
By: ~~Delegates Rawlings, Busch, Hixson, Dewberry, Hurson, and Rosenberg~~
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Baker, Branch, Cadden, Hubers, A. Jones, V. Jones, Kagan, Palumbo,
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CHAPTER _____

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~~ Major Community Hospital
13 Component, a Tobacco-Related Diseases Component, a Primary Health Care
14 Component, a Local Public Health Component, a Targeted Hospital Capacity
15 Component, a Statewide Academic Health Center Component, and an
16 Administrative Component in the Cancer and Tobacco-Related Diseases
17 Prevention, Identification, and Treatment Program; requiring the annual
18 budget bill to specify the amount of funding that is allocated to each of these
19 components; requiring certain baseline studies to be conducted; requiring that
20 preference be given to certain entities with certain records in awarding certain
21 contracts; requiring that certain funds be distributed according to certain
22 formulas; requiring that certain funds be used for certain purposes; requiring
23 certain entities to submit certain plans and reports before receiving certain
24 funds; clarifying that the Cigarette Restitution Fund may be used to fund the

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

23 BY adding to

24 Article - Health - General
 25 Section 13-1001 through 13-1015 to be under the new subtitle "Subtitle 10.
 26 Tobacco Use Prevention and Cessation Program"; and 13-1101 through
 27 ~~13-1114~~ 13-1121 to be under the new subtitle "Subtitle 11. Cancer and
 28 Tobacco-Related Diseases Prevention, Identification, and Treatment
 29 Program"
 30 Annotated Code of Maryland
 31 (1994 Replacement Volume and 1999 Supplement)

32 BY adding to

33 Article - Health - General
 34 Section 15-601 through 15-605, inclusive, to be under the new subtitle "Subtitle
 35 6. Maryland Medicare Plus Choice Insurance Subsidy Program"
 36 Annotated Code of Maryland
 37 (1994 Replacement Volume and 1999 Supplement)

38 BY repealing and reenacting, without amendments,

39 Article - State Finance and Procurement
 40 Section 7-101(a) and (b)
 41 Annotated Code of Maryland
 42 (1995 Replacement Volume and 1999 Supplement)

1 BY adding to
2 Article - State Finance and Procurement
3 Section 7-114
4 Annotated Code of Maryland
5 (1995 Replacement Volume and 1999 Supplement)

6 BY repealing and reenacting, with amendments,
7 Article - State Finance and Procurement
8 Section 7-121 and 7-317
9 Annotated Code of Maryland
10 (1995 Replacement Volume and 1999 Supplement)

11 Preamble

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 WHEREAS, The University of Maryland ~~Medical System, Baltimore~~, which
15 includes the University of Maryland School of Medicine and the University of
16 Maryland Medical ~~Center System~~, and The Johns Hopkins University are the State's
17 only two academic health centers and serve the health needs of the entire State of
18 Maryland;

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

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

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

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

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

Article - Health - General

SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

13-1001.

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

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

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

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

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

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

(G) "COUNTY" INCLUDES BALTIMORE CITY.

(H) "LOCAL HEALTH OFFICER" MEANS:

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

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

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

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

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

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

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

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

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

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

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

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

17 13-1002.

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

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

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

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

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

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

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

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

36 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

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

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

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

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

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

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

18 (II) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE OR IN
19 THE ANNUAL BUDGET BILL AS ENACTED, MAY NOT BE TRANSFERRED TO ANY OTHER
20 COMPONENT OF THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY
21 OTHER UNIT OF STATE GOVERNMENT, UNLESS AUTHORIZED IN THE STATE BUDGET
22 AS ENACTED.

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

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

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

35 ~~(F)~~ (H) ONE-THIRD OF THE TOTAL AMOUNT OF FUNDS ALLOCATED IN THE
36 BUDGET EACH YEAR FOR THE PROGRAM SHALL BE DEDICATED TO REDUCING

1 TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG ~~AFRICAN~~
 2 ~~AMERICANS AND OTHER~~ TARGETED MINORITY GROUPS.

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

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

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

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

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

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

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

19 (3) THE AMOUNT OF MONEY THAT WAS ALLOCATED TO EACH
 20 COMPONENT AND DISTRIBUTED TO EACH COUNTY THAT WAS DEDICATED TO
 21 REDUCING TOBACCO USE AND PROMOTING TOBACCO USE CESSATION AMONG
 22 ~~AFRICAN AMERICANS AND OTHER~~ TARGETED MINORITY GROUPS.

23 13-1003.

