

HOUSE BILL 1425

Unofficial Copy
J1

2000 Regular Session
(01r3097)

ENROLLED BILL

-- Appropriations and Environmental Matters/Finance --

Introduced by **Delegates Rawlings, Busch, Hixson, Dewberry, Hurson, and
Rosenberg, Rosenberg, Cane, Frush, Nathan-Pulliam, Guns, Conway, R.
Baker, W. Baker, Branch, Cadden, Hubers, A. Jones, V. Jones, Kagan,
Palumbo, Pitkin, Proctor, Stocksdales, and Turner**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Cigarette Restitution Fund – ~~Smoking and Cancer Reduction Act of 2000~~**
3 **Tobacco Use Prevention and Cessation Program - Cancer Prevention,**
4 **Education, Screening, and Treatment Program**

5 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program and
6 a Cancer Prevention, Education, Screening, and Treatment Program in the
7 Department of Health and Mental Hygiene; providing that the programs shall be
8 funded as provided in the State budget with money from the Cigarette
9 Restitution Fund; authorizing the Legislative Auditor to audit the appropriations
10 and expenditures made for purposes of the programs; establishing a Surveillance
11 and Evaluation Component, a Statewide Public Health Component, a
12 Counter-Marketing and Media Component, a Local Public Health Component,
13 and an Administrative Component in the Tobacco Use Prevention and Cessation
14 Program; establishing a Surveillance and Evaluation Component, a Statewide

1 Public Health Component, a Local Public Health Component, a Statewide
 2 Academic Health Center Component, and an Administrative Component in the
 3 Cancer Prevention, Education, Screening, and Treatment Program; requiring the
 4 annual budget bill to specify the amount of funding that is allocated to each of
 5 these components; requiring certain baseline studies to be conducted; providing
 6 that, with certain exceptions, certain components of this Act may not be
 7 implemented until after the baseline studies have been completed; clarifying that
 8 the Cigarette Restitution Fund may be used to fund the programs established
 9 under this Act; requiring the annual budget bill to include a certain provision
 10 relating to the Cigarette Restitution Fund; requiring the Department of Budget
 11 and Management to include certain information relating to the Cigarette
 12 Restitution Fund in the budget books each year; providing that certain parts of
 13 this Act are not applicable in a certain fiscal year; requiring the Department of
 14 Health and Mental Hygiene to conduct a certain study and issue a certain report;
 15 prohibiting the State Department of Education from discontinuing the
 16 administration of a certain survey except under certain circumstances; providing
 17 that a certain statewide medical health center may not receive in certain fiscal
 18 years a Statewide Academic Health Center Cancer Research Grant unless the
 19 grant is used for certain purposes; providing that the Department of Health and
 20 Mental Hygiene may not distribute a Statewide Academic Health Center
 21 Tobacco-Related Diseases Research Grant in a certain fiscal year; providing that
 22 the Department of Health and Mental Hygiene may not distribute any grants to
 23 a certain statewide medical health center until certain entities submit a certain
 24 memorandum of understanding; stating legislative intent with respect to the
 25 inclusion of funds in the State budget for a certain fiscal year for the
 26 implementation of a certain plan; requiring a certain amount of money to be
 27 included in a certain supplemental budget for a certain fiscal year to be used to
 28 provide certain outreach and start-up technical assistance to African American
 29 communities in the State for certain purposes; requiring a comprehensive
 30 evaluation of the Tobacco Use Prevention and Cessation Program and the Cancer
 31 Prevention, Education, Screening, and Treatment Program to be conducted at the
 32 end of a certain fiscal year; defining certain terms; and generally relating to the
 33 Cigarette Restitution Fund and programs relating to tobacco use prevention and
 34 cessation and to cancer prevention, education, screening, and treatment.

35 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program
 36 and a Cancer and Tobacco Related Diseases Prevention, Identification, and
 37 Treatment Program in the Department of Health and Mental Hygiene;
 38 providing that the programs shall be funded as provided in the State budget
 39 with money from the Cigarette Restitution Fund; establishing a Surveillance
 40 and Evaluation Component, a Statewide Public Health Component, a
 41 Countermarketing and Media Component, a Local Public Health Component,
 42 and an Administrative Component in the Tobacco Use Prevention and Cessation
 43 Program; establishing a Surveillance and Evaluation Component, a Cancer
 44 Prevention, Identification, and Treatment ~~Major Community Hospital~~
 45 Component, a Tobacco-Related Diseases Component, a Primary Health Care
 46 Component, ~~a Local Public Health Component, a Targeted Hospital Capacity~~
 47 ~~Component~~, a Statewide Academic Health Center Component, and an
 48 Administrative Component in the Cancer and Tobacco Related Diseases

1 Prevention, Identification, and Treatment Program; requiring the annual
 2 budget bill to specify the amount of funding that is allocated to each of these
 3 components; requiring certain baseline studies to be conducted; requiring that
 4 preference be given to certain entities with certain records in awarding certain
 5 contracts; requiring that certain funds be distributed according to certain
 6 formulas; requiring that certain funds be used for certain purposes; requiring
 7 certain entities to submit certain plans and reports before receiving certain
 8 funds; clarifying that the Cigarette Restitution Fund may be used to fund the
 9 programs established under this Act; requiring the annual budget bill to include
 10 a certain provision relating to the Cigarette Restitution Fund; requiring the
 11 Department of Budget and Management to include certain information relating
 12 to the Cigarette Restitution Fund in the budget books each year; defining
 13 certain terms; establishing a certain subsidy program under which a subsidy is
 14 to be paid to insurers for certain enrollees in Medicare plus Choice; establishing
 15 certain guidelines for enrollee eligibility; establishing the eligibility criteria for
 16 participating in the subsidy program; requiring certain benefits to be provided
 17 in order to be eligible for the subsidy; allowing a managed care organization to
 18 include certain deductibles and co-payments as part of its program; requiring
 19 the Secretary of Health and Mental Hygiene to make payments to certain
 20 managed care providers within a certain period of time, to provide certain
 21 reports, and to adopt certain regulations; providing for the termination of this
 22 Act; ~~requiring certain annual reports to the Governor and the General
 23 Assembly; prohibiting the State Department of Education from discontinuing
 24 the administration of the Maryland Adolescent Survey except under certain
 25 circumstances; providing that a certain component of this Act may not be
 26 implemented until after a certain baseline study has been completed;~~ generally
 27 relating to a subsidy program for insurers for certain enrollees in Medicare plus
 28 Choice; and generally relating to the Cigarette Restitution Fund and programs
 29 relating to tobacco use prevention and cessation and to cancer and
 30 tobacco-related diseases prevention, identification, and treatment.

31 ~~BY adding to~~
 32 ~~Article Health General~~
 33 ~~Section 13-1001 through 13-1015 to be under the new subtitle "Subtitle 10.~~
 34 ~~Tobacco Use Prevention and Cessation Program"; and 13-1101 through~~
 35 ~~13-1114 13-1121 to be under the new subtitle "Subtitle 11. Cancer and~~
 36 ~~Tobacco Related Diseases Prevention, Identification, and Treatment~~
 37 ~~Program"~~
 38 ~~Annotated Code of Maryland~~
 39 ~~(1994 Replacement Volume and 1999 Supplement)~~

40 ~~BY adding to~~
 41 ~~Article Health General~~
 42 ~~Section 15-601 through 15-605, inclusive, to be under the new subtitle "Subtitle~~
 43 ~~6. Maryland Medicare Plus Choice Insurance Subsidy Program"~~
 44 ~~Annotated Code of Maryland~~
 45 ~~(1994 Replacement Volume and 1999 Supplement)~~

1 ~~BY repealing and reenacting, without amendments,~~
 2 ~~Article - State Finance and Procurement~~
 3 ~~Section 7-101(a) and (b)~~
 4 ~~Annotated Code of Maryland~~
 5 ~~(1995 Replacement Volume and 1999 Supplement)~~

6 ~~BY adding to~~
 7 ~~Article - State Finance and Procurement~~
 8 ~~Section 7-114~~
 9 ~~Annotated Code of Maryland~~
 10 ~~(1995 Replacement Volume and 1999 Supplement)~~

11 ~~BY repealing and reenacting, with amendments,~~
 12 ~~Article - State Finance and Procurement~~
 13 ~~Section 7-121 and 7-317~~
 14 ~~Annotated Code of Maryland~~
 15 ~~(1995 Replacement Volume and 1999 Supplement)~~

16 BY repealing and reenacting, without amendments,
 17 Article - Health - General
 18 Section 1-101(a) and (g)
 19 Annotated Code of Maryland
 20 (1994 Replacement Volume and 1999 Supplement)

21 BY adding to
 22 Article - Health - General
 23 Section 13-1001 through 13-1014 to be under the new subtitle "Subtitle 10.
 24 Tobacco Use Prevention and Cessation Program"; and 13-1101 through
 25 13-1119 to be under the new subtitle "Subtitle 11. Cancer Prevention,
 26 Education, Screening, and Treatment Program"
 27 Annotated Code of Maryland
 28 (1994 Replacement Volume and 1999 Supplement)

29 BY repealing and reenacting, without amendments,
 30 Article - State Finance and Procurement
 31 Section 7-101(a) and (b)
 32 Annotated Code of Maryland
 33 (1995 Replacement Volume and 1999 Supplement)

34 BY adding to
 35 Article - State Finance and Procurement
 36 Section 7-114
 37 Annotated Code of Maryland

1 (1995 Replacement Volume and 1999 Supplement)

2 BY repealing and reenacting, with amendments,

3 Article - State Finance and Procurement

4 Section 7-121 and 7-317

5 Annotated Code of Maryland

6 (1995 Replacement Volume and 1999 Supplement)

7 **Preamble**

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

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

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

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

16 ~~WHEREAS, In 1997, the economic burden of cancer and other tobacco-related~~
17 ~~diseases increased by 2% and cost Marylanders over 1.8 billion dollars; and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 WHEREAS, The General Assembly recognizes that the State's receipt of large
35 sums of money under the Master Settlement Agreement (executed by the State and
36 participating tobacco manufacturers) over a long period of time creates a unique

1 opportunity for the State to address problems relating to tobacco use and cancer in a
 2 logical, planned, and committed fashion; and

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

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

11 ~~Article – Health – General~~

12 ~~SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.~~

13 ~~13-1001.~~

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

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

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

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

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

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

28 (G) ~~"COUNTY" INCLUDES BALTIMORE CITY.~~

29 (H) ~~"LOCAL HEALTH OFFICER" MEANS:~~

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

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

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

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

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

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

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

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

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

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

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

23 ~~(R) "YOUTH TOBACCO SURVEY" MEANS THE YOUTH TOBACCO SURVEY~~
24 ~~DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND~~
25 ~~ADMINISTERED BY THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND~~
26 ~~STATE DEPARTMENT OF EDUCATION.~~

27 ~~13-1002.~~

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

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

35 ~~(C) THE GOAL OF THE PROGRAM IS TO REDUCE DISEASE, DISABILITY, AND~~
36 ~~DEATH RELATED TO TOBACCO USE BY:~~

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

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

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

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

9 ~~(C) (D) THE PROGRAM CONSISTS OF:~~

10 ~~(1) A SURVEILLANCE AND EVALUATION COMPONENT;~~

11 ~~(2) A STATEWIDE PUBLIC HEALTH COMPONENT;~~

12 ~~(3) A COUNTERMARKETING AND MEDIA COMPONENT;~~

13 ~~(4) A LOCAL PUBLIC HEALTH COMPONENT; AND~~

14 ~~(5) AN ADMINISTRATIVE COMPONENT.~~

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

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

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

24 ~~(2) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN~~
25 ~~THE STATE BUDGET:~~

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

28 ~~(II) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE OR IN~~
29 ~~THE ANNUAL BUDGET BILL AS ENACTED, MAY NOT BE TRANSFERRED TO ANY OTHER~~
30 ~~COMPONENT OF THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY~~
31 ~~OTHER UNIT OF STATE GOVERNMENT, UNLESS AUTHORIZED IN THE STATE BUDGET~~
32 ~~AS ENACTED.~~

33 ~~(3) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN~~
34 ~~THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT THE END OF~~

~~1 THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE RESTITUTION
2 FUND.~~

~~3 (4) THE DEPARTMENT MAY SHIFT A MAXIMUM OF 10 PERCENT OF THE
4 PROGRAM'S ALLOCATION FROM ONE COMPONENT TO ANOTHER COMPONENT,
5 EXCEPT THAT NO FUNDS MAY BE TRANSFERRED TO THE ADMINISTRATIVE
6 COMPONENT.~~

~~7 (5) THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND
8 TAXATION COMMITTEE AND FINANCE COMMITTEES AND THE HOUSE
9 APPROPRIATIONS COMMITTEE AND ENVIRONMENTAL MATTERS COMMITTEES ON
10 ANY SHIFT OF FUNDS WITHIN 60 DAYS.~~

~~11 (F) (H) ONE THIRD OF THE TOTAL AMOUNT OF FUNDS ALLOCATED IN THE
12 BUDGET EACH YEAR FOR THE PROGRAM SHALL BE DEDICATED TO REDUCING
13 TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG AFRICAN
14 AMERICANS AND OTHER TARGETED MINORITY GROUPS.~~

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

~~19 (1) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH
20 COMPONENT OF THE PROGRAM DURING:~~

~~21 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND
22 UNOBLIGATED AT THE END OF THAT YEAR; AND~~

~~23 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND
24 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR;~~

~~25 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A
26 LOCAL PUBLIC HEALTH TOBACCO GRANT DURING:~~

~~27 (I) THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND
28 UNOBLIGATED AT THE END OF THAT YEAR; AND~~

~~29 (II) THE CURRENT FISCAL YEAR THAT REMAINED UNSPENT AND
30 UNOBLIGATED AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR; AND~~

~~31 (3) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH
32 COMPONENT AND DISTRIBUTED TO EACH COUNTY THAT WAS DEDICATED TO
33 REDUCING TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG
34 AFRICAN AMERICANS AND OTHER TARGETED MINORITY GROUPS.~~

~~35 13-1003.~~

~~36 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE
37 PROGRAM.~~

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

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

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

7 (3) ~~CONDUCT A BASELINE TOBACCO STUDY, AS PROVIDED UNDER~~
8 ~~SUBSECTIONS (C) AND (D) OF THIS SECTION; AND~~

9 (4) ~~CONDUCT AN ANNUAL CANCER TOBACCO STUDY, AS PROVIDED~~
10 ~~UNDER § 13-1104 13-1004 OF THIS TITLE SUBTITLE.~~

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

14 (2) ~~THE BASELINE TOBACCO STUDY SHALL MEASURE:~~

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

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

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

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

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

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

34 (VI) ~~(VII) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH~~
35 ~~INDIVIDUALS UNDER 18 IN WHICH AT LEAST ONE OF THE HOUSEHOLD MEMBERS~~
36 ~~OVER AGE 18 SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH~~
37 ~~COUNTY;~~

1 ~~(VII) (VIII) THE NUMBER AND PERCENTAGE OF PERSONS~~
2 ~~INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO ON A REGULAR BASIS AND~~
3 ~~WHO, WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE~~
4 ~~BASELINE TOBACCO STUDY, VOLUNTARILY STOPPED SMOKING OR OTHERWISE~~
5 ~~USING TOBACCO PRODUCTS FOR A SIGNIFICANT AMOUNT OF TIME, BOTH~~
6 ~~STATEWIDE AND IN EACH COUNTY; AND~~

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

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

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

17 ~~(II) THE MARYLAND STATE DEPARTMENT OF EDUCATION MAY NOT~~
18 ~~DISCONTINUE THE ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY;~~

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

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

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

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

29 ~~(3) THE REQUEST FOR PROPOSALS SHALL SPECIFY THAT ANY~~
30 ~~METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE~~
31 ~~BASELINE TOBACCO STUDY AND ANY DATA COLLECTED UNDER THE STUDY SHALL~~
32 ~~BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF~~
33 ~~WHETHER THE SUBSEQUENT STUDIES ARE CONDUCTED BY THE SAME ENTITY.~~

