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By: **Delegates Busch, Guns, Donoghue, Kirk, Love, Pendergrass, Walkup,  
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Eckardt, Minnick, Gordon, Krysiak, and Harrison**

Introduced and read first time: February 11, 2000  
Assigned to: Environmental Matters

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A BILL ENTITLED

1 AN ACT concerning

2 **Cigarette Restitution Fund - Community Health Coalition Program**

3 FOR the purpose of establishing a program within the Department of Health and  
4 Mental Hygiene to coordinate the development and implementation of local  
5 antitobacco initiatives; providing for the funding of the program; defining  
6 certain terms; requiring local health departments to perform certain functions;  
7 providing for the formation of community health coalitions; providing for a  
8 certain application process; establishing certain reporting requirements;  
9 requiring the Department to adopt certain regulations; and generally relating to  
10 local health and antitobacco initiatives.

11 BY adding to  
12 Article - Health - General  
13 Section 13-1001 through 13-1008, inclusive, to be under the new subtitle  
14 "Subtitle 10. Community Health Coalition Program"  
15 Annotated Code of Maryland  
16 (1994 Replacement Volume and 1999 Supplement)

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

19 **Article - Health - General**

20 **SUBTITLE 10. COMMUNITY HEALTH COALITION PROGRAM.**

21 13-1001.

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

24 (B) "CIGARETTE RESTITUTION FUND" MEANS THE FUND ESTABLISHED  
25 UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

1 (C) "COMMUNITY NEEDS ASSESSMENT" MEANS THE PROCESS BY WHICH A  
2 COMMUNITY HEALTH COALITION IDENTIFIES UNMET COMMUNITY HEALTH NEEDS  
3 AND PRIORITIES THAT CAN BE ADDRESSED BY ANTITOBACCO INITIATIVES.

4 (D) "PROGRAM" MEANS THE COMMUNITY HEALTH COALITION PROGRAM.

5 13-1002.

6 (A) THERE IS A COMMUNITY HEALTH COALITION PROGRAM WITHIN THE  
7 DEPARTMENT.

8 (B) THE PURPOSE OF THE PROGRAM IS TO MAXIMIZE THE EFFECTIVENESS OF  
9 ANTITOBACCO INITIATIVES IN THE STATE BY EMPOWERING LOCAL COALITIONS TO  
10 DEVELOP AND IMPLEMENT ANTITOBACCO PLANS IN COORDINATION WITH THE  
11 DEPARTMENT.

12 (C) (1) THE GOVERNOR SHALL INCLUDE IN THE STATE BUDGET, BEGINNING  
13 WITH FISCAL YEAR 2002, AT LEAST \$30 MILLION TO FUND THE PROGRAM AS  
14 ESTABLISHED UNDER THIS SUBTITLE.

15 (2) FUNDING FOR THE PROGRAM MAY BE PROVIDED THROUGH THE  
16 CIGARETTE RESTITUTION FUND.

17 13-1003.

18 (A) (1) THE DEPARTMENT SHALL DISTRIBUTE FUNDS FOR ANTITOBACCO  
19 EFFORTS TO EACH LOCAL HEALTH DEPARTMENT OR A PERSON DESIGNATED BY THE  
20 DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE, BASED ON A PROPORTIONATE  
21 FUNDING FORMULA ESTABLISHED BY REGULATION.

22 (2) THE FUNDING FORMULA DEVELOPED BY THE DEPARTMENT MAY  
23 TAKE INTO ACCOUNT THE FOLLOWING FACTORS FOR EACH COUNTY:

24 (I) POPULATION;

25 (II) RATES OF SMOKING-RELATED ILLNESS;

26 (III) INDIVIDUALS AND AREAS DISPROPORTIONATELY TARGETED  
27 BY TOBACCO MANUFACTURERS IN MARKETING AND PROMOTING TOBACCO  
28 PRODUCTS;

29 (IV) RURAL POPULATION;

30 (V) RATES OF SMOKING AMONG CHILDREN; AND

31 (VI) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES  
32 WILL FURTHER THE PURPOSES OF THE PROGRAM.

33 (B) (1) BEFORE DISTRIBUTING MONEY UNDER THE PROGRAM, THE  
34 DEPARTMENT SHALL COMMISSION AN INDEPENDENT SURVEY TO DETERMINE, FOR  
35 EACH COUNTY, THE FACTORS LISTED IN SUBSECTION (A)(2) OF THIS SECTION.

1 (2) THE SURVEY SHALL BE REPEATED AFTER THE PROGRAM HAS BEEN  
2 IN EFFECT FOR 5 YEARS.

3 13-1004.

4 (A) EACH LOCAL HEALTH DEPARTMENT OR OTHER PERSON AS DETERMINED  
5 BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE SHALL ESTABLISH A  
6 COMMUNITY HEALTH COALITION TO ASSIST THE LOCAL HEALTH DEPARTMENT IN:

7 (1) IDENTIFYING UNMET COMMUNITY HEALTH NEEDS;

8 (2) DEVELOPING A WRITTEN PLAN FOR ADDRESSING UNMET  
9 COMMUNITY HEALTH NEEDS; AND

10 (3) IMPLEMENTING THE WRITTEN PLAN.