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

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

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

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

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

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

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

4 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

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

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

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

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

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

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

24 ~~(VII)~~ (VII) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH
25 INDIVIDUALS UNDER 18 IN WHICH AT LEAST ONE OF THE HOUSEHOLD MEMBERS
26 OVER AGE 18 SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH
27 COUNTY;

28 ~~(VIII)~~ (VIII) THE NUMBER AND PERCENTAGE OF ~~PERSONS~~
29 INDIVIDUALS WHO SMOKE OR OTHERWISE USE TOBACCO ON A REGULAR BASIS AND
30 WHO, WITHIN AN ESTABLISHED AMOUNT OF TIME BEFORE THE START OF THE
31 BASELINE TOBACCO STUDY, VOLUNTARILY STOPPED SMOKING OR OTHERWISE
32 USING TOBACCO PRODUCTS FOR A SIGNIFICANT AMOUNT OF TIME, BOTH
33 STATEWIDE AND IN EACH COUNTY; AND

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

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

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

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

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

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

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

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

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

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

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

30 13-1004.

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

34 (B) THE ANNUAL TOBACCO STUDY SHALL:

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

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

4 (C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
5 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 PROPOSALS TO
8 SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.

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

13 13-1005.

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

15 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO
16 MAXIMIZE THE EFFECTIVENESS OF THE ANTITOBACCO INITIATIVES IN THE STATE
17 BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ENSURE THAT THE
18 PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER
19 THROUGHOUT THE STATE.

20 (C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS
21 NECESSARY TO ENSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO
22 IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS, THE
23 DEPARTMENT MAY:

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

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

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

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

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

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

4 (E) TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL
5 AWARD ONE-THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES ~~OR~~
6 ~~HIGHER EDUCATION INSTITUTIONS~~ WITH DEMONSTRATED RECORDS OF
7 SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.

8 13-1006.

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

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

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

18 (1) COMMUNITY-BASED PROGRAMS;

19 (2) SCHOOL-BASED PROGRAMS; AND

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

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

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

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

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

31 13-1007.

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

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

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

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

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

10 (1) THE PRODUCT OF:

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

13 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY UNDER THE
14 AGE OF EIGHTEEN WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS DIVIDED
15 BY THE NUMBER OF INDIVIDUALS IN THE STATE UNDER THE AGE OF EIGHTEEN WHO
16 SMOKE OR OTHERWISE USE TOBACCO PRODUCTS;

17 (2) THE PRODUCT OF:

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

20 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR
21 OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN
22 THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS; AND

23 (3) THE PRODUCT OF:

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

26 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY ~~WHO ARE~~
27 ~~AFRICAN-AMERICAN OR~~ WHO ARE MEMBERS OF TARGETED MINORITY GROUPS
28 DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE STATE ~~WHO ARE AFRICAN~~
29 ~~AMERICAN OR~~ WHO ARE MEMBERS OF TARGETED MINORITY GROUPS.

30 13-1008.

31 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, A LOCAL
32 HEALTH OFFICER MAY APPLY TO THE DEPARTMENT FOR A LOCAL PUBLIC HEALTH
33 TOBACCO GRANT.

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

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

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

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

6 (I) TO THE EXTENT PRACTICABLE, IDENTIFY ~~ALL~~ EXISTING
7 TOBACCO USE PREVENTION AND CESSATION PROGRAMS IN THE COUNTY THAT ARE
8 PUBLICLY FUNDED;

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

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

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

15 1. THE TOBACCO USE PREVENTION AND CESSATION GOALS
16 AND REQUIREMENTS ESTABLISHED ~~FOR THE COUNTY~~ BY THE DEPARTMENT IN
17 CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT; AND

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

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

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

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

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

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

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

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

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

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

14 (6) (9) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL ~~PERSONS~~
15 ~~WHO~~ ENTITIES THAT RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO
16 GRANT IN THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS
17 RECEIVED BY EACH ~~PERSON~~ ENTITY UNDER THE GRANT;

18 (7) (10) AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF
19 MONEY THAT WAS RECEIVED BY A COUNTY UNDER A LOCAL PUBLIC HEALTH
20 TOBACCO GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND
21 UNOBLIGATED AT THE END OF THAT YEAR; AND

22 (8) (11) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY
23 THE DEPARTMENT.

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

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

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

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

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

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

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

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

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

9 ~~(H)~~ 2. COORDINATE THE COUNTY'S TOBACCO USE AND
10 CESSATION PROGRAM FROM WITHIN THE DEPARTMENT.

11 13-1009.

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

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

16 (2) FACILITATING COMMUNICATION AMONG THE COMMUNITY HEALTH
17 COALITIONS.

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

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

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

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

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

32 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §
33 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

34 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH
35 13-1012 OF THIS SUBTITLE.

1 13-1010.