34 ~~(4) THE DEPARTMENT MAY ISSUE A REQUEST FOR PROPOSALS THAT~~
35 ~~ALLOWS THE DEPARTMENT TO CONTRACT WITH AN ENTITY TO CONDUCT THE~~
36 ~~BASELINE TOBACCO STUDY AND ONE OR MORE ANNUAL TOBACCO STUDIES AS~~
37 ~~REQUIRED UNDER § 13-1004 OF THIS SUBTITLE.~~

38 ~~(E) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,~~
39 ~~SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL~~

~~1 ASSEMBLY ON THE RESULTS OF THE BASELINE TOBACCO STUDY, NO LATER THAN
2 JANUARY 15, 2001.~~

~~3 13-1004.~~

~~4 (A) EACH YEAR FOLLOWING THE YEAR IN WHICH THE BASELINE TOBACCO
5 STUDY IS COMPLETED, THE DEPARTMENT SHALL CONDUCT AN ANNUAL TOBACCO
6 STUDY.~~

~~7 (B) THE ANNUAL TOBACCO STUDY SHALL:~~

~~8 (1) MEASURE THE SAME FACTORS THAT ARE SET FORTH IN § 13-1003(C)
9 OF THIS SUBTITLE; AND~~

~~10 (2) USE THE SAME METHODOLOGY OR MODEL THAT IS USED TO
11 CONDUCT A METHODOLOGY OR MODEL THAT ENABLES COMPARISONS AND TREND
12 ANALYSES TO BE MADE WITH THE BASELINE TOBACCO STUDY.~~

~~13 (C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
14 DEPARTMENT SHALL CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR
15 PRIVATE ENTITY TO CONDUCT THE ANNUAL TOBACCO STUDY.~~

~~16 (2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSALS TO
17 SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.~~

~~18 (D) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE
19 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE
20 GENERAL ASSEMBLY ON THE RESULTS OF THE ANNUAL TOBACCO STUDY, NO LATER
21 THAN JANUARY 15 SEPTEMBER 1 OF EACH YEAR.~~

~~22 13-1005.~~

~~23 (A) THERE IS A STATEWIDE PUBLIC HEALTH COMPONENT IN THE PROGRAM.~~

~~24 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO
25 MAXIMIZE THE EFFECTIVENESS OF THE ANTITOBACCO INITIATIVES IN THE STATE
26 BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ENSURE THAT THE
27 PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER
28 THROUGHOUT THE STATE.~~

~~29 (C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS
30 NECESSARY TO ENSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO
31 IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS, THE
32 DEPARTMENT MAY:~~

~~33 (1) DEVELOP AND IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED
34 OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE;~~

~~35 (2) ISSUE REQUESTS FOR PROPOSALS FOR PROGRAMS THAT ARE NOT
36 ESTABLISHED OR FUNDED UNDER OTHER PROVISIONS OF THIS SUBTITLE; AND~~

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

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

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

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

13 (E) ~~TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL~~
14 ~~AWARD ONE THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES OR~~
15 ~~HIGHER EDUCATION INSTITUTIONS WITH DEMONSTRATED RECORDS OF~~
16 ~~SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.~~

17 ~~13-1006.~~

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

19 (B) ~~THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO~~
20 ~~MAXIMIZE THE EFFECTIVENESS OF ANTITOBACCO INITIATIVES IN THE STATE BY~~
21 ~~AUTHORIZING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT TOBACCO~~
22 ~~USE PREVENTION AND CESSATION PROGRAMS IN COORDINATION WITH THE~~
23 ~~DEPARTMENT.~~

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

27 (1) ~~COMMUNITY BASED PROGRAMS;~~

28 (2) ~~SCHOOL-BASED PROGRAMS; AND~~

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

31 (D) ~~BY SEPTEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT AN~~
32 ~~ANNUAL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE~~
33 ~~GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY THAT INCLUDES:~~

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

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

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

5 ~~13-1007.~~

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

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

10 ~~(2) ESTABLISH OTHER REQUIREMENTS THAT THE DEPARTMENT~~
11 ~~DETERMINES TO BE NECESSARY TO MEET THE GOALS ESTABLISHED UNDER~~
12 ~~PARAGRAPH (1) OF THIS SUBSECTION; AND~~

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

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

19 ~~(1) THE PRODUCT OF:~~

20 ~~(I) ONE THIRD OF THE AMOUNT OF MONEY THAT IS ALLOCATED~~
21 ~~TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND~~

22 ~~(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY UNDER THE~~
23 ~~AGE OF EIGHTEEN WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS DIVIDED~~
24 ~~BY THE NUMBER OF INDIVIDUALS IN THE STATE UNDER THE AGE OF EIGHTEEN WHO~~
25 ~~SMOKE OR OTHERWISE USE TOBACCO PRODUCTS;~~

26 ~~(2) THE PRODUCT OF:~~

27 ~~(I) ONE THIRD OF THE AMOUNT OF MONEY THAT IS ALLOCATED~~
28 ~~TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND~~

29 ~~(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR~~
30 ~~OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN~~
31 ~~THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS; AND~~

32 ~~(3) THE PRODUCT OF:~~

33 ~~(I) ONE THIRD OF THE AMOUNT OF MONEY THAT IS ALLOCATED~~
34 ~~TO THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET; AND~~

1 (II) ~~THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO ARE~~
2 ~~AFRICAN AMERICAN OR WHO ARE MEMBERS OF TARGETED MINORITY GROUPS~~
3 ~~DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE WHO ARE AFRICAN~~
4 ~~AMERICAN OR WHO ARE MEMBERS OF TARGETED MINORITY GROUPS.~~

5 13-1008.

6 (A) (1) ~~SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL~~
7 ~~HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH~~
8 ~~TOBACCO GRANT.~~

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

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

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

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

17 (1) ~~TO THE EXTENT PRACTICABLE, IDENTIFY ALL EXISTING~~
18 ~~TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN THE COUNTY THAT ARE~~
19 ~~PUBLICLY FUNDED;~~

20 (II) ~~EVALUATE ASSESS THE EFFECTIVENESS OF THE PUBLICLY~~
21 ~~FUNDED PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH ITEM;~~

22 (III) ~~IDENTIFY UNMET COUNTY HEALTH NEEDS REGARDING~~
23 ~~TOBACCO USE PREVENTION AND CESSATION; AND~~

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

26 1. ~~THE TOBACCO USE PREVENTION AND CESSATION GOALS~~
27 ~~AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT IN~~
28 ~~CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT; AND~~

29 2. ~~MEETING THE UNMET COUNTY HEALTH NEEDS~~
30 ~~IDENTIFIED UNDER ITEM (III) OF THIS PARAGRAPH ITEM.~~

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

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

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

1 (3) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT
2 PROGRESS HAS BEEN MADE TOWARD MEETING THE TOBACCO USE PREVENTION AND
3 CESSATION GOALS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT;

4 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF
5 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS
6 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE TOBACCO USE
7 PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE
8 COUNTY BY THE DEPARTMENT;

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

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

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

19 (8) DESCRIBE HOW THE PLAN WILL HELP REDUCE TOBACCO USE
20 AMONG MINORITIES AND INDIVIDUALS UNDER THE AGE OF 18 YEARS, WITH
21 PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE RELEVANT
22 FINDINGS AND RECOMMENDATIONS OF THE GOVERNOR'S TASK FORCE TO END
23 SMOKING IN MARYLAND;

24 (6) (9) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS
25 WHO ENTITIES THAT RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO
26 GRANT IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS
27 RECEIVED BY EACH PERSON ENTITY UNDER THE GRANT;

28 (7) (10) AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF
29 MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC HEALTH
30 TOBACCO GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND
31 UNOBLIGATED AT THE END OF THAT YEAR; AND

32 (8) (11) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY
33 THE DEPARTMENT.

34 (D) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC
35 HEALTH TOBACCO GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A
36 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION
37 AND CESSATION FOR APPROVAL BY JUNE 1 OF EACH YEAR.

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

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

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

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

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

12 ~~(2) (I) IN CHOOSING A PERSON OTHER THAN THE HEAD OF A COUNTY~~
 13 ~~HEALTH DEPARTMENT TO SERVE AS A LOCAL HEALTH OFFICER AND COORDINATE A~~
 14 ~~COUNTY'S TOBACCO USE AND CESSATION EFFORTS, THE DEPARTMENT SHALL;~~

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

17 ~~(II) 1 ISSUE A REQUEST FOR PROPOSALS; OR~~

18 ~~(II) 2 COORDINATE THE COUNTY'S TOBACCO USE AND~~
 19 ~~CESSATION PROGRAM FROM WITHIN THE DEPARTMENT.~~

20 ~~13-1009.~~

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

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

25 ~~(2) FACILITATING COMMUNICATION AMONG THE COMMUNITY HEALTH~~
 26 ~~COALITIONS.~~

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

29 ~~(C) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT THAT IS~~
 30 ~~DISTRIBUTED TO A REGION UNDER SUBSECTION (A) OF THIS SECTION SHALL BE~~
 31 ~~EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH TOBACCO GRANTS THAT~~
 32 ~~OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER § 13-1007~~
 33 ~~OF THIS SUBTITLE.~~

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

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

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

5 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §
6 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

7 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH
8 13-1012 OF THIS SUBTITLE.

9 13-1010.

10 THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER
11 § 13-1008(B) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE
12 COUNTY AND MAY CONSIST OF:

13 (1) REPRESENTATIVES OF:

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

17 (II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
18 49D, § 11 OF THE CODE;

19 (III) THE LOCAL PUBLIC SCHOOL SYSTEM;

20 (IV) LOCAL HEALTH CARE PROVIDERS;

21 (V) LOCAL LAW ENFORCEMENT;

22 (VI) LOCAL BUSINESSES;

23 (VII) LOCAL RELIGIOUS ORGANIZATIONS;

24 (VIII) LOCAL MEDIA;

25 (IX) INSTITUTIONS OF HIGHER EDUCATION; AND

26 (X) LOCAL HOSPITALS; AND

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

30 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES
31 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION
32 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT;
33 AND

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

3 ~~13-1011.~~

4 (A) (1) ~~BEFORE RECEIVING A LOCAL PUBLIC HEALTH TOBACCO GRANT, A
5 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF
6 ALL PUBLICLY FUNDED TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN
7 THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1008(B)(2) OF THIS SUBTITLE.~~

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

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

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

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

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

22 (1) ~~15 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
23 TOBACCO CESSATION PROGRAMS;~~

24 (2) ~~45 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
25 PROGRAMS DESIGNED TO REDUCE TOBACCO USE IN THE COUNTY;~~

26 (3) ~~30 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
27 PROGRAMS DESIGNED TO REDUCE TOBACCO USE AMONG INDIVIDUALS IN THE
28 COUNTY UNDER THE AGE OF EIGHTEEN; AND~~

29 (4) ~~10 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT TO
30 ENFORCE STATE AND LOCAL LAWS REGARDING THE SALE AND USE OF TOBACCO
31 PRODUCTS.~~

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

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

4 ~~13-1012.~~

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

8 ~~(1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS~~
9 ~~ESTABLISHED BY THE DEPARTMENT UNDER § 13-1007 OF THIS SUBTITLE; AND~~

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

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

16 ~~13-1013.~~

17 ~~(A) THERE IS A COUNTERMARKETING AND MEDIA COMPONENT IN THE~~
18 ~~PROGRAM.~~

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

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

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

29 ~~(2) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE~~
30 ~~COUNTERMARKETING AND MEDIA COMPONENT AND HOW THE DEPARTMENT~~
31 ~~INTENDS TO REACH EACH AUDIENCE.~~

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

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

1 (3) ~~THE REQUEST FOR PROPOSALS SHALL:~~

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

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

8 (4) ~~TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL~~
9 ~~AWARD ONE THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES OR~~
10 ~~HIGHER EDUCATION INSTITUTIONS WITH DEMONSTRATED RECORDS OF~~
11 ~~SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.~~

12 (E) ~~TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO~~
13 ~~MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTERMARKETING AND MEDIA~~
14 ~~COMPONENT, INCLUDING:~~

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

18 ~~(2) SUBJECT TO SUBSECTION (F) OF THIS SECTION, USING MONEY THAT~~
19 ~~IS ALLOCATED TO THE COUNTERMARKETING COMPONENT TO OBTAIN MONEY FROM~~
20 ~~THE FEDERAL GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER~~
21 ~~ENTITY; AND~~

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

24 (F) ~~THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL~~
25 ~~GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF THE~~
26 ~~DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE MONEY,~~
27 ~~RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS, OR~~
28 ~~OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT ARE FUNDED WITH~~
29 ~~MONEY FROM THE CIGARETTE RESTITUTION FUND IF THE RESTRICTIONS ARE~~
30 ~~INCONSISTENT WITH THE PURPOSES OF THIS SUBTITLE.~~

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

35 ~~13-1014.~~

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

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

4 ~~(C) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING~~
5 ~~THAT IS ALLOCATED TO THE DEPARTMENT UNDER THE ADMINISTRATIVE~~
6 ~~COMPONENT TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, INCLUDING~~
7 ~~COSTS INCURRED BY THE DEPARTMENT, A COUNTY, OR ANY PERSON RECEIVING~~
8 ~~MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT.~~

9 ~~(D) THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT~~
10 ~~UNDER SUBSECTION (C) OF THIS SECTION WHICH MAY NOT EXCEED 5 PERCENT OF~~
11 ~~THE AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.~~

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

16 ~~13-1015.~~

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

19 ~~SUBTITLE 11. CANCER AND TOBACCO RELATED DISEASES PREVENTION,~~
20 ~~IDENTIFICATION, AND TREATMENT PROGRAM.~~

21 ~~13-1101.~~

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

24 ~~(B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE~~
25 ~~PROGRAM ESTABLISHED UNDER § 13-1113 13-1120 OF THIS SUBTITLE.~~

26 ~~(C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §~~
27 ~~13-1103 OF THIS SUBTITLE.~~

28 ~~(D) "CANCER PREVENTION, IDENTIFICATION, AND TREATMENT MAJOR~~
29 ~~COMMUNITY HOSPITAL COMPONENT" MEANS THE COMPONENT OF THE PROGRAM~~
30 ~~ESTABLISHED UNDER § 13-1107 13-1106 OF THIS SUBTITLE.~~

31 ~~(E) "CANCER AND TOBACCO RELATED DISEASES PRIMARY HEALTH CARE~~
32 ~~PROGRAM" MEANS THE PROGRAM ESTABLISHED IN § 13-1109 OF THIS SUBTITLE.~~

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

35 ~~(G) (E) "CLINICAL RESEARCH" MEANS RESEARCH THAT INVOLVES FORMAL~~
36 ~~TESTING OF HUMANS FOR THE SAFETY AND EFFECTIVENESS OF PROMISING NEW~~

1 ~~TREATMENT PROTOCOLS TREATMENTS AND PROTOCOLS INVOLVING HUMAN~~
 2 ~~SUBJECTS AND OTHER APPLICABLE MODELS FOR TESTING.~~

3 ~~(H) "COMMUNITY CANCER GRANT" MEANS A GRANT THAT IS DISTRIBUTED BY~~
 4 ~~THE DEPARTMENT TO A MAJOR COMMUNITY HOSPITAL UNDER § 13-1106 OF THIS~~
 5 ~~SUBTITLE.~~

6 ~~(I) (G) "COUNTY" INCLUDES BALTIMORE CITY.~~

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

11 ~~(K) (I) "IDENTIFICATION" INCLUDES SCREENING, EARLY DETECTION,~~
 12 ~~DIAGNOSIS, EDUCATION, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING~~
 13 ~~AND EARLY DETECTION PROGRAMS.~~

