS IN THE STATE THAT MAY PARTICIPATE IN CANCER PREVENTION, IDENTIFICATION, AND

(Over)

TREATMENT ACTIVITIES IN THE COUNTY;

(2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES WOULD HELP THE COUNTY MEET THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT; AND

(3) ANY OTHER PERSON NECESSARY TO ENSURE THAT THE COALITION IS REPRESENTATIVE OF THE COMMUNITY IT SERVES.

13-1114.

(A) (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, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1111(B) 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 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(C) A LOCAL PUBLIC HEALTH CANCER GRANT MAY NOT BE USED TO SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

(D) 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, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

13-1115.

(A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT SUBMITTED UNDER § 13-1111(C) OF THIS SUBTITLE AND DETERMINE WHETHER:

(1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS ESTABLISHED BY THE DEPARTMENT UNDER § 13-1110 OF THIS SUBTITLE; AND

(2) ALL OTHER REQUIREMENTS OF §§ 13-1109 THROUGH 13-1115 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 § 13-1110 OF THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

13-1116.

(A) THERE IS A TARGETED HOSPITAL CAPACITY COMPONENT.

(B) THE PURPOSE OF THE TARGETED HOSPITAL CAPACITY COMPONENT IS TO ENHANCE THE CAPACITY FOR CANCER CARE AT HOSPITALS WHICH SERVE THE RESIDENTS OF PRINCE GEORGE'S AND MONTGOMERY COUNTIES THROUGH COOPERATIVE AGREEMENTS WITH THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS.

(C) THE DEPARTMENT MAY DISTRIBUTE A TARGETED HOSPITAL CAPACITY GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS

(Over)

HOPKINS INSTITUTIONS TO FUND INITIATIVES TO ENHANCE THE CAPACITY FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT IN AT LEAST ONE HOSPITAL IN EACH OF PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND AT ANY OTHER HOSPITAL THAT SERVES RESIDENTS OF THE COUNTIES IN ORDER TO REDUCE CANCER MORBIDITY AND MORTALITY AND MAXIMIZE THE EFFECTIVENESS OF STATEWIDE ANTICANCER INITIATIVES.

(D) THE TOTAL AMOUNT OF FUNDS AVAILABLE FOR GRANTS SHALL BE AS PROVIDED IN THE STATE BUDGET.

(E) BEFORE APPLYING FOR A TARGETED HOSPITAL CAPACITY GRANT, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS SHALL COORDINATE INITIATIVES TO MAXIMIZE THE USE OF THE FUNDS, TO ELIMINATE UNNECESSARY DUPLICATION OF EFFORTS, AND TO ENSURE THAT RESIDENTS OF BOTH COUNTIES ARE SERVED.

(F) BEFORE APPLYING FOR A TARGETED HOSPITAL CAPACITY GRANT, AN INSTITUTION SHALL SUBMIT AS PART OF THE PLAN FOR THE INSTITUTION, AS REQUIRED UNDER § 13-1118 OF THIS SUBTITLE FOR THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND UNDER § 13-1119 OF THIS SUBTITLE FOR THE JOHNS HOPKINS INSTITUTIONS, THE FOLLOWING:

(1) DETAILS AS TO HOW THE GRANT WILL BE SPENT AND HOW IT WILL BE USED TO ACHIEVE THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT;

(2) TO THE EXTENT PRACTICABLE, AN INVENTORY OF CANCER ACTIVITIES RELATING TO THE TARGETED CANCERS THAT ARE CURRENTLY BEING CONDUCTED AT ANY HOSPITAL WITH WHICH THE INSTITUTION HAS FORMED AN AGREEMENT IN ORDER TO ENHANCE CANCER CARE AT THAT FACILITY;

(3) SPECIFICATIONS OF THE TYPES AND NATURE OF THE ACTIVITIES, EQUIPMENT, OR SERVICES TO BE FUNDED TO ENHANCE PREVENTION, EDUCATION, OUTREACH, SCREENING, DIAGNOSIS, OR TREATMENT OF THE TARGETED CANCERS;

AND

(4) ANY OTHER INFORMATION THAT IS REQUIRED BY THE DEPARTMENT.

