

SENATE BILL 896

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2000 Regular Session  
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By: **Senators Van Hollen, Hoffman, Bromwell, Miller, Lawlah, Neall,  
Kasemeyer, Madden, Middleton, Currie, Hogan, McFadden, Munson,  
Ruben, Stoltzfus, and Stone**

Introduced and read first time: March 3, 2000

Assigned to: Rules

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A BILL ENTITLED

1 AN ACT concerning

2 **Cigarette Restitution Fund - Tobacco Use Prevention and Cessation**  
3 **Program - Cancer Prevention, Identification, and Treatment Program**

4 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program  
5 and a Cancer Prevention, Identification, and Treatment Program in the  
6 Department of Health and Mental Hygiene; providing that the programs shall  
7 be funded as provided in the State budget with money from the Cigarette  
8 Restitution Fund; establishing a Surveillance and Evaluation Component, a  
9 Statewide Public Health Component, a Countermarketing and Media  
10 Component, a Local Public Health Component, and an Administrative  
11 Component in the Tobacco Use Prevention and Cessation Program; establishing  
12 a Surveillance and Evaluation Component, a Statewide Public Health  
13 Component, a Local Public Health Component, a Medical Institution  
14 Component, and an Administrative Component in the Cancer Prevention,  
15 Identification, and Treatment Program; requiring the annual budget bill to  
16 specify the amount of funding that is allocated to each of these components;  
17 requiring certain baseline studies to be conducted; providing that certain  
18 components of this Act may not be implemented until after the baseline studies  
19 have been completed; clarifying that the Cigarette Restitution Fund may be  
20 used to fund the programs established under this Act; requiring the annual  
21 budget bill to include a certain provision relating to the Cigarette Restitution  
22 Fund; requiring the Department of Budget and Management to include certain  
23 information relating to the Cigarette Restitution Fund in the budget books each  
24 year; defining certain terms; and generally relating to the Cigarette Restitution  
25 Fund and programs relating to tobacco use prevention and cessation and to  
26 cancer prevention, identification, and treatment.

27 BY adding to

28 Article - Health - General

29 Section 13-1001 through 13-1014 to be under the new subtitle "Subtitle 10.

30 Tobacco Use Prevention and Cessation Program"; and 13-1101 through

31 13-1118 to be under the new subtitle "Subtitle 11. Cancer Prevention,

32 Identification, and Treatment Program"

1 Annotated Code of Maryland  
2 (1994 Replacement Volume and 1999 Supplement)

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

8 BY adding to  
9 Article - State Finance and Procurement  
10 Section 7-114  
11 Annotated Code of Maryland  
12 (1995 Replacement Volume and 1999 Supplement)

13 BY repealing and reenacting, with amendments,  
14 Article - State Finance and Procurement  
15 Section 7-121 and 7-317  
16 Annotated Code of Maryland  
17 (1995 Replacement Volume and 1999 Supplement)

18 Preamble

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

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

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

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

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

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

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

34 WHEREAS, No single factor determines patterns of tobacco use: the patterns  
35 result from a complex interaction of multiple factors, such as socioeconomic status,

1 cultural characteristics, stress, biological events, targeted marketing, tobacco pricing,  
2 and varying capacities of local communities to launch and sustain comprehensive  
3 tobacco control activities; and

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

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

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

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

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

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

19 WHEREAS, The General Assembly recognizes that the State's receipt of large  
20 sums of money under the Master Settlement Agreement (executed by the State and  
21 participating tobacco manufacturers) over a long period of time creates a unique  
22 opportunity for the State to address problems relating to tobacco use and cancer in a  
23 logical, planned, and committed fashion; and

24 WHEREAS, It is the intent of the General Assembly that the State coordinate  
25 its use of the Cigarette Restitution Fund in a logical, planned, and committed fashion  
26 so as to create a lasting legacy of public health initiatives that result in a reduction of  
27 both tobacco use and cancer morbidity and mortality in the State and otherwise  
28 benefit the health and welfare of the State's residents; now, therefore,

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

31 **Article - Health - General**

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

33 13-1001.

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

- 1 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE  
2 PROGRAM THAT IS ESTABLISHED UNDER § 13-1014 OF THIS SUBTITLE.
- 3 (C) "BASELINE TOBACCO STUDY" MEANS THE STUDY THAT IS CONDUCTED  
4 UNDER § 13-1003 OF THIS SUBTITLE.
- 5 (D) "COUNTY" INCLUDES BALTIMORE CITY.
- 6 (E) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS  
7 ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.
- 8 (F) "COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND  
9 CESSATION" MEANS A PLAN THAT IS DEVELOPED UNDER § 13-1008(B)(2) OF THIS  
10 SUBTITLE.
- 11 (G) "COUNTERMARKETING AND MEDIA COMPONENT" MEANS THE  
12 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1013 OF THIS  
13 SUBTITLE.
- 14 (H) "LOCAL HEALTH OFFICER" MEANS:
- 15 (1) THE HEAD OF A COUNTY HEALTH DEPARTMENT; OR
- 16 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1008(F) OF  
17 THIS SUBTITLE.
- 18 (I) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE  
19 PROGRAM THAT IS ESTABLISHED UNDER § 13-1006 OF THIS SUBTITLE.
- 20 (J) "LOCAL PUBLIC HEALTH TOBACCO GRANT" MEANS A GRANT DISTRIBUTED  
21 BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1006 THROUGH 13-1012 OF THIS  
22 SUBTITLE.
- 23 (K) "MASTER SETTLEMENT AGREEMENT" MEANS THE MASTER SETTLEMENT  
24 AGREEMENT EXECUTED BY THE STATE AND PARTICIPATING TOBACCO  
25 MANUFACTURERS.
- 26 (L) "NATIONAL PUBLIC EDUCATION FUND" MEANS THE NATIONAL PUBLIC  
27 EDUCATION FUND THAT WAS ESTABLISHED UNDER THE MASTER SETTLEMENT  
28 AGREEMENT.
- 29 (M) "PROGRAM" MEANS THE TOBACCO USE PREVENTION AND CESSATION  
30 PROGRAM ESTABLISHED UNDER § 13-1002 OF THIS SUBTITLE.
- 31 (N) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF  
32 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1005 OF THIS SUBTITLE.
- 33 (O) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE  
34 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1003 OF THIS  
35 SUBTITLE.

