

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~~ Stone, and Teitelbaum**

Introduced and read first time: March 3, 2000
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Re-referred to: Budget and Taxation and Finance, March 6, 2000

Committee Report: Favorable with amendments
Senate action: Adopted with floor amendments
Read second time: March 27, 2000

CHAPTER _____

1 AN ACT concerning

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

5 FOR the purpose of establishing a Tobacco Use Prevention and Cessation Program
6 and a Cancer Prevention, ~~Identification~~ Education, Screening, and Treatment
7 Program in the Department of Health and Mental Hygiene; providing that the
8 programs shall be funded as provided in the State budget with money from the
9 Cigarette Restitution Fund; authorizing the Legislative Auditor to audit the
10 appropriations and expenditures made for purposes of the programs;
11 establishing a Surveillance and Evaluation Component, a Statewide Public
12 Health Component, a ~~Countermarketing~~ Counter-Marketing and Media
13 Component, a Local Public Health Component, and an Administrative
14 Component in the Tobacco Use Prevention and Cessation Program; establishing
15 a Surveillance and Evaluation Component, a Statewide Public Health
16 Component, a Local Public Health Component, a Medical Institution
17 Component, and an Administrative Component in the Cancer Prevention,
18 ~~Identification~~ Education, Screening, and Treatment Program; requiring the
19 annual budget bill to specify the amount of funding that is allocated to each of
20 these components; requiring certain baseline studies to be conducted; providing
21 that, with certain exceptions, certain components of this Act may not be
22 implemented until after the baseline studies have been completed; clarifying
23 that the Cigarette Restitution Fund may be used to fund the programs
24 established under this Act; requiring the annual budget bill to include a certain
25 provision relating to the Cigarette Restitution Fund; requiring the Department

1 of Budget and Management to include certain information relating to the
2 Cigarette Restitution Fund in the budget books each year; providing that certain
3 parts of this Act are not applicable in a certain fiscal year; requiring the
4 Department of Health and Mental Hygiene to conduct a certain study and issue
5 a certain report; prohibiting the State Department of Education from
6 discontinuing the administration of a certain survey except under certain
7 circumstances; defining certain terms; and generally relating to the Cigarette
8 Restitution Fund and programs relating to tobacco use prevention and cessation
9 and to cancer prevention, ~~identification~~ education, screening, and treatment.

10 BY repealing and reenacting, without amendments,

11 Article - Health - General
12 Section 1-101(a) and (g)
13 Annotated Code of Maryland
14 (1994 Replacement Volume and 1999 Supplement)

15 BY adding to

16 Article - Health - General
17 Section 13-1001 through 13-1014 to be under the new subtitle "Subtitle 10.
18 Tobacco Use Prevention and Cessation Program"; and 13-1101 through
19 13-1118 to be under the new subtitle "Subtitle 11. Cancer Prevention,
20 ~~Identification~~ Education, Screening, and Treatment Program"
21 Annotated Code of Maryland
22 (1994 Replacement Volume and 1999 Supplement)

23 BY repealing and reenacting, without amendments,

24 Article - State Finance and Procurement
25 Section 7-101(a) and (b)
26 Annotated Code of Maryland
27 (1995 Replacement Volume and 1999 Supplement)

28 BY adding to

29 Article - State Finance and Procurement
30 Section 7-114
31 Annotated Code of Maryland
32 (1995 Replacement Volume and 1999 Supplement)

33 BY repealing and reenacting, with amendments,

34 Article - State Finance and Procurement
35 Section 7-121 and 7-317
36 Annotated Code of Maryland
37 (1995 Replacement Volume and 1999 Supplement)

Preamble

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 **Article - Health - General**

14 1-101.

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

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

19 SUBTITLE 10. TOBACCO USE PREVENTION AND CESSATION PROGRAM.

20 13-1001.

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

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

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

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

29 ~~(D)~~ (E) "COUNTY" INCLUDES BALTIMORE CITY.

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

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

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

4 ~~(H)~~ (I) "LOCAL HEALTH OFFICER" MEANS:

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

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

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

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

13 (L) "MARYLAND ADOLESCENT SURVEY" MEANS THE MARYLAND ADOLESCENT
14 SURVEY THAT IS ADMINISTERED BY THE MARYLAND STATE DEPARTMENT OF
15 EDUCATION.

16 ~~(K)~~ (M) "MASTER SETTLEMENT AGREEMENT" MEANS THE MASTER
17 SETTLEMENT AGREEMENT EXECUTED BY THE STATE AND PARTICIPATING TOBACCO
18 MANUFACTURERS.