2 THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED UNDER
3 § 13-1008(B) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE
4 COUNTY AND MAY CONSIST OF:

5 (1) REPRESENTATIVES OF:

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

9 (II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
10 49D, § 11 OF THE CODE;

11 (III) THE LOCAL PUBLIC SCHOOL SYSTEM;

12 (IV) LOCAL HEALTH CARE PROVIDERS;

13 (V) LOCAL LAW ENFORCEMENT;

14 (VI) LOCAL BUSINESSES;

15 (VII) LOCAL RELIGIOUS ORGANIZATIONS;

16 (VIII) LOCAL MEDIA;

17 (IX) INSTITUTIONS OF HIGHER EDUCATION; ~~AND~~

18 (X) LOCAL HOSPITALS; AND

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

22 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES
23 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION
24 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT;
25 AND

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

28 13-1011.

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

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

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

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

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

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

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

17 (2) 45 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
18 PROGRAMS DESIGNED TO REDUCE TOBACCO USE IN THE COUNTY;

19 (3) 30 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT FOR
20 PROGRAMS DESIGNED TO REDUCE TOBACCO USE AMONG INDIVIDUALS IN THE
21 COUNTY UNDER THE AGE OF EIGHTEEN; AND

22 (4) 10 PERCENT OF ITS LOCAL PUBLIC HEALTH TOBACCO GRANT TO
23 ENFORCE STATE AND LOCAL LAWS REGARDING THE SALE AND USE OF TOBACCO
24 PRODUCTS.

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

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

32 13-1012.

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

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

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

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

7 13-1013.

8 (A) THERE IS A COUNTERMARKETING AND MEDIA COMPONENT IN THE
9 PROGRAM.

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

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

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

20 (2) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE
21 COUNTERMARKETING AND MEDIA COMPONENT ~~AND HOW THE DEPARTMENT~~
22 ~~INTENDS TO REACH EACH AUDIENCE.~~

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

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

29 (3) THE REQUEST FOR PROPOSALS SHALL:

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

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

36 (4) TO THE MAXIMUM EXTENT PRACTICABLE, THE DEPARTMENT SHALL
37 AWARD ONE-THIRD OF THE CONTRACTS WITH PRIVATE ENTITIES TO ENTITIES OR

1 ~~HIGHER EDUCATION INSTITUTIONS WITH DEMONSTRATED RECORDS OF~~
 2 ~~SUCCESSFUL MARKETING AND OUTREACH TO TARGETED MINORITY GROUPS.~~

3 (E) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO
 4 MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTERMARKETING AND MEDIA
 5 COMPONENT, INCLUDING:

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

9 (2) SUBJECT TO SUBSECTION (F) OF THIS SECTION, USING MONEY THAT
 10 IS ALLOCATED TO THE COUNTERMARKETING COMPONENT TO OBTAIN MONEY FROM
 11 THE FEDERAL GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER
 12 ENTITY; AND

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

15 (F) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL
 16 GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF THE
 17 DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE MONEY,
 18 RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS, OR
 19 OTHER PUBLIC RELATIONS PRODUCTS OR SERVICES THAT ARE FUNDED WITH
 20 MONEY FROM THE CIGARETTE RESTITUTION FUND IF THE RESTRICTIONS ARE
 21 INCONSISTENT WITH THE PURPOSES OF THIS SUBTITLE.

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

26 13-1014.

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

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

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

36 ~~(D) THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT~~
 37 ~~UNDER SUBSECTION (C) OF THIS SECTION WHICH~~ MAY NOT EXCEED 5 PERCENT OF
 38 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 13-1015.

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

8 SUBTITLE 11. CANCER AND TOBACCO-RELATED DISEASES PREVENTION,
 9 IDENTIFICATION, AND TREATMENT PROGRAM.

10 13-1101.

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

13 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE
 14 PROGRAM ESTABLISHED UNDER ~~§ 43-4443~~ § 13-1120 OF THIS SUBTITLE.

15 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §
 16 13-1103 OF THIS SUBTITLE.

17 ~~(D) "CANCER PREVENTION, IDENTIFICATION, AND TREATMENT MAJOR~~
 18 ~~COMMUNITY HOSPITAL COMPONENT"~~ MEANS THE COMPONENT OF THE PROGRAM
 19 ESTABLISHED UNDER ~~§ 43-4407~~ § 13-1106 OF THIS SUBTITLE.

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

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

24 ~~(G)~~ (F) "CLINICAL RESEARCH" MEANS ~~RESEARCH THAT INVOLVES FORMAL~~
 25 ~~TESTING OF HUMANS FOR THE SAFETY AND EFFECTIVENESS OF PROMISING NEW~~
 26 ~~TREATMENT PROTOCOLS~~ TREATMENTS AND PROTOCOLS INVOLVING HUMAN
 27 SUBJECTS AND OTHER APPLICABLE MODELS FOR TESTING.