1 13-1002.

2 (A) THERE IS A TOBACCO USE PREVENTION AND CESSATION PROGRAM IN THE  
3 DEPARTMENT.

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

9 (C) THE PROGRAM CONSISTS OF:

10 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

11 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;

12 (3) A COUNTERMARKETING AND MEDIA COMPONENT;

13 (4) A LOCAL PUBLIC HEALTH COMPONENT; AND

14 (5) AN ADMINISTRATIVE COMPONENT.

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

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

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

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

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

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

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

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

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

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

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

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

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

11 13-1003.

12 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE  
13 PROGRAM.

14 (B) THE PURPOSES OF THE SURVEILLANCE AND EVALUATION COMPONENT  
15 ARE TO:

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

18 (2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM,  
19 INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;

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

22 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §  
23 13-1104 OF THIS TITLE.

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

27 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

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

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

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

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

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

7 (VI) THE NUMBER AND PERCENTAGE OF HOUSEHOLDS WITH  
8 INDIVIDUALS UNDER 18 IN WHICH AT LEAST ONE OF THE HOUSEHOLD MEMBERS  
9 OVER AGE 18 SMOKES TOBACCO PRODUCTS, BOTH STATEWIDE AND IN EACH  
10 COUNTY;

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

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

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

23 (2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
24 SELECT THE ENTITY THAT WILL CONDUCT THE BASELINE TOBACCO STUDY.

25 (3) THE REQUEST FOR PROPOSAL SHALL SPECIFY THAT ANY  
26 METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE  
27 BASELINE TOBACCO STUDY AND ANY DATA COLLECTED UNDER THE STUDY SHALL  
28 BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF  
29 WHETHER THE SUBSEQUENT STUDIES ARE CONDUCTED BY THE SAME ENTITY.

30 (4) THE DEPARTMENT MAY ISSUE A REQUEST FOR PROPOSAL THAT  
31 ALLOWS THE DEPARTMENT TO CONTRACT WITH AN ENTITY TO CONDUCT THE  
32 BASELINE TOBACCO STUDY AND ONE OR MORE ANNUAL TOBACCO STUDIES AS  
33 REQUIRED UNDER § 13-1004 OF THIS SUBTITLE.

34 (E) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,  
35 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL  
36 ASSEMBLY ON THE RESULTS OF THE BASELINE TOBACCO STUDY.

1 13-1004.

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

5 (B) THE ANNUAL TOBACCO STUDY SHALL:

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

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

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

13 (2) THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO  
14 SELECT THE ENTITY THAT WILL CONDUCT THE ANNUAL TOBACCO STUDY.

15 (D) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE  
16 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE  
17 GENERAL ASSEMBLY ON THE RESULTS OF THE ANNUAL TOBACCO STUDY.

18 13-1005.

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

20 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO  
21 MAXIMIZE THE EFFECTIVENESS OF THE ANTITOBACCO INITIATIVES IN THE STATE  
22 BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO INSURE THAT THE PROGRAM  
23 IS IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER THROUGHOUT THE  
24 STATE.

25 (C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS  
26 NECESSARY TO INSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO  
27 IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS, THE  
28 DEPARTMENT MAY:

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

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

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



1 (D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A  
2 GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF  
3 THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE  
4 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE  
5 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR  
6 PROPOSAL, GRANT, OR CONTRACT RELATES.

7 (E) THE DEPARTMENT MAY NOT SPEND ANY OF THE MONEY THAT IS  
8 ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE  
9 BUDGET UNTIL AFTER THE BASELINE CANCER STUDY IS COMPLETED.

10 13-1006.

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

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

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

20 (1) COMMUNITY-BASED PROGRAMS;

21 (2) SCHOOL-BASED PROGRAMS; AND

22 (3) PROGRAMS RELATING TO ENFORCEMENT OF TOBACCO CONTROL  
23 LAWS.

24 (D) THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO  
25 THE LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE  
26 BASELINE TOBACCO STUDY HAS BEEN COMPLETED.

27 13-1007.

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

30 (1) ESTABLISH TOBACCO USE PREVENTION AND CESSATION GOALS FOR  
31 EACH COUNTY;

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

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

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

7 (1) THE PRODUCT OF:

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

10 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY UNDER THE  
11 AGE OF EIGHTEEN WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS DIVIDED  
12 BY THE NUMBER OF INDIVIDUALS IN THE STATE UNDER THE AGE OF EIGHTEEN WHO  
13 SMOKE OR OTHERWISE USE TOBACCO PRODUCTS; AND

14 (2) THE PRODUCT OF:

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

17 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR  
18 OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN  
19 THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS.

20 13-1008.

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

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

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

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

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

32 (I) IDENTIFY ALL EXISTING TOBACCO USE PREVENTION AND  
33 CESSATION PROGRAMS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

34 (II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED  
35 PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

1 (III) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE  
2 PREVENTION AND CESSATION THAT OUTLINES A STRATEGY FOR MEETING THE  
3 TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS  
4 ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT.

5 (C) A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND  
6 CESSATION SHALL:

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

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

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

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

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

21 (6) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO  
22 RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT IN THE PRIOR  
23 YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON  
24 UNDER THE GRANT;

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

29 (8) CONTAIN ANY OTHER INFORMATION REQUIRED BY THE  
30 DEPARTMENT.

31 (D) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC  
32 HEALTH TOBACCO GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A  
33 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION  
34 AND CESSATION.

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

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

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

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

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

12 (2) THE DEPARTMENT SHALL ESTABLISH PROCEDURES FOR MAKING A  
13 DESIGNATION UNDER THIS SUBSECTION.

14 13-1009.

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

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

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

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

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

29 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT OF §  
30 13-1011 OF THIS SUBTITLE HAS BEEN MET; AND

31 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1006 THROUGH  
32 13-1012 OF THIS SUBTITLE.

33 13-1010.