19 ~~(L)~~ (N) "NATIONAL PUBLIC EDUCATION FUND" MEANS THE NATIONAL
20 PUBLIC EDUCATION FUND THAT WAS ESTABLISHED UNDER THE MASTER
21 SETTLEMENT AGREEMENT.

22 ~~(M)~~ (O) "PROGRAM" MEANS THE TOBACCO USE PREVENTION AND CESSATION
23 PROGRAM ESTABLISHED UNDER § 13-1002 OF THIS SUBTITLE.

24 ~~(N)~~ (P) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE
25 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1005 OF THIS
26 SUBTITLE.

27 ~~(O)~~ (Q) "SURVEILLANCE AND EVALUATION COMPONENT" MEANS THE
28 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1003 OF THIS
29 SUBTITLE.

30 (R) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "MAKING
31 MARYLAND THE TOBACCO FREE STATE" THAT WAS ISSUED IN DECEMBER 1999 BY
32 THE GOVERNOR'S TASK FORCE TO END SMOKING IN MARYLAND.

33 (S) "TOBACCO PRODUCT" INCLUDES CIGARS, CIGARETTES, PIPE TOBACCO,
34 AND SMOKELESS TOBACCO.

35 (T) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

1 (1) FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY
2 PRIVATE HEALTH INSURANCE, MEDICAID, OR MEDICARE; AND

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

5 (U) "YOUTH TOBACCO SURVEY" MEANS THE YOUTH TOBACCO SURVEY
6 DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND
7 ADMINISTERED BY THE DEPARTMENT WITH THE ASSISTANCE OF THE MARYLAND
8 STATE DEPARTMENT OF EDUCATION.

9 13-1002.

10 (A) THERE IS A TOBACCO USE PREVENTION AND CESSATION PROGRAM IN THE
11 DEPARTMENT.

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

17 (C) THE PROGRAM CONSISTS OF:

18 (1) A SURVEILLANCE AND EVALUATION COMPONENT;

19 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;

20 (3) A ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA
21 COMPONENT;

22 (4) A LOCAL PUBLIC HEALTH COMPONENT; AND

23 (5) AN ADMINISTRATIVE COMPONENT.

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

26 (2) THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE
27 APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSES OF THE PROGRAM,
28 INCLUDING THE USE OF FUNDS BY PERSONS RECEIVING FUNDS UNDER THIS
29 SUBTITLE UNDER A GRANT OR CONTRACT.

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

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

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

3 (II) MAY NOT BE TRANSFERRED TO ANY OTHER COMPONENT OF
4 THE PROGRAM, ANY OTHER PROGRAM IN THE DEPARTMENT, OR ANY OTHER UNIT OF
5 STATE GOVERNMENT, ~~UNLESS AUTHORIZED IN THE STATE BUDGET AS ENACTED.~~

6 (3) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN
7 THE STATE BUDGET MAY BE TRANSFERRED TO ANOTHER COMPONENT OF THE
8 PROGRAM, ANOTHER PROGRAM IN THE DEPARTMENT, OR ANOTHER UNIT OF STATE
9 GOVERNMENT IF THE TRANSFER IS SPECIFICALLY AUTHORIZED BY:

10 (I) A PROVISION OF THIS SUBTITLE; OR

11 (II) A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED THAT
12 RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT COMPONENT.

13 ~~(3)~~ (F) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE
14 PROGRAM IN THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT
15 THE END OF THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE
16 RESTITUTION FUND.

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

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

25 ~~(F)~~ (G) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT
26 SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE
27 GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE AND THE
28 SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS COMMITTEE, AND THE
29 HOUSE ENVIRONMENTAL MATTERS COMMITTEE:

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

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

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

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

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

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

5 (H) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE
6 CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE
7 PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1001(T) OF
8 THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR
9 APPROPRIATE TREATMENT.

10 13-1003.

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

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

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

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

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

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

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

26 (2) THE BASELINE TOBACCO STUDY SHALL MEASURE:

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

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

33 (III) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO SMOKE
34 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~~ INDIVIDUALS
12 WHO SMOKE OR OTHERWISE USE TOBACCO ON A REGULAR BASIS AND WHO, WITHIN
13 AN 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) IN CONDUCTING THE BASELINE TOBACCO STUDY, THE DEPARTMENT
21 MAY CONSIDER ANY DATA COLLECTED AFTER MARCH 1, 2000 THROUGH THE
22 ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY OR THE YOUTH
23 TOBACCO SURVEY.