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

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

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

1 ~~(K)~~ (I) "IDENTIFICATION" INCLUDES SCREENING, EARLY DETECTION,
 2 DIAGNOSIS, EDUCATION, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING
 3 AND EARLY DETECTION PROGRAMS.

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

6 (J) "JOHNS HOPKINS INSTITUTIONS" MEANS THE JOHNS HOPKINS
 7 UNIVERSITY AND THE JOHNS HOPKINS HEALTH SYSTEM.

8 (K) "LOCAL HEALTH OFFICER" MEANS:

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

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

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

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

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

22 ~~(O)~~ (O) "MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY
 23 PROGRAM" MEANS THE PROGRAM ESTABLISHED UNDER TITLE 15, SUBTITLE 6 OF
 24 THIS ARTICLE.

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

28 (Q) "MARYLAND TELEMEDICINE NETWORK" MEANS A STATEWIDE NETWORK
 29 AND INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF EDUCATION,
 30 PREVENTION, OUTREACH, SCREENING, TREATMENT, AND RESEARCH PROGRAMS
 31 RELATING TO CERTAIN PUBLIC HEALTH PURPOSES THAT CAN BE ACCESSED BY
 32 INDIVIDUALS THROUGHOUT THE STATE, INCLUDING:

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

35 (2) DEVELOPMENT OF BEST PRACTICES MODELS; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (I) ~~REGIONAL COORDINATION OF CLINICAL TRIALS;~~

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

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

4 ~~(Y)~~ ~~(BB)~~ "TOBACCO-RELATED DISEASES" MEANS CARDIOVASCULAR DISEASE,
5 CHRONIC PULMONARY DISEASES, PERIPHERAL VASCULAR DISEASE, STROKE, AND
6 INFANT MORTALITY DUE TO LOW BIRTHWEIGHTS.

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

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

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

14 ~~(BB)~~ ~~(FF)~~ "UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP" MEANS THE
15 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, THE UNIVERSITY OF
16 MARYLAND MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.

17 13-1102.

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

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

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

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

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

32 (C) THE PROGRAM CONSISTS OF:

33 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

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

- 1 (3) A TOBACCO-RELATED DISEASES COMPONENT;
- 2 (4) A PRIMARY HEALTH CARE COMPONENT;
- 3 (5) A STATEWIDE ACADEMIC HEALTH CENTER COMPONENT;
- 4 (6) A LOCAL PUBLIC HEALTH COMPONENT;
- 5 (7) A TARGETED HOSPITAL CAPACITY COMPONENT; AND
- 6 ~~(6)~~ (8) AN ADMINISTRATIVE COMPONENT.

7 (D) TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE
8 TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE ~~CANCER PREVENTION,~~
9 ~~IDENTIFICATION, AND TREATMENT MAJOR COMMUNITY HOSPITAL COMPONENT,~~
10 THE LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL CAPACITY
11 COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER COMPONENT OF
12 THE PROGRAM.

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

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

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

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

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

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

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

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

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

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

7 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED AS GRANTS TO
8 EACH RECIPIENT IN THE PRIMARY HEALTH CARE COMPONENT, THE ~~CANCER~~
9 ~~PREVENTION, IDENTIFICATION, AND TREATMENT~~ MAJOR COMMUNITY HOSPITAL
10 COMPONENT, THE TOBACCO-RELATED DISEASES COMPONENT, THE ~~CANCER AND~~
11 ~~TOBACCO-RELATED DISEASES PRIMARY HEALTH CARE PROGRAM IN THE PRIMARY~~
12 ~~HEALTH CARE~~ LOCAL PUBLIC HEALTH COMPONENT, THE TARGETED HOSPITAL
13 CAPACITY COMPONENT, AND THE STATEWIDE ACADEMIC HEALTH CENTER
14 COMPONENT:

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

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

19 13-1103.

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

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

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

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

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

30 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §
31 13-1104 OF THIS SUBTITLE.

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

35 (2) THE DEPARTMENT MAY:

1 (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
2 STUDY; OR

3 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR
4 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
5 STUDY.

6 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

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

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

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

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

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

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

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

25 (I) EFFECTIVE PROCEDURES FOR EARLY DETECTION; AND

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

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

30 ~~(7)~~ (9) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO
31 BE IMPORTANT FOR MEASURING RATES OF TARGETED CANCERS IN THE STATE OR
32 FOR EVALUATING WHETHER THE PROGRAM MEETS ITS OBJECTIVES.