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

1 (1) REPRESENTATIVES OF:

2 (I) COMMUNITY-BASED GROUPS THAT, TAKEN TOGETHER, ARE  
3 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE  
4 COUNTY;

5 (II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE  
6 49D, §11 OF THE CODE;

7 (III) THE LOCAL PUBLIC SCHOOL SYSTEM;

8 (IV) LOCAL HEALTH CARE PROVIDERS;

9 (V) LOCAL LAW ENFORCEMENT;

10 (VI) LOCAL BUSINESSES;

11 (VII) LOCAL RELIGIOUS ORGANIZATIONS;

12 (VIII) LOCAL MEDIA; AND

13 (IX) INSTITUTIONS OF HIGHER EDUCATION; AND

14 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES  
15 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION  
16 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT.  
17 13-1011.

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

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

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

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

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

1 13-1012.

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

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

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

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

13 13-1013.

14 (A) THERE IS A COUNTERMARKETING AND MEDIA COMPONENT IN THE  
15 PROGRAM.

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

20 (C) THE DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO  
21 THE COUNTERMARKETING AND MEDIA COMPONENT IN THE STATE BUDGET UNTIL  
22 AFTER THE BASELINE TOBACCO STUDY IS COMPLETED.

23 (D) BEFORE SPENDING ANY FUNDS ALLOCATED IN THE STATE BUDGET TO  
24 THE COUNTERMARKETING AND MEDIA COMPONENT, THE DEPARTMENT SHALL  
25 SUBMIT A REPORT TO THE GENERAL ASSEMBLY, SUBJECT TO § 2-1246 OF THE STATE  
26 GOVERNMENT ARTICLE, THAT:

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

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

33 (E) (1) THE DEPARTMENT MAY CONTRACT WITH A HIGHER EDUCATION  
34 INSTITUTION OR PRIVATE ENTITY TO IMPLEMENT ANY PART OF THE  
35 COUNTERMARKETING AND MEDIA COMPONENT.

36 (2) IF THE DEPARTMENT DETERMINES THAT ANY PART OF THE  
37 COUNTERMARKETING AND MEDIA COMPONENT SHOULD BE IMPLEMENTED BY A

1 HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY, THE DEPARTMENT SHALL  
2 ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT WILL IMPLEMENT  
3 THAT PART OF THE COMPONENT.

4 (3) THE REQUEST FOR PROPOSAL SHALL STATE WITH SPECIFICITY THE  
5 OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE  
6 SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR PROPOSAL RELATES.

7 (F) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO  
8 MAXIMIZE THE COST EFFECTIVENESS OF THE COUNTERMARKETING AND MEDIA  
9 COMPONENT, INCLUDING:

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

13 (2) SUBJECT TO SUBSECTION (G) OF THIS SECTION, USING MONEY THAT  
14 IS ALLOCATED TO THE COUNTERMARKETING COMPONENT TO OBTAIN MONEY FROM  
15 THE FEDERAL GOVERNMENT, THE PUBLIC EDUCATION FUND, OR ANY OTHER  
16 ENTITY.

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

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

27 13-1014.

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

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

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

37 (D) THE AMOUNT THAT IS ALLOCATED TO THE ADMINISTRATIVE COMPONENT  
38 UNDER SUBSECTION (C) OF THIS SECTION MAY NOT EXCEED FIVE PERCENT OF THE  
39 AMOUNT THAT IS ALLOCATED TO THE PROGRAM IN THE STATE BUDGET.

## 1 SUBTITLE 11. CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAM.

2 13-1101.

3 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
4 INDICATED.5 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE  
6 PROGRAM ESTABLISHED UNDER § 13-1113 OF THIS SUBTITLE.7 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §  
8 13-1103 OF THIS SUBTITLE.9 (D) "CANCER RESEARCH PLAN" MEANS A PLAN DEVELOPED UNDER § 13-1116  
10 OF THIS SUBTITLE.11 (E) "CIGARETTE RESTITUTION FUND" MEANS THE FUND THAT IS  
12 ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

13 (F) "COUNTY" INCLUDES BALTIMORE CITY.

14 (G) "COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION,  
15 AND TREATMENT" MEANS A PLAN DEVELOPED UNDER § 13-1109(C)(2) OF THIS  
16 SUBTITLE.17 (H) "IDENTIFICATION" INCLUDES SCREENING, EARLY DETECTION,  
18 DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING AND EARLY  
19 DETECTION PROGRAMS.20 (I) "JOHNS HOPKINS GROUP" MEANS THE JOHNS HOPKINS UNIVERSITY, THE  
21 JOHNS HOPKINS HOSPITAL, AND JOHNS HOPKINS MEDICINE.

22 (J) "LOCAL HEALTH OFFICER" MEANS:

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

24 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1109(G) OF  
25 THIS SUBTITLE.26 (K) "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT DISTRIBUTED  
27 BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS  
28 SUBTITLE.29 (L) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF THE  
30 PROGRAM THAT IS ESTABLISHED UNDER § 13-1107 OF THIS SUBTITLE.31 (M) "MARYLAND CANCER REGISTRY" MEANS THE COMPUTERIZED DATA  
32 SYSTEM, OPERATED BY THE COMMUNITY PUBLIC HEALTH ADMINISTRATION IN THE  
33 DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND STATE COUNCIL ON  
34 CANCER CONTROL, THAT REGISTERS CASES OF CANCER THAT ARE DIAGNOSED AND  
35 TREATED IN THE STATE.



1 (N) "MEDICAL INSTITUTION COMPONENT" MEANS THE COMPONENT  
2 ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE.

3 (O) "MEDICAL INSTITUTION PUBLIC HEALTH GRANT" MEANS A GRANT THAT IS  
4 DISTRIBUTED BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND MEDICAL  
5 SYSTEM GROUP OR THE JOHNS HOPKINS UNIVERSITY GROUP UNDER § 13-1115 OF  
6 THIS SUBTITLE.

7 (P) "MARYLAND SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT  
8 CORPORATION" MEANS THE ENTITY THAT IS ESTABLISHED UNDER ARTICLE 83A, §  
9 5-2A-02 OF THE CODE.

10 (Q) "PROGRAM" MEANS THE CANCER PREVENTION, IDENTIFICATION, AND  
11 TREATMENT PROGRAM THAT IS ESTABLISHED UNDER § 13-1102 OF THIS SUBTITLE.