24 (2) THE MARYLAND STATE DEPARTMENT OF EDUCATION, LOCAL
25 SCHOOL DISTRICTS, AND EACH SCHOOL SELECTED TO PARTICIPATE IN THE
26 MARYLAND ADOLESCENT SURVEY OR THE YOUTH TOBACCO SURVEY SHALL
27 COOPERATE WITH THE DEPARTMENT IN ADMINISTERING THE SURVEYS.

28 (3) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE
29 MARYLAND STATE DEPARTMENT OF EDUCATION MAY NOT DISCONTINUE
30 ADMINISTRATION OF THE MARYLAND ADOLESCENT SURVEY UNTIL AFTER IT HAS
31 SUBMITTED A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE
32 GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT STATES THE REASON FOR
33 DISCONTINUING THE SURVEY.

34 (II) IF THE MARYLAND STATE DEPARTMENT OF EDUCATION
35 SUBMITS A REPORT AS PROVIDED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, IT
36 MAY DISCONTINUE THE MARYLAND ADOLESCENT SURVEY IN THE FIRST SCHOOL
37 YEAR THAT BEGINS AFTER THE REPORT HAS BEEN SUBMITTED.

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

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

3 (3) THE REQUEST FOR PROPOSAL SHALL ~~SPECIFY REQUIRE~~ THAT ANY
4 METHODOLOGY OR MODEL THAT IS USED BY THE ENTITY TO CONDUCT THE
5 BASELINE TOBACCO STUDY ~~AND~~, ANY DATA COLLECTED UNDER THE STUDY ~~SHALL~~,
6 AND ANY ELECTRONIC FILES, CODES, AND DEFINITIONS RELATING TO THE STUDY
7 BE PROVIDED TO THE STATE FOR USE IN SUBSEQUENT STUDIES, REGARDLESS OF
8 WHETHER THE SUBSEQUENT STUDIES ARE CONDUCTED BY THE SAME ENTITY.

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

13 ~~(E)~~ (F) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR
14 AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
15 ASSEMBLY ON THE RESULTS OF THE BASELINE TOBACCO STUDY.

16 13-1004.

17 (A) EACH YEAR FOLLOWING THE YEAR IN WHICH THE BASELINE TOBACCO
18 STUDY IS COMPLETED, THE DEPARTMENT SHALL CONDUCT AN ANNUAL TOBACCO
19 STUDY.

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

21 (1) SHALL MEASURE THE SAME FACTORS THAT ARE SET FORTH IN §
22 13-1003(C) OF THIS SUBTITLE; ~~AND~~

23 (2) SUBJECT TO ITEM (3) OF THIS SUBSECTION, SHALL USE THE SAME A
24 METHODOLOGY OR MODEL THAT IS CONSISTENT WITH THE METHODOLOGY OR
25 MODEL THAT WAS USED TO CONDUCT THE BASELINE TOBACCO STUDY; ~~AND~~

26 (3) AT LEAST EVERY OTHER YEAR, SHALL MEASURE THE FACTORS
27 LISTED IN § 13-1003(C) OF THIS SUBTITLE USING THE SAME METHODOLOGY OR
28 MODEL THAT WAS USED FOR THE BASELINE TOBACCO STUDY.

29 (C) (1) ~~SUBJECT TO PARAGRAPH (2)~~ PARAGRAPHS (2) AND (3) OF THIS
30 SUBSECTION, THE DEPARTMENT SHALL CONTRACT WITH A HIGHER EDUCATION
31 INSTITUTION OR PRIVATE ENTITY TO CONDUCT THE ANNUAL TOBACCO STUDY.

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

34 (3) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT
35 ONE OR MORE ANNUAL TOBACCO STUDIES.

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

4 13-1005.

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

6 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO
7 MAXIMIZE THE EFFECTIVENESS OF THE ~~ANTI-TOBACCO~~ ANTI-TOBACCO INITIATIVES
8 IN THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ~~INSURE~~
9 ENSURE THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND
10 INTEGRATED MANNER THROUGHOUT THE STATE.

11 (C) SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION AND AS
12 NECESSARY TO INSURE A COORDINATED AND INTEGRATED STATEWIDE EFFORT TO
13 IMPLEMENT TOBACCO USE PREVENTION AND CESSATION PROGRAMS, THE
14 DEPARTMENT MAY:

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

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

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

22 (D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A
23 GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF
24 THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE
25 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE
26 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR
27 PROPOSAL, GRANT, OR CONTRACT RELATES.