14 ~~(L) "JOHNS HOPKINS GROUP" MEANS THE JOHNS HOPKINS UNIVERSITY, THE~~
 15 ~~JOHNS HOPKINS HOSPITAL, AND JOHNS HOPKINS MEDICINE.~~

16 ~~(J) "JOHNS HOPKINS INSTITUTIONS" MEANS THE JOHNS HOPKINS~~
 17 ~~UNIVERSITY AND THE JOHNS HOPKINS HEALTH SYSTEM.~~

18 ~~(K) "LOCAL HEALTH OFFICER" MEANS:~~

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

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

22 ~~(L) "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT DISTRIBUTED~~
 23 ~~BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1109 THROUGH 13-1115 OF THIS~~
 24 ~~SUBTITLE.~~

25 ~~(M) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE~~
 26 ~~PROGRAM THAT IS ESTABLISHED UNDER § 13-1109 OF THIS SUBTITLE.~~

27 ~~(M) (N) "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED DATA~~
 28 ~~SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN THE~~
 29 ~~DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON~~
 30 ~~CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND~~
 31 ~~TREATED IN THE STATE.~~

32 ~~(N) (O) "MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY~~
 33 ~~PROGRAM" MEANS THE PROGRAM ESTABLISHED UNDER TITLE 15, SUBTITLE 6 OF~~
 34 ~~THIS ARTICLE.~~

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

4 ~~(Q)~~ ~~"MARYLAND TELEMEDICINE NETWORK" MEANS A STATEWIDE NETWORK~~
5 ~~AND INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF EDUCATION,~~
6 ~~PREVENTION, OUTREACH, SCREENING, TREATMENT, AND RESEARCH PROGRAMS~~
7 ~~RELATING TO CERTAIN PUBLIC HEALTH PURPOSES THAT CAN BE ACCESSED BY~~
8 ~~INDIVIDUALS THROUGHOUT THE STATE, INCLUDING:~~

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

11 ~~(2)~~ ~~DEVELOPMENT OF BEST PRACTICES MODELS; AND~~

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

15 ~~(P)~~ ~~(R)~~ "MINORITY" MEANS ~~WOMEN, AND INDIVIDUALS OF AFRICAN~~
16 ~~AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.~~

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

19 ~~(Q)~~ ~~(T)~~ "PROGRAM" MEANS THE CANCER AND TOBACCO-RELATED DISEASES
20 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAM THAT IS ESTABLISHED
21 UNDER § 13-1102 OF THIS SUBTITLE.

22 ~~(R)~~ ~~(U)~~ "PRIMARY HEALTH CARE COMPONENT" MEANS THE COMPONENT OF
23 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 ~~13-1108~~ OF THIS SUBTITLE.

24 ~~(S)~~ "PRIMARY HEALTH CARE GRANT" MEANS THE GRANT DISTRIBUTED BY
25 THE DEPARTMENT TO FEDERALLY QUALIFIED HEALTH CENTERS UNDER § 13-1109 OF
26 THIS SUBTITLE.

27 ~~(T)~~ ~~(V)~~ "STATEWIDE ACADEMIC HEALTH CENTER COMPONENT" MEANS THE
28 COMPONENT ESTABLISHED UNDER § 13-1114 ~~13-1117~~ OF THIS SUBTITLE.

29 ~~(U)~~ ~~(W)~~ "STATEWIDE ACADEMIC HEALTH CENTER GRANT" MEANS A GRANT
30 THAT IS DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND
31 MEDICAL SYSTEM GROUP INSTITUTIONS GROUP OR THE JOHNS HOPKINS GROUP
32 ~~INSTITUTIONS~~ UNDER § 13-1110 ~~13-1117~~ OF THIS SUBTITLE.

33 ~~(V)~~ ~~(X)~~ "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE
34 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1103 OF THIS
35 SUBTITLE.

36 ~~(W)~~ ~~(Y)~~ "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY THE
37 DEPARTMENT UNDER SUBSECTION (D) OF THIS SECTION § 13-1102 OF THIS SUBTITLE.

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

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

6 ~~(X) "TELEMEDICINE NETWORK" MEANS A STATEWIDE NETWORK AND~~
 7 ~~INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF EDUCATION, OUTREACH,~~
 8 ~~SCREENING, TREATMENT, AND RESEARCH PROGRAMS RELATING TO CERTAIN~~
 9 ~~PUBLIC HEALTH PURPOSES THAT CAN BE ACCESSED BY INDIVIDUALS THROUGHOUT~~
 10 ~~THE STATE, INCLUDING:~~

11 ~~(1) REGIONAL COORDINATION OF CLINICAL TRIALS;~~

12 ~~(2) DEVELOPMENT OF BEST PRACTICES MODELS; AND~~

13 ~~(3) COORDINATION AMONG PHYSICIANS IN DIFFERENT GEOGRAPHIC~~
 14 ~~AREAS OF THE STATE.~~

15 ~~(Y) (BB) "TOBACCO RELATED DISEASES" MEANS CARDIOVASCULAR DISEASE,~~
 16 ~~CHRONIC PULMONARY DISEASES, PERIPHERAL VASCULAR DISEASE, STROKE, AND~~
 17 ~~INFANT MORTALITY DUE TO LOW BIRTHWEIGHTS.~~

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

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

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

25 ~~(BB) (FF) "UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP" MEANS THE~~
 26 ~~UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, THE UNIVERSITY OF~~
 27 ~~MARYLAND MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.~~

28 ~~13-1102.~~

29 ~~(A) THERE IS A CANCER AND TOBACCO RELATED DISEASES PREVENTION,~~
 30 ~~IDENTIFICATION, AND TREATMENT PROGRAM IN THE DEPARTMENT.~~

31 ~~(B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF~~
 32 ~~THE CIGARETTE RESTITUTION FUND TO ADDRESS ISSUES RELATING TO:~~

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

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

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

8 (C) ~~THE PROGRAM CONSISTS OF:~~

9 (1) ~~A SURVEILLANCE AND EVALUATION COMPONENT;~~

10 (2) ~~A CANCER PREVENTION, IDENTIFICATION, AND TREATMENT MAJOR~~
11 ~~COMMUNITY HOSPITAL COMPONENT;~~

12 (3) ~~A TOBACCO-RELATED DISEASES COMPONENT;~~

13 (4) ~~A PRIMARY HEALTH CARE COMPONENT;~~

14 (5) ~~A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT;~~

15 (6) ~~A LOCAL PUBLIC HEALTH COMPONENT;~~

16 (7) ~~A TARGETED HOSPITAL CAPACITY COMPONENT; AND~~

17 (6) (8) ~~AN ADMINISTRATIVE COMPONENT.~~

18 (D) ~~TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE~~
19 ~~TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE CANCER PREVENTION,~~
20 ~~IDENTIFICATION, AND TREATMENT MAJOR COMMUNITY HOSPITAL COMPONENT,~~
21 ~~THE LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL CAPACITY~~
22 ~~COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT OF~~
23 ~~THE PROGRAM.~~

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

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

28 (2) ~~EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION,~~
29 ~~OTHERWISE PROVIDED IN THIS SUBTITLE OR IN THE ANNUAL BUDGET BILL AS~~
30 ~~ENACTED, MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE~~
31 ~~STATE BUDGET MAY ONLY BE EXPENDED FOR THE PURPOSE FOR WHICH IT IS~~
32 ~~APPROPRIATED.~~

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

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

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

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

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

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

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

18 (2) ~~THE AMOUNT OF MONEY THAT WAS DISTRIBUTED AS GRANTS TO~~
 19 ~~EACH RECIPIENT IN THE PRIMARY HEALTH CARE COMPONENT, THE CANCER~~
 20 ~~PREVENTION, IDENTIFICATION, AND TREATMENT MAJOR COMMUNITY HOSPITAL~~
 21 ~~COMPONENT, THE TOBACCO-RELATED DISEASES COMPONENT, THE CANCER AND~~
 22 ~~TOBACCO-RELATED DISEASES PRIMARY HEALTH CARE PROGRAM IN THE PRIMARY~~
 23 ~~HEALTH CARE LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL~~
 24 ~~CAPACITY COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER~~
 25 ~~COMPONENT:~~

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

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

30 13-1103:

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

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

35 (1) ~~COLLECT, ANALYZE, AND MONITOR DATA RELATING TO CANCER AND~~
 36 ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT IN THE STATE;~~

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

3 (3) ~~CONDUCT THE BASELINE CANCER STUDY, AS PROVIDED UNDER~~
4 ~~SUBSECTIONS (C) AND (D) OF THIS SECTION; AND~~

5 (4) ~~CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §~~
6 ~~13-1104 OF THIS SUBTITLE.~~

7 (C) (1) ~~TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT,~~
8 ~~THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE~~
9 ~~CANCER STUDY AS PROVIDED IN THIS SECTION.~~

10 (2) ~~THE DEPARTMENT MAY:~~

11 (I) ~~CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE~~
12 ~~STUDY; OR~~

13 (II) ~~CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR~~
14 ~~PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE~~
15 ~~STUDY.~~

16 (D) ~~THE BASELINE CANCER STUDY SHALL MEASURE:~~

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

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

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

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

26 (5) ~~THE NUMBER AND TYPES OF SCREENING PROGRAMS FOR EACH~~
27 ~~TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY, AND THE NUMBER OF~~
28 ~~PERSONS INDIVIDUALS SCREENED EACH YEAR IN THESE PROGRAMS;~~

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

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

35 (I) ~~EFFECTIVE PROCEDURES FOR EARLY DETECTION; AND~~

1 ~~(H) EFFECTIVE PROCEDURES FOR PREVENTION OR TREATMENT~~
2 ~~AFTER EARLY DETECTION;~~

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

5 ~~(7) (9) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO~~
6 ~~BE IMPORTANT FOR MEASURING RATES OF TARGETED CANCERS IN THE STATE OR~~
7 ~~FOR EVALUATING WHETHER THE PROGRAM MEETS ITS OBJECTIVES.~~

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

13 ~~(F) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION~~
14 ~~INSTITUTION OR PRIVATE ENTITY CONDUCT THE BASELINE CANCER STUDY OR ANY~~
15 ~~PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSALS~~
16 ~~TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART~~
17 ~~OF THE STUDY.~~

18 ~~(2) THE REQUEST FOR PROPOSALS SHALL SPECIFY THAT ANY~~
19 ~~METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE~~
20 ~~BASELINE CANCER STUDY OR THE RELEVANT PART OF THE STUDY, AND ANY DATA~~
21 ~~COLLECTED UNDER THE STUDY, SHALL BE PROVIDED TO THE STATE FOR USE IN~~
22 ~~SUBSEQUENT STUDIES, REGARDLESS OF WHETHER THE STUDIES ARE CONDUCTED~~
23 ~~BY THE SAME ENTITY.~~

24 ~~(3) THE DEPARTMENT MAY ISSUE A REQUEST FOR PROPOSALS THAT~~
25 ~~ALLOWS THE DEPARTMENT TO CONTRACT WITH AN ENTITY TO CONDUCT THE~~
26 ~~BASELINE CANCER STUDY AND ONE OR MORE ANNUAL CANCER STUDIES AS~~
27 ~~REQUIRED UNDER § 13-1104 OF THIS SUBTITLE.~~

28 ~~(G) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,~~
29 ~~SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL~~
30 ~~ASSEMBLY, ON THE RESULTS OF THE BASELINE CANCER STUDY NO LATER THAN~~
31 ~~JANUARY 15, 2001 SEPTEMBER 1, 2000.~~

32 ~~13-1104.~~

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

36 ~~(B) THE ANNUAL CANCER STUDY SHALL:~~

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

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

3 (C) ~~THE DEPARTMENT MAY:~~

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

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

8 (D) ~~IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION~~
9 ~~INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY~~
10 ~~PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSALS~~
11 ~~TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART~~
12 ~~OF THE STUDY.~~

13 (E) ~~THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE~~
14 ~~GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE~~
15 ~~GENERAL ASSEMBLY, ON THE RESULTS OF THE ANNUAL CANCER STUDY NO LATER~~
16 ~~THAN JANUARY 15 SEPTEMBER 1.~~

17 ~~13-1105.~~

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

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

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

25 ~~13-1106.~~

26 (A) (1) ~~IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS~~
27 ~~INDICATED:~~

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

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

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

34 (5) (4) ~~"COMMUNITY HOSPITAL" MEANS ANY ACCREDITED HOSPITAL~~
35 ~~IN BALTIMORE CITY, BALTIMORE COUNTY, MONTGOMERY COUNTY, OR PRINCE~~
36 ~~GEORGE'S COUNTY THE STATE.~~

1 (H) "COMMUNITY HOSPITAL" DOES NOT INCLUDE THE UNIVERSITY
2 OF MARYLAND MEDICAL CENTER SYSTEM AND THE JOHNS HOPKINS UNIVERSITY
3 HOSPITAL.

4 (6) "MAJOR COMMUNITY HOSPITAL" MEANS THE COMMUNITY HOSPITAL
5 IN EACH OF BALTIMORE CITY, BALTIMORE COUNTY, MONTGOMERY COUNTY, AND
6 PRINCE GEORGE'S COUNTY THE STATE IDENTIFIED IN SUBSECTION (G) OF THIS
7 SECTION.

8 (B) THERE IS A CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
9 MAJOR COMMUNITY HOSPITAL COMPONENT.

10 (C) THE PURPOSE OF THE CANCER PREVENTION, IDENTIFICATION, AND
11 TREATMENT MAJOR COMMUNITY HOSPITAL COMPONENT IS TO PROVIDE FUNDING
12 FOR A COMMUNITY BASED HOSPITAL EFFORT TO REDUCE THE MORBIDITY AND
13 MORTALITY OF CANCER IN THE STATE.

14 (D) UNDER THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
15 MAJOR COMMUNITY HOSPITAL COMPONENT, THE DEPARTMENT SHALL DISTRIBUTE
16 COMMUNITY CANCER GRANTS A GRANT TO THE MAJOR COMMUNITY HOSPITALS
17 HOSPITAL.

18 (E) FUNDING FOR THE CANCER PREVENTION, IDENTIFICATION, AND
19 TREATMENT MAJOR COMMUNITY HOSPITAL COMPONENT SHALL BE AS ALLOCATED
20 IN THE STATE BUDGET.

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

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

29 (1) 60 PERCENT TIMES THE REGIONAL CANCER DISCHARGE RATE IN
30 THE PREVIOUS YEAR;

31 (2) 40 PERCENT TIMES THE UNCOMPENSATED CARE RATE IN THE
32 PREVIOUS YEAR; AND

33 (3) 10 PERCENT TIMES THE AMOUNT OF CANCER RESEARCH DOLLARS
34 IN THE PREVIOUS YEAR DIVIDED BY 100,000.

35 (H) THE DEPARTMENT SHALL AWARD A COMMUNITY CANCER GRANT TO A
36 THE MAJOR COMMUNITY HOSPITAL IN EACH OF BALTIMORE CITY AND BALTIMORE,
37 MONTGOMERY, AND PRINCE GEORGE'S COUNTIES WITH THE HIGHEST WEIGHTED
38 SUM AS CALCULATED IN SUBSECTION (G) OF THIS SECTION.