12 (R) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF  
13 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 OF THIS SUBTITLE.

14 (S) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE  
15 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1103 OF THIS  
16 SUBTITLE.

17 (T) "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY THE  
18 DEPARTMENT UNDER SUBSECTION (D) OF THIS SECTION.

19 (U) "UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP" MEANS THE  
20 UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE UNIVERSITY OF MARYLAND  
21 MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.

22 13-1102.

23 (A) THERE IS A CANCER PREVENTION, IDENTIFICATION, AND TREATMENT  
24 PROGRAM IN THE DEPARTMENT.

25 (B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF  
26 THE CIGARETTE RESTITUTION FUND TO ADDRESS ISSUES RELATING TO CANCER  
27 PREVENTION, IDENTIFICATION, AND TREATMENT SO AS TO CREATE A LASTING  
28 LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE CANCER MORTALITY AND  
29 MORBIDITY IN THE STATE AND OTHERWISE BENEFIT THE HEALTH AND WELFARE OF  
30 THE STATE'S RESIDENTS.

31 (C) THE PROGRAM CONSISTS OF:

32 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

33 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;

34 (3) A LOCAL PUBLIC HEALTH COMPONENT;

35 (4) A MEDICAL INSTITUTION COMPONENT; AND

1 (5) AN ADMINISTRATIVE COMPONENT.

2 (D) TO INITIATE THE PROGRAM, THE DEPARTMENT SHALL IDENTIFY THE  
3 TYPES OF CANCERS THAT WILL BE TARGETED UNDER THE PROGRAM.

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

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

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

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

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

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

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

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

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

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

27 (2) THE AMOUNT OF MONEY THAT WAS DISTRIBUTED TO A COUNTY AS A  
28 LOCAL PUBLIC HEALTH CANCER GRANT DURING:

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

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

33 13-1103.

34 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE  
35 PROGRAM.

1 (B) THE PURPOSE OF THE SURVEILLANCE AND EVALUATION COMPONENT IS  
2 TO:

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

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

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

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

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

14 (2) THE DEPARTMENT MAY:

15 (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE  
16 STUDY; OR

17 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR  
18 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE  
19 STUDY.

20 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

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

23 (2) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WITHIN EACH  
24 MINORITY POPULATION WHO HAVE EACH TARGETED CANCER, BOTH STATEWIDE  
25 AND IN EACH COUNTY;

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

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

30 (5) ANY OTHER FACTOR THAT THE DEPARTMENT DETERMINES TO BE  
31 IMPORTANT FOR MEASURING RATES OF TARGETED CANCERS IN THE STATE OR FOR  
32 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 PROPOSAL TO  
6 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF  
7 THE STUDY.

8 (2) THE REQUEST FOR PROPOSAL 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 PROPOSAL 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.

21 13-1104.

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

25 (B) THE ANNUAL CANCER STUDY SHALL:

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

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

30 (C) THE DEPARTMENT MAY:

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

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

35 (D) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION  
36 INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY  
37 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO

1 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF  
2 THE STUDY.

3 (E) THE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE  
4 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE  
5 GENERAL ASSEMBLY, ON THE RESULTS OF THE ANNUAL CANCER STUDY.

6 13-1105.

7 BEFORE THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH CANCER  
8 GRANT TO ANY COUNTY UNDER §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE, THE  
9 DEPARTMENT SHALL DEVELOP AN INVENTORY OF PUBLICLY FUNDED SCREENING  
10 PROGRAMS THAT INCLUDES INFORMATION RELATING TO:

11 (1) THE NUMBER AND TYPES OF SCREENING PROGRAMS FOR EACH  
12 TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY, AND THE NUMBER OF  
13 PERSONS SCREENED EACH YEAR IN THESE PROGRAMS; AND

14 (2) THE EXISTENCE OF MECHANISMS TO INSURE THAT INDIVIDUALS  
15 WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND ARE NOT COVERED BY  
16 MEDICAID OR MEDICARE RECEIVE APPROPRIATE TREATMENT FOR ANY CANCER  
17 THAT IS DETECTED IN THE SCREENING PROGRAM.

18 13-1106.

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

20 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO  
21 MAXIMIZE THE EFFECTIVENESS OF THE ANTICANCER INITIATIVES IN THE STATE BY  
22 AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO INSURE THAT THE PROGRAM IS  
23 IMPLEMENTED IN A COORDINATED AND INTEGRATED MANNER THROUGHOUT THE  
24 STATE.

25 (C) SUBJECT TO SUBSECTION (D) OF THIS SECTION AND AS NECESSARY TO  
26 INSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO IMPLEMENT  
27 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS FOR  
28 TARGETED CANCERS, THE DEPARTMENT MAY:

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

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

33 (3) DISTRIBUTE GRANTS TO OTHER PERSONS WHO DEVELOP AND  
34 IMPLEMENT PROGRAMS THAT ARE NOT ESTABLISHED OR FUNDED UNDER OTHER  
35 PROVISIONS OF THIS SUBTITLE.

36 (D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A  
37 GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF

1 THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE  
2 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE  
3 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR  
4 PROPOSAL, GRANT, OR CONTRACT RELATES.

5 (E) THE DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO  
6 THE STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL THE  
7 BASELINE CANCER STUDY HAS BEEN COMPLETED.

8 13-1107.

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 ANTICANCER INITIATIVES IN THE STATE BY  
12 EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT CANCER  
13 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS IN COORDINATION  
14 WITH THE DEPARTMENT.

15 (C) SUBJECT TO §§ 13-1108 THROUGH 13-1113 OF THIS SUBTITLE, THE  
16 DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR CANCER PREVENTION,  
17 IDENTIFICATION, AND TREATMENT PROGRAMS.

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

21 13-1108.

