
By: **Delegates Rawlings, Busch, Hixson, Dewberry, Hurson, and Rosenberg**
Introduced and read first time: March 6, 2000
Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Cigarette Restitution Fund - Smoking and Cancer Reduction Act of 2000**

3 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program
4 and a Cancer and Tobacco-Related Diseases Prevention, Identification, and
5 Treatment Program in the Department of Health and Mental Hygiene;
6 providing that the programs shall be funded as provided in the State budget
7 with money from the Cigarette Restitution Fund; establishing a Surveillance
8 and Evaluation Component, a Statewide Public Health Component, a
9 Countermarketing and Media Component, a Local Public Health Component,
10 and an Administrative Component in the Tobacco Use Prevention and Cessation
11 Program; establishing a Surveillance and Evaluation Component, a Cancer
12 Prevention, Identification, and Treatment Component, a Tobacco-Related
13 Diseases Component, a Primary Health Care Component, a Statewide Academic
14 Health Center Component, and an Administrative Component in the Cancer
15 and Tobacco-Related Diseases Prevention, Identification, and Treatment
16 Program; requiring the annual budget bill to specify the amount of funding that
17 is allocated to each of these components; requiring certain baseline studies to be
18 conducted; requiring that preference be given to certain entities with certain
19 records in awarding certain contracts; requiring that certain funds be
20 distributed according to certain formulas; requiring that certain funds be used
21 for certain purposes; requiring certain entities to submit certain plans and
22 reports before receiving certain funds; clarifying that the Cigarette Restitution
23 Fund may be used to fund the programs established under this Act; requiring
24 the annual budget bill to include a certain provision relating to the Cigarette
25 Restitution Fund; requiring the Department of Budget and Management to
26 include certain information relating to the Cigarette Restitution Fund in the
27 budget books each year; defining certain terms; establishing a certain subsidy
28 program under which a subsidy is to be paid to insurers for certain enrollees in
29 Medicare plus Choice; establishing certain guidelines for enrollee eligibility;
30 establishing the eligibility criteria for participating in the subsidy program;
31 requiring certain benefits to be provided in order to be eligible for the subsidy;
32 allowing a managed care organization to include certain deductibles and
33 co-payments as part of its program; requiring the Secretary of Health and
34 Mental Hygiene to make payments to certain managed care providers within a
35 certain period of time, to provide certain reports, and to adopt certain

1 regulations; providing for the termination of this Act; generally relating to a
2 subsidy program for insurers for certain enrollees in Medicare plus Choice; and
3 generally relating to the Cigarette Restitution Fund and programs relating to
4 tobacco use prevention and cessation and to cancer and tobacco-related diseases
5 prevention, identification, and treatment.

6 BY adding to
7 Article - Health - General
8 Section 13-1001 through 13-1015 to be under the new subtitle "Subtitle 10.
9 Tobacco Use Prevention and Cessation Program"; and 13-1101 through
10 13-1114 to be under the new subtitle "Subtitle 11. Cancer and
11 Tobacco-Related Diseases Prevention, Identification, and Treatment
12 Program"
13 Annotated Code of Maryland
14 (1994 Replacement Volume and 1999 Supplement)

15 BY adding to
16 Article - Health - General
17 Section 15-601 through 15-605, inclusive, to be under the new subtitle "Subtitle
18 6. Maryland Medicare Plus Choice Insurance Subsidy Program"
19 Annotated Code of Maryland
20 (1994 Replacement Volume and 1999 Supplement)

21 BY repealing and reenacting, without amendments,
22 Article - State Finance and Procurement
23 Section 7-101(a) and (b)
24 Annotated Code of Maryland
25 (1995 Replacement Volume and 1999 Supplement)

26 BY adding to
27 Article - State Finance and Procurement
28 Section 7-114
29 Annotated Code of Maryland
30 (1995 Replacement Volume and 1999 Supplement)

31 BY repealing and reenacting, with amendments,
32 Article - State Finance and Procurement
33 Section 7-121 and 7-317
34 Annotated Code of Maryland
35 (1995 Replacement Volume and 1999 Supplement)

36 Preamble

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

1 WHEREAS, Each year tobacco products kill over 7,500 Marylanders; and

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

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

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

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

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

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

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

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

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

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

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

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

35 WHEREAS, The University of Maryland Medical System, which includes the
36 University of Maryland School of Medicine and the University of Maryland Medical

1 Center, and The Johns Hopkins University are the State's academic health centers
2 and serve the health needs of the entire State of Maryland;

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

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

11 WHEREAS, The General Assembly recognizes that the State's receipt of large
12 sums of money under the Master Tobacco Settlement over a long period of time
13 creates a unique opportunity for the State to address problems relating to tobacco use
14 and cancer in a logical, planned, and committed fashion; and

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

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

23 **Article - Health - General**

24 **SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.**

25 13-1001.

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

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

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

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

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

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

4 (G) "COUNTY" INCLUDES BALTIMORE CITY.

5 (H) "LOCAL HEALTH OFFICER" MEANS:

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

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

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

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

14 (K) "MINORITY" MEANS AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN,
15 OR ASIAN DESCENT.