(G) THE DEPARTMENT MAY NOT DISTRIBUTE A TARGETED HOSPITAL CAPACITY GRANT, UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

(1) THE INFORMATION SUBMITTED IN ACCORDANCE WITH SUBSECTION (F) OF THIS SECTION IS CONSISTENT WITH THE INSTITUTION'S PLAN AS REQUIRED FOR THE UNIVERSITY OF MARYLAND MEDICAL GROUP UNDER § 13-1118 OF THIS SUBTITLE AND FOR THE JOHNS HOPKINS INSTITUTIONS UNDER § 13-1119 OF THIS SUBTITLE;

(2) THE INSTITUTION AND THE HOSPITAL WITH WHICH THE INSTITUTION HAS FORMED AN AGREEMENT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING FUNDING FOR CANCER ACTIVITIES OR ANY OTHER TYPE OF CURRENT EXPENDITURES BY THE ENTITIES;

(3) THE GRANT WILL BE USED TO FUND CANCER ACTIVITIES, EQUIPMENT, OR SERVICES THAT RELATE TO TARGETED CANCERS;

(4) THE INSTITUTION HAS EXECUTED AN AGREEMENT WITH ALL THE APPLICABLE HOSPITALS; AND

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

(H) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND EFFECTIVENESS OF INITIATIVES FUNDED BY A TARGETED HOSPITAL CAPACITY GRANT.

(I) IN ORDER TO EXPEDITE IMPLEMENTATION ON A STATEWIDE BASIS OF THE MARYLAND TELEMEDICINE NETWORK, AS ESTABLISHED IN ACCORDANCE

(Over)

WITH § 13-1118(A) OF THIS SUBTITLE, THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE OFFICE OF THE GOVERNOR SHALL DETERMINE FUNDING SOURCES, SUCH AS THE NET.WORK.MARYLAND PROGRAM, TO SUPPORT EXPANSION OF THE MARYLAND TELEMEDICINE NETWORK, INCLUDING TELEMEDICINE LINKAGES, TO PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND OTHER AREAS OF THE STATE THAT ARE NOT INCLUDED IN THE INITIAL PHASE OF THE MARYLAND TELEMEDICINE NETWORK.

13-1117.

(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 STATEWIDE ANTICANCER INITIATIVES IN THE STATE.

(C) THE DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS TO FUND INITIATIVES TO REDUCE CANCER MORBIDITY AND MORTALITY IN THE STATE.

(D) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS MAY EACH APPLY FOR A STATEWIDE ACADEMIC HEALTH CENTER GRANT FOR THE PURPOSES ESTABLISHED IN §§ 13-1118 AND 13-1119 OF THIS SUBTITLE.

(E) THE AMOUNT OF A STATEWIDE ACADEMIC HEALTH CENTER GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS SHALL BE EQUAL TO THE AMOUNT ALLOCATED IN THE STATE BUDGET.

(F) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND EFFECTIVENESS OF INITIATIVES FUNDED BY A STATEWIDE ACADEMIC HEALTH

CENTER GRANT.

(G) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS INSTITUTIONS SHALL COORDINATE INITIATIVES TO MAXIMIZE THE USE OF THE FUNDS AND TO ELIMINATE UNNECESSARY DUPLICATION OF EFFORTS.

13-1118.

(A) THE DEPARTMENT MAY DISTRIBUTE, AND THE UNIVERSITY OF MARYLAND MEDICAL GROUP MAY APPLY FOR, A STATEWIDE ACADEMIC HEALTH CENTER GRANT TO FUND:

(1) ESTABLISHMENT OF THE MARYLAND TELEMEDICINE NETWORK RELATING TO TARGETED CANCERS;

(2) PREVENTION, IDENTIFICATION, AND TREATMENT OF TARGETED CANCERS THROUGH THE MARYLAND TELEMEDICINE NETWORK;

(3) TRANSLATIONAL RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS WITH A GOAL OF INCREASING THE RATE AT WHICH CANCER RESEARCH ACTIVITIES ARE TRANSLATED INTO TREATMENT PROTOCOLS IN THE STATE;

(4) CLINICAL RESEARCH ACTIVITIES THAT MAY LEAD TO A CURE FOR A TARGETED CANCER;

(5) RENOVATION, EXPANSION, AND EQUIPPING OF CRITICAL RESEARCH LABORATORIES AND CLINICAL FACILITIES; AND

(6) THE COORDINATION OF CARE AMONG EXISTING PRACTITIONERS AND HOSPITALS.