28 (E) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,
29 THE DEPARTMENT MAY NOT SPEND ANY OF THE MONEY THAT IS ALLOCATED TO THE
30 STATEWIDE PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE
31 BASELINE ~~CANCER~~ TOBACCO STUDY IS COMPLETED.

32 (2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH AND
33 BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE DEPARTMENT MAY
34 USE MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT
35 IN THE STATE BUDGET FOR FISCAL YEAR 2001 TO DISTRIBUTE GRANTS THAT WILL BE
36 USED TO PROVIDE OUTREACH AND START-UP TECHNICAL ASSISTANCE TO
37 COMMUNITIES FOR THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY
38 HEALTH COALITIONS.

1 (II) THE DEPARTMENT SHALL USE AT LEAST \$750,000 OF THE
2 MONEY THAT IS ALLOCATED TO THE STATEWIDE PUBLIC HEALTH COMPONENT IN
3 THE STATE BUDGET FOR FISCAL YEAR 2001 TO PROVIDE OUTREACH AND START-UP
4 TECHNICAL ASSISTANCE TO AFRICAN AMERICAN COMMUNITIES IN THE STATE FOR
5 THE PURPOSE OF ORGANIZING PARTICIPATION IN COMMUNITY HEALTH COALITIONS
6 THAT ARE FORMED UNDER § 13-1008(B), § 13-1109(C), OR § 13-1115(B) OF THIS TITLE.

7 13-1006.

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

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

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

17 (1) COMMUNITY-BASED PROGRAMS;

18 (2) SCHOOL-BASED PROGRAMS WHICH MAY INCLUDE SCHOOL-BASED
19 HEALTH CARE SERVICES AND PROGRAMS ESTABLISHED UNDER §§ 7-401 AND 7-415
20 OF THE EDUCATION ARTICLE WITH A COMPONENT FOR CARRYING OUT TOBACCO
21 PREVENTION AND CESSATION PROGRAMS IN ORDER TO REDUCE ILLNESS,
22 DISABILITY, AND DEATH RELATED TO TOBACCO USE AND EXPOSURE TO
23 SECONDHAND SMOKE; AND

24 (3) PROGRAMS RELATING TO ENFORCEMENT OF TOBACCO CONTROL
25 LAWS.

26 (D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,
27 THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE
28 LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE
29 BASELINE TOBACCO STUDY HAS BEEN COMPLETED.

30 (2) BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE
31 DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO
32 EACH LOCAL HEALTH DEPARTMENT.

33 13-1007.

34 (A) AFTER THE BASELINE TOBACCO STUDY HAS BEEN COMPLETED AND
35 BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH TOBACCO GRANTS,
36 THE DEPARTMENT, IN CONSULTATION WITH THE LOCAL HEALTH DEPARTMENTS,
37 SHALL:

1 (1) ESTABLISH SHORT-TERM AND LONG-TERM TOBACCO USE
2 PREVENTION AND CESSATION GOALS FOR EACH COUNTY;

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

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

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

12 (1) THE PRODUCT OF:

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

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

19 (2) THE PRODUCT OF:

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

22 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO SMOKE OR
23 OTHERWISE USE TOBACCO PRODUCTS DIVIDED BY THE NUMBER OF INDIVIDUALS IN
24 THE STATE WHO SMOKE OR OTHERWISE USE TOBACCO PRODUCTS.

25 13-1008.

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

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

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

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

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

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

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

5 (III) DEVELOP A COMPREHENSIVE PLAN FOR TOBACCO USE
6 PREVENTION AND CESSATION THAT OUTLINES A STRATEGY FOR MEETING THE
7 TOBACCO USE PREVENTION AND CESSATION GOALS AND REQUIREMENTS
8 ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT~~ UNDER § 13-1007 OF THIS
9 SUBTITLE.