33 (E) IN ORDER TO MAXIMIZE THE COST EFFECTIVENESS OF THE BASELINE
34 CANCER STUDY, THE DEPARTMENT MAY RELY ON DATA IN THE MARYLAND CANCER
35 REGISTRY OR PROVIDED BY OTHER SOURCES, TO THE EXTENT THAT THESE SOURCES

1 PROVIDE RELIABLE DATA RELATING TO THE FACTORS LISTED IN SUBSECTION (D) OF
2 THIS SECTION.

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

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

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

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

22 13-1104.

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

26 (B) THE ANNUAL CANCER STUDY SHALL:

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

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

31 (C) THE DEPARTMENT MAY:

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

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

36 (D) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION
37 INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY

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

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

8 13-1105.

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

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

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

16 13-1106.

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

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

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

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

25 (5) (I) "COMMUNITY HOSPITAL" MEANS ANY ACCREDITED HOSPITAL
26 ~~IN BALTIMORE CITY, BALTIMORE COUNTY, MONTGOMERY COUNTY, OR PRINCE~~
27 ~~GEORGE'S COUNTY~~ THE STATE.

28 (II) "COMMUNITY HOSPITAL" DOES NOT INCLUDE THE UNIVERSITY
29 OF MARYLAND MEDICAL ~~CENTER~~ SYSTEM AND THE JOHNS HOPKINS UNIVERSITY
30 HOSPITAL.

31 (6) "MAJOR COMMUNITY HOSPITAL" MEANS THE COMMUNITY HOSPITAL
32 ~~IN EACH OF BALTIMORE CITY, BALTIMORE COUNTY, MONTGOMERY COUNTY, AND~~
33 ~~PRINCE GEORGE'S COUNTY~~ THE STATE IDENTIFIED IN SUBSECTION (G) OF THIS
34 SECTION.

35 (B) THERE IS A ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT~~
36 MAJOR COMMUNITY HOSPITAL COMPONENT.

1 (C) THE PURPOSE OF THE ~~CANCER PREVENTION, IDENTIFICATION, AND~~
2 ~~TREATMENT MAJOR COMMUNITY HOSPITAL~~ COMPONENT IS TO PROVIDE FUNDING
3 FOR A COMMUNITY-BASED HOSPITAL EFFORT TO REDUCE THE MORBIDITY AND
4 MORTALITY OF CANCER IN THE STATE.

5 (D) UNDER THE ~~CANCER PREVENTION, IDENTIFICATION, AND TREATMENT~~
6 ~~MAJOR COMMUNITY HOSPITAL~~ COMPONENT, THE DEPARTMENT SHALL DISTRIBUTE
7 ~~COMMUNITY CANCER GRANTS~~ A GRANT TO THE MAJOR COMMUNITY HOSPITALS
8 HOSPITAL.

9 (E) FUNDING FOR THE ~~CANCER PREVENTION, IDENTIFICATION, AND~~
10 ~~TREATMENT MAJOR COMMUNITY HOSPITAL~~ COMPONENT SHALL BE AS ALLOCATED
11 IN THE STATE BUDGET.

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

17 (G) THE DEPARTMENT SHALL DETERMINE THE MAJOR COMMUNITY
18 ~~HOSPITALS~~ HOSPITAL TO RECEIVE A ~~COMMUNITY CANCER~~ GRANT BASED ON THE
19 SUM OF THE FOLLOWING WEIGHTED CRITERIA:

20 (1) 60 PERCENT TIMES THE REGIONAL CANCER DISCHARGE RATE IN
21 THE PREVIOUS YEAR;

22 (2) 40 PERCENT TIMES THE UNCOMPENSATED CARE RATE IN THE
23 PREVIOUS YEAR; AND

24 (3) 10 PERCENT TIMES THE AMOUNT OF CANCER RESEARCH DOLLARS
25 IN THE PREVIOUS YEAR DIVIDED BY 100,000.

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

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

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

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

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

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

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

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

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

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

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

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

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

27 13-1107.

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

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

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

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

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

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

6 (I) HEALTH SERVICES RESEARCH TO DETERMINE:

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

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

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

15 (II) TRANSLATIONAL RESEARCH; AND

16 (III) CLINICAL RESEARCH.