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

24 (1) ESTABLISH CANCER PREVENTION, IDENTIFICATION, AND  
25 TREATMENT GOALS FOR EACH COUNTY;

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

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

32 (B) SUBJECT TO §§ 13-1109 THROUGH 13-1113 OF THIS SUBTITLE, THE  
33 DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC HEALTH CANCER GRANT TO  
34 EACH COUNTY THAT IS EQUAL TO THE SUM OF:

35 (1) 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 HAVE ONE  
4 OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE  
5 STATE RESIDING OUTSIDE OF BALTIMORE CITY WHO HAVE ONE OF THE TARGETED  
6 CANCERS; AND

7 (2) THE PRODUCT OF:

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

10 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED  
11 FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY THE  
12 NUMBER OF INDIVIDUALS IN THE STATE RESIDING OUTSIDE OF BALTIMORE CITY  
13 WHO DIED FROM ONE OF THE TARGETED CANCERS DURING THE PRIOR YEAR.

14 13-1109.

15 (A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION  
16 DOES NOT APPLY TO BALTIMORE CITY.

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

20 (2) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT SHALL  
21 BE DETERMINED BY THE DEPARTMENT USING THE FORMULA THAT IS ESTABLISHED  
22 UNDER § 13-1108 OF THIS SUBTITLE.

23 (C) BEFORE APPLYING FOR A LOCAL PUBLIC HEALTH CANCER GRANT, A  
24 LOCAL HEALTH OFFICER SHALL:

25 (1) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED  
26 UNDER § 13-1111 OF THIS SUBTITLE; AND

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

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

31 (II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED  
32 PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

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

1 (D) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, IDENTIFICATION,  
2 AND TREATMENT SHALL:

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

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

7 (3) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT  
8 PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,  
9 IDENTIFICATION, AND TREATMENT GOALS ESTABLISHED FOR THE COUNTY BY THE  
10 DEPARTMENT;

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

16 (5) DEMONSTRATE THAT THE COUNTY HAS MET THE BASE-YEAR  
17 FUNDING REQUIREMENT ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE;

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

23 (I) ARE DIAGNOSED WITH A TARGETED CANCER; AND

24 (II) DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT  
25 ELIGIBLE FOR MEDICAID OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR  
26 TREATMENT;

27 (7) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO  
28 RECEIVED MONEY UNDER A LOCAL PUBLIC HEALTH CANCER GRANT IN THE PRIOR  
29 YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH PERSON  
30 UNDER THE GRANT;

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

35 (9) CONTAIN ANY OTHER INFORMATION REQUIRED BY THE  
36 DEPARTMENT.

37 (E) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC  
38 HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A



1 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
2 IDENTIFICATION, AND TREATMENT.

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

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

9 (I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO  
10 COORDINATE THESE EFFORTS;

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

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

17 (2) THE DEPARTMENT SHALL ADOPT PROCEDURES FOR MAKING A  
18 DESIGNATION UNDER THIS SUBSECTION.

19 13-1110.

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

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

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

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

30 (C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS  
31 DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF  
32 THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN  
33 DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §  
34 13-1108 OF THIS SUBTITLE.

35 (D) IF THE LOCAL HEALTH OFFICERS OF TWO OR MORE COUNTIES CHOOSE TO  
36 JOIN TOGETHER AS A REGION TO APPLY FOR A LOCAL PUBLIC HEALTH CANCER

1 GRANT OR ARE REQUIRED TO DO SO BY THE DEPARTMENT, THE LOCAL HEALTH  
2 OFFICERS SHALL ACT JOINTLY TO:

3 (1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
4 IDENTIFICATION, AND TREATMENT AS REQUIRED UNDER § 13-1109(C) OF THIS  
5 SUBTITLE;

6 (2) ESTABLISH A COMMUNITY HEALTH COALITION AS PROVIDED UNDER  
7 § 13-1111 OF THIS SUBTITLE;

8 (3) DEMONSTRATE THAT THE BASE-YEAR FUNDING REQUIREMENT  
9 ESTABLISHED UNDER § 13-1112 OF THIS SUBTITLE HAS BEEN MET; AND

10 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ 13-1108 THROUGH  
11 13-1113 OF THIS SUBTITLE.

12 13-1111.

13 (A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED  
14 UNDER § 13-1109(C) OF THIS SUBTITLE SHALL REFLECT THE DEMOGRAPHICS OF THE  
15 COUNTY AND MAY CONSIST OF:

16 (1) REPRESENTATIVES OF:

17 (I) COMMUNITY-BASED GROUPS THAT, TAKEN TOGETHER, ARE  
18 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE  
19 COUNTY;

20 (II) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE  
21 49D, § 11 OF THE CODE;

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

24 (IV) LOCAL RELIGIOUS ORGANIZATIONS; AND

25 (V) INSTITUTIONS OF HIGHER EDUCATION; AND

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

30 13-1112.

31 (A) EXCEPT AS PROVIDED IN § 13-1115(G) OF THIS SUBTITLE, THIS SECTION  
32 DOES NOT APPLY IN BALTIMORE CITY.

33 (B) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH CANCER GRANT, A  
34 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF  
35 ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, IDENTIFICATION, AND

1 TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS IN THE COUNTY  
2 THAT WERE IDENTIFIED UNDER § 13-1109(C) OF THIS SUBTITLE.

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

5 (C) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (B)(2) OF THIS  
6 SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,  
7 IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED  
8 CANCERS.

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

13 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH  
14 CANCER GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE  
15 COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR  
16 FUNDING FOR CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS  
17 THAT RELATE TO TARGETED CANCERS.

18 13-1113.

19 (A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER  
20 PREVENTION, IDENTIFICATION, AND TREATMENT SUBMITTED UNDER § 13-1109(E) OF  
21 THIS SUBTITLE AND DETERMINE WHETHER:

22 (1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS  
23 ESTABLISHED BY THE DEPARTMENT UNDER § 13-1108 OF THIS SUBTITLE; AND

24 (2) ALL OTHER REQUIREMENTS OF §§ 13-1107 THROUGH 13-1112 OF THIS  
25 SUBTITLE HAVE BEEN MET.

26 (B) THE DEPARTMENT MAY NOT DISTRIBUTE A COUNTY'S SHARE OF MONEY  
27 FOR A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1108 OF  
28 THIS SUBTITLE, IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF  
29 SUBSECTION (A) OF THIS SECTION HAVE NOT BEEN MET.

30 13-1114.