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

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

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

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

25 (P) "TARGETED MINORITY GROUP" MEANS A MINORITY GROUP TO WHICH THE
26 TOBACCO INDUSTRY DISPROPORTIONATELY MARKETED TOBACCO PRODUCTS.

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 PROGRAM CONSISTS OF:

- 1 (1) A SURVEILLANCE AND EVALUATION COMPONENT;
- 2 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;
- 3 (3) A COUNTERMARKETING AND MEDIA COMPONENT;
- 4 (4) A LOCAL PUBLIC HEALTH COMPONENT; AND
- 5 (5) AN ADMINISTRATIVE COMPONENT.

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

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

10 (2) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN
11 THE STATE BUDGET:

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

14 (II) MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT OF
15 THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY OTHER UNIT OF
16 STATE GOVERNMENT, UNLESS AUTHORIZED IN THE STATE BUDGET AS ENACTED.

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

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

24 (5) THE DEPARTMENT SHALL REPORT TO THE SENATE BUDGET AND
25 TAXATION COMMITTEE AND THE HOUSE APPROPRIATIONS COMMITTEE ON ANY
26 SHIFT OF FUNDS WITHIN 60 DAYS.

27 (F) ONE-THIRD OF THE TOTAL AMOUNT OF FUNDS ALLOCATED IN THE
28 BUDGET EACH YEAR FOR THE PROGRAM SHALL BE DEDICATED TO REDUCING
29 TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG AFRICAN
30 AMERICANS AND OTHER TARGETED MINORITY GROUPS.

31 (G) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL
32 REPORT TO THE SENATE BUDGET AND TAXATION COMMITTEE AND THE HOUSE
33 APPROPRIATIONS COMMITTEE:

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

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

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

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

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

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

11 (3) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH
12 COMPONENT AND DISTRIBUTED TO EACH COUNTY THAT WAS DEDICATED TO
13 REDUCING TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG
14 AFRICAN AMERICANS AND OTHER TARGETED MINORITY GROUPS.

15 13-1003.

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

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

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

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

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

26 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §
27 13-1104 OF THIS TITLE.

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

31 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

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

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

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

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

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

12 (VI) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH
13 INDIVIDUALS UNDER 18 IN WHICH AT LEAST ONE OF THE HOUSEHOLD MEMBERS
14 OVER AGE 18 SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH
15 COUNTY;

16 (VII) THE NUMBER AND PERCENTAGE OF PERSONS WHO SMOKE OR
17 OTHERWISE USE TOBACCO ON A REGULAR BASIS AND WHO, WITHIN AN
18 ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE BASELINE TOBACCO
19 STUDY, VOLUNTARILY STOPPED SMOKING OR OTHERWISE USING TOBACCO
20 PRODUCTS FOR A SIGNIFICANT AMOUNT OF TIME, BOTH STATEWIDE AND IN EACH
21 COUNTY; AND

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

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

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

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

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

1 (E) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,
2 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
3 ASSEMBLY ON THE RESULTS OF THE BASELINE TOBACCO STUDY, NO LATER THAN
4 JANUARY 15, 2001.

5 13-1004.

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

9 (B) THE ANNUAL TOBACCO STUDY SHALL:

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

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

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

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

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

23 13-1005.

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

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

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

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

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

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

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

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

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

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

19 13-1006.

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

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

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

29 (1) COMMUNITY-BASED PROGRAMS;

30 (2) SCHOOL-BASED PROGRAMS; AND

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

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

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

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

5 13-1007.

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

8 (1) ESTABLISH TOBACCO USE PREVENTION AND CESSATION GOALS FOR
9 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 (I) IDENTIFY ALL EXISTING TOBACCO USE PREVENTION AND
18 CESSATION PROGRAMS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

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

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

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

25 1. THE TOBACCO USE PREVENTION AND CESSATION GOALS
26 AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT; AND

27 2. MEETING THE UNMET COUNTY HEALTH NEEDS
28 IDENTIFIED UNDER ITEM (III) OF THIS PARAGRAPH.

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

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

33 (2) INCLUDE AN EVALUATION OF ANY COUNTY PROGRAM FUNDED WITH
34 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) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO
12 RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR
13 YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON
14 UNDER THE GRANT;

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

19 (8) CONTAIN ANY OTHER INFORMATION REQUIRED BY THE
20 DEPARTMENT.

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

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

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

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

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

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

1 (2) (I) IN CHOOSING A PERSON OTHER THAN THE HEAD OF A COUNTY
2 HEALTH DEPARTMENT TO SERVE AS A LOCAL HEALTH OFFICER AND COORDINATE A
3 COUNTY'S TOBACCO USE AND CESSATION EFFORTS, THE DEPARTMENT SHALL ISSUE
4 A REQUEST FOR PROPOSALS; OR

5 (II) COORDINATE THE COUNTY'S TOBACCO USE AND CESSATION
6 PROGRAM FROM WITHIN THE DEPARTMENT.

7 13-1009.

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

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

12 (2) FACILITATING COMMUNICATION AMONG THE COMMUNITY HEALTH
13 COALITIONS.