(B) THE AMOUNTS THAT MAY BE EXPENDED ON THE PURPOSES IN SUBSECTION (A) OF THIS SECTION SHALL BE AS ALLOCATED IN THE STATE BUDGET.

(Over)

(C) BEFORE RECEIVING A STATEWIDE ACADEMIC HEALTH CENTER GRANT, THE UNIVERSITY OF MARYLAND MEDICAL GROUP SHALL:

(1) SUBMIT A CANCER PLAN THAT:

(I) PROVIDES A DETAILED PLAN AS TO HOW THE GRANT WILL BE SPENT AND HOW IT WILL BE USED TO ACHIEVE THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT;

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

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

(IV) DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER THE STATEWIDE ACADEMIC HEALTH CENTER GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS FOR INDIVIDUALS WHO:

1. ARE DIAGNOSED WITH A TARGETED OR NONTARGETED CANCER; AND

2. DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT ELIGIBLE FOR MEDICAID, MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR TREATMENT;

(V) CERTIFIES THAT THE ACTIVITIES THAT WILL BE FUNDED BY THE STATEWIDE ACADEMIC HEALTH CENTER 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 ACTIVITIES;

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

(VII) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATES THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT AND INCLUDES THE EVALUATION OF ANY PROGRAM FUNDED WITH A STATEWIDE ACADEMIC HEALTH CENTER GRANT IN THE PRIOR YEAR;

(VIII) AFTER THE FIRST YEAR OF FUNDING, SPECIFIES THE AMOUNT OF MONEY THAT WAS RECEIVED UNDER A STATEWIDE ACADEMIC HEALTH CENTER GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

(IX) 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, WHICH SHALL CONSULT WITH THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT AND THE MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION, THAT ESTABLISHES:

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

(II) TO THE EXTENT CONSISTENT WITH STATE LAW, THE APPLICATION OF THE EXISTING INTELLECTUAL PROPERTY POLICIES OF THE

(Over)

INSTITUTION; AND

(III) A PLAN FOR INCREASING THE PARTICIPATION OF MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL TRIALS.

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

(1) THE CANCER PLAN WILL HELP ACHIEVE THE STATE'S CANCER GOALS;

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

(3) THE GRANT WILL BE USED TO FUND CANCER-RELATED ACTIVITIES AS PROVIDED IN SUBSECTION (A) OF THIS SECTION THAT RELATE TO STATE CANCER GOALS;

(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.

13-1119.

(A) THE DEPARTMENT MAY DISTRIBUTE, AND THE JOHNS HOPKINS INSTITUTIONS MAY APPLY FOR, A STATEWIDE ACADEMIC HEALTH CENTER GRANT TO FUND:

(1) RECRUITMENT OF HIGH-QUALITY FACULTY IN THE BEHAVIORAL RESEARCH, GENETIC EPIDEMIOLOGY, CANCER EPIDEMIOLOGY, MOLECULAR

GENETICS OF CANCER, AND VIRAL VACCINE DEVELOPMENT FIELDS:

(2) RETENTION OF HIGH-QUALITY FACULTY, INCLUDING CLINICIANS AND RESEARCHERS, WHO CONTRIBUTE TO A COMMUNITY-FOCUSED CANCER PROGRAM; AND

(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 ACCESS TO CARE AND TREATMENT IN UNDERSERVED URBAN AND RURAL COMMUNITIES; AND

(IV) IMPROVED UNDERSTANDING OF CANCER RISK FACTORS AND HOW THEY IMPACT MARYLAND'S UNIQUE CANCER STATISTICS.

(B) NO MORE THAN TWO-THIRDS OF A STATEWIDE ACADEMIC HEALTH CENTER GRANT AWARDED TO THE JOHNS HOPKINS INSTITUTIONS MAY BE EXPENDED ON THE RECRUITMENT AND RETENTION OF FACULTY FOR THE PURPOSES ESTABLISHED IN SUBSECTION (A) (1) AND (2) OF THIS SECTION.