11 (B) A COMMUNITY HEALTH COALITION MAY INCLUDE REPRESENTATIVES  
12 FROM:

13 (1) LOCAL HOSPITALS;

14 (2) THE PUBLIC SCHOOL SYSTEM;

15 (3) LOCAL LAW ENFORCEMENT;

16 (4) THE LOCAL BUSINESS COMMUNITY;

17 (5) LOCAL CIVIC ASSOCIATIONS;

18 (6) LOCAL MEDIA;

19 (7) COMMUNITY RELIGIOUS ORGANIZATIONS;

20 (8) THE LOCAL HEALTH CARE PROVIDER COMMUNITY;

21 (9) INSTITUTIONS OF HIGHER EDUCATION; AND

22 (10) ANY OTHER INDIVIDUAL NECESSARY TO ENSURE THAT THE  
23 COALITION IS REPRESENTATIVE OF THE COMMUNITY IT SERVES.

24 (C) EACH COMMUNITY HEALTH COALITION SHALL:

25 (1) PERFORM A COMMUNITY NEEDS ASSESSMENT EVERY OTHER YEAR  
26 AND UPDATE THE ASSESSMENT ANNUALLY;

27 (2) ANNUALLY DEVELOP A WRITTEN PLAN FOR ADDRESSING THE  
28 NEEDS IDENTIFIED IN THE ASSESSMENT; AND

29 (3) ASSIST IN THE IMPLEMENTATION OF THE WRITTEN PLAN.

1 13-1005.

2 (A) (1) BY JUNE 1 OF EACH YEAR, EACH LOCAL HEALTH OFFICER OR OTHER  
3 PERSON AS DETERMINED BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE  
4 SHALL SUBMIT A WRITTEN APPLICATION TO THE DEPARTMENT IN A FORM  
5 APPROVED BY THE DEPARTMENT.

6 (2) THE APPLICATION SHALL INCLUDE AT A MINIMUM:

7 (I) A LIST OF THE MEMBERS OF THE COMMUNITY HEALTH  
8 COALITION FORMED UNDER § 13-1004 OF THIS SUBTITLE;

9 (II) THE AFFILIATION OF EACH MEMBER OF THE COMMUNITY  
10 HEALTH COALITION;

11 (III) A COMMUNITY NEEDS ASSESSMENT;

12 (IV) A PLAN ENDORSED BY THE COMMUNITY HEALTH COALITION  
13 TO ADDRESS NEEDS IDENTIFIED IN THE ASSESSMENT; AND

14 (V) A BUDGET THAT PROVIDES SPECIFIC FUNDING FOR EACH  
15 INITIATIVE INCLUDED IN THE PLAN.

16 13-1006.

17 (A) (1) EACH LOCAL HEALTH OFFICER OR OTHER PERSON AS DETERMINED  
18 BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE SHALL SUBMIT AN  
19 ANNUAL REPORT TO THE DEPARTMENT DETAILING THE INITIATIVES UNDERTAKEN  
20 BY THE COMMUNITY HEALTH COALITION DURING THE PRECEDING FISCAL YEAR.

21 (2) THE DEPARTMENT SHALL DEVELOP PERFORMANCE MEASURES  
22 AGAINST WHICH TO DETERMINE THE EFFECTIVENESS OF THE INITIATIVES  
23 UNDERTAKEN BY EACH COMMUNITY HEALTH COALITION.

24 (B) BY SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT A  
25 REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT  
26 ARTICLE, THE GENERAL ASSEMBLY, THAT INCLUDES:

27 (1) A LIST OF THE INITIATIVES UNDERTAKEN BY EACH COMMUNITY  
28 HEALTH COALITION; AND

29 (2) AN ANALYSIS OF THE INITIATIVE'S EFFECTIVENESS, BASED ON THE  
30 PERFORMANCE MEASURES DEVELOPED BY THE DEPARTMENT.

31 13-1007.

32 (A) THE DEPARTMENT MAY APPOINT A PERSON OTHER THAN THE LOCAL  
33 HEALTH DEPARTMENT TO COORDINATE A COUNTY'S COMMUNITY HEALTH  
34 COALITION IF:

1           (1)     THE LOCAL HEALTH DEPARTMENT IS UNWILLING TO PARTICIPATE  
2 IN THE PROGRAM;

3           (2)     THE LOCAL HEALTH DEPARTMENT LACKS SUFFICIENT STAFF OR  
4 RESOURCES TO COORDINATE THE COALITION; OR

5           (3)     THE LOCAL HEALTH DEPARTMENT HAS BEEN UNSUCCESSFUL IN  
6 IMPLEMENTING ANTITOBACCO INITIATIVES THAT SATISFY PERFORMANCE  
7 STANDARDS ESTABLISHED BY THE DEPARTMENT.

8       (B)     IN CHOOSING A PERSON OTHER THAN A LOCAL HEALTH DEPARTMENT TO  
9 COORDINATE A COMMUNITY HEALTH COALITION, THE DEPARTMENT SHALL:

10           (1)     ISSUE A REQUEST FOR PROPOSALS; OR

11           (2)     COORDINATE THE COMMUNITY HEALTH COALITION FROM WITHIN  
12 THE DEPARTMENT.

13 13-1008.

14       (A)     THE DEPARTMENT SHALL ADOPT REGULATIONS NECESSARY TO  
15 IMPLEMENT THIS SUBTITLE.

16       (B)     THE DEPARTMENT SHALL ENCOURAGE REGIONAL AND STATEWIDE  
17 COORDINATION AMONG THE COMMUNITY HEALTH COALITIONS BY:

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

20           (2)     FACILITATING COMMUNICATION AMONG THE COMMUNITY HEALTH  
21 COALITIONS.

22       SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
23 October 1, 2000.