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

16 (C) THE AMOUNT OF THE LOCAL PUBLIC HEALTH TOBACCO GRANT THAT IS
17 DISTRIBUTED TO A REGION UNDER SUBSECTION (A) OF THIS SECTION SHALL BE
18 EQUAL TO THE SUM OF THE LOCAL PUBLIC HEALTH TOBACCO GRANTS THAT
19 OTHERWISE WOULD HAVE BEEN DISTRIBUTED TO EACH COUNTY UNDER § 13-1007
20 OF THIS SUBTITLE.

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

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

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

28 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §
29 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

30 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH
31 13-1012 OF THIS SUBTITLE.

32 13-1010.

33 THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER
34 § 13-1008(B) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE
35 COUNTY AND MAY CONSIST OF:

36 (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;

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

6 (III) THE LOCAL PUBLIC SCHOOL SYSTEM;

7 (IV) LOCAL HEALTH CARE PROVIDERS;

8 (V) LOCAL LAW ENFORCEMENT;

9 (VI) LOCAL BUSINESSES;

10 (VII) LOCAL RELIGIOUS ORGANIZATIONS;

11 (VIII) LOCAL MEDIA;

12 (IX) INSTITUTIONS OF HIGHER EDUCATION; AND

13 (X) LOCAL HOSPITALS;

14 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES
15 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION
16 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT;
17 AND

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

20 13-1011.

21 (A) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH TOBACCO GRANT, A
22 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF
23 ALL PUBLICLY FUNDED TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN
24 THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1008(B)(2) 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 TOBACCO USE
29 PREVENTION AND CESSATION PROGRAMS.

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

33 (D) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH
34 TOBACCO GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE

1 COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR
2 FUNDING FOR TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

3 (E) A COUNTY THAT RECEIVES A LOCAL PUBLIC HEALTH TOBACCO GRANT
4 SHALL SPEND:

5 (1) 15 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
6 TOBACCO CESSATION PROGRAMS;

7 (2) 45 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
8 PROGRAMS DESIGNED TO REDUCE TOBACCO USE IN THE COUNTY;

9 (3) 30 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
10 PROGRAMS DESIGNED TO REDUCE TOBACCO USE AMONG INDIVIDUALS IN THE
11 COUNTY UNDER THE AGE OF EIGHTEEN; AND

12 (4) 10 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT TO
13 ENFORCE STATE LAWS REGARDING THE SALE OF TOBACCO PRODUCTS.

14 13-1012.

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

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

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

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

26 13-1013.

27 (A) THERE IS A COUNTERMARKETING AND MEDIA COMPONENT IN THE
28 PROGRAM.

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

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

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

4 (2) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE
5 COUNTERMARKETING AND MEDIA COMPONENT AND HOW THE DEPARTMENT
6 INTENDS TO REACH EACH AUDIENCE.

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

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

13 (3) THE REQUEST FOR PROPOSALS SHALL:

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

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

20 (4) TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL
21 AWARD ONE-THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES OR
22 HIGHER EDUCATION INSTITUTIONS WITH DEMONSTRATED RECORDS OF
23 SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

24 (E) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO
25 MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTERMARKETING AND MEDIA
26 COMPONENT, INCLUDING:

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

30 (2) SUBJECT TO SUBSECTION (F) OF THIS SECTION, USING MONEY THAT
31 IS ALLOCATED TO THE COUNTERMARKETING COMPONENT TO OBTAIN MONEY FROM
32 THE FEDERAL GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER
33 ENTITY.

34 (F) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL
35 GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF THE
36 DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE MONEY,
37 RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS, OR
38 OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT ARE FUNDED WITH
39 MONEY FROM THE CIGARETTE RESTITUTION FUND.

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

5 13-1014.

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

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

10 (C) THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING
11 THAT IS ALLOCATED TO THE DEPARTMENT UNDER THE ADMINISTRATIVE
12 COMPONENT TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, INCLUDING
13 COSTS INCURRED BY THE DEPARTMENT, A COUNTY, OR ANY PERSON RECEIVING
14 MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT.

15 (D) THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT
16 UNDER SUBSECTION (C) OF THIS SECTION MAY NOT EXCEED 5 PERCENT OF THE
17 AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

18 13-1015.

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

21 SUBTITLE 11. CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
22 IDENTIFICATION, AND TREATMENT PROGRAM.

23 13-1101.

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

26 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE
27 PROGRAM ESTABLISHED UNDER § 13-1113 OF THIS SUBTITLE.

28 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §
29 13-1103 OF THIS SUBTITLE.

30 (D) "CANCER PREVENTION, IDENTIFICATION, AND TREATMENT COMPONENT"
31 MEANS THE COMPONENT OF THE PROGRAM ESTABLISHED UNDER § 13-1107 OF THIS
32 SUBTITLE.