(C) THE DEPARTMENT SHALL ENHANCE THE MARYLAND CANCER REGISTRY WITH THE INFORMATION RECEIVED FROM THE JOHNS HOPKINS INSTITUTIONS UNDER SUBSECTION (A)(3) OF THIS SECTION.

(D) BEFORE RECEIVING A STATEWIDE ACADEMIC HEALTH CENTER GRANT, THE JOHNS HOPKINS INSTITUTIONS SHALL:

(1) SUBMIT A PLAN THAT:

(Over)

(I) PROVIDES A DETAILED PLAN AS TO HOW THE GRANT WILL BE SPENT;

(II) TO THE EXTENT PRACTICABLE, PROVIDES A COMPLETE INVENTORY OF ALL ACTIVITIES RELATING TO RECRUITMENT AND RETENTION OF FACULTY AND CANCER SURVEILLANCE AND EPIDEMIOLOGY THAT ARE CURRENTLY BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES OF CANCER TO WHICH THE ACTIVITIES RELATE;

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

(IV) DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING PROGRAM THAT IS OR WILL BE FUNDED UNDER THE STATEWIDE ACADEMIC HEALTH CENTER GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS FOR INDIVIDUALS WHO:

1. ARE DIAGNOSED WITH A TARGETED OR NONTARGETED CANCER; AND

2. DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT ELIGIBLE FOR MEDICAID, MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM, OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR TREATMENT;

(V) CERTIFIES THAT THE ACTIVITIES THAT WILL BE FUNDED BY THE STATEWIDE ACADEMIC HEALTH CENTER 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 ACTIVITIES;

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

(VII) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATES THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT AND INCLUDES THE EVALUATION OF ANY PROGRAM FUNDED WITH A STATEWIDE ACADEMIC HEALTH CENTER GRANT IN THE PRIOR YEAR;

(VIII) AFTER THE FIRST YEAR OF FUNDING, SPECIFIES THE AMOUNT OF MONEY THAT WAS RECEIVED UNDER A STATEWIDE ACADEMIC HEALTH CENTER GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; AND

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

(2) CONSISTENT WITH FEDERAL LAW, ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WHICH SHALL CONSULT WITH THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT AND THE MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT CORPORATION, THAT ESTABLISHES:

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

(II) TO THE EXTENT CONSISTENT WITH STATE LAW, THE APPLICATION OF THE EXISTING INTELLECTUAL PROPERTY POLICIES OF THE INSTITUTION; AND

(III) A PLAN FOR INCREASING THE PARTICIPATION OF MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL TRIALS.

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

(1) THE PLAN WILL HELP ACHIEVE THE STATE'S CANCER GOALS;

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

(3) THE GRANT WILL BE USED TO FUND CANCER-RELATED ACTIVITIES AS PROVIDED IN SUBSECTION (A) OF THIS SECTION THAT RELATE TO STATE CANCER GOALS;

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

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

13-1120.

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

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

(C) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING THAT IS ALLOCATED TO THE DEPARTMENT UNDER THE ADMINISTRATIVE COMPONENT TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, WHICH MAY NOT EXCEED 5 PERCENT OF THE AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

(D) THE ADMINISTRATIVE COSTS INCURRED BY ANY ENTITY THAT RECEIVES FUNDS UNDER ANY OTHER COMPONENT OF THE PROGRAM, WHICH MAY

NOT EXCEED 7 PERCENT OF THE FUNDS GRANTED ANNUALLY TO EACH ENTITY,
ARE NOT INCLUDED IN THE ADMINISTRATIVE COMPONENT.

13-1121.

THE DEPARTMENT SHALL ADOPT ANY REGULATIONS NECESSARY TO CARRY
OUT THE PROVISIONS OF THIS SUBTITLE.”.

AMENDMENT NO. 5

On page 45, in lines 24 and 33, in each instance, after “CANCER” insert “AND TOBACCO-RELATED DISEASES”; in line 25, strike “EDUCATION, SCREENING” and substitute “IDENTIFICATION”.