10 (C) A COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION AND
11 CESSATION SHALL:

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

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

16 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE
17 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE TOBACCO USE
18 PREVENTION AND CESSATION GOALS ESTABLISHED FOR THE COUNTY ~~BY THE~~
19 ~~DEPARTMENT~~ UNDER § 13-1007 OF THIS SUBTITLE;

20 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF
21 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS
22 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE TOBACCO USE
23 PREVENTION AND CESSATION GOALS AND REQUIREMENTS ESTABLISHED FOR THE
24 COUNTY ~~BY THE DEPARTMENT~~ UNDER § 13-1007 OF THIS SUBTITLE;

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

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

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

35 (8) DESCRIBE HOW THE PLAN WILL HELP TO REDUCE TOBACCO USE
36 AMONG WOMEN, MINORITY INDIVIDUALS, AND INDIVIDUALS UNDER THE AGE OF 18
37 YEARS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS THE
38 RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

1 (9) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY
2 OF AND ACCESS TO CESSATION PROGRAMS FOR UNINSURED INDIVIDUALS AND
3 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW
4 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS
5 OF THE TASK FORCE REPORT; AND

6 ~~(8)~~ (10) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY
7 THE DEPARTMENT.

8 (D) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC
9 HEALTH TOBACCO GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A
10 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR TOBACCO USE PREVENTION
11 AND CESSATION FOR APPROVAL.

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

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

18 (I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO
19 COORDINATE THESE EFFORTS;

20 (II) THE COUNTY HEALTH DEPARTMENT HAS BEEN
21 UNSUCCESSFUL IN IMPLEMENTING TOBACCO USE PREVENTION AND CESSATION
22 INITIATIVES THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE
23 DEPARTMENT; OR

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

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

28 13-1009.

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

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

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

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

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

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

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

9 13-1010.

10 (A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED
11 UNDER § 13-1008(B) OF THIS SUBTITLE SHALL;

12 (1) REFLECT THE DEMOGRAPHICS OF THE COUNTY ~~AND MAY CONSIST~~
13 ~~OF;~~ AND

14 ~~(1)~~ (2) INCLUDE REPRESENTATIVES OF:

15 ~~(1)~~ (2) COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL,
16 AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE
17 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE
18 COUNTY;

19 ~~(A)~~ (B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION
20 ESTABLISHED UNDER § 13-1008(B) OF THIS SUBTITLE MAY INCLUDE:

21 (1) REPRESENTATIVES OF:

22 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
23 49D, §11 OF THE CODE;

24 ~~(II)~~ (II) THE LOCAL PUBLIC SCHOOL SYSTEM;

25 ~~(III)~~ (III) LOCAL HEALTH CARE PROVIDERS;

26 ~~(IV)~~ (IV) LOCAL LAW ENFORCEMENT;

27 ~~(V)~~ (V) LOCAL BUSINESSES;

28 ~~(VI)~~ (VI) LOCAL RELIGIOUS ORGANIZATIONS;

29 ~~(VII)~~ (VII) LOCAL MEDIA; AND

30 ~~(VIII)~~ (VIII) INSTITUTIONS OF HIGHER EDUCATION; AND

31 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES
32 WOULD HELP THE COUNTY MEET THE TOBACCO USE PREVENTION AND CESSATION

1 GOALS AND REQUIREMENTS ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT~~
2 UNDER § 13-1007 OF THIS SUBTITLE.

3 13-1011.

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

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

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

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

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

20 13-1012.

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

24 (1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS
25 ESTABLISHED ~~BY THE DEPARTMENT~~ FOR THE COUNTY UNDER § 13-1007 OF THIS
26 SUBTITLE; AND

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

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

33 13-1013.

34 (A) THERE IS A ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA
35 COMPONENT IN THE PROGRAM.

1 (B) THE PURPOSE OF THE ~~COUNTERMARKETING~~ COUNTER-MARKETING AND
2 MEDIA COMPONENT IS TO COORDINATE A STATEWIDE ~~COUNTERMARKETING~~
3 COUNTER-MARKETING AND MEDIA CAMPAIGN TO COUNTER TOBACCO
4 ADVERTISEMENTS AND DISCOURAGE THE USE OF TOBACCO PRODUCTS.

5 (C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE
6 DEPARTMENT MAY NOT SPEND ANY MONEY THAT IS ALLOCATED TO THE
7 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT IN THE
8 STATE BUDGET UNTIL AFTER THE BASELINE TOBACCO STUDY IS COMPLETED.

9 (2) BEFORE THE BASELINE TOBACCO STUDY IS COMPLETED, THE
10 DEPARTMENT MAY SPEND MONEY THAT IS ALLOCATED TO THE
11 COUNTER-MARKETING AND MEDIA COMPONENT IN THE STATE BUDGET TO
12 CONDUCT FORMATIVE RESEARCH RELATING TO THE COUNTER-MARKETING AND
13 MEDIA COMPONENT.