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

4 ~~(1) PROVIDES A DETAILED PLAN AS TO HOW THE COMMUNITY CANCER~~
5 ~~GRANT WILL BE SPENT AND HOW IT WILL BE USED TO ACHIEVE THE CANCER GOALS~~
6 ~~ESTABLISHED BY THE DEPARTMENT;~~

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

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

13 ~~(4) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE~~
14 ~~DEMONSTRATES THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER~~
15 ~~GOALS ESTABLISHED BY THE DEPARTMENT AND INCLUDE INCLUDES THE~~
16 ~~EVALUATION OF ANY PROGRAM FUNDED WITH A COMMUNITY CANCER GRANT IN~~
17 ~~THE PRIOR YEAR;~~

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

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

23 ~~(J) THE DEPARTMENT MAY NOT DISTRIBUTE A COMMUNITY CANCER GRANT~~
24 ~~UNLESS THE DEPARTMENT FIRST DETERMINES THAT:~~

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

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

31 ~~(3) THE COMMUNITY CANCER GRANT WILL BE USED TO FUND~~
32 ~~CANCER RELATED ACTIVITIES AS PROVIDED IN SUBSECTION (K) (F) OF THIS SECTION~~
33 ~~THAT RELATE TO STATE CANCER GOALS; AND~~

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

1 ~~13-1107.~~

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

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

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

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

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

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

16 (i) ~~HEALTH SERVICES RESEARCH TO DETERMINE:~~

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

19 2. ~~FACTORS AND POLICIES WHICH FACILITATE DELIVERY OF~~
 20 ~~SERVICES; AND~~

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

25 (ii) ~~TRANSLATIONAL RESEARCH; AND~~

26 (iii) ~~CLINICAL RESEARCH.~~

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

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

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

33 (i) ~~PROVIDES A DETAILED PLAN AS TO HOW THE~~
 34 ~~TOBACCO-RELATED DISEASES GRANT WILL BE SPENT;~~

1 ~~(II) TO THE EXTENT PRACTICABLE PROVIDES A COMPLETE~~
2 ~~INVENTORY OF ALL PREVENTION, IDENTIFICATION, TREATMENT, AND RESEARCH~~
3 ~~ACTIVITIES RELATING TO TOBACCO RELATED DISEASES THAT ARE CURRENTLY~~
4 ~~BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES~~
5 ~~OF TOBACCO RELATED DISEASES TO WHICH THE RESEARCH RELATES;~~

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

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

14 ~~1. ARE DIAGNOSED WITH A TOBACCO RELATED DISEASE;~~
15 ~~AND~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 13-1108.

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

22 (B) THE PRIMARY HEALTH CARE COMPONENT HAS TWO SUBCOMPONENTS:

23 (1) THE CANCER AND TOBACCO-RELATED DISEASES PRIMARY HEALTH
24 CARE PROGRAM; AND

25 (2) ~~(B)~~ THE MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY
26 PROGRAM, AS ESTABLISHED IN SECTION 2 OF THIS ACT IS PART OF THE PRIMARY
27 HEALTH CARE COMPONENT.

28 13-1109.

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

31 (2) "AFFILIATION" MEANS A RELATIONSHIP BETWEEN A FEDERALLY
32 QUALIFIED HEALTH CENTER AND AN ACCREDITED HOSPITAL.

33 (3) "ADMITTING PRIVILEGES" MEANS THE AUTHORITY THAT A HEALTH
34 CARE PROVIDER HAS TO ADMIT PATIENTS TO AN ACCREDITED HOSPITAL.

1 (B) ~~THERE IS A CANCER AND TOBACCO RELATED DISEASES PRIMARY HEALTH~~
2 ~~CARE PROGRAM.~~

3 (C) ~~THE PURPOSE OF THE CANCER AND TOBACCO RELATED DISEASES~~
4 ~~PRIMARY HEALTH CARE PROGRAM IS TO IMPROVE THE QUALITY OF PRIMARY~~
5 ~~HEALTH CARE SERVICES FOR CANCER AND TOBACCO RELATED DISEASES TO THE~~
6 ~~UNINSURED AND UNDERINSURED IN URBAN AND RURAL AREAS OF THE STATE WHO~~
7 ~~HAVE HISTORICALLY HAD MINIMAL ACCESS TO PRIMARY HEALTH CARE.~~

8 (D) ~~FUNDING FOR THE CANCER AND TOBACCO RELATED DISEASES PRIMARY~~
9 ~~HEALTH CARE PROGRAM SHALL BE AS ALLOCATED IN THE STATE BUDGET.~~

10 (E) ~~THE DEPARTMENT SHALL DISTRIBUTE GRANTS FOR CANCER AND~~
11 ~~TOBACCO RELATED DISEASES PRIMARY CARE SERVICES THROUGH PRIMARY~~
12 ~~HEALTH CARE GRANTS TO FEDERALLY QUALIFIED HEALTH CENTERS.~~

13 (F) ~~THE FEDERALLY QUALIFIED HEALTH CENTERS SHALL USE THE PRIMARY~~
14 ~~HEALTH CARE GRANTS TO PROVIDE CANCER AND TOBACCO RELATED PRIMARY~~
15 ~~HEALTH CARE SERVICES TO UNINSURED OR UNDERINSURED INDIVIDUALS IN THE~~
16 ~~FOLLOWING AREAS ONLY:~~

17 (1) ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT~~
18 ~~SERVICES; AND~~

19 (2) ~~TOBACCO RELATED DISEASES PREVENTION, IDENTIFICATION, AND~~
20 ~~TREATMENT SERVICES.~~

21 (G) ~~TO BE ELIGIBLE TO APPLY TO THE DEPARTMENT FOR A PRIMARY HEALTH~~
22 ~~CARE GRANT, APPLICANTS MUST:~~

23 (1) ~~HAVE A DEMONSTRATED COMMITMENT TO PROVIDING PRIMARY~~
24 ~~HEALTH CARE SERVICES TO UNINSURED AND UNDERINSURED INDIVIDUALS;~~

25 (2) ~~BE A FEDERALLY QUALIFIED HEALTH CENTER; AND~~

26 (3) ~~HAVE AT A MINIMUM AN AFFILIATION WITH AN ACCREDITED~~
27 ~~HOSPITAL IN THE FORM OF ADMITTING PRIVILEGES.~~

28 (H) (1) ~~A COMPETITIVE GRANT PROCESS SHALL BE ESTABLISHED BY THE~~
29 ~~DEPARTMENT TO DETERMINE PRIMARY HEALTH CARE GRANT RECIPIENTS.~~

30 (2) ~~THE DEPARTMENT SHALL CONSIDER GEOGRAPHIC BALANCE AND~~
31 ~~HISTORICALLY UNDERSERVED COMMUNITIES IN SELECTING PRIMARY HEALTH~~
32 ~~CARE GRANT RECIPIENTS.~~

33 (I) ~~BEFORE RECEIVING A PRIMARY HEALTH CARE GRANT, THE FEDERALLY~~
34 ~~QUALIFIED HEALTH CENTERS SHALL SUBMIT A COMPREHENSIVE PRIMARY HEALTH~~
35 ~~CARE PLAN THAT:~~

1 (1) ~~PROVIDES A DETAILED PLAN AS TO HOW THE PRIMARY CARE~~
2 ~~HEALTH CARE GRANT WILL BE SPENT AND HOW IT WILL BE USED TO ACHIEVE THE~~
3 ~~GOALS ESTABLISHED BY THE DEPARTMENT;~~

4 (2) ~~PROVIDES A COMPLETE INVENTORY OF ALL PRIMARY HEALTH CARE~~
5 ~~SERVICES RELATING TO CANCER AND TOBACCO RELATED DISEASES PREVENTION,~~
6 ~~IDENTIFICATION, AND TREATMENT THAT ARE CURRENTLY PROVIDED, INCLUDING A~~
7 ~~BREAKDOWN OF THE TYPES OF CANCER OR TOBACCO RELATED DISEASES TO WHICH~~
8 ~~THE SERVICES RELATE;~~

9 (3) ~~SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL OF THE~~
10 ~~CANCER AND TOBACCO RELATED DISEASES PRIMARY HEALTH CARE SERVICES~~
11 ~~IDENTIFIED UNDER ITEM (2) OF THIS PARAGRAPH;~~

12 (4) ~~PROVIDES THE MOST RECENT BASELINE DATA AVAILABLE ON THE~~
13 ~~SERVICES AND PATIENTS SERVED;~~

14 (5) ~~PROVIDES A DETAILED LIST OF ALL AFFILIATIONS WITH~~
15 ~~ACCREDITED HOSPITALS;~~

16 (6) ~~AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT~~
17 ~~PROGRESS HAS BEEN MADE TOWARD MEETING THE PRIMARY HEALTH CARE GOALS~~
18 ~~ESTABLISHED BY THE DEPARTMENT;~~

19 (7) ~~AFTER THE FIRST YEAR OF FUNDING, SPECIFIES THE AMOUNT OF~~
20 ~~MONEY THAT WAS RECEIVED UNDER A PRIMARY HEALTH CARE GRANT IN THE PRIOR~~
21 ~~FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT~~
22 ~~YEAR; AND~~

23 (8) ~~INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE~~
24 ~~DEPARTMENT.~~

25 (1) ~~THE DEPARTMENT MAY NOT DISTRIBUTE A PRIMARY HEALTH CARE~~
26 ~~GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:~~

27 (1) ~~THE COMPREHENSIVE PLAN WILL HELP ACHIEVE THE STATE'S~~
28 ~~CANCER AND TOBACCO RELATED DISEASES GOALS;~~

29 (2) ~~THE FEDERALLY QUALIFIED HEALTH CENTER THAT RECEIVES THE~~
30 ~~GRANT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING CANCER OR~~
31 ~~TOBACCO RELATED DISEASES ACTIVITIES OR ANY OTHER TYPE OF CURRENT~~
32 ~~EXPENDITURE BY THE FEDERALLY QUALIFIED HEALTH CENTER;~~

33 (3) ~~THE PRIMARY HEALTH CARE GRANT AWARDS WILL NOT BE USED IN~~
34 ~~ANY WAY TO SUPPLANT STATE FUNDS APPROPRIATED TO FEDERALLY QUALIFIED~~
35 ~~HEALTH CENTERS AS REQUIRED BY THE U.S. OMNIBUS BUDGET RECONCILIATION~~
36 ~~ACT OF 1989 AS AMENDED BY THE BALANCED BUDGET ACT OF 1997; AND~~

1 (4) ~~THE FEDERALLY QUALIFIED HEALTH CENTER SATISFIES ANY~~
2 ~~OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF~~
3 ~~RECEIVING THE GRANT.~~

4 (K) ~~THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND~~
5 ~~EFFECTIVENESS OF THE CANCER AND TOBACCO RELATED DISEASES PROGRAM OF~~
6 ~~THE PRIMARY HEALTH CARE COMPONENT.~~

7 ~~13-1109.~~

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

9 (B) ~~THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO~~
10 ~~MAXIMIZE THE EFFECTIVENESS OF ANTI-CANCER INITIATIVES IN THE STATE BY~~
11 ~~EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT CANCER~~
12 ~~PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS FOR TARGETED~~
13 ~~CANCERS IN COORDINATION WITH THE DEPARTMENT.~~

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

17 (D) ~~THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO~~
18 ~~THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE~~
19 ~~BASELINE CANCER STUDY HAS BEEN COMPLETED.~~

20 ~~13-1110.~~

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

23 (1) ~~IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, ESTABLISH~~
24 ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS FOR EACH~~
25 ~~COUNTY;~~

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

29 (3) ~~PROVIDE FOR THE DISTRIBUTION OF LOCAL PUBLIC HEALTH~~
30 ~~CANCER GRANTS TO ELIGIBLE COUNTIES BASED ON THE FORMULA ESTABLISHED~~
31 ~~UNDER SUBSECTION (B) OF THIS SECTION; AND~~

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

1 ~~(B) SUBJECT TO §§ 13-1111 THROUGH 13-1115 OF THIS SUBTITLE, THE~~
2 ~~DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC HEALTH CANCER GRANT TO~~
3 ~~EACH COUNTY THAT IS EQUAL TO THE SUM OF:~~

4 ~~(1) THE PRODUCT OF:~~

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

7 ~~(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO HAVE ONE~~
8 ~~OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE~~
9 ~~STATE WHO HAVE ONE OF THE TARGETED CANCERS; AND~~

10 ~~(2) THE PRODUCT OF:~~

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

13 ~~(II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED~~
14 ~~FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY THE~~
15 ~~NUMBER OF INDIVIDUALS IN THE STATE WHO DIED FROM ONE OF THE TARGETED~~
16 ~~CANCERS DURING THE PRIOR YEAR;~~

17 ~~13-1111.~~

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

21 ~~(2) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT SHALL~~
22 ~~BE DETERMINED BY THE DEPARTMENT USING THE FORMULA THAT IS ESTABLISHED~~
23 ~~UNDER § 13-1110 OF THIS SUBTITLE.~~

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

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

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

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

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

34 ~~(III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,~~
35 ~~IDENTIFICATION, AND TREATMENT THAT OUTLINES A STRATEGY FOR MEETING THE~~

1 ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS AND~~
2 ~~REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT.~~

3 ~~(C) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION,~~
4 ~~AND TREATMENT SHALL:~~

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

7 ~~(2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A~~
8 ~~LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR;~~

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

13 ~~(4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF~~
14 ~~FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS~~
15 ~~TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,~~
16 ~~IDENTIFICATION, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR~~
17 ~~THE COUNTY BY THE DEPARTMENT;~~

18 ~~(5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE YEAR~~
19 ~~FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE;~~

20 ~~(6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING~~
21 ~~PROGRAM THAT IS OR WILL BE FUNDED UNDER A LOCAL PUBLIC HEALTH CANCER~~
22 ~~GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL~~
23 ~~HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE~~
24 ~~PROVIDERS FOR INDIVIDUALS WHO:~~

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

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

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

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

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

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

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

11 ~~(D) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC~~
12 ~~HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A~~
13 ~~COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION,~~
14 ~~IDENTIFICATION, AND TREATMENT.~~

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

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

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

23 ~~(II) THE COUNTY HEALTH DEPARTMENT HAS BEEN~~
24 ~~UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, IDENTIFICATION, AND~~
25 ~~TREATMENT INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED~~
26 ~~BY THE DEPARTMENT; OR~~

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

29 ~~(2) IN CHOOSING A PERSON OTHER THAN THE HEAD OF A COUNTY~~
30 ~~HEALTH DEPARTMENT TO SERVE AS A LOCAL HEALTH OFFICER AND COORDINATE A~~
31 ~~COUNTY'S ANTICANCER EFFORTS, THE DEPARTMENT SHALL:~~

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

34 ~~(II) 1: ISSUE A REQUEST FOR PROPOSALS; OR~~

35 ~~2: COORDINATE THE COUNTY'S ANTICANCER PROGRAMS~~
36 ~~FROM WITHIN THE DEPARTMENT.~~

1 ~~13-1112.~~

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

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

6 ~~(1) IT WOULD BE COST EFFECTIVE TO FUND CANCER PREVENTION,~~
7 ~~IDENTIFICATION, AND TREATMENT PROGRAMS FOR TARGETED CANCERS ON A~~
8 ~~REGIONAL BASIS; AND~~

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

12 ~~(C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS~~
13 ~~DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF~~
14 ~~THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN~~
15 ~~DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §~~
16 ~~13-1110 OF THIS SUBTITLE.~~

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

21 ~~(1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,~~
22 ~~IDENTIFICATION, AND TREATMENT AS REQUIRED UNDER § 13-1111(B) OF THIS~~
23 ~~SUBTITLE;~~

24 ~~(2) ESTABLISH A COMMUNITY HEALTH COALITION AS PROVIDED UNDER~~
25 ~~§ 13-1113 OF THIS SUBTITLE;~~

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

28 ~~(4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1109 THROUGH~~
29 ~~13-1115 OF THIS SUBTITLE.~~

30 ~~13-1113.~~

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

34 ~~(1) REPRESENTATIVES OF:~~

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

4 ~~(II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE~~
5 ~~49D, § 11 OF THE CODE;~~

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

8 ~~(IV) LOCAL RELIGIOUS ORGANIZATIONS;~~

9 ~~(V) INSTITUTIONS OF HIGHER EDUCATION; AND~~

10 ~~(VI) OTHER HOSPITALS OR ORGANIZATIONS IN THE STATE THAT~~
11 ~~MAY PARTICIPATE IN CANCER PREVENTION, IDENTIFICATION, AND TREATMENT~~
12 ~~ACTIVITIES IN THE COUNTY;~~

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

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

19 ~~13-1114.~~

20 ~~(A) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH CANCER GRANT, A~~
21 ~~LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF~~
22 ~~ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, IDENTIFICATION, AND~~
23 ~~TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY~~
24 ~~THAT WERE IDENTIFIED UNDER § 13-1111(B) OF THIS SUBTITLE.~~

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

27 ~~(B) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (A)(2) OF THIS~~
28 ~~SECTION SHALL BE THE COUNTY'S BASE YEAR FUNDING FOR CANCER PREVENTION,~~
29 ~~IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED~~
30 ~~CANCERS.~~

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

35 ~~(D) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH~~
36 ~~CANCER GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE~~
37 ~~COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE YEAR~~

1 FUNDING FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS
2 THAT RELATE TO TARGETED CANCERS.

3 13-1115.