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

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

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

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

25 (II) TO THE EXTENT PRACTICABLE PROVIDES A COMPLETE
26 INVENTORY OF ~~ALL~~ PREVENTION, IDENTIFICATION, TREATMENT, AND RESEARCH
27 ACTIVITIES RELATING TO TOBACCO-RELATED DISEASES THAT ARE CURRENTLY
28 BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES
29 OF TOBACCO-RELATED DISEASES TO WHICH THE RESEARCH RELATES;

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

33 (IV) DEMONSTRATES THAT ANY EARLY DETECTION OR SCREENING
34 PROGRAM THAT IS OR WILL BE FUNDED UNDER THE TOBACCO-RELATED DISEASES
35 GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL

1 HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE
2 PROVIDERS FOR INDIVIDUALS WHO:

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (4) THE INSTITUTION HAS EXECUTED A MEMORANDUM OF
5 UNDERSTANDING AS REQUIRED BY SUBSECTION ~~(D)~~(2) (F)(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 (H) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
9 EFFECTIVENESS OF THE TOBACCO-RELATED DISEASES COMPONENT.

10 13-1108.

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

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

13 ~~(1) THE CANCER AND TOBACCO RELATED DISEASES PRIMARY HEALTH~~
14 ~~CARE PROGRAM; AND~~

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

18 13-1109.

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

21 ~~(2) "AFFILIATION" MEANS A RELATIONSHIP BETWEEN A FEDERALLY~~
22 ~~QUALIFIED HEALTH CENTER AND AN ACCREDITED HOSPITAL.~~

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

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

27 ~~(C) THE PURPOSE OF THE CANCER AND TOBACCO RELATED DISEASES~~
28 ~~PRIMARY HEALTH CARE PROGRAM IS TO IMPROVE THE QUALITY OF PRIMARY~~
29 ~~HEALTH CARE SERVICES FOR CANCER AND TOBACCO RELATED DISEASES TO THE~~
30 ~~UNINSURED AND UNDERINSURED IN URBAN AND RURAL AREAS OF THE STATE WHO~~
31 ~~HAVE HISTORICALLY HAD MINIMAL ACCESS TO PRIMARY HEALTH CARE.~~

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

1 ~~(E) THE DEPARTMENT SHALL DISTRIBUTE GRANTS FOR CANCER AND~~
2 ~~TOBACCO-RELATED DISEASES PRIMARY CARE SERVICES THROUGH PRIMARY~~
3 ~~HEALTH CARE GRANTS TO FEDERALLY QUALIFIED HEALTH CENTERS.~~

4 ~~(F) THE FEDERALLY QUALIFIED HEALTH CENTERS SHALL USE THE PRIMARY~~
5 ~~HEALTH CARE GRANTS TO PROVIDE CANCER AND TOBACCO-RELATED PRIMARY~~
6 ~~HEALTH CARE SERVICES TO UNINSURED OR UNDERINSURED INDIVIDUALS IN THE~~
7 ~~FOLLOWING AREAS ONLY:~~

8 ~~(1) CANCER PREVENTION, IDENTIFICATION, AND TREATMENT~~
9 ~~SERVICES; AND~~

10 ~~(2) TOBACCO-RELATED DISEASES PREVENTION, IDENTIFICATION, AND~~
11 ~~TREATMENT SERVICES.~~

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

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

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

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

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

21 ~~(2) THE DEPARTMENT SHALL CONSIDER GEOGRAPHIC BALANCE AND~~
22 ~~HISTORICALLY UNDERSERVED COMMUNITIES IN SELECTING PRIMARY HEALTH~~
23 ~~CARE GRANT RECIPIENTS.~~

24 ~~(I) BEFORE RECEIVING A PRIMARY HEALTH CARE GRANT, THE FEDERALLY~~
25 ~~QUALIFIED HEALTH CENTERS SHALL SUBMIT A COMPREHENSIVE PRIMARY HEALTH~~
26 ~~CARE PLAN THAT:~~

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

30 ~~(2) PROVIDES A COMPLETE INVENTORY OF ALL PRIMARY HEALTH CARE~~
31 ~~SERVICES RELATING TO CANCER AND TOBACCO-RELATED DISEASES PREVENTION,~~
32 ~~IDENTIFICATION, AND TREATMENT THAT ARE CURRENTLY PROVIDED, INCLUDING A~~
33 ~~BREAKDOWN OF THE TYPES OF CANCER OR TOBACCO-RELATED DISEASES TO WHICH~~
34 ~~THE SERVICES RELATE;~~

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

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

3 (5) ~~PROVIDES A DETAILED LIST OF ALL AFFILIATIONS WITH~~
4 ~~ACCREDITED HOSPITALS;~~

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

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

12 (8) ~~INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY THE~~
13 ~~DEPARTMENT.~~

14 (J) ~~THE DEPARTMENT MAY NOT DISTRIBUTE A PRIMARY HEALTH CARE~~
15 ~~GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT;~~