14 (D) SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, BEFORE SPENDING ANY
15 FUNDS ALLOCATED IN THE STATE BUDGET TO THE ~~COUNTERMARKETING~~
16 COUNTER-MARKETING AND MEDIA COMPONENT, THE DEPARTMENT SHALL SUBMIT
17 A REPORT TO THE ~~GENERAL ASSEMBLY~~ GOVERNOR AND, SUBJECT TO § 2-1246 OF
18 THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THAT:

19 (1) IDENTIFIES THE GOALS OF THE COUNTER-MARKETING AND MEDIA
20 COMPONENT AND THE TARGET DATES FOR MEETING THESE GOALS;

21 (4) (2) DESCRIBES THE VARIOUS ELEMENTS OF THE
22 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT AND HOW
23 THE DEPARTMENT PLANS TO IMPLEMENT THE COMPONENT; AND

24 (2) (3) IDENTIFIES THE DIFFERENT TARGET AUDIENCES OF THE
25 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT ~~AND HOW~~
26 ~~THE DEPARTMENT INTENDS TO REACH EACH AUDIENCE.~~

27 (E) (1) THE DEPARTMENT MAY CONTRACT WITH A HIGHER EDUCATION
28 INSTITUTION OR PRIVATE ENTITY TO IMPLEMENT ANY PART OF THE
29 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT.

30 (2) IF THE DEPARTMENT DETERMINES THAT ANY PART OF THE
31 ~~COUNTERMARKETING~~ COUNTER-MARKETING AND MEDIA COMPONENT SHOULD BE
32 IMPLEMENTED BY A HIGHER EDUCATION INSTITUTION OR PRIVATE ENTITY, THE
33 DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO SELECT THE ENTITY THAT
34 WILL IMPLEMENT THAT PART OF THE COMPONENT.

35 (3) AT A MINIMUM, THE REQUEST FOR PROPOSAL SHALL:

36 (1) STATE WITH SPECIFICITY THE GOALS OF THE
37 COUNTER-MARKETING AND MEDIA COMPONENT;

1 (II) STATE WITH SPECIFICITY THE OBJECTIVES AND
2 PERFORMANCE CRITERIA THAT WILL BE USED TO MEASURE THE SUCCESS OF THE
3 PROGRAM TO WHICH THE REQUEST FOR PROPOSAL RELATES; AND

4 (III) REQUIRE THAT THE RESPONSE TO THE REQUEST FOR
5 PROPOSAL INCLUDE A PLAN TO REACH THE TARGETED AUDIENCES IDENTIFIED BY
6 THE DEPARTMENT.

7 (F) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL TAKE STEPS TO
8 MAXIMIZE THE COST EFFECTIVENESS OF THE ~~COUNTERMARKETING~~
9 COUNTER-MARKETING AND MEDIA 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~~ COUNTER-MARKETING AND MEDIA
15 COMPONENT TO OBTAIN MONEY FROM THE FEDERAL GOVERNMENT, THE NATIONAL
16 PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY.

17 (G) THE DEPARTMENT MAY NOT ACCEPT MONEY FROM THE FEDERAL
18 GOVERNMENT, THE NATIONAL PUBLIC EDUCATION FUND, OR ANY OTHER ENTITY IF
19 THE DEPARTMENT IS REQUIRED TO ACCEPT, AS A CONDITION OF RECEIVING THE
20 MONEY, RESTRICTIONS ON THE CONTENT OF ADVERTISEMENTS, COMMUNICATIONS,
21 OR 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~~
26 COUNTER-MARKETING AND MEDIA CAMPAIGN COMPONENT.

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 FUNDS THAT ARE ALLOCATED TO~~
34 THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO
35 COVER ADMINISTRATIVE COSTS OF THE OTHER COMPONENTS OF THE PROGRAM,
36 INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT, A COUNTY
37 THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, OR ANY A
38 PERSON RECEIVING WHO RECEIVES MONEY FUNDS UNDER A LOCAL PUBLIC HEALTH
39 TOBACCO GRANT, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER THE
40 PROGRAM.

1 (D) ~~THE AMOUNT THAT IS~~ UNLESS OTHERWISE SPECIFIED IN THE ANNUAL
 2 BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE
 3 ADMINISTRATIVE COMPONENT UNDER SUBSECTION (C) OF THIS SECTION IN THE
 4 STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS
 5 ALLOCATED TO THE OTHER COMPONENTS OF THE PROGRAM IN THE STATE BUDGET.