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

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

9 (2) ALL OTHER REQUIREMENTS OF §§ 13-1109 THROUGH 13-1115 OF THIS
10 SUBTITLE HAVE BEEN MET.

11 (B) THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY
12 FOR A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1110 OF
13 THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF
14 SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

15 13-1110, 13-1116.

16 (A) THERE IS A TARGETED HOSPITAL CAPACITY COMPONENT.

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

22 (C) THE DEPARTMENT MAY DISTRIBUTE A TARGETED HOSPITAL CAPACITY
23 GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS
24 HOPKINS INSTITUTIONS TO FUND INITIATIVES TO ENHANCE THE CAPACITY FOR
25 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT IN AT LEAST ONE
26 HOSPITAL IN EACH OF PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND AT ANY
27 OTHER HOSPITAL THAT SERVES RESIDENTS OF THE COUNTIES IN ORDER TO REDUCE
28 CANCER MORBIDITY AND MORTALITY AND MAXIMIZE THE EFFECTIVENESS OF
29 STATEWIDE ANTICANCER INITIATIVES.

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

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

37 (F) BEFORE APPLYING FOR A TARGETED HOSPITAL CAPACITY GRANT, AN
38 INSTITUTION SHALL SUBMIT AS PART OF THE PLAN FOR THE INSTITUTION, AS

~~1 REQUIRED UNDER § 13-1118 OF THIS SUBTITLE FOR THE UNIVERSITY OF MARYLAND
2 MEDICAL GROUP AND UNDER § 13-1119 OF THIS SUBTITLE FOR THE JOHNS HOPKINS
3 INSTITUTIONS, THE FOLLOWING:~~

~~4 (1) DETAILS AS TO HOW THE GRANT WILL BE SPENT AND HOW IT WILL
5 BE USED TO ACHIEVE THE CANCER GOALS ESTABLISHED BY THE DEPARTMENT;~~

~~6 (2) TO THE EXTENT PRACTICABLE, AN INVENTORY OF CANCER
7 ACTIVITIES RELATING TO THE TARGETED CANCERS THAT ARE CURRENTLY BEING
8 CONDUCTED AT ANY HOSPITAL WITH WHICH THE INSTITUTION HAS FORMED AN
9 AGREEMENT IN ORDER TO ENHANCE CANCER CARE AT THAT FACILITY;~~

~~10 (3) SPECIFICATIONS OF THE TYPES AND NATURE OF THE ACTIVITIES,
11 EQUIPMENT, OR SERVICES TO BE FUNDED TO ENHANCE PREVENTION, EDUCATION,
12 OUTREACH, SCREENING, DIAGNOSIS, OR TREATMENT OF THE TARGETED CANCERS;
13 AND~~

~~14 (4) ANY OTHER INFORMATION THAT IS REQUIRED BY THE
15 DEPARTMENT;~~

~~16 (G) THE DEPARTMENT MAY NOT DISTRIBUTE A TARGETED HOSPITAL
17 CAPACITY GRANT, UNLESS THE DEPARTMENT FIRST DETERMINES THAT:~~

~~18 (1) THE INFORMATION SUBMITTED IN ACCORDANCE WITH SUBSECTION
19 (F) OF THIS SECTION IS CONSISTENT WITH THE INSTITUTION'S PLAN AS REQUIRED
20 FOR THE UNIVERSITY OF MARYLAND MEDICAL GROUP UNDER § 13-1118 OF THIS
21 SUBTITLE AND FOR THE JOHNS HOPKINS INSTITUTIONS UNDER § 13-1119 OF THIS
22 SUBTITLE;~~

~~23 (2) THE INSTITUTION AND THE HOSPITAL WITH WHICH THE
24 INSTITUTION HAS FORMED AN AGREEMENT WILL NOT USE ANY PART OF THE GRANT
25 TO SUPPLANT EXISTING FUNDING FOR CANCER ACTIVITIES OR ANY OTHER TYPE OF
26 CURRENT EXPENDITURES BY THE ENTITIES;~~

~~27 (3) THE GRANT WILL BE USED TO FUND CANCER ACTIVITIES,
28 EQUIPMENT, OR SERVICES THAT RELATE TO TARGETED CANCERS;~~

~~29 (4) THE INSTITUTION HAS EXECUTED AN AGREEMENT WITH ALL THE
30 APPLICABLE HOSPITALS; AND~~

~~31 (5) THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT
32 ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.~~

~~33 (H) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
34 EFFECTIVENESS OF INITIATIVES FUNDED BY A TARGETED HOSPITAL CAPACITY
35 GRANT;~~

~~36 (I) IN ORDER TO EXPEDITE IMPLEMENTATION ON A STATEWIDE BASIS OF
37 THE MARYLAND TELEMEDICINE NETWORK, AS ESTABLISHED IN ACCORDANCE WITH
38 § 13-1118(A) OF THIS SUBTITLE, THE UNIVERSITY OF MARYLAND MEDICAL GROUP~~

~~1 AND THE OFFICE OF THE GOVERNOR SHALL DETERMINE FUNDING SOURCES, SUCH
2 AS THE NET WORK MARYLAND PROGRAM, TO SUPPORT EXPANSION OF THE
3 MARYLAND TELEMEDICINE NETWORK, INCLUDING TELEMEDICINE LINKAGES, TO
4 PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND OTHER AREAS OF THE STATE
5 THAT ARE NOT INCLUDED IN THE INITIAL PHASE OF THE MARYLAND TELEMEDICINE
6 NETWORK.~~

~~7 13-1117.~~

~~8 (A) THERE IS A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT IN THE
9 PROGRAM.~~

~~10 (B) THE PURPOSE OF THE STATEWIDE ACADEMIC HEALTH CENTER
11 COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF STATEWIDE ANTICANCER
12 INITIATIVES IN THE STATE.~~

~~13 (C) THE DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH
14 CENTER GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND
15 THE JOHNS HOPKINS GROUP INSTITUTIONS TO FUND INITIATIVES TO REDUCE
16 CANCER MORBIDITY AND MORTALITY IN THE STATE.~~

~~17 (D) THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE
18 JOHNS HOPKINS GROUP INSTITUTIONS MAY EACH APPLY FOR A STATEWIDE
19 ACADEMIC HEALTH CENTER GRANT FOR THE PURPOSES ESTABLISHED IN §§ 13-1111
20 13-1118 AND 13-1112 13-1119 OF THIS SUBTITLE.~~

~~21 (E) THE AMOUNT OF A STATEWIDE ACADEMIC HEALTH CENTER GRANT THAT
22 IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP OR
23 THE JOHNS HOPKINS GROUP INSTITUTIONS SHALL BE EQUAL TO THE AMOUNT
24 ALLOCATED IN THE STATE BUDGET.~~

~~25 (F) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
26 EFFECTIVENESS OF INITIATIVES FUNDED BY A STATEWIDE ACADEMIC HEALTH
27 CENTER GRANT.~~

~~28 (G) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS
29 HOPKINS INSTITUTIONS SHALL COORDINATE INITIATIVES TO MAXIMIZE THE USE OF
30 THE FUNDS AND TO ELIMINATE UNNECESSARY DUPLICATION OF EFFORTS.~~

~~31 13-1111. 13-1118.~~

~~32 (A) THE DEPARTMENT MAY DISTRIBUTE, AND THE UNIVERSITY OF
33 MARYLAND MEDICAL SYSTEM GROUP MAY APPLY FOR, A STATEWIDE ACADEMIC
34 HEALTH CENTER GRANT TO FUND:~~

~~35 (1) ESTABLISHMENT OF THE TELEMEDICINE MARYLAND TELEMEDICINE
36 NETWORK RELATING TO TARGETED CANCERS;~~

~~37 (2) PREVENTION, IDENTIFICATION, AND TREATMENT OF TARGETED
38 CANCERS THROUGH THE TELEMEDICINE MARYLAND TELEMEDICINE NETWORK;~~

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

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

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

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

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

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

14 ~~(1) SUBMIT A CANCER PLAN THAT:~~

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

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

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

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

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

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

34 ~~(V) CERTIFIES THAT THE ACTIVITIES THAT WILL BE FUNDED BY~~
35 ~~THE STATEWIDE ACADEMIC HEALTH CENTER GRANT HAVE BEEN ENDORSED BY AN~~
36 ~~INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD~~
37 ~~FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE ACTIVITIES;~~

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

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

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

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

13 (2) ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE
14 DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WHICH SHALL CONSULT WITH
15 THE DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT, AND THE
16 MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT
17 CORPORATION, THAT ESTABLISHES:

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

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

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

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

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

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

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

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

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

5 ~~13-1112. 13-1119.~~

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

9 (1) ~~RECRUITMENT OF HIGH QUALITY FACULTY IN THE BEHAVIORAL~~
10 ~~RESEARCH, GENETIC EPIDEMIOLOGY, CANCER EPIDEMIOLOGY, MOLECULAR~~
11 ~~GENETICS OF CANCER, AND VIRAL VACCINE DEVELOPMENT FIELDS;~~

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

15 (3) ~~CANCER SURVEILLANCE AND EPIDEMIOLOGY, INCLUDING:~~

16 (I) ~~DEVELOPMENT OF A COMPREHENSIVE LIST OF~~
17 ~~CANCER CAUSING AGENTS;~~

18 (II) ~~COMPILATION AND MAPPING OF SOURCES OF EXPOSURE;~~

19 (III) ~~A FOCUS ON THE UNIQUE CULTURAL AND OTHER FACTORS~~
20 ~~RELATED TO DELAYS IN TREATMENT AND LACK OF ACCESS TO CARE AND~~
21 ~~TREATMENT IN UNDERSERVED URBAN AND RURAL COMMUNITIES; AND~~

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

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

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

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

33 (1) ~~SUBMIT A PLAN THAT:~~

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

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

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

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

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

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

18 ~~(V) CERTIFIES THAT THE ACTIVITIES THAT WILL BE FUNDED BY~~
19 ~~THE STATEWIDE ACADEMIC HEALTH CENTER GRANT HAVE BEEN ENDORSED BY AN~~
20 ~~INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD~~
21 ~~FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE ACTIVITIES;~~

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

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

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

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

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

1 (4) ~~THE SCOPE OF THE STATE'S OWNERSHIP OR OTHER FINANCIAL~~
2 ~~INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS OF THE RESULTS,~~
3 ~~PRODUCTS, AND DISCOVERIES OF CANCER RELATED ACTIVITIES FUNDED BY A~~
4 ~~STATEWIDE ACADEMIC HEALTH CENTER GRANT; AND~~

5 ~~(H) TO THE EXTENT CONSISTENT WITH STATE LAW, THE~~
6 ~~APPLICATION OF THE EXISTING INTELLECTUAL PROPERTY POLICIES OF THE~~
7 ~~INSTITUTION; AND~~

8 (II) ~~(III) A PROTOCOL PLAN FOR INCREASING THE PARTICIPATION~~
9 ~~OF MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL~~
10 ~~TRIALS.~~

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

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

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

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

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

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

24 ~~13-1113. 13-1120.~~

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

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

29 (C) ~~THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING~~
30 ~~THAT IS ALLOCATED TO THE DEPARTMENT UNDER THE ADMINISTRATIVE~~
31 ~~COMPONENT TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, INCLUDING~~
32 ~~COSTS INCURRED BY THE DEPARTMENT, THE UNIVERSITY OF MARYLAND MEDICAL~~
33 ~~SYSTEM GROUP, THE JOHNS HOPKINS GROUP, OR ANY PERSON OR ORGANIZATION~~
34 ~~RECEIVING MONEY UNDER A PRIMARY HEALTH CENTER GRANT.~~

35 (D) ~~THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT~~
36 ~~UNDER SUBSECTION (C) OF THIS SECTION WHICH MAY NOT EXCEED 5 PERCENT OF~~
37 ~~THE AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.~~

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

5 ~~13-1114. 13-1121.~~

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

8 **Article – State Finance and Procurement**

9 ~~7-101.~~

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

11 (b) "Proposed budget" means:

12 (1) the budget bill; and

13 (2) the budget books and other documents that support the budget bill.

14 ~~7-114.~~

15 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 16 INDICATED:

17 (2) "CANCER AND TOBACCO RELATED DISEASES PROGRAM" MEANS THE
 18 CANCER AND TOBACCO RELATED DISEASES PREVENTION, IDENTIFICATION, AND
 19 TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH
 20 –GENERAL ARTICLE.

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

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

26 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

27 (2) EACH COMPONENT OF THE CANCER AND TOBACCO RELATED
 28 DISEASES PROGRAM; AND

29 (3) ANY OTHER PROGRAM THAT IS FUNDED WITH MONEY FROM THE
 30 CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE.

31 ~~7-121.~~

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

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

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

5 (ii) requested for the next fiscal year;

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

8 (i) spent during the last full fiscal year;

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

10 (iii) requested for the next fiscal year; and

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

14 (i) made in the last full fiscal year;

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

16 (iii) requested for the next fiscal year.

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

21 (1) Maryland Institute for Emergency Medical Services Systems;

22 (2) R Adams Cowley Shock Trauma Center;

23 (3) Maryland Fire and Rescue Institute;

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

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

27 (C) (1) ~~IN THIS SUBSECTION IN SUBSECTION (D) OF THIS SECTION THE~~
28 ~~FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

29 (2) ~~"CANCER AND TOBACCO RELATED DISEASES PROGRAM" MEANS THE~~
30 ~~CANCER AND TOBACCO RELATED DISEASES PREVENTION, IDENTIFICATION, AND~~
31 ~~TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH~~
32 ~~GENERAL ARTICLE.~~

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

4 (D) ~~THE BUDGET BOOKS SHALL CONTAIN A BUDGET PRESENTATION THAT~~
 5 ~~PROVIDES AN OVERVIEW OF THE PROPOSED EXPENDITURES FOR:~~

6 (1) ~~THE TOBACCO PROGRAM, INCLUDING THE PROPOSED~~
 7 ~~EXPENDITURES FOR:~~

8 (I) ~~EACH COMPONENT OF THE TOBACCO PROGRAM;~~

9 (II) ~~EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE~~
 10 ~~TOBACCO PROGRAM; AND~~

11 (III) ~~EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;~~

12 (2) ~~THE CANCER AND TOBACCO RELATED DISEASES PROGRAM,~~
 13 ~~INCLUDING THE PROPOSED EXPENDITURES FOR:~~

14 (I) ~~EACH COMPONENT OF THE CANCER AND TOBACCO RELATED~~
 15 ~~DISEASES PROGRAM;~~

16 (II) ~~EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE~~
 17 ~~CANCER AND TOBACCO RELATED DISEASES PROGRAM;~~

18 (III) ~~EACH PRIMARY HEALTH CARE LOCAL PUBLIC HEALTH CANCER~~
 19 ~~GRANT; AND~~

20 (IV) ~~EACH COMMUNITY CANCER TARGETED HOSPITAL CAPACITY~~
 21 ~~GRANT; AND~~

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

24 ~~7-317.~~

25 (a) ~~There is a Cigarette Restitution Fund.~~

26 (b) (1) ~~The Fund is a continuing, nonlapsing fund that is not subject to §~~
 27 ~~7-302 of this subtitle.~~

28 (2) ~~There shall be credited to the Fund all revenues consisting of funds~~
 29 ~~received by the State from any source resulting, directly or indirectly, from any~~
 30 ~~judgment against or settlement with tobacco product manufacturers, tobacco research~~
 31 ~~associations, or any other person in the tobacco industry relating to litigation,~~
 32 ~~administrative proceedings, or any other claims made or prosecuted by the State to~~
 33 ~~recover damages for violations of State law.~~

34 (c) ~~The Treasurer shall:~~

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

3 (2) credit any investment earnings to the Fund.