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

- 1 (F) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS
2 ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.
- 3 (G) "CLINICAL RESEARCH" MEANS RESEARCH THAT INVOLVES FORMAL
4 TESTING OF HUMANS FOR THE SAFETY AND EFFECTIVENESS OF PROMISING NEW
5 TREATMENT PROTOCOLS.
- 6 (H) "COMMUNITY CANCER GRANT" MEANS A GRANT THAT IS DISTRIBUTED BY
7 THE DEPARTMENT TO A MAJOR COMMUNITY HOSPITAL UNDER § 13-1106 OF THIS
8 SUBTITLE.
- 9 (I) "COUNTY" INCLUDES BALTIMORE CITY.
- 10 (J) "FEDERALLY QUALIFIED HEALTH CENTER" MEANS A HEALTH CARE
11 PROVIDER THAT HAS HISTORICALLY PROVIDED COMPREHENSIVE PRIMARY CARE
12 SERVICES TO THE UNINSURED AND UNDERINSURED AND MEETS SPECIFIC
13 REQUIREMENTS AS DEFINED IN 42 U.S.C.A. § 254B.
- 14 (K) "IDENTIFICATION" INCLUDES SCREENING, EARLY DETECTION,
15 DIAGNOSIS, EDUCATION, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING
16 AND EARLY DETECTION PROGRAMS.
- 17 (L) "JOHNS HOPKINS GROUP" MEANS THE JOHNS HOPKINS UNIVERSITY, THE
18 JOHNS HOPKINS HOSPITAL, AND JOHNS HOPKINS MEDICINE.
- 19 (M) "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED DATA
20 SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN THE
21 DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON
22 CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND
23 TREATED IN THE STATE.
- 24 (N) "MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM"
25 MEANS THE PROGRAM ESTABLISHED UNDER TITLE 15, SUBTITLE 6 OF THIS ARTICLE.
- 26 (O) "MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT
27 CORPORATION" MEANS THE ENTITY THAT IS ESTABLISHED UNDER ARTICLE 83A, §
28 5-2A-02 OF THE CODE.
- 29 (P) "MINORITY" MEANS AFRICAN AMERICAN, HISPANIC, NATIVE AMERICAN,
30 OR ASIAN DESCENT.
- 31 (Q) "PROGRAM" MEANS THE CANCER AND TOBACCO-RELATED DISEASES
32 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAM THAT IS ESTABLISHED
33 UNDER § 13-1102 OF THIS SUBTITLE.
- 34 (R) "PRIMARY HEALTH CARE COMPONENT" MEANS THE COMPONENT OF THE
35 PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 OF THIS SUBTITLE.

1 (S) "PRIMARY HEALTH CARE GRANT" MEANS THE GRANT DISTRIBUTED BY
2 THE DEPARTMENT TO FEDERALLY QUALIFIED HEALTH CENTERS UNDER § 13-1109 OF
3 THIS SUBTITLE.

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

6 (U) "STATEWIDE ACADEMIC HEALTH CENTER GRANT" MEANS A GRANT THAT
7 IS DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND MEDICAL
8 SYSTEM GROUP OR THE JOHNS HOPKINS GROUP UNDER § 13-1110 OF THIS SUBTITLE.

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

12 (W) "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY THE
13 DEPARTMENT UNDER SUBSECTION (D) OF THIS SECTION.

14 (X) "TELEMEDICINE NETWORK" MEANS A STATEWIDE NETWORK AND
15 INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF EDUCATION, OUTREACH,
16 SCREENING, TREATMENT, AND RESEARCH PROGRAMS RELATING TO CERTAIN
17 PUBLIC HEALTH PURPOSES THAT CAN BE ACCESSED BY INDIVIDUALS THROUGHOUT
18 THE STATE, INCLUDING:

19 (1) REGIONAL COORDINATION OF CLINICAL TRIALS;

20 (2) DEVELOPMENT OF BEST PRACTICES MODELS; AND

21 (3) COORDINATION AMONG PHYSICIANS IN DIFFERENT GEOGRAPHIC
22 AREAS OF THE STATE.

23 (Y) "TOBACCO-RELATED DISEASES" MEANS CARDIOVASCULAR DISEASE,
24 CHRONIC PULMONARY DISEASES, PERIPHERAL VASCULAR DISEASE, STROKE, AND
25 INFANT MORTALITY DUE TO LOW BIRTHWEIGHTS.

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

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

31 (BB) "UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP" MEANS THE
32 UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE UNIVERSITY OF MARYLAND
33 MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.

34 13-1102.

35 (A) THERE IS A CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
36 IDENTIFICATION, AND TREATMENT PROGRAM IN THE DEPARTMENT.

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

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

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

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

13 (C) THE PROGRAM CONSISTS OF:

14 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

15 (2) A CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
16 COMPONENT;

17 (3) A TOBACCO-RELATED DISEASES COMPONENT;

18 (4) A PRIMARY HEALTH CARE COMPONENT;

19 (5) A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT; AND

20 (6) AN ADMINISTRATIVE COMPONENT.

21 (D) TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE
22 TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE CANCER PREVENTION,
23 IDENTIFICATION, AND TREATMENT COMPONENT AND THE STATEWIDE ACADEMIC
24 HEALTH CENTER COMPONENT OF THE PROGRAM.