On page 47, in line 1, after “(1)” insert “(I)”; in lines 3, 6, 9, 11, 13, 14, 16, 17, 19, 20, and 22, strike “(2)”, “(3)”, “(D)”, “(1)”, “(I)”, “(II)”, “(III)”, “(2)”, “(I)”, “(II)”, and “(III)”, respectively, and substitute “(II)”, “(III)”, “(2)”, “(I)”, “1.”, “2.”, “3.”, “(II)”, “1.”, “2.”, and “3.”, respectively; in lines 3, 17, 19, and 21, in each instance, after “CANCER” insert “AND TOBACCO-RELATED DISEASES”; in line 4, strike “EDUCATION, SCREENING” and substitute “IDENTIFICATION”; in line 22, after “GRANT;” insert “AND

4. EACH TARGETED HOSPITAL CAPACITY GRANT;
AND”;

and strike in their entirety lines 23 through 25, inclusive.

On page 48, in line 27, after “CANCER” insert “AND TOBACCO-RELATED DISEASES”; and in lines 27 and 28, strike “EDUCATION, SCREENING” and substitute “IDENTIFICATION”.

AMENDMENT NO. 6

On pages 50 and 51, strike in their entirety the lines beginning with line 7 on page 50 through line 2 on page 51, inclusive, and substitute:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

(Over)

Article - Health - General

SUBTITLE 6. MARYLAND MEDICARE PLUS CHOICE INSURANCE
SUBSIDY PROGRAM.

15-601.

(A) THERE IS A MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM IN THE DEPARTMENT TO BE PROVIDED FOR THOSE INDIVIDUALS WHO:

(1) ARE CITIZENS OF MARYLAND AND AT LEAST 65 YEARS OF AGE;

(2) ARE ELIGIBLE FOR MEDICARE PLUS CHOICE AS DEFINED BY TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED;

(3) HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN THEIR COUNTY OR HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN AN AREA DESIGNATED AS MEDICALLY UNDERSERVED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES;

(4) PAY THE PREMIUM FOR MEDICARE PART "B" AS DETERMINED BY TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED; AND

(5) PAY THE PREMIUM AND DEDUCTIBLES FOR A MEDICARE PLUS CHOICE MANAGED CARE PROGRAM.

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

15-602.

THE FIRST MANAGED CARE PROVIDER TO ESTABLISH A MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY

UNDERSERVED PORTION OF A COUNTY THAT HAS NO MEDICARE PLUS CHOICE MANAGED CARE PROGRAM FOR EITHER CURRENT ELIGIBLE MEDICARE BENEFICIARIES OR NEW MEDICARE BENEFICIARIES SHALL BE PAID A \$30 SUBSIDY BY THE DEPARTMENT PER ENROLLEE PER MONTH IF:

(1) THE MANAGED CARE PROVIDER SIGNS A CONTRACT WITH THE SECRETARY GUARANTEEING THAT IT WILL PROVIDE A MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY UNDERSERVED PORTION OF A COUNTY FOR A PERIOD OF AT LEAST 2 YEARS;

(2) THE MANAGED CARE PROVIDER APPLIES FOR AND RECEIVES APPROVAL FROM THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM;

(3) THE PREMIUMS REMAIN THE SAME OR LESS FOR THE 2-YEAR CONTRACT PERIOD;

(4) THE REQUIRED MINIMUM BENEFITS ARE INCLUDED IN THE MEDICARE PLUS CHOICE MANAGED CARE BENEFIT PLAN;

(5) THE MANAGED CARE PROVIDER PROVIDES PROOF OF ENROLLMENT OF A BENEFICIARY IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE SECRETARY TO IMPLEMENT THIS SUBTITLE;

(6) ALL PERFORMANCE REVIEW AND FINANCIAL RECORDS ARE AVAILABLE FOR REVIEW BY THE SECRETARY; AND

(7) THE MANAGED CARE PROVIDER MEETS ALL THE REQUIREMENTS OF THE MARYLAND INSURANCE COMMISSION.

15-603.