31 (A) THERE IS A MEDICAL INSTITUTION COMPONENT IN THE PROGRAM.

32 (B) THE PURPOSE OF THE MEDICAL INSTITUTION COMPONENT IS TO  
33 MAXIMIZE THE EFFECTIVENESS OF ANTICANCER INITIATIVES IN THE STATE.

34 (C) UNDER THE MEDICAL INSTITUTION COMPONENT, THE DEPARTMENT MAY  
35 DISTRIBUTE GRANTS TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP  
36 AND THE JOHNS HOPKINS GROUP TO FUND:

- 1 (1) SCREENING AND TREATMENT PROGRAMS FOR TARGETED CANCERS;  
2 (2) RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS; AND  
3 (3) A STATEWIDE NETWORK AND INFRASTRUCTURE THAT WILL  
4 SUPPORT A WIDE RANGE OF OUTREACH, SCREENING, RESEARCH, AND TREATMENT  
5 SERVICES RELATING TO TARGETED CANCERS.

6 (D) THE DEPARTMENT MAY NOT DISTRIBUTE ANY MONEY THAT IS  
7 ALLOCATED TO THE MEDICAL INSTITUTION COMPONENT IN THE STATE BUDGET  
8 UNTIL AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED.

9 13-1115.

10 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE  
11 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS  
12 GROUP MAY EACH APPLY FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT.

13 (2) THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH GRANT  
14 THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP  
15 OR THE JOHNS HOPKINS GROUP SHALL BE EQUAL TO THE GREATER OF:

16 (I) \$2,000,000; OR

17 (II) ONE-HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT  
18 THAT WOULD OTHERWISE HAVE BEEN DISTRIBUTED TO BALTIMORE CITY USING THE  
19 FORMULA ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY  
20 WERE INCLUDED IN THE FORMULA.

21 (3) (I) IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH  
22 GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
23 GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION IS EQUAL TO THE AMOUNT  
24 SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION, THE DIFFERENCE BETWEEN  
25 THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION AND THE  
26 AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS SUBSECTION SHALL BE DEDUCTED  
27 FROM THE AMOUNT OF ANY OTHER MONEY THAT WOULD OTHERWISE BE  
28 DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP UNDER  
29 §§ 13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.

30 (II) IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH  
31 GRANT TO THE JOHNS HOPKINS GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION  
32 IS EQUAL TO THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION,  
33 THE DIFFERENCE BETWEEN THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS  
34 SUBSECTION AND THE AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS  
35 SUBSECTION SHALL BE DEDUCTED FROM THE AMOUNT OF ANY OTHER MONEY THAT  
36 WOULD OTHERWISE BE DISTRIBUTED TO THE JOHNS HOPKINS GROUP UNDER §§  
37 13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.

38 (B) BEFORE APPLYING FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT,  
39 THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS

1 GROUP, ACTING JOINTLY IN COLLABORATION WITH THE BALTIMORE CITY HEALTH  
2 DEPARTMENT, SHALL:

3 (1) ESTABLISH A BALTIMORE CITY COMMUNITY HEALTH COALITION, AS  
4 PROVIDED UNDER § 13-1111 OF THIS SUBTITLE, THAT REFLECTS THE DEMOGRAPHICS  
5 OF BALTIMORE CITY; AND

6 (2) WITH THE ASSISTANCE OF THE BALTIMORE CITY COMMUNITY  
7 HEALTH COALITION:

8 (I) IDENTIFY ALL EXISTING CANCER PREVENTION,  
9 IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED  
10 CANCERS IN BALTIMORE CITY THAT ARE PUBLICLY FUNDED;

11 (II) EVALUATE THE EFFECTIVENESS OF THE PUBLICLY FUNDED  
12 PROGRAMS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH; AND

13 (III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
14 IDENTIFICATION, AND TREATMENT THAT OUTLINES A STRATEGY FOR MEETING THE  
15 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT GOALS AND  
16 REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY BY THE DEPARTMENT.

17 (C) THE BALTIMORE CITY COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
18 IDENTIFICATION, AND TREATMENT SHALL:

19 (1) INCLUDE A LIST OF THE MEMBERS OF THE BALTIMORE CITY  
20 COMMUNITY HEALTH COALITION AND THEIR ORGANIZATIONAL AFFILIATIONS;

21 (2) INCLUDE THE EVALUATION OF ANY PROGRAM FUNDED WITH A  
22 MEDICAL INSTITUTION PUBLIC HEALTH GRANT IN THE PRIOR YEAR;

23 (3) AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE THAT  
24 PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,  
25 IDENTIFICATION, AND TREATMENT GOALS ESTABLISHED FOR BALTIMORE CITY BY  
26 THE DEPARTMENT;

27 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF  
28 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS  
29 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,  
30 IDENTIFICATION, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR  
31 BALTIMORE CITY BY THE DEPARTMENT;

32 (5) DEMONSTRATE THAT BALTIMORE CITY HAS MET THE BASE-YEAR  
33 FUNDING REQUIREMENT ESTABLISHED UNDER SUBSECTION (H) OF THIS SECTION;

34 (6) DEMONSTRATE THAT ANY EARLY DETECTION OR SCREENING  
35 PROGRAM THAT IS OR WILL BE FUNDED UNDER A MEDICAL INSTITUTION PUBLIC  
36 HEALTH GRANT PROVIDES LINKAGES TO NECESSARY TREATMENT, INCLUDING  
37 LOCAL HOSPITALS, COMMUNITY CLINICS, PHYSICIANS, AND OTHER HEALTH CARE  
38 PROVIDERS FOR TREATMENT FOR PERSONS WHO:

1 (I) ARE DIAGNOSED WITH A TARGETED CANCER; AND

2 (II) DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT  
3 ELIGIBLE FOR MEDICAID OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR  
4 TREATMENT;

5 (7) STATE THAT THE MEDICAL INSTITUTION PUBLIC HEALTH GRANT  
6 WILL NOT BE USED TO SUPPLANT ANY EXISTING FUNDING FOR ANY CANCER  
7 PREVENTION, IDENTIFICATION, OR TREATMENT PROGRAMS THAT RELATE TO  
8 TARGETED CANCERS;