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

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

29 (2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION,
30 MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN THE STATE
31 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 ALLOCATION FROM ONE COMPONENT TO ANOTHER COMPONENT, EXCEPT THAT NO
35 FUNDS MAY BE TRANSFERRED TO THE ADMINISTRATIVE COMPONENT.

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

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

7 (H) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL
8 REPORT TO THE SENATE BUDGET AND TAXATION COMMITTEE AND THE HOUSE
9 APPROPRIATIONS COMMITTEE:

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

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

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

16 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED AS GRANTS TO
17 EACH RECIPIENT IN THE PRIMARY HEALTH CARE COMPONENT, THE CANCER
18 PREVENTION, IDENTIFICATION, AND TREATMENT COMPONENT, THE
19 TOBACCO-RELATED DISEASES COMPONENT, THE CANCER AND TOBACCO-RELATED
20 DISEASES PRIMARY HEALTH CARE PROGRAM IN THE PRIMARY HEALTH CARE
21 COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT:

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 13-1103.

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

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

31 (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO CANCER AND
32 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT IN THE STATE;

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

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

1 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §
2 13-1104 OF THIS SUBTITLE.

3 (C) (1) TO INITIATE THE SURVEILLANCE AND EVALUATION COMPONENT,
4 THE DEPARTMENT SHALL CONDUCT A COMPREHENSIVE STATEWIDE BASELINE
5 CANCER STUDY AS PROVIDED IN THIS SECTION.

6 (2) THE DEPARTMENT MAY:

7 (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
8 STUDY; OR

9 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR
10 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
11 STUDY.

12 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

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

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

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

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

22 (5) THE NUMBER AND TYPES OF SCREENING PROGRAMS FOR EACH
23 TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY, AND THE NUMBER OF
24 PERSONS SCREENED EACH YEAR IN THESE PROGRAMS;

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

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

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

1 (F) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION
2 INSTITUTION OR PRIVATE ENTITY CONDUCT THE BASELINE CANCER STUDY OR ANY
3 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSALS
4 TO SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART
5 OF THE STUDY.

6 (2) THE REQUEST FOR PROPOSALS SHALL SPECIFY THAT ANY
7 METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE
8 BASELINE CANCER STUDY OR THE RELEVANT PART OF THE STUDY, AND ANY DATA
9 COLLECTED UNDER THE STUDY, SHALL BE PROVIDED TO THE STATE FOR USE IN
10 SUBSEQUENT STUDIES, REGARDLESS OF WHETHER THE STUDIES ARE CONDUCTED
11 BY THE SAME ENTITY.

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

16 (G) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,
17 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
18 ASSEMBLY, ON THE RESULTS OF THE BASELINE CANCER STUDY NO LATER THAN
19 JANUARY 15, 2001.

20 13-1104.

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

24 (B) THE ANNUAL CANCER STUDY SHALL:

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

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

29 (C) THE DEPARTMENT MAY:

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

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

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

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

5 13-1105.

6 AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED, THE
7 DEPARTMENT SHALL:

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

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

13 13-1106.

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

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

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

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

22 (5) (I) "COMMUNITY HOSPITAL" MEANS ANY ACCREDITED HOSPITAL
23 IN BALTIMORE CITY, BALTIMORE COUNTY, MONTGOMERY COUNTY, OR PRINCE
24 GEORGE'S COUNTY.

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

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

30 (B) THERE IS A CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
31 COMPONENT.

32 (C) THE PURPOSE OF THE CANCER PREVENTION, IDENTIFICATION, AND
33 TREATMENT COMPONENT IS TO PROVIDE FUNDING FOR A COMMUNITY-BASED
34 HOSPITAL EFFORT TO REDUCE THE MORBIDITY AND MORTALITY OF CANCER IN THE
35 STATE.

1 (D) UNDER THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
2 COMPONENT, THE DEPARTMENT SHALL DISTRIBUTE COMMUNITY CANCER GRANTS
3 TO MAJOR COMMUNITY HOSPITALS.

4 (E) FUNDING FOR THE CANCER PREVENTION, IDENTIFICATION, AND
5 TREATMENT COMPONENT SHALL BE AS ALLOCATED IN THE STATE BUDGET.

6 (F) MAJOR COMMUNITY HOSPITALS THAT RECEIVE A COMMUNITY CANCER
7 GRANT SHALL USE THE FUNDS TOWARD PREVENTION, IDENTIFICATION, AND
8 TREATMENT OF TARGETED CANCERS.

9 (G) THE DEPARTMENT SHALL DETERMINE THE MAJOR COMMUNITY
10 HOSPITALS TO RECEIVE A COMMUNITY CANCER GRANT BASED ON THE SUM OF THE
11 FOLLOWING WEIGHTED CRITERIA:

12 (1) 60 PERCENT TIMES THE REGIONAL CANCER DISCHARGE RATE IN
13 THE PREVIOUS YEAR;

14 (2) 40 PERCENT TIMES THE UNCOMPENSATED CARE RATE IN THE
15 PREVIOUS YEAR; AND

16 (3) 10 PERCENT TIMES THE AMOUNT OF CANCER RESEARCH DOLLARS
17 IN THE PREVIOUS YEAR DIVIDED BY 100,000.