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

18 (2) ~~THE FEDERALLY QUALIFIED HEALTH CENTER THAT RECEIVES THE~~
19 ~~GRANT WILL NOT USE ANY PART OF THE GRANT TO SUPPLANT EXISTING CANCER OR~~
20 ~~TOBACCO-RELATED DISEASES ACTIVITIES OR ANY OTHER TYPE OF CURRENT~~
21 ~~EXPENDITURE BY THE FEDERALLY QUALIFIED HEALTH CENTER;~~

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

26 (4) ~~THE FEDERALLY QUALIFIED HEALTH CENTER SATISFIES ANY~~
27 ~~OTHER REQUIREMENT ESTABLISHED BY THE DEPARTMENT AS A CONDITION OF~~
28 ~~RECEIVING THE GRANT.~~

29 (K) ~~THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND~~
30 ~~EFFECTIVENESS OF THE CANCER AND TOBACCO-RELATED DISEASES PROGRAM OF~~
31 ~~THE PRIMARY HEALTH CARE COMPONENT.~~

32 13-1109.

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

34 (B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO
35 MAXIMIZE THE EFFECTIVENESS OF ANTI-CANCER INITIATIVES IN THE STATE BY
36 EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT CANCER

1 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS FOR TARGETED
2 CANCERS IN COORDINATION WITH THE DEPARTMENT.

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

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

9 13-1110.

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

12 (1) IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, ESTABLISH
13 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS FOR EACH
14 COUNTY;

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

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

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

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

30 (1) THE PRODUCT OF:

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

33 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO HAVE ONE
34 OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE
35 STATE WHO HAVE ONE OF THE TARGETED CANCERS; AND

36 (2) THE PRODUCT OF:

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

3 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED
4 FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY THE
5 NUMBER OF INDIVIDUALS IN THE STATE WHO DIED FROM ONE OF THE TARGETED
6 CANCERS DURING THE PRIOR YEAR.

7 13-1111.

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

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

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

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

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

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

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

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

28 (C) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION,
29 AND TREATMENT SHALL:

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

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

34 (3) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT
35 PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,

1 IDENTIFICATION, AND TREATMENT GOALS ESTABLISHED BY THE DEPARTMENT IN
2 CONSULTATION WITH THE LOCAL HEALTH DEPARTMENT;

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

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

10 (6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING
11 PROGRAM THAT IS OR WILL BE FUNDED UNDER A LOCAL PUBLIC HEALTH CANCER
12 GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING LOCAL
13 HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE
14 PROVIDERS FOR INDIVIDUALS WHO:

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

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

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

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

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

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

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

1 (D) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC
2 HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A
3 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION,
4 IDENTIFICATION, AND TREATMENT.

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

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

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

13 (II) THE COUNTY HEALTH DEPARTMENT HAS BEEN
14 UNSUCCESSFUL IN IMPLEMENTING CANCER PREVENTION, IDENTIFICATION, AND
15 TREATMENT INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED
16 BY THE DEPARTMENT; OR

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

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

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

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

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

27 13-1112.

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

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

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

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

4 (C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS
5 DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF
6 THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN
7 DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §
8 13-1110 OF THIS SUBTITLE.

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

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

16 (2) ESTABLISH A COMMUNITY HEALTH COALITION AS PROVIDED UNDER
17 § 13-1113 OF THIS SUBTITLE;

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

20 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1109 THROUGH
21 13-1115 OF THIS SUBTITLE.

22 13-1113.

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

26 (1) REPRESENTATIVES OF:

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

30 (II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
31 49D, § 11 OF THE CODE;

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

34 (IV) LOCAL RELIGIOUS ORGANIZATIONS;

35 (V) INSTITUTIONS OF HIGHER EDUCATION; AND

1 (VI) OTHER HOSPITALS OR ORGANIZATIONS IN THE STATE THAT
2 MAY PARTICIPATE IN CANCER PREVENTION, IDENTIFICATION, AND TREATMENT
3 ACTIVITIES IN THE COUNTY;

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

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

10 13-1114.

11 (A) (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, IDENTIFICATION, AND
14 TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY
15 THAT WERE IDENTIFIED UNDER § 13-1111(B) 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 (B) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (A)(2) OF THIS
19 SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,
20 IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED
21 CANCERS.

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

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

31 13-1115.

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

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

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

5 ~~43-1440. 13-1116.~~

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

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

12 (C) THE DEPARTMENT MAY DISTRIBUTE A TARGETED HOSPITAL CAPACITY
13 GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE JOHNS
14 HOPKINS INSTITUTIONS TO FUND INITIATIVES TO ENHANCE THE CAPACITY FOR
15 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT IN AT LEAST ONE
16 HOSPITAL IN EACH OF PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND AT ANY
17 OTHER HOSPITAL THAT SERVES RESIDENTS OF THE COUNTIES IN ORDER TO REDUCE
18 CANCER MORBIDITY AND MORTALITY AND MAXIMIZE THE EFFECTIVENESS OF
19 STATEWIDE ANTICANCER INITIATIVES.