9 (8) AFTER THE FIRST YEAR OF FUNDING, IDENTIFY ALL PERSONS WHO  
10 RECEIVED MONEY UNDER THE MEDICAL INSTITUTION PUBLIC HEALTH GRANT IN  
11 THE PRIOR YEAR AND STATE THE AMOUNT OF MONEY THAT WAS RECEIVED BY EACH  
12 PERSON UNDER THE GRANT;

13 (9) AFTER THE FIRST YEAR OF FUNDING, STATE THE AMOUNT OF  
14 MONEY THAT WAS RECEIVED BY THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
15 GROUP AND THE JOHNS HOPKINS GROUP UNDER A MEDICAL INSTITUTION PUBLIC  
16 HEALTH GRANT IN THE PRIOR FISCAL YEAR THAT REMAINED UNSPENT AND  
17 UNOBLIGATED AT THE END OF THAT YEAR; AND

18 (10) CONTAIN ANY OTHER INFORMATION REQUIRED BY THE  
19 DEPARTMENT.

20 (E) TO APPLY FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT, THE  
21 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS  
22 GROUP SHALL SUBMIT A COPY OF BALTIMORE CITY'S COMPREHENSIVE PLAN FOR  
23 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT.

24 (F) EACH YEAR, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP,  
25 THE JOHNS HOPKINS GROUP, AND THE BALTIMORE CITY HEALTH DEPARTMENT, IN  
26 CONSULTATION WITH THE BALTIMORE CITY COMMUNITY HEALTH COALITION,  
27 SHALL UPDATE THE COMPREHENSIVE PLAN FOR CANCER PREVENTION,  
28 IDENTIFICATION, AND TREATMENT.

29 (G) (1) IF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP DOES  
30 NOT APPLY FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT AS PROVIDED  
31 UNDER THIS SECTION, THE BALTIMORE CITY HEALTH DEPARTMENT MAY APPLY FOR  
32 A LOCAL PUBLIC HEALTH CANCER GRANT, AS PROVIDED UNDER § 13-1109 OF THIS  
33 SUBTITLE, IN AN AMOUNT THAT IS EQUAL TO ONE-HALF OF THE LOCAL PUBLIC  
34 HEALTH CANCER GRANT THAT MAY BE DISTRIBUTED TO BALTIMORE CITY UNDER  
35 THE FORMULA ESTABLISHED IN § 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY IS  
36 INCLUDED IN THE FORMULA.

37 (2) IF THE JOHNS HOPKINS GROUP DOES NOT APPLY FOR A MEDICAL  
38 INSTITUTION PUBLIC HEALTH GRANT AS PROVIDED UNDER THIS SECTION, THE  
39 BALTIMORE CITY HEALTH DEPARTMENT MAY APPLY FOR A LOCAL PUBLIC HEALTH  
40 CANCER GRANT, AS PROVIDED UNDER § 13-1109 OF THIS SUBTITLE, IN AN AMOUNT  
41 THAT IS EQUAL TO ONE-HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT THAT

1 MAY BE DISTRIBUTED TO BALTIMORE CITY UNDER THE FORMULA ESTABLISHED IN §  
2 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.

3 (3) IF THE BALTIMORE CITY HEALTH DEPARTMENT APPLIES FOR A  
4 LOCAL PUBLIC HEALTH CANCER GRANT AS AUTHORIZED UNDER THIS SUBSECTION,  
5 THE BALTIMORE CITY HEALTH DEPARTMENT SHALL COMPLY WITH THE  
6 REQUIREMENTS OF §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

7 (H) (1) (I) BEFORE THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM  
8 GROUP OR THE JOHNS HOPKINS GROUP MAY RECEIVE A MEDICAL INSTITUTION  
9 PUBLIC HEALTH GRANT, THE BALTIMORE CITY HEALTH DEPARTMENT SHALL  
10 SUBMIT TO THE DEPARTMENT AN INVENTORY OF ALL EXISTING PUBLICLY FUNDED  
11 CANCER PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE  
12 TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE IDENTIFIED UNDER  
13 SUBSECTION (C) OF THIS SECTION.

14 (II) THE INVENTORY PREPARED UNDER SUBPARAGRAPH (I) OF THIS  
15 PARAGRAPH SHALL SPECIFY THE AMOUNT OF FUNDS THAT ARE BEING SPENT BY  
16 BALTIMORE CITY ON EACH OF THE PROGRAMS INCLUDED IN THE INVENTORY.

17 (2) THE LEVEL OF FUNDING SPECIFIED UNDER PARAGRAPH (1)(II) OF  
18 THIS SUBSECTION SHALL BE BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER  
19 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO  
20 TARGETED CANCERS.

21 (3) A MEDICAL INSTITUTION PUBLIC HEALTH GRANT MAY NOT BE USED  
22 TO SUPPLANT:

23 (I) BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER  
24 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO  
25 TARGET CANCERS; OR

26 (II) ANY EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND  
27 MEDICAL SYSTEM GROUP OR THE JOHNS HOPKINS GROUP FOR CANCER  
28 PREVENTION, IDENTIFICATION, AND TREATMENT PROGRAMS THAT RELATE TO  
29 TARGETED CANCERS.

30 13-1116.

31 (A) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE  
32 DEPARTMENT MAY DISTRIBUTE MEDICAL INSTITUTION RESEARCH GRANTS TO THE  
33 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS  
34 GROUP, AS ALLOCATED IN THE STATE BUDGET, FOR THE PURPOSE OF ENHANCING  
35 CANCER RESEARCH ACTIVITIES THAT MAY LEAD TO A CURE FOR A TARGETED  
36 CANCER AND INCREASING THE RATE AT WHICH CANCER RESEARCH ACTIVITIES ARE  
37 TRANSLATED INTO TREATMENT PROTOCOLS IN THE STATE.