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

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

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

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

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

34 (4) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT
35 PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER GOALS ESTABLISHED
36 BY THE DEPARTMENT AND INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED
37 WITH A COMMUNITY CANCER GRANT IN THE PRIOR YEAR;

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

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

6 (J) THE DEPARTMENT MAY NOT DISTRIBUTE A COMMUNITY CANCER GRANT
7 UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

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

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

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

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

20 13-1107.

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

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

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

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

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

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

34 (I) HEALTH SERVICES RESEARCH TO DETERMINE:

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

1 INDEPENDENT PEER REVIEW GROUP THAT IS COMPOSED OF EXPERTS IN THE FIELD
2 FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE INVOLVED IN THE ACTIVITIES;

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

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

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

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

15 (II) A PROTOCOL FOR EXPEDITING THE TRANSLATION OF
16 TOBACCO-RELATED DISEASES RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS
17 AND CLINICAL TRIALS.

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

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

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

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

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

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

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

34 13-1108.

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

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

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

3 (2) THE MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY
4 PROGRAM, AS ESTABLISHED IN SECTION 2 OF THIS ACT.

5 13-1109.

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

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

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

12 (B) THERE IS A CANCER AND TOBACCO-RELATED DISEASES PRIMARY HEALTH
13 CARE PROGRAM.

14 (C) THE PURPOSE OF THE CANCER AND TOBACCO-RELATED DISEASES
15 PRIMARY HEALTH CARE PROGRAM IS TO IMPROVE THE QUALITY OF PRIMARY
16 HEALTH CARE SERVICES FOR CANCER AND TOBACCO-RELATED DISEASES TO THE
17 UNINSURED AND UNDERINSURED IN URBAN AND RURAL AREAS OF THE STATE WHO
18 HAVE HISTORICALLY HAD MINIMAL ACCESS TO PRIMARY HEALTH CARE.

19 (D) FUNDING FOR THE CANCER AND TOBACCO-RELATED DISEASES PRIMARY
20 HEALTH CARE PROGRAM SHALL BE AS ALLOCATED IN THE STATE BUDGET.

21 (E) THE DEPARTMENT SHALL DISTRIBUTE GRANTS FOR CANCER AND
22 TOBACCO-RELATED DISEASES PRIMARY CARE SERVICES THROUGH PRIMARY
23 HEALTH CARE GRANTS TO FEDERALLY QUALIFIED HEALTH CENTERS.

24 (F) THE FEDERALLY QUALIFIED HEALTH CENTERS SHALL USE THE PRIMARY
25 HEALTH CARE GRANTS TO PROVIDE CANCER AND TOBACCO-RELATED PRIMARY
26 HEALTH CARE SERVICES TO UNINSURED OR UNDERINSURED INDIVIDUALS IN THE
27 FOLLOWING AREAS ONLY:

28 (1) CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
29 SERVICES; AND

30 (2) TOBACCO-RELATED DISEASES PREVENTION, IDENTIFICATION, AND
31 TREATMENT SERVICES.

32 (G) TO BE ELIGIBLE TO APPLY TO THE DEPARTMENT FOR A PRIMARY HEALTH
33 CARE GRANT, APPLICANTS MUST:

34 (1) HAVE A DEMONSTRATED COMMITMENT TO PROVIDING PRIMARY
35 HEALTH CARE SERVICES TO UNINSURED AND UNDERINSURED INDIVIDUALS;

36 (2) BE A FEDERALLY QUALIFIED HEALTH CENTER; AND

1 (3) HAVE AT A MINIMUM AN AFFILIATION WITH AN ACCREDITED
2 HOSPITAL IN THE FORM OF ADMITTING PRIVILEGES.

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

5 (2) THE DEPARTMENT SHALL CONSIDER GEOGRAPHIC BALANCE AND
6 HISTORICALLY UNDERSERVED COMMUNITIES IN SELECTING PRIMARY HEALTH
7 CARE GRANT RECIPIENTS.

8 (I) BEFORE RECEIVING A PRIMARY HEALTH CARE GRANT, THE FEDERALLY
9 QUALIFIED HEALTH CENTERS SHALL SUBMIT A COMPREHENSIVE PRIMARY HEALTH
10 CARE PLAN THAT:

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

14 (2) PROVIDES A COMPLETE INVENTORY OF ALL PRIMARY HEALTH CARE
15 SERVICES RELATING TO CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
16 IDENTIFICATION, AND TREATMENT THAT ARE CURRENTLY PROVIDED, INCLUDING A
17 BREAKDOWN OF THE TYPES OF CANCER OR TOBACCO-RELATED DISEASES TO WHICH
18 THE SERVICES RELATE;

19 (3) SPECIFIES THE SOURCE AND AMOUNT OF FUNDING FOR ALL OF THE
20 CANCER AND TOBACCO-RELATED DISEASES PRIMARY HEALTH CARE SERVICES
21 IDENTIFIED UNDER ITEM (2) OF THIS PARAGRAPH;