(Over)

IN ORDER TO QUALIFY FOR THIS SUBSIDY A MANAGED CARE PROVIDER SHALL, AT A MINIMUM, PROVIDE THE FOLLOWING BENEFITS:

(1) ALL OF THE BENEFITS OF MEDICARE PART "A" PLUS MEDICARE PART "B" REQUIRED BY TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED;

(2) A PRESCRIPTION BENEFIT OF \$1,000 PER YEAR PER ENROLLEE;

(3) UNLIMITED HOSPITAL STAYS;

(4) UNLIMITED VISITS WITH A BENEFICIARY'S PRIMARY CARE PHYSICIAN OR PRIMARY HEALTH CARE PROVIDER;

(5) VISITS TO SPECIALISTS WITH A REFERRAL FROM THE BENEFICIARY'S PRIMARY CARE PHYSICIAN OR PRIMARY HEALTH CARE PROVIDER;

(6) PODIATRY TREATMENT;

(7) ONE ANNUAL PHYSICAL PER YEAR;

(8) OUTPATIENT HOSPITAL VISITS;

(9) OUTPATIENT HOSPITAL REHABILITATION;

(10) UP TO 190 DAYS OF INPATIENT MENTAL HEALTH TREATMENT PER YEAR;

(11) UP TO 100 DAYS OF SKILLED NURSING CARE PER YEAR;

(12) EMERGENCY AMBULANCE SERVICE;

(13) ONE ROUTINE EYE EXAM PER YEAR AND ONE PAIR OF EYEGLASSES PER YEAR;

(14) ALCOHOL AND DRUG ABUSE EDUCATION CLASSES AND OUTPATIENT TREATMENT;

(15) ANNUAL MAMMOGRAMS, PAP SMEARS, AND COLORECTAL SCREENING EXAMS FOR CANCER;

(16) HEPATITIS B AND FLU VACCINES;

(17) HEARING EXAMS;

(18) TWO PREVENTIVE DENTAL EXAMS PER YEAR; AND

(19) EMERGENCY MEDICAL OUTPATIENT TREATMENT.

15-604.

THE MANAGED CARE PROVIDER MAY:

(1) REQUIRE A DEDUCTIBLE TO APPLY TO PRESCRIPTION BENEFITS AND CO-PAYMENTS THAT ARE EQUAL OR LESS THAN THOSE REQUIRED BY THE MEDICARE PART "B" BENEFITS PROVIDED UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED;

(2) ESTABLISH A RESTRICTED FORMULARY OF EXPERIMENTAL DRUGS THAT WILL NOT BE REIMBURSED BY THE PROGRAM; AND

(3) ESTABLISH A CO-PAYMENT SYSTEM FOR PRESCRIPTION DRUGS BASED ON THE USE OF BRAND OR GENERIC DRUGS.

15-605.

THE SECRETARY SHALL:

(Over)

(1) PAY A MANAGED CARE PROVIDER WITHIN 30 DAYS AFTER RECEIPT OF A CLAIM FOR PAYMENT OF SUBSIDIES;

(2) SUBMIT A REPORT TO THE GENERAL ASSEMBLY ON OR BEFORE JUNE 30, 2001, AND IN EACH SUCCESSIVE YEAR, THAT INCLUDES A SUMMARY OF THE PROGRAM ACTIVITIES FOR THE YEAR AND ANY RECOMMENDATIONS OR SUGGESTIONS FOR CONSIDERATION BY THE GENERAL ASSEMBLY; AND

(3) ADOPT ANY REGULATIONS NECESSARY TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall remain effective for a period of 2 years or until the passage of a prescription pharmacy benefit program provided by Medicare under Title XVIII of the Social Security Act, as amended, whichever occurs sooner, and, at the end of June 30, 2002, or upon the passage of a prescription pharmacy benefit program provided by Medicare under Title XVIII of the Social Security Act, as amended, whichever occurs sooner, and with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect. If prescription pharmacy benefits are provided by Medicare under Title XVIII of the Social Security Act, as amended, the Secretary of Health and Mental Hygiene, as promptly as possible after the prescription pharmacy benefits are initiated, shall notify the Department of Legislative Services, 90 State Circle, Annapolis, Maryland 21401.

SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall remain effective for a period of 4 years and, at the end of June 30, 2004, with no further action required by the General Assembly, Section 1 of this Act shall be abrogated and of no further force and effect.

SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2000."