6 (E) THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF
 7 ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, A COUNTY THAT
 8 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, A PERSON WHO
 9 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH TOBACCO GRANT, AND ANY
 10 OTHER PERSON WHO RECEIVES FUNDS UNDER THE PROGRAM.

11 (F) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS
 12 ENACTED, THE FUNDS THAT ARE ALLOCATED TO THE OTHER COMPONENTS OF THE
 13 PROGRAM IN THE STATE BUDGET MAY NOT BE USED FOR ADMINISTRATIVE COSTS.

14 SUBTITLE 11. CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING,
 15 AND TREATMENT PROGRAM.

16 13-1101.

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

19 (B) "ADMINISTRATIVE COMPONENT" MEANS THE COMPONENT OF THE
 20 PROGRAM ESTABLISHED UNDER ~~§ 13-1113~~ § 13-1118 OF THIS SUBTITLE.

21 (C) "BASELINE CANCER STUDY" MEANS THE STUDY CONDUCTED UNDER §
 22 13-1103 OF THIS SUBTITLE.

23 (D) "CANCER RESEARCH PLAN" MEANS A PLAN DEVELOPED UNDER § 13-1116
 24 OF THIS SUBTITLE.

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

27 (F) "COMMUNITY HEALTH COALITION" MEANS A COALITION ESTABLISHED
 28 UNDER § 13-1109(C)(1) OR § 13-1115(B)(1) OF THIS SUBTITLE.

29 ~~(F)~~ (G) "COUNTY" INCLUDES BALTIMORE CITY.

30 ~~(G)~~ (H) "COMPREHENSIVE PLAN FOR CANCER PREVENTION,
 31 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT" MEANS A PLAN
 32 DEVELOPED UNDER § 13-1109(C)(2) OR § 13-1115(B)(2) OF THIS SUBTITLE.

33 ~~(H)~~ "IDENTIFICATION" INCLUDES ~~SCREENING, EARLY DETECTION,
 34 ~~DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH SCREENING AND EARLY~~
 35 ~~DETECTION PROGRAMS.~~~~

1 (I) "EDUCATION" MEANS INFORMATION PROVIDED TO THE PUBLIC
 2 REGARDING THE PURPOSE OF, AVAILABILITY OF, AND ACCESS TO SCREENING
 3 PROGRAMS.

4 ~~(H)~~ (J) "JOHNS HOPKINS ~~GROUP INSTITUTIONS~~" MEANS THE JOHNS
 5 HOPKINS UNIVERSITY, ~~THE JOHNS HOPKINS HOSPITAL, AND JOHNS HOPKINS~~
 6 ~~MEDICINE~~ AND THE JOHNS HOPKINS HEALTH SYSTEM.

7 ~~(I)~~ (K) "LOCAL HEALTH OFFICER" MEANS:

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

9 (2) A PERSON DESIGNATED BY THE DEPARTMENT UNDER § 13-1109(G) OF
 10 THIS SUBTITLE.

11 ~~(K)~~ (L) "LOCAL PUBLIC HEALTH CANCER GRANT" MEANS A GRANT
 12 DISTRIBUTED BY THE DEPARTMENT TO A COUNTY UNDER §§ 13-1107 THROUGH
 13 13-1113 OF THIS SUBTITLE.

14 ~~(L)~~ (M) "LOCAL PUBLIC HEALTH COMPONENT" MEANS THE COMPONENT OF
 15 THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1107 OF THIS SUBTITLE.

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

21 ~~(N)~~ (O) "MEDICAL INSTITUTION COMPONENT" MEANS THE COMPONENT
 22 ESTABLISHED UNDER § 13-1114 OF THIS SUBTITLE.

23 (P) "MEDICAL INSTITUTION NETWORK GRANT" MEANS A GRANT THAT IS
 24 DISTRIBUTED UNDER § 13-1117 OF THIS SUBTITLE.

25 ~~(O)~~ (Q) "MEDICAL INSTITUTION PUBLIC HEALTH GRANT" MEANS A GRANT
 26 THAT IS DISTRIBUTED ~~BY THE DEPARTMENT TO THE UNIVERSITY OF MARYLAND~~
 27 ~~MEDICAL SYSTEM GROUP OR THE JOHNS HOPKINS UNIVERSITY GROUP~~ UNDER §
 28 13-1115 OF THIS SUBTITLE.

29 (R) "MEDICAL INSTITUTION RESEARCH GRANT" MEANS A GRANT THAT IS
 30 DISTRIBUTED UNDER § 13-1116 OF THIS SUBTITLE.