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

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

8 (i) expressly provided by statute;

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

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

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

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

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

20 (II) THE CANCER AND TOBACCO RELATED DISEASES PREVENTION,
21 IDENTIFICATION, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13,
22 SUBTITLE 11 OF THE HEALTH – GENERAL ARTICLE; AND

23 (III) OTHER PROGRAMS THAT SERVE THE FOLLOWING PURPOSES:

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

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

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

32 [(iv)] 4. smoking cessation programs;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 ~~Article - Health - General~~

4 ~~SUBTITLE 6. MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM.~~
5 ~~15-601.~~

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

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

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

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

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

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

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

21 ~~15-602.~~

22 ~~THE FIRST MANAGED CARE PROVIDER TO ESTABLISH A MEDICARE PLUS~~
23 ~~CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY~~
24 ~~UNDERSERVED AREA PORTION OF A COUNTY THAT HAS NO MEDICARE PLUS CHOICE~~
25 ~~MANAGED CARE PROGRAM FOR EITHER CURRENT ELIGIBLE MEDICARE~~
26 ~~BENEFICIARIES OR NEW MEDICARE BENEFICIARIES SHALL BE PAID A \$30 SUBSIDY~~
27 ~~BY THE DEPARTMENT PER ENROLLEE PER MONTH IF:~~

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

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

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

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

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

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

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

12 ~~15-603.~~

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

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

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

18 (3) ~~UNLIMITED HOSPITAL STAYS;~~

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

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

23 (6) ~~PODIATRY TREATMENT;~~

24 (7) ~~ONE ANNUAL PHYSICAL PER YEAR;~~

25 (8) ~~OUTPATIENT HOSPITAL VISITS;~~

26 (9) ~~OUTPATIENT HOSPITAL REHABILITATION;~~

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

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

30 (12) ~~EMERGENCY AMBULANCE SERVICE;~~

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

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

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

5 (16) ~~HEPATITIS B AND FLU VACCINES;~~

6 (17) ~~HEARING EXAMS;~~

7 (18) ~~TWO PREVENTIVE DENTAL EXAMS PER YEAR; AND~~

8 (19) ~~EMERGENCY MEDICAL OUTPATIENT TREATMENT.~~

9 ~~15-604.~~

10 ~~THE MANAGED CARE PROVIDER MAY:~~

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

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

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

19 ~~15-605.~~

20 ~~THE SECRETARY SHALL:~~

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

23 (2) ~~SUBMIT A REPORT TO THE GENERAL ASSEMBLY ON OR BEFORE JUNE~~
24 ~~30, 2001, AND IN EACH SUCCESSIVE YEAR, THAT INCLUDES A SUMMARY OF THE~~
25 ~~PROGRAM ACTIVITIES FOR THE YEAR AND ANY RECOMMENDATIONS OR~~
26 ~~SUGGESTIONS FOR CONSIDERATION BY THE GENERAL ASSEMBLY; AND~~

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

29 ~~SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall~~
30 ~~remain effective for a period of 2 years and, at the end of June 30, 2002, or the~~
31 ~~passage of a prescription pharmacy benefit program provided by Medicare under Title~~
32 ~~XVIII of the Social Security Act, as amended, whichever occurs sooner, and with no~~
33 ~~further action required by the General Assembly, Section 2 of this Act shall be~~
34 ~~abrogated and of no further force and effect. If prescription pharmacy benefits are~~
35 ~~provided by Medicare under Title XVIII of the Social Security Act, as amended, the~~

1 Secretary of Health and Mental Hygiene, as promptly as possible after the
2 prescription pharmacy benefits are initiated, shall notify the Department of
3 Legislative Services, 90 State Circle, Annapolis, Maryland 21401.

4 ~~SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall~~
5 ~~remain effective for a period of 34 years and, at the end of June 30, 20032004, with no~~
6 ~~further action required by the General Assembly, Section 1 of this Act shall be~~
7 ~~abrogated and of no further force and effect.~~

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

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

12 Article - Health - General

13 1-101.

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

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

18 SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

19 13-1001.

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

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

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

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

28 (E) "COUNTY" INCLUDES BALTIMORE CITY.

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

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

- 1 (H) "COUNTER-MARKETING AND MEDIA COMPONENT" MEANS THE
2 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1013 OF THIS
3 SUBTITLE.
- 4 (I) "LOCAL HEALTH OFFICER" MEANS:
- 5 (1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR
- 6 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1008(G)
7 OF THIS SUBTITLE.
- 8 (J) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE
9 PROGRAM THAT IS ESTABLISHED UNDER § 13-1006 OF THIS SUBTITLE.
- 10 (K) "LOCAL PUBLIC HEALTH TOBACCO GRANT" MEANS A GRANT DISTRIBUTED
11 BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1006 THROUGH 13-1012 OF THIS
12 SUBTITLE.
- 13 (L) "MARYLAND ADOLESCENT SURVEY" MEANS THE MARYLAND ADOLESCENT
14 SURVEY THAT IS ADMINISTERED BY THE MARYLAND STATE DEPARTMENT OF
15 EDUCATION.
- 16 (M) "MASTER SETTLEMENT AGREEMENT" MEANS THE MASTER SETTLEMENT
17 AGREEMENT EXECUTED BY THE STATE AND PARTICIPATING TOBACCO
18 MANUFACTURERS.
- 19 (N) "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF
20 AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.
- 21 (O) "NATIONAL PUBLIC EDUCATION FUND" MEANS THE NATIONAL PUBLIC
22 EDUCATION FUND THAT WAS ESTABLISHED UNDER THE MASTER SETTLEMENT
23 AGREEMENT.
- 24 (P) "PROGRAM" MEANS THE TOBACCO USE PREVENTION AND CESSATION
25 PROGRAM ESTABLISHED UNDER § 13-1002 OF THIS SUBTITLE.
- 26 (Q) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF
27 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1005 OF THIS SUBTITLE.
- 28 (R) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE
29 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1003 OF THIS
30 SUBTITLE.
- 31 (S) (1) "TARGETED MINORITY POPULATION" MEANS A MINORITY
32 POPULATION TO WHICH THE TOBACCO INDUSTRY DISPROPORTIONATELY
33 MARKETED TOBACCO PRODUCTS.
- 34 (2) "TARGETED MINORITY POPULATION" INCLUDES:
- 35 (I) WOMEN; AND

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

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

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

8 (V) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

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

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

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

18 13-1002.

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

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

27 (C) THE PROGRAM CONSISTS OF:

28 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

29 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;

30 (3) A COUNTER-MARKETING AND MEDIA COMPONENT;

31 (4) A LOCAL PUBLIC HEALTH COMPONENT; AND

32 (5) AN ADMINISTRATIVE COMPONENT.

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

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

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

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

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

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

15 (3) (1) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS
16 PARAGRAPH, THE DEPARTMENT MAY TRANSFER A MAXIMUM OF 10% OF THE TOTAL
17 AMOUNT OF MONEY THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET
18 AMONG COMPONENTS OF THE PROGRAM IF THE TRANSFER IS SPECIFICALLY
19 AUTHORIZED IN THE ANNUAL BUDGET BILL AS ENACTED.

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

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

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

32 1. A PROVISION OF THIS SUBTITLE; OR

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

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

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

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

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

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

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

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

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

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

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

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

31 13-1003.

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

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

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

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

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

5 (4) CONDUCT AN ANNUAL TOBACCO STUDY, AS PROVIDED UNDER §
6 13-1004 OF THIS TITLE.

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

10 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

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

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

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

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

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

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

29 (VII) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO,
30 WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE
31 TOBACCO STUDY, STARTED TO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS;

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

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

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

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

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

18 (II) IF THE MARYLAND STATE DEPARTMENT OF EDUCATION
19 SUBMITS A REPORT AS PROVIDED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH,
20 IT MAY DISCONTINUE THE MARYLAND ADOLESCENT SURVEY IN THE FIRST SCHOOL
21 YEAR THAT BEGINS AFTER THE REPORT HAS BEEN SUBMITTED.

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

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

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

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

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

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

- 1 1. IS A MARYLAND-BASED VENDOR;
- 2 2. HAS PREVIOUS WORK EXPERIENCE RELATING TO
 3 TOBACCO OR HEALTH ACTIVITIES;
- 4 3. HAS PREVIOUS WORK EXPERIENCE RELATING TO YOUTH
 5 AND ADOLESCENTS;
- 6 4. DEMONSTRATES A CAPABILITY FOR INNOVATIVE
 7 ACTIVITIES AND USE OF STATE-OF-THE-ART TECHNOLOGIES;
- 8 5. HAS DEMONSTRATED THE ABILITY TO PROVIDE
 9 CULTURALLY-SPECIFIC AND EFFECTIVE SERVICES TO TARGETED MINORITY
 10 POPULATIONS;
- 11 6. HAS PREVIOUS WORK EXPERIENCE WITH THE PUBLIC
 12 SECTOR;
- 13 7. DEMONSTRATES PERFORMANCE IN THE SPECIFIC
 14 CONTENT AREA FOR AT LEAST 3 YEARS;
- 15 8. HAS PREVIOUS WORK EXPERIENCE WITH RURAL OR
 16 URBAN COMMUNITIES;
- 17 9. WILL MAXIMIZE THE USE OF STATE FUNDS THROUGH
 18 THE USE OF PREEXISTING MATERIALS, FUNDING PARTNERSHIPS, AND RESOURCE
 19 MATCHING; AND
- 20 10. HAS NO HISTORY OF WORKING FOR THE TOBACCO
 21 INDUSTRY.

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

26 13-1004.

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

30 (B) THE ANNUAL TOBACCO STUDY:

31 (1) SHALL MEASURE THE SAME FACTORS THAT ARE SET FORTH IN §
 32 13-1003(C) OF THIS SUBTITLE;

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

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

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

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

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

11 (4) THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN §
12 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR
13 PROPOSAL PROCESS.

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

18 13-1005.

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

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

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

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

37 (2) THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE
38 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE

1 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR
2 PROPOSAL, GRANT, OR CONTRACT RELATES.

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

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

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

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

24 13-1006.

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

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

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

34 (1) COMMUNITY-BASED PROGRAMS;

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

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

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

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

10 13-1007.

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

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

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

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

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

26 (1) THE PRODUCT OF:

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

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

33 (2) THE PRODUCT OF:

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

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

4 13-1008.

5 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL
6 HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH
7 TOBACCO GRANT.

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

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

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

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

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

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

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

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

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

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

30 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE
31 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE TOBACCO USE
32 PREVENTION AND CESSATION GOALS ESTABLISHED FOR THE COUNTY UNDER §
33 13-1007 OF THIS SUBTITLE;

34 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF
35 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS
36 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE TOBACCO USE

1 PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE
2 COUNTY UNDER § 13-1007 OF THIS SUBTITLE;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (1) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO
14 COORDINATE THESE EFFORTS;

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

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

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

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

29 13-1009.

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

32 (B) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT THAT IS
33 DISTRIBUTED TO A REGION UNDER SUBSECTION (A) OF THIS SECTION SHALL BE
34 EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH TOBACCO GRANTS THAT
35 OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER § 13-1007 OF
36 THIS SUBTITLE.

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

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

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

8 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §
9 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

10 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH
11 13-1012 OF THIS SUBTITLE.

12 13-1010.

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

15 (1) REFLECT THE DEMOGRAPHICS OF THE COUNTY; AND

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

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

22 (1) REPRESENTATIVES OF:

23 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
24 49D, § 11 OF THE CODE;

25 (II) THE LOCAL PUBLIC SCHOOL SYSTEM;

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

28 (IV) LOCAL LAW ENFORCEMENT;

29 (V) LOCAL BUSINESSES;

30 (VI) LOCAL RELIGIOUS ORGANIZATIONS;

31 (VII) LOCAL MEDIA;

32 (VIII) INSTITUTIONS OF HIGHER EDUCATION; AND

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

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

8 13-1011.

9 (A) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH TOBACCO GRANT, A
10 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF
11 ALL PUBLICLY FUNDED TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN
12 THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1008(B)(2) OF THIS SUBTITLE.

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

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

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

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

25 13-1012.

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

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

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

35 (3) THE PLAN ALLOCATES RESOURCES IN A MANNER THAT IS
36 CONSISTENT WITH THE RECOMMENDATIONS OF THE CENTERS FOR DISEASE
37 CONTROL AND PREVENTION REGARDING BEST PRACTICES FOR A COMPREHENSIVE
38 TOBACCO CONTROL PROGRAM OR STATES A REASON FOR NOT MEETING THIS

1 REQUIREMENT AND IDENTIFIES OTHER RESOURCES THAT, TAKEN TOGETHER, MEET
2 THIS REQUIREMENT; AND

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

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

9 13-1013.

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

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

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

20 (2) BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE
21 DEPARTMENT MAY SPEND MONEY THAT IS ALLOCATED TO THE
22 COUNTER-MARKETING AND MEDIA COMPONENT IN THE STATE BUDGET TO
23 CONDUCT FORMATIVE RESEARCH RELATING TO THE COUNTER-MARKETING AND
24 MEDIA COMPONENT.

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

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

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

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

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

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

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

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

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

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

18 (4) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL TO SELECT
19 AN ENTITY TO IMPLEMENT ANY PART OF THE COUNTER-MARKETING AND MEDIA
20 COMPONENT, THE DEPARTMENT SHALL USE THE CRITERIA ESTABLISHED IN §
21 13-1003(E)(5) OF THIS SUBTITLE AS A GUIDE IN ADMINISTERING THE REQUEST FOR
22 PROPOSAL PROCESS.

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

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

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

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

35 (G) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL
36 GOVERNMENT, THE NATIONAL PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF
37 THE DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE
38 MONEY, RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS,
39 COMMUNICATIONS, OR OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT

1 ARE FUNDED WITH MONEY FROM THE CIGARETTE RESTITUTION FUND IF THE
2 RESTRICTIONS ARE INCONSISTENT WITH THE PURPOSES OF THIS SUBTITLE.

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

7 13-1014.

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

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

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

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

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

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

26 13-1101.

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

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

31 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §
32 13-1103 OF THIS SUBTITLE.