38 (B) BEFORE RECEIVING A MEDICAL INSTITUTION RESEARCH GRANT, AN  
39 INSTITUTION SHALL:

1 (1) SUBMIT A CANCER RESEARCH PLAN THAT:

2 (I) PROVIDES A DETAILED PLAN AS TO HOW THE MEDICAL  
3 INSTITUTION CANCER RESEARCH GRANT WILL BE SPENT AND HOW IT WILL BE USED  
4 TO ESTABLISH THE GOALS ESTABLISHED BY THE DEPARTMENT;

5 (II) PROVIDES A COMPLETE INVENTORY OF ALL CANCER  
6 RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS THAT ARE CURRENTLY  
7 BEING CONDUCTED BY THE INSTITUTION, INCLUDING A BREAKDOWN OF THE TYPES  
8 OF CANCER TO WHICH THE RESEARCH RELATES;

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

12 (IV) CERTIFIES THAT THE CANCER RESEARCH ACTIVITIES THAT  
13 WILL BE FUNDED BY THE MEDICAL INSTITUTION RESEARCH GRANT HAVE BEEN  
14 ENDORSED BY AN INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF  
15 EXPERTS IN THE FIELD FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE  
16 INVOLVED IN THE RESEARCH;

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

19 (VI) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY  
20 THE DEPARTMENT; AND

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

25 (I) THE SCOPE OF THE STATE'S OWNERSHIP OR OTHER FINANCIAL  
26 INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS OF THE RESULTS,  
27 PRODUCTS, AND DISCOVERIES OF CANCER RESEARCH ACTIVITIES FUNDED BY A  
28 MEDICAL INSTITUTION RESEARCH GRANT; AND

29 (II) A PROTOCOL FOR EXPEDITING THE TRANSLATION OF CANCER  
30 RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL TRIALS.

31 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A MEDICAL INSTITUTION  
32 RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

33 (1) A CANCER RESEARCH PLAN WILL HELP ACHIEVE THE PURPOSE OF  
34 THE PROGRAM;

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



1           (3)     THE GRANT WILL BE USED TO FUND CANCER RESEARCH ACTIVITIES  
2 THAT RELATE TO TARGETED CANCERS;

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

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

7 13-1117.

8     THE DEPARTMENT MAY DISTRIBUTE A MEDICAL INSTITUTION NETWORK  
9 GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP, AS ALLOCATED  
10 IN THE STATE BUDGET, FOR THE PURPOSE OF ESTABLISHING A STATEWIDE  
11 NETWORK AND INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF  
12 EDUCATION, OUTREACH, SCREENING, TREATMENT, AND RESEARCH PROGRAMS  
13 RELATING TO TARGETED CANCERS THAT CAN BE ACCESSED BY INDIVIDUALS  
14 THROUGHOUT THE STATE, INCLUDING:

15           (1)     REGIONAL COORDINATION OF CLINICAL TRIALS;

16           (2)     DEVELOPMENT OF BEST PRACTICES MODELS FOR TARGETED  
17 CANCERS; AND

18           (3)     COORDINATION AMONG PHYSICIANS IN DIFFERENT GEOGRAPHIC  
19 AREAS OF THE STATE.

20 13-1118.

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, A COUNTY, THE UNIVERSITY OF MARYLAND  
29 MEDICAL SYSTEM GROUP, AND THE JOHNS HOPKINS GROUP, OR ANY PERSON  
30 RECEIVING MONEY UNDER A MEDICAL INSTITUTION PUBLIC HEALTH GRANT.

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

**Article - State Finance and Procurement**

1  
2 7-101.

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

4 (b) "Proposed budget" means:

5 (1) the budget bill; and

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

7 7-114.

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

10 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,  
11 IDENTIFICATION, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13,  
12 SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

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

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

18 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

19 (2) EACH COMPONENT OF THE CANCER PROGRAM; AND

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

22 7-121.

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

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

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

29 (ii) requested for the next fiscal year;

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

- 1 (i) spent during the last full fiscal year;
- 2 (ii) authorized in the State budget for the current fiscal year; and
- 3 (iii) requested for the next fiscal year; and

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

- 7 (i) made in the last full fiscal year;
- 8 (ii) authorized in the State budget for the current fiscal year; and
- 9 (iii) requested for the next fiscal year.

10 (b) In its annual submission of the PROPOSED budget, the Department of  
11 Budget and Management shall provide, for informational purposes, a budget  
12 presentation that includes a description of the proposed expenditures under the  
13 Maryland Emergency Medical System Operations Fund for the:

- 14 (1) Maryland Institute for Emergency Medical Services Systems;
- 15 (2) R Adams Cowley Shock Trauma Center;
- 16 (3) Maryland Fire and Rescue Institute;
- 17 (4) Aviation Division of the Special Operations Bureau, Department of  
18 State Police; and
- 19 (5) grants under the State Fire, Rescue, and Ambulance Fund.

20 (C) (1) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
21 INDICATED.

22 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,  
23 IDENTIFICATION, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13,  
24 SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

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

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

30 (1) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED  
31 EXPENDITURES FOR:

32 (I) EACH COMPONENT OF THE TOBACCO PROGRAM;

1 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE  
2 TOBACCO PROGRAM; AND

3 (III) EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

4 (2) THE CANCER PROGRAM, INCLUDING THE PROPOSED EXPENDITURES  
5 FOR:

6 (I) EACH COMPONENT OF THE CANCER PROGRAM;

7 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE  
8 CANCER PROGRAM;

9 (III) EACH LOCAL PUBLIC HEALTH CANCER GRANT;

10 (IV) EACH MEDICAL INSTITUTION PUBLIC HEALTH GRANT; AND

11 (V) EACH MEDICAL INSTITUTION RESEARCH GRANT; AND

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

14 7-317.

15 (a) There is a Cigarette Restitution Fund.

16 (b) (1) The Fund is a continuing, nonlapsing fund that is not subject to §  
17 7-302 of this subtitle.

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

24 (c) The Treasurer shall:

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

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

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

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

32 (i) expressly provided by statute;

- 1 (ii) required as a condition of the acceptance of funds; or  
2 (iii) determined to be necessary to avoid recoupment by the federal  
3 government of money paid to the Fund.

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

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

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

12 (II) THE CANCER PREVENTION, IDENTIFICATION, AND TREATMENT  
13 PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL  
14 ARTICLE; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25                   (ii)      the specific outcomes or public benefits resulting from that  
26 expenditure.

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