22 (4) PROVIDES THE MOST RECENT BASELINE DATA AVAILABLE ON THE
23 SERVICES AND PATIENTS SERVED;

24 (5) PROVIDES A DETAILED LIST OF ALL AFFILIATIONS WITH
25 ACCREDITED HOSPITALS;

26 (6) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT
27 PROGRESS HAS BEEN MADE TOWARD MEETING THE PRIMARY HEALTH CARE GOALS
28 ESTABLISHED BY THE DEPARTMENT;

29 (7) AFTER THE FIRST YEAR OF FUNDING, SPECIFIES THE AMOUNT OF
30 MONEY THAT WAS RECEIVED UNDER A PRIMARY HEALTH CARE GRANT IN THE PRIOR
31 FISCAL YEAR THAT REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT
32 YEAR; AND

33 (8) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE
34 DEPARTMENT.

35 (J) THE DEPARTMENT MAY NOT DISTRIBUTE A PRIMARY HEALTH CARE
36 GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

1 (1) THE COMPREHENSIVE PLAN WILL HELP ACHIEVE THE STATE'S
2 CANCER AND TOBACCO-RELATED DISEASES GOALS;

3 (2) THE FEDERALLY QUALIFIED HEALTH CENTER THAT RECEIVES THE
4 GRANT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING CANCER OR
5 TOBACCO-RELATED DISEASES ACTIVITIES OR ANY OTHER TYPE OF CURRENT
6 EXPENDITURE BY THE FEDERALLY QUALIFIED HEALTH CENTER;

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

11 (4) THE FEDERALLY QUALIFIED HEALTH CENTER SATISFIES ANY
12 OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF
13 RECEIVING THE GRANT.

14 (K) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
15 EFFECTIVENESS OF THE CANCER AND TOBACCO-RELATED DISEASES PROGRAM OF
16 THE PRIMARY HEALTH CARE COMPONENT.

17 13-1110.

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

20 (B) THE PURPOSE OF THE STATEWIDE ACADEMIC HEALTH CENTER
21 COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF STATEWIDE ANTICANCER
22 INITIATIVES IN THE STATE.

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

27 (D) THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE
28 JOHNS HOPKINS GROUP MAY EACH APPLY FOR A STATEWIDE ACADEMIC HEALTH
29 CENTER GRANT FOR THE PURPOSES ESTABLISHED IN §§ 13-1111 AND 13-1112 OF THIS
30 SUBTITLE.

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

35 (F) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
36 EFFECTIVENESS OF INITIATIVES FUNDED BY A STATEWIDE ACADEMIC HEALTH
37 CENTER GRANT.

1 13-1111.

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

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

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

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

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

14 (5) RENOVATION, EXPANSION, AND EQUIPPING OF CRITICAL RESEARCH
15 LABORATORIES AND CLINICAL FACILITIES.

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

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

20 (1) SUBMIT A CANCER PLAN THAT:

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

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

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

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

35 1. ARE DIAGNOSED WITH A TARGETED CANCER; AND

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

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

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

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

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

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

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

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

28 (II) A PROTOCOL FOR INCREASING THE PARTICIPATION OF
29 MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL
30 TRIALS.

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

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

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

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

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

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

8 13-1112.

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

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

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

17 (3) CANCER SURVEILLANCE AND EPIDEMIOLOGY, INCLUDING:

18 (I) DEVELOPMENT OF A COMPREHENSIVE LIST OF
19 CANCER-CAUSING AGENTS;

20 (II) COMPILATION AND MAPPING OF SOURCES OF EXPOSURE;

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

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

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

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

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

35 (1) SUBMIT A PLAN THAT:

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

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

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

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

15 1. ARE DIAGNOSED WITH A TARGETED CANCER; AND

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

19 (V) CERTIFIES THAT THE ACTIVITIES THAT WILL BE FUNDED BY
20 THE STATEWIDE ACADEMIC HEALTH CENTER GRANT HAVE BEEN ENDORSED BY AN
21 INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED 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;

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

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

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

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

1 (I) 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 (II) A PROTOCOL FOR INCREASING THE PARTICIPATION OF
6 MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL
7 TRIALS.

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

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

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

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

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

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

21 13-1113.

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

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

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

32 (D) THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT
33 UNDER SUBSECTION (C) OF THIS SECTION MAY NOT EXCEED 5 PERCENT OF THE
34 AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

1 13-1114.

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

4 **Article - State Finance and Procurement**

5 7-101.

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

7 (b) "Proposed budget" means:

8 (1) the budget bill; and

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

10 7-114.

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

13 (2) "CANCER AND TOBACCO-RELATED DISEASES PROGRAM" MEANS THE
14 CANCER AND TOBACCO-RELATED DISEASES PREVENTION, IDENTIFICATION, AND
15 TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH
16 - GENERAL ARTICLE.

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

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

22 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

23 (2) EACH COMPONENT OF THE CANCER AND TOBACCO-RELATED
24 DISEASES PROGRAM; AND

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

27 7-121.