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

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

- 1 (F) "COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED
2 UNDER § 13-1109(C)(1) OR § 13-1115(B)(1) OF THIS SUBTITLE.
- 3 (G) "COUNTY" INCLUDES BALTIMORE CITY.
- 4 (H) "COMPREHENSIVE PLAN FOR CANCER PREVENTION, EDUCATION,
5 SCREENING, AND TREATMENT" MEANS A PLAN DEVELOPED UNDER § 13-1109(C)(2) OR
6 § 13-1115(B)(2) OF THIS SUBTITLE.
- 7 (I) "EDUCATION" MEANS INFORMATION PROVIDED TO THE PUBLIC
8 REGARDING THE PURPOSE OF, AVAILABILITY OF, AND ACCESS TO SCREENING
9 PROGRAMS.
- 10 (J) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING STATED IN
11 42 U.S.C. § 254B.
- 12 (K) "JOHNS HOPKINS INSTITUTIONS" MEANS THE JOHNS HOPKINS
13 UNIVERSITY AND THE JOHNS HOPKINS HEALTH SYSTEM.
- 14 (L) "LOCAL HEALTH OFFICER" MEANS:
- 15 (1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR
- 16 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1109(G)
17 OR § 13-1115(I) OF THIS SUBTITLE.
- 18 (M) "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT DISTRIBUTED
19 BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS
20 SUBTITLE.
- 21 (N) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE
22 PROGRAM THAT IS ESTABLISHED UNDER § 13-1107 OF THIS SUBTITLE.
- 23 (O) "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED DATA
24 SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN THE
25 DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON
26 CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND
27 TREATED IN THE STATE.
- 28 (P) "MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT
29 CORPORATION" MEANS THE ENTITY THAT IS ESTABLISHED UNDER ARTICLE 83A, §
30 5-2A-02 OF THE CODE.
- 31 (Q) "MINORITY INDIVIDUAL" MEANS A WOMAN OR AN INDIVIDUAL OF
32 AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN, OR ASIAN DESCENT.
- 33 (R) "OUTREACH EFFORTS" MEANS ACTIVITIES THAT ARE RELATED TO
34 ENCOURAGING INDIVIDUALS TO SEEK SCREENING SERVICES.
- 35 (S) "PREVENTION" MEANS ACTIVITIES RELATING TO EARLY DETECTION,
36 SCREENING, AND RISK FACTOR REDUCTION.

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

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

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

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

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

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

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

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

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

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

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

27 (EE) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "REPORT OF THE
28 GOVERNOR'S TASK FORCE TO CONQUER CANCER" THAT WAS ISSUED IN DECEMBER
29 1999.

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

33 (GG) "TREATMENT" INCLUDES APPROPRIATE ACCESS TO:

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

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

3 (HH) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

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

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

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

12 13-1102.

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

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

20 (C) THE PROGRAM CONSISTS OF:

21 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

22 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;

23 (3) A LOCAL PUBLIC HEALTH COMPONENT;

24 (4) A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT; AND

25 (5) AN ADMINISTRATIVE COMPONENT.

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

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

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

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

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

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

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

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

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

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

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

29 1. A PROVISION OF THIS SUBTITLE; OR

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

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

37 (2) MONEY THAT REVERTS TO THE CIGARETTE RESTITUTION FUND
38 UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE USED TO FUND THE

1 PROGRAM IN THE FISCAL YEAR TO WHICH THE NEXT ANNUAL BUDGET BILL
2 RELATES.

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

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

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

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

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

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

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

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

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

29 13-1103.

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

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

34 (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO:

35 (I) TARGETED CANCERS;

1 (II) AS DETERMINED BY THE DEPARTMENT, NON-TARGETED
2 CANCERS; AND

3 (III) CANCER PREVENTION, EDUCATION, SCREENING, AND
4 TREATMENT PROGRAMS IN THE STATE;

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

7 (3) CONDUCT THE BASELINE CANCER STUDY, AS PROVIDED UNDER
8 SUBSECTIONS (C) AND (D) OF THIS SECTION; AND

9 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §
10 13-1104 OF THIS SUBTITLE.

11 (C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT,
12 THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE
13 CANCER STUDY AS PROVIDED IN THIS SECTION.

14 (2) THE DEPARTMENT MAY:

15 (1) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
16 STUDY; OR

17 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR
18 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
19 STUDY.

20 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

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

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

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

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

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

32 (1) EARLY DETECTION; AND

33 (II) PREVENTION AND TREATMENT AFTER DETECTION;

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

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

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

11 (F) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION
12 INSTITUTION OR PRIVATE ENTITY CONDUCT THE BASELINE CANCER STUDY OR ANY
13 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO
14 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF
15 THE STUDY.

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

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

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

30 13-1104.

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

34 (B) THE ANNUAL CANCER STUDY SHALL:

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

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

1 (C) THE DEPARTMENT MAY:

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

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

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

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

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

18 13-1105.

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

23 (1) THE NUMBER AND TYPES OF PUBLICLY FUNDED SCREENING
24 PROGRAMS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY,
25 AND THE NUMBER OF INDIVIDUALS SCREENED EACH YEAR IN THESE PROGRAMS;
26 AND

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

31 13-1106.

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

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

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

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

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

18 13-1107.

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

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

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

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

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

36 13-1108.

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

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

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

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

9 (B) SUBJECT TO SUBSECTION (C) OF THIS SECTION AND §§ 13-1109 THROUGH
10 13-1113 OF THIS SUBTITLE, THE DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC
11 HEALTH CANCER GRANT TO EACH COUNTY THAT IS EQUAL TO THE SUM OF:

12 (1) THE PRODUCT OF:

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

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

19 (2) THE PRODUCT OF:

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

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

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

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

34 (3) IF THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED
35 TO BALTIMORE CITY USING THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF
36 THIS SECTION IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA EXCEEDS
37 \$4,000,000, THE DEPARTMENT SHALL TRANSFER THE DIFFERENCE BETWEEN THAT

1 AMOUNT AND \$4,000,000 FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE
2 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT.

3 13-1109.

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

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

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

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

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

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

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

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

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

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

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

31 (2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A
32 LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR YEAR;

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

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

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

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

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

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

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

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

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

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

38 (E) (1) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS
39 SECTION, IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE COMMUNITY
40 HEALTH COALITION, ACTING JOINTLY AND IN CONSULTATION WITH THE STATEWIDE
41 ACADEMIC HEALTH CENTERS, SHALL DEVELOP A SPECIFIC PLAN AS TO HOW THE

1 EXPERTISE OF THE STATEWIDE ACADEMIC HEALTH CENTERS WILL BE USED TO
2 ASSIST THE COMMUNITY HEALTH COALITION IN ACHIEVING THE GOALS
3 ESTABLISHED FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY
4 RELATE TO ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT
5 AT ONE OR MORE MAJOR COMMUNITY HOSPITALS IN THE COUNTY.

6 (2) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (D) OF THIS
7 SECTION, IN BALTIMORE COUNTY, THE COMPREHENSIVE PLAN FOR CANCER
8 PREVENTION, EDUCATION, SCREENING, AND TREATMENT SHALL INCLUDE A
9 SPECIFIC PLAN AS TO HOW THE MAJOR COMMUNITY HOSPITAL OR HOSPITALS THAT
10 ARE INCLUDED IN THE COMMUNITY HEALTH COALITION, AS REQUIRED UNDER §
11 13-1111 OF THIS SUBTITLE, WILL BE USED TO ACHIEVE THE GOALS ESTABLISHED
12 FOR THE COUNTY UNDER § 13-1108 OF THIS SUBTITLE AS THEY RELATE TO
13 ENHANCING THE CAPACITY FOR CANCER SCREENING AND TREATMENT IN THE
14 COUNTY.

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

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

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

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

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

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

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

36 (3) IF THE DEPARTMENT DETERMINES THAT IT IS NECESSARY TO
37 DESIGNATE A PERSON OTHER THAN THE LOCAL HEALTH OFFICER TO COORDINATE
38 A COUNTY'S CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT
39 EFFORTS, THE DEPARTMENT MAY DESIGNATE THE DEPARTMENT AS THE ENTITY
40 THAT WILL COORDINATE THE COUNTY'S EFFORTS.

1 13-1110.

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

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

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

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

13 (C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS
14 DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF
15 THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN
16 DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §
17 13-1108 OF THIS SUBTITLE.

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

22 (1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,
23 EDUCATION, SCREENING, AND TREATMENT, AS REQUIRED UNDER § 13-1109(C) OF
24 THIS SUBTITLE;

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

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

29 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1107 THROUGH
30 13-1113 OF THIS SUBTITLE.

31 13-1111.

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

34 (I) REFLECT THE DEMOGRAPHICS OF THE COUNTY; AND

35 (II) INCLUDE REPRESENTATIVES OF COMMUNITY-BASED GROUPS,
36 INCLUDING MINORITY, RURAL, AND MEDICALLY UNDERSERVED POPULATIONS,

1 THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT
2 COMMUNITIES AND CULTURES IN THE COUNTY.

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

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

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

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

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

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

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

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

29 (I) REPRESENTATIVES OF:

30 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
31 49D, § 11 OF THE CODE;

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

34 (III) LOCAL RELIGIOUS ORGANIZATIONS;

35 (IV) INSTITUTIONS OF HIGHER EDUCATION; AND

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

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

8 13-1112.

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

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

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

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

22 (D) A LOCAL PUBLIC HEALTH CANCER GRANT MAY NOT BE USED TO
23 SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,
24 EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED
25 CANCERS.

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

31 13-1113.

32 (A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER
33 PREVENTION, EDUCATION, SCREENING, AND TREATMENT SUBMITTED UNDER §
34 13-1109(E) OF THIS SUBTITLE AND DETERMINE WHETHER:

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

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

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

5 13-1114.

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

8 (B) THE PURPOSE OF THE STATEWIDE ACADEMIC HEALTH CENTER
9 COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF THE PROGRAM BY INVOLVING
10 THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS HOPKINS
11 INSTITUTIONS IN THE IMPLEMENTATION OF THE PROGRAM.

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

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

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

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

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

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

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

36 (E) THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS
37 HOPKINS INSTITUTIONS SHALL COORDINATE THEIR EFFORTS WITH REGARD TO
38 INITIATIVES THAT ARE FUNDED WITH GRANTS THAT ARE DISTRIBUTED UNDER THE
39 STATEWIDE ACADEMIC HEALTH CENTER COMPONENT TO MAXIMIZE THE BENEFITS

1 RECEIVED FROM THE USE OF THESE GRANT FUNDS AND TO ELIMINATE
2 UNNECESSARY DUPLICATION OF EFFORTS.

3 13-1115.

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

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

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

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

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

20 (1) ESTABLISH A BALTIMORE CITY COMMUNITY HEALTH COALITION, AS
21 PROVIDED UNDER § 13-1111 OF THIS SUBTITLE, THAT REFLECTS THE
22 DEMOGRAPHICS OF BALTIMORE CITY AND INCLUDES REPRESENTATIVES OF
23 COMMUNITY-BASED GROUPS, INCLUDING MINORITY AND MEDICALLY
24 UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF
25 THE DIFFERENT COMMUNITIES AND CULTURES IN BALTIMORE CITY; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (II) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE
41 JOHNS HOPKINS INSTITUTIONS HAVE BEEN UNSUCCESSFUL IN IMPLEMENTING

1 CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT INITIATIVES
2 THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

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

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

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

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

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

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

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

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

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

37 (6) SUBJECT TO PARAGRAPH (7) OF THIS SUBSECTION, THE
38 DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A DESIGNATION UNDER
39 THIS SUBSECTION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 13-1116.

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

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

26 (1) SUBMIT A CANCER RESEARCH PLAN THAT:

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

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

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

1 (IV) CERTIFIES THAT THE CANCER RESEARCH ACTIVITIES THAT
2 WILL BE FUNDED BY THE STATEWIDE ACADEMIC HEALTH CENTER CANCER
3 RESEARCH GRANT HAVE BEEN ENDORSED BY AN INDEPENDENT PEER REVIEW
4 GROUP THAT IS COMPRISED OF EXPERTS IN THE FIELD FROM OUTSIDE THE
5 INSTITUTION WHO WILL NOT BE INVOLVED IN THE RESEARCH;

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

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

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

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

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

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

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

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

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

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

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

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

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

5 13-1117.

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

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

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

16 (1) HEALTH SERVICES RESEARCH TO DETERMINE:

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

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

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

25 (2) TRANSLATIONAL RESEARCH; AND

26 (3) CLINICAL RESEARCH.

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

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

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

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

1 (III) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL
2 OF THE EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES
3 RELATING TO TOBACCO-RELATED DISEASES THAT ARE IDENTIFIED UNDER ITEM (II)
4 OF THIS ITEM;

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

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

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

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

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

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

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

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

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

38 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A TOBACCO-RELATED DISEASES
39 RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

1 (1) THE TOBACCO-RELATED DISEASES RESEARCH PLAN WILL HELP
2 ACHIEVE THE STATE'S PUBLIC HEALTH GOALS;

3 (2) THE UNIVERSITY OF MARYLAND MEDICAL GROUP WILL NOT USE
4 ANY PART OF THE GRANT TO SUPPLANT THE FUNDING FOR ANY EXISTING
5 EDUCATION, SCREENING, TREATMENT, AND RESEARCH ACTIVITIES RELATING TO
6 TOBACCO-RELATED DISEASES OR ANY OTHER TYPE OF CURRENT EXPENDITURE BY
7 THE INSTITUTION;

8 (3) THE GRANT WILL BE USED TO CONDUCT RESEARCH IN THE AREAS
9 SPECIFIED IN SUBSECTION (B) OF THIS SECTION;

10 (4) THE INSTITUTION HAS EXECUTED A MEMORANDUM OF
11 UNDERSTANDING AS REQUIRED BY SUBSECTION (C)(2) OF THIS SECTION; AND

12 (5) THE INSTITUTION SATISFIES ANY OTHER REQUIREMENT
13 ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF RECEIVING THE GRANT.

14 (F) EACH YEAR, THE DEPARTMENT SHALL EVALUATE THE EFFICIENCY AND
15 EFFECTIVENESS OF THE RESEARCH THAT IS CONDUCTED UNDER A
16 TOBACCO-RELATED DISEASES RESEARCH GRANT.

17 13-1118.

18 (A) THE DEPARTMENT MAY DISTRIBUTE A STATEWIDE ACADEMIC HEALTH
19 CENTER NETWORK GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP FOR
20 THE PURPOSE OF ESTABLISHING A STATEWIDE NETWORK THAT WILL SUPPORT A
21 WIDE RANGE OF PREVENTION, EDUCATION, SCREENING, TREATMENT, AND
22 RESEARCH PROGRAMS RELATING TO TARGETED CANCERS AND TOBACCO-RELATED
23 DISEASES THAT CAN BE ACCESSED BY INDIVIDUALS THROUGHOUT THE STATE,
24 INCLUDING:

25 (1) SUPPORT SERVICES AIMED AT INCREASING PARTICIPATION OF
26 DIVERSE POPULATIONS IN CLINICAL TRIALS;

27 (2) DEVELOPMENT OF BEST PRACTICES MODELS TO ADDRESS
28 TARGETED CANCERS AND TOBACCO-RELATED DISEASES; AND

29 (3) COORDINATION AMONG LOCAL HOSPITALS, COMMUNITY CLINICS,
30 PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS IN DIFFERENT GEOGRAPHIC
31 AREAS OF THE STATE.

32 (B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE
33 DEPARTMENT MAY NOT DISTRIBUTE A STATEWIDE ACADEMIC HEALTH CENTER
34 NETWORK GRANT UNDER THIS SECTION UNTIL AFTER THE BASELINE CANCER
35 STUDY IS COMPLETED.

36 (2) BEFORE COMPLETING THE BASELINE CANCER STUDY, THE
37 DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE STATEWIDE ACADEMIC
38 HEALTH CENTER COMPONENT IN THE STATE BUDGET TO FUND THE DEVELOPMENT

1 OF AN INFRASTRUCTURE FOR THE NETWORK THAT IS AUTHORIZED UNDER
2 SUBSECTION (A) OF THIS SECTION.

3 13-1119.

4 (A) THERE IS AN ADMINISTRATIVE COMPONENT IN THE PROGRAM.

5 (B) THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE
6 NECESSARY ADMINISTRATIVE STRUCTURE IN THE DEPARTMENT FOR EFFECTIVE
7 MANAGEMENT OF THE PROGRAM.

8 (C) FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE COMPONENT IN
9 THE STATE BUDGET SHALL BE USED TO COVER ADMINISTRATIVE COSTS INCURRED
10 BY THE DEPARTMENT IN ADMINISTERING THE PROGRAM.