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

34 (T) "OUTREACH EFFORTS" MEANS ACTIVITIES THAT ARE RELATED TO
 35 ENCOURAGING INDIVIDUALS TO SEEK SCREENING SERVICES.

1 (U) "PREVENTION" MEANS ACTIVITIES RELATING TO EARLY DETECTION,
 2 SCREENING, AND RISK FACTOR REDUCTION.

3 (~~Q~~) (V) "PROGRAM" MEANS THE CANCER PREVENTION, ~~IDENTIFICATION~~
 4 EDUCATION, SCREENING, AND TREATMENT PROGRAM THAT IS ESTABLISHED UNDER
 5 § 13-1102 OF THIS SUBTITLE.

6 (W) "SCREENING" INCLUDES SCREENING, EARLY DETECTION,
 7 IDENTIFICATION, DIAGNOSIS, AND OUTREACH EFFORTS ASSOCIATED WITH
 8 SCREENING AND EARLY DETECTION PROGRAMS.

9 (~~R~~) (X) "STATEWIDE PUBLIC HEALTH COMPONENT" MEANS THE
 10 COMPONENT OF THE PROGRAM THAT IS ESTABLISHED UNDER § 13-1106 OF THIS
 11 SUBTITLE.

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

15 (~~T~~) (Z) "TARGETED CANCER" MEANS A CANCER THAT IS IDENTIFIED BY THE
 16 DEPARTMENT UNDER ~~SUBSECTION (D) OF THIS SECTION § 13-1102(D) OF THIS~~
 17 SUBTITLE.

18 (AA) "TASK FORCE REPORT" MEANS THE REPORT ENTITLED "REPORT OF THE
 19 GOVERNOR'S TASK FORCE TO CONQUER CANCER" THAT WAS ISSUED IN DECEMBER
 20 1999.

21 (BB) "TREATMENT" INCLUDES APPROPRIATE ACCESS TO:

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

24 (2) CLINICAL TRIALS, TRANSPORTATION, CASE MANAGEMENT, HOSPICE
 25 CARE, AND CANCER SUPPORT GROUPS.

26 (CC) "UNINSURED INDIVIDUAL" MEANS AN INDIVIDUAL:

27 (1) FOR WHOM THE APPROPRIATE TREATMENT IS NOT COVERED BY
 28 PRIVATE HEALTH INSURANCE, MEDICAID, OR MEDICARE; AND

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

31 (~~U~~) (DD) "UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP" MEANS THE
 32 UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION, THE UNIVERSITY OF
 33 MARYLAND MEDICAL SCHOOL, AND THE UNIVERSITY OF MARYLAND, BALTIMORE.

34 13-1102.

35 (A) THERE IS A CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,
 36 SCREENING, AND TREATMENT PROGRAM IN THE DEPARTMENT.

1 (B) THE PURPOSE OF THE PROGRAM IS TO COORDINATE THE STATE'S USE OF
2 THE CIGARETTE RESTITUTION FUND TO ADDRESS ISSUES RELATING TO CANCER
3 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT SO AS TO
4 CREATE A LASTING LEGACY OF PUBLIC HEALTH INITIATIVES THAT REDUCE CANCER
5 MORTALITY AND MORBIDITY IN THE STATE AND OTHERWISE BENEFIT THE HEALTH
6 AND WELFARE OF THE STATE'S RESIDENTS.

7 (C) THE PROGRAM CONSISTS OF:

- 8 (1) A SURVEILLANCE AND EVALUATION COMPONENT;
9 (2) A STATEWIDE PUBLIC HEALTH COMPONENT;
10 (3) A LOCAL PUBLIC HEALTH COMPONENT;
11 (4) A MEDICAL INSTITUTION COMPONENT; AND
12 (5) AN ADMINISTRATIVE COMPONENT.

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

15 (E) (1) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE
16 BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.

17 (2) THE LEGISLATIVE AUDITOR IS AUTHORIZED TO AUDIT THE
18 APPROPRIATIONS AND EXPENDITURES MADE FOR THE PURPOSES OF THE PROGRAM,
19 INCLUDING THE USE OF FUNDS BY PERSONS RECEIVING FUNDS UNDER THIS
20 SUBTITLE UNDER A GRANT OR CONTRACT.

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

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

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

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

31 (3) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN
32 THE STATE BUDGET MAY BE TRANSFERRED TO ANOTHER COMPONENT OF THE