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

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

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

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

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

38 (3) SPECIFICATIONS OF THE TYPES AND NATURE OF THE ACTIVITIES,
39 EQUIPMENT, OR SERVICES TO BE FUNDED TO ENHANCE PREVENTION, EDUCATION,

1 OUTREACH, SCREENING, DIAGNOSIS, OR TREATMENT OF THE TARGETED CANCERS;
2 AND

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

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

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

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

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

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

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

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

25 (I) IN ORDER TO EXPEDITE IMPLEMENTATION ON A STATEWIDE BASIS OF
26 THE MARYLAND TELEMEDICINE NETWORK, AS ESTABLISHED IN ACCORDANCE WITH
27 § 13-1118(A) OF THIS SUBTITLE, THE UNIVERSITY OF MARYLAND MEDICAL GROUP
28 AND THE OFFICE OF THE GOVERNOR SHALL DETERMINE FUNDING SOURCES, SUCH
29 AS THE NET.WORK.MARYLAND PROGRAM, TO SUPPORT EXPANSION OF THE
30 MARYLAND TELEMEDICINE NETWORK, INCLUDING TELEMEDICINE LINKAGES, TO
31 PRINCE GEORGE'S AND MONTGOMERY COUNTIES AND OTHER AREAS OF THE STATE
32 THAT ARE NOT INCLUDED IN THE INITIAL PHASE OF THE MARYLAND TELEMEDICINE
33 NETWORK.

34 13-1117.

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

1 (B) THE PURPOSE OF THE STATEWIDE ACADEMIC HEALTH CENTER
2 COMPONENT IS TO MAXIMIZE THE EFFECTIVENESS OF STATEWIDE ANTICANCER
3 INITIATIVES IN THE STATE.

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

8 (D) THE UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP AND THE
9 JOHNS HOPKINS ~~GROUP~~ INSTITUTIONS MAY EACH APPLY FOR A STATEWIDE
10 ACADEMIC HEALTH CENTER GRANT FOR THE PURPOSES ESTABLISHED IN §§ ~~13-1111~~
11 13-1118 AND ~~13-1112~~ 13-1119 OF THIS SUBTITLE.

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

16 (F) THE DEPARTMENT SHALL ANNUALLY EVALUATE THE EFFICIENCY AND
17 EFFECTIVENESS OF INITIATIVES FUNDED BY A STATEWIDE ACADEMIC HEALTH
18 CENTER GRANT.

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

22 ~~13-1111~~ 13-1118.

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

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

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

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

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

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

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

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

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

7 (1) SUBMIT A CANCER PLAN THAT:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~13-1112.~~ 13-1119.

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

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

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

11 (3) CANCER SURVEILLANCE AND EPIDEMIOLOGY, INCLUDING:

12 (I) DEVELOPMENT OF A COMPREHENSIVE LIST OF
13 CANCER-CAUSING AGENTS;

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

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

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

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

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

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

29 (1) SUBMIT A PLAN THAT:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 ~~(H)~~ (III) A PROTOCOL PLAN FOR INCREASING THE PARTICIPATION
5 OF MEMBERS OF UNDERSERVED URBAN AND RURAL COMMUNITIES IN CLINICAL
6 TRIALS.

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

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

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

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

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

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

20 ~~43-1113: 13-1120.~~

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

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

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

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

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

1 ~~13-1114.~~ 13-1121.

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 IN SUBSECTION (D) OF THIS SECTION THE~~
26 FOLLOWING WORDS HAVE THE MEANINGS 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~~ LOCAL PUBLIC HEALTH CANCER
16 GRANT; AND

17 (IV) EACH ~~COMMUNITY CANCER~~ TARGETED HOSPITAL CAPACITY
18 GRANT; AND

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

21 7-317.

22 (a) There is a Cigarette Restitution Fund.

23 (b) (1) The Fund is a continuing, nonlapsing fund that is not subject to §
24 7-302 of this subtitle.

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

31 (c) The Treasurer shall:

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

34 (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~~ PORTION OF A COUNTY THAT HAS NO MEDICARE PLUS CHOICE
23 MANAGED CARE PROGRAM FOR EITHER CURRENT ELIGIBLE MEDICARE
24 BENEFICIARIES OR NEW MEDICARE BENEFICIARIES SHALL BE PAID A \$30 SUBSIDY
25 BY THE DEPARTMENT PER 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~~ PORTION OF A COUNTY 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~~ 4 years and, at the end of June 30, ~~2003~~ 2004, with
3 no 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.