11 (D) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS
12 ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE ADMINISTRATIVE
13 COMPONENT IN THE STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE
14 TOTAL AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

15 (E) A COUNTY THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH
16 CANCER GRANT, A PERSON WHO RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH
17 CANCER GRANT, A STATEWIDE ACADEMIC HEALTH CENTER THAT RECEIVES MONEY
18 UNDER ANY OF THE GRANTS DISTRIBUTED UNDER THE STATEWIDE ACADEMIC
19 HEALTH COMPONENT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER THE
20 PROGRAM MAY NOT USE MORE THAN 7% OF THE FUNDS TO COVER ADMINISTRATIVE
21 COSTS.

22 Article - State Finance and Procurement

23 7-101.

24 (a) In this subtitle the following words have the meanings indicated.

25 (b) "Proposed budget" means:

26 (1) the budget bill; and

27 (2) the budget books and other documents that support the budget bill.

28 7-114.

29 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
30 INDICATED.

31 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,
32 EDUCATION, SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE
33 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

1 (3) "TOBACCO PROGRAM" MEANS THE TOBACCO USE PREVENTION AND
2 CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH
3 - GENERAL ARTICLE.

4 (B) EACH BUDGET BILL SHALL CONTAIN A SEPARATE SECTION THAT
5 INCLUDES THE APPROPRIATION FOR:

6 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

7 (2) EACH COMPONENT OF THE CANCER PROGRAM; AND

8 (3) ANY OTHER PROGRAM THAT IS FUNDED WITH MONEY FROM THE
9 CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THIS TITLE.

10 7-121.

11 (a) The budget books shall contain a section that, by unit of the State
12 government, sets forth, for each program or purpose of that unit:

13 (1) the total number of officers and employees and the number in each job
14 classification:

15 (i) authorized in the State budget for the last full fiscal year and the
16 current fiscal year; and

17 (ii) requested for the next fiscal year;

18 (2) the total amount for salaries of officers and employees and the amount
19 for salaries of each job classification:

20 (i) spent during the last full fiscal year;

21 (ii) authorized in the State budget for the current fiscal year; and

22 (iii) requested for the next fiscal year; and

23 (3) an itemized statement of the expenditures for contractual services,
24 supplies and materials, equipment, land and structures, fixed charges, and other
25 operating expenses:

26 (i) made in the last full fiscal year;

27 (ii) authorized in the State budget for the current fiscal year; and

28 (iii) requested for the next fiscal year.

29 (b) In its annual submission of the PROPOSED budget, the Department of
30 Budget and Management shall provide, for informational purposes, a budget
31 presentation that includes a description of the proposed expenditures under the
32 Maryland Emergency Medical System Operations Fund for the:

1 (1) Maryland Institute for Emergency Medical Services Systems;

2 (2) R Adams Cowley Shock Trauma Center;

3 (3) Maryland Fire and Rescue Institute;

4 (4) Aviation Division of the Special Operations Bureau, Department of
5 State Police; and

6 (5) grants under the State Fire, Rescue, and Ambulance Fund.

7 (C) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE
8 MEANINGS INDICATED.

9 (II) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,
10 EDUCATION, SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE
11 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

12 (III) "TOBACCO PROGRAM" MEANS THE TOBACCO USE PREVENTION
13 AND CESSATION PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE
14 HEALTH - GENERAL ARTICLE.

15 (2) THE BUDGET BOOKS SHALL CONTAIN A BUDGET PRESENTATION
16 THAT PROVIDES AN OVERVIEW OF THE PROPOSED EXPENDITURES FOR:

17 (I) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED
18 EXPENDITURES FOR:

19 1. EACH COMPONENT OF THE TOBACCO PROGRAM;

20 2. EACH PROGRAM FUNDED UNDER EACH COMPONENT OF
21 THE TOBACCO PROGRAM; AND

22 3. EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

23 (II) THE CANCER PROGRAM, INCLUDING THE PROPOSED
24 EXPENDITURES FOR:

25 1. EACH COMPONENT OF THE CANCER PROGRAM;

26 2. EACH PROGRAM FUNDED UNDER EACH COMPONENT OF
27 THE CANCER PROGRAM;

28 3. EACH LOCAL PUBLIC HEALTH CANCER GRANT;

29 4. EACH STATEWIDE ACADEMIC HEALTH CENTER PUBLIC
30 HEALTH GRANT;

31 5. EACH STATEWIDE ACADEMIC HEALTH CENTER CANCER
32 RESEARCH GRANT;

1 (I) THE TOBACCO USE PREVENTION AND CESSATION PROGRAM
 2 ESTABLISHED UNDER TITLE 13, SUBTITLE 10 OF THE HEALTH - GENERAL ARTICLE;

3 (II) THE CANCER PREVENTION, EDUCATION, SCREENING, AND
 4 TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH
 5 - GENERAL ARTICLE; AND

6 (III) OTHER PROGRAMS THAT SERVE THE FOLLOWING PURPOSES:

7 [(i)] 1. reduction of the use of tobacco products by minors;

8 [(ii)] 2. implementation of the Southern Maryland Regional
 9 Strategy-Action Plan for Agriculture adopted by the Tri-County Council for Southern
 10 Maryland with an emphasis on alternative crop uses for agricultural land now used
 11 for growing tobacco;

12 [(iii)] 3. public and school education campaigns to decrease tobacco
 13 use with initial emphasis on areas targeted by tobacco manufacturers in marketing
 14 and promoting cigarette and tobacco products;

15 [(iv)] 4. smoking cessation programs;

16 [(v)] 5. enforcement of the laws regarding tobacco sales;

17 [(vi)] 6. the purposes of the Maryland Health Care Foundation
 18 under Title 20, Subtitle 5 of the Health - General Article;

19 [(vii)] 7. primary health care in rural areas of the State and areas
 20 targeted by tobacco manufacturers in marketing and promoting cigarette and tobacco
 21 products;

22 [(viii)] 8. prevention, treatment, and research concerning cancer,
 23 heart disease, lung disease, tobacco product use, and tobacco control, including
 24 operating costs and related capital projects;

25 [(ix)] 9. substance abuse treatment and prevention programs; and

26 [(x)] 10. any other public purpose.

27 (2) The provisions of this subsection may not be construed to affect the
 28 Governor's powers with respect to a request for an appropriation in the annual budget
 29 bill.

30 (g) (1) Amounts may only be expended from the Fund through
 31 appropriations in the State budget bill as provided in this subsection.

32 (2) The Governor shall include in the annual budget bill appropriations
 33 from the Fund equivalent to the lesser of \$100,000,000 or 90% of the funds estimated to
 34 be available to the Fund in the fiscal year for which the appropriations are made.

1 (3) For each fiscal year for which appropriations are made, at least 50%
2 of the appropriations shall be made for those purposes enumerated in subsection
3 [(f)(1)(i) through (ix)] (F)(1)(I), (II), AND (III)1 THROUGH 9 of this section subject to the
4 requirement of subsection (e)(2) of this section.

5 (4) Any additional appropriations, not subject to paragraph (3) of this
6 subsection, may be made for any lawful purpose.

7 (h) For each program, project or activity receiving funds appropriated under
8 subsection (g)(3) of this section, the Governor shall:

9 (1) develop appropriate statements of vision, mission, key goals, key
10 objectives, and key performance indicators and report these statements in a discrete
11 part of the State budget submission, which shall also provide data for key performance
12 indicators; and

13 (2) report annually, subject to § 2-1246 of the State Government Article,
14 to the General Assembly no later than October 1 on:

15 (i) total funds expended, by program and subdivision, in the prior
16 fiscal year from the Fund established under this section; and

17 (ii) the specific outcomes or public benefits resulting from that
18 expenditure.

19 SECTION 2. AND BE IT FURTHER ENACTED, That § 13-1115(a)(2)(i) and
20 (f)(2)(i) and (3)(i) of the Health - General Article, which, as provided in this Act,
21 require that \$4,000,000 of the funds that are allocated in the State budget to the
22 Statewide Academic Health Center Component of the Cancer Prevention, Education,
23 Screening, and Treatment Program be used only for Statewide Academic Health
24 Center Public Health Grants or a Baltimore City Local Public Health Cancer Grant,
25 do not apply to fiscal year 2001. Of the Funds that are allocated in the State budget to
26 the Statewide Academic Health Center Component of the Cancer Prevention,
27 Education, Screening, and Treatment Program for fiscal year 2001, \$3,000,000 may be
28 used only for Statewide Academic Health Center Public Health Grants or a Baltimore
29 City Local Public Health Cancer Grant. In fiscal year 2001, the University of
30 Maryland Medical Group and the Johns Hopkins Institutions may each apply for a
31 Statewide Academic Health Center Public Health Grant in an amount that is equal to
32 \$1,500,000 plus any amount that is available under § 13-1115(a)(2)(ii) of the Health -
33 General Article.

34 SECTION 3. AND BE IT FURTHER ENACTED, That notwithstanding §
35 13-1116 of the Health - General Article, in fiscal years 2001, 2002, and 2003, the
36 Johns Hopkins Institutions may not receive a Statewide Academic Health Center
37 Cancer Research Grant unless the grant will be used for the following purposes: (1) to
38 recruit high-quality faculty in the behavioral research, genetic epidemiology, cancer
39 epidemiology, molecular genetics of cancer, and viral vaccine development fields; (2)
40 retain high-quality faculty, including clinicians and researchers, who contribute to a
41 community-focused cancer research program; or (3) cancer surveillance and
42 epidemiology, including: (i) development of a comprehensive list of cancer-causing

1 agents; (ii) compilation and mapping of sources of exposure; (iii) a focus on the unique
2 cultural and other factors related to delays in treatment and lack of success in care
3 and treatment in underserved urban and rural communities; and (iv) improved
4 understanding of cancer risk factors and how they impact on the State's unique cancer
5 statistics. During fiscal years 2001, 2002, and 2003, the Johns Hopkins Institutions
6 may use no more than two-thirds of the funds received under a Statewide Academic
7 Health Center Cancer Research Grant for items (1) and (2) of this section. As a
8 condition of receiving a Statewide Academic Health Center Cancer Research Grant,
9 the Johns Hopkins Institutions shall agree to use any applicable information obtained
10 under item (3) of this section to enhance the Maryland Cancer Registry. In order to
11 receive a Statewide Academic Health Center Cancer Research Grant in fiscal years
12 2001, 2002, and 2003, the Johns Hopkins Institutions shall comply with the grant
13 application requirements of § 13-1116 of the Health - General Article. However, during
14 fiscal years 2001, 2002, and 2003, the grant application requirements of § 13-1116 of
15 the Health - General Article shall be modified by the Department as necessary to
16 reflect the requirements of this section.

17 SECTION 4. AND BE IT FURTHER ENACTED, That, notwithstanding §
18 13-1117 of the Health - General Article, the Department of Health and Mental Hygiene
19 may not distribute a Statewide Academic Health Center Tobacco-Related Diseases
20 Research Grant in fiscal year 2001. In subsequent fiscal years, the Department may
21 distribute a Statewide Academic Health Center Tobacco-Related Diseases Research
22 Grant only if funds are specifically allocated for this purpose in the State budget. It is
23 the intent of the General Assembly that the Governor include funds in the State budget
24 for fiscal year 2002 that are specifically allocated for this purpose.

25 SECTION 5. AND BE IT FURTHER ENACTED, That the Department of Health
26 and Mental Hygiene may not distribute any grants to the University of Maryland
27 Medical Group under §§ 13-1114 through 13-1119 of the Health - General Article until
28 the following entities enter into and submit to the Department a Memorandum of
29 Understanding regarding the procedures for expenditure of any grant funds: (1) the
30 University of Maryland, Baltimore; (2) the University of Maryland School of Medicine;
31 (3) and the University of Maryland Medical System Corporation.

32 SECTION 6. AND BE IT FURTHER ENACTED, That it is the intent of the
33 General Assembly that the Governor include funds in the State budget for fiscal year
34 2002 that are specifically allocated for the purpose of implementing any plan
35 developed under §§ 13-1109(e) and 13-1114(d) of the Health - General Article as to
36 how the expertise of the statewide academic health centers will be used to assist the
37 community health coalitions in Montgomery County and Prince George's County in
38 enhancing the capacity for cancer screening and treatment at one or more major
39 community hospitals in Montgomery County and Prince George's County.

40 SECTION 7. AND BE IT FURTHER ENACTED, That, in addition to the
41 requirements of § 13-1005(e)(3) of the Health - General Article, which requires that the
42 Department use at least \$750,000 of the money that is allocated to the Statewide Public
43 Health Component of the Tobacco Use Prevention and Cessation Program in fiscal
44 year 2001 to provide outreach and start-up technical assistance to African American
45 communities in the State for the purpose of organizing participation in community

1 health coalitions that are formed under § 13-1108(b), § 13-1109(c), or § 13-1115(b) of
2 the Health - General Article, an additional \$750,000 is included in Supplemental
3 Budget No. 2 of the fiscal year 2001 State budget for this same purpose.

4 SECTION 8. AND BE IT FURTHER ENACTED, That the Department of Health
5 and Mental Hygiene shall conduct a study to determine whether all screening
6 programs that are funded through grants that are distributed under the Cancer
7 Prevention, Education, Screening, and Treatment Program created under this Act
8 provide necessary treatment for uninsured individuals, as defined in § 13-1101 of the
9 Health - General Article, who are diagnosed with a targeted or non-targeted cancer as
10 a result of the screening programs. In conducting the study, the Department shall: (1)
11 identify the number of uninsured individuals who have participated in the screening
12 programs; (2) identify the number of uninsured individuals who have been diagnosed
13 with a targeted or non-targeted cancer as a result of the screening programs; (3)
14 identify the type of treatment that was received by uninsured individuals who were
15 diagnosed with a targeted or non-targeted cancer as a result of the screening
16 programs; and (4) determine the financial impact of treating these uninsured
17 individuals on hospitals, community clinics, physicians, and other health care
18 providers. The Department shall submit a report on its findings to the Governor and,
19 subject to § 2-1246 of the State Government Article, the General Assembly within 1
20 year after the date that the Department approves or disapproves all of the
21 Comprehensive Plans for Cancer Prevention, Education, Screening, and Treatment
22 submitted to the Department under this Act by local health departments, statewide
23 academic health centers, or other persons designated by the Department. Any local
24 health department, Statewide academic health center, or other person who receives
25 money to fund a screening program through a grant that is distributed under the
26 Cancer Prevention, Education, Screening, and Treatment Program created under this
27 Act shall submit to the Department any information that is needed by the Department
28 to complete the study required by this section.

29 SECTION 9. AND BE IT FURTHER ENACTED, That a comprehensive
30 evaluation of the Tobacco Use Prevention and Cessation Program and the Cancer
31 Prevention, Education, Screening, and Treatment Program established in this Act
32 shall be conducted at the end of fiscal year 2004. The comprehensive evaluation shall
33 be conducted by a higher education institution or private entity. The Department shall
34 issue a request for proposal to select the entity that will conduct the comprehensive
35 evaluation. The comprehensive evaluation shall include an evaluation of: (1) the
36 administration of the Programs; and (2) the effectiveness of the Programs, including
37 an analysis of: (i) whether appropriate benchmarks based on objective performance
38 measures have been met; and (ii) the extent to which the short-term and long-term
39 goals established under §§ 13-1007 and 13-1109 of the Health - General Article have
40 been met. No later than February 1, 2004, the Department shall submit a proposed
41 request for proposal for the comprehensive evaluation to the Senate Budget and
42 Taxation Committee, Senate Finance Committee, House Appropriations Committee,
43 and House Environmental Matters Committee for review and comment. Based on the
44 results of the comprehensive evaluation, the Department shall consider whether the
45 Programs should be modified in any way. No later than November 1, 2004, the
46 Department shall submit a report to the Governor and, subject to § 2-1246 of the State
47 Government Article, the General Assembly that includes the results of the

1 comprehensive evaluation and the Department's recommendations regarding
2 modifications to the Programs.

3 SECTION 10. AND BE IT FURTHER ENACTED, That, except as provided in
4 Sections 2 through 5 of this Act, this Act shall take effect July 1, 2000.