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

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

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

3 (ii) requested for the next fiscal year;

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

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

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

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

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

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

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

14 (iii) requested for the next fiscal year.

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

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

20 (2) R Adams Cowley Shock Trauma Center;

21 (3) Maryland Fire and Rescue Institute;

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

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

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

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

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

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

3 (1) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED
4 EXPENDITURES FOR:

5 (I) EACH COMPONENT OF THE TOBACCO PROGRAM;

6 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE
7 TOBACCO PROGRAM; AND

8 (III) EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

9 (2) THE CANCER AND TOBACCO-RELATED DISEASES PROGRAM,
10 INCLUDING THE PROPOSED EXPENDITURES FOR:

11 (I) EACH COMPONENT OF THE CANCER AND TOBACCO-RELATED
12 DISEASES PROGRAM;

13 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE
14 CANCER AND TOBACCO-RELATED DISEASES PROGRAM;

15 (III) EACH PRIMARY HEALTH CARE GRANT; AND

16 (IV) EACH COMMUNITY CANCER GRANT; AND

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

19 7-317.

20 (a) There is a Cigarette Restitution Fund.

21 (b) (1) The Fund is a continuing, nonlapsing fund that is not subject to §
22 7-302 of this subtitle.

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

29 (c) The Treasurer shall:

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

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

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

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

5 (i) expressly provided by statute;

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

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

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

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

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

17 (II) THE CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
18 IDENTIFICATION, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13,
19 SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 **Article - Health - General**

2 SUBTITLE 6. MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM.

3 15-601.

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

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

7 (2) ARE ELIGIBLE FOR MEDICARE PLUS CHOICE AS DEFINED BY TITLE
8 XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED;9 (3) HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN THEIR COUNTY OR
10 HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN AN AREA DESIGNATED AS
11 MEDICALLY UNDERSERVED BY THE FEDERAL HEALTH CARE FINANCING
12 ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES;13 (4) PAY THE PREMIUM FOR MEDICARE PART "B" AS DETERMINED BY
14 TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED; AND15 (5) PAY THE PREMIUM AND DEDUCTIBLES FOR A MEDICARE PLUS
16 CHOICE MANAGED CARE PROGRAM.17 (B) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET
18 WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

19 15-602.

20 THE FIRST MANAGED CARE PROVIDER TO ESTABLISH A MEDICARE PLUS
21 CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY
22 UNDERSERVED AREA THAT HAS NO MEDICARE PLUS CHOICE MANAGED CARE
23 PROGRAM FOR EITHER CURRENT ELIGIBLE MEDICARE BENEFICIARIES OR NEW
24 MEDICARE BENEFICIARIES SHALL BE PAID A \$30 SUBSIDY BY THE DEPARTMENT PER
25 ENROLLEE PER MONTH IF:26 (1) THE MANAGED CARE PROVIDER SIGNS A CONTRACT WITH THE
27 SECRETARY GUARANTEEING THAT IT WILL PROVIDE A MEDICARE PLUS CHOICE
28 MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY UNDERSERVED
29 AREA FOR A PERIOD OF AT LEAST 2 YEARS;30 (2) THE MANAGED CARE PROVIDER APPLIES FOR AND RECEIVES
31 APPROVAL FROM THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION OF THE
32 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE
33 MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM;34 (3) THE PREMIUMS REMAIN THE SAME OR LESS FOR THE 2-YEAR
35 CONTRACT PERIOD;

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

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

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

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

10 15-603.

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

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

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

16 (3) UNLIMITED HOSPITAL STAYS;

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

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

21 (6) PODIATRY TREATMENT;

22 (7) ONE ANNUAL PHYSICAL PER YEAR;

23 (8) OUTPATIENT HOSPITAL VISITS;

24 (9) OUTPATIENT HOSPITAL REHABILITATION;

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

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

28 (12) EMERGENCY AMBULANCE SERVICE;

29 (13) ONE ROUTINE EYE EXAM PER YEAR AND ONE PAIR OF EYEGASSES
30 PER YEAR;

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

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

3 (16) HEPATITIS B AND FLU VACCINES;

4 (17) HEARING EXAMS;

5 (18) TWO PREVENTIVE DENTAL EXAMS PER YEAR; AND

6 (19) EMERGENCY MEDICAL OUTPATIENT TREATMENT.

7 15-604.

8 THE MANAGED CARE PROVIDER MAY:

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

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

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

17 15-605.

18 THE SECRETARY SHALL:

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

21 (2) SUBMIT A REPORT TO THE GENERAL ASSEMBLY ON OR BEFORE JUNE
22 30, 2001, AND IN EACH SUCCESSIVE YEAR, THAT INCLUDES A SUMMARY OF THE
23 PROGRAM ACTIVITIES FOR THE YEAR AND ANY RECOMMENDATIONS OR
24 SUGGESTIONS FOR CONSIDERATION BY THE GENERAL ASSEMBLY; AND

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

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

1 SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall
2 remain effective for a period of 3 years and, at the end of June 30, 2003, with no
3 further action required by the General Assembly, Section 1 of this Act shall be
4 abrogated and of no further force and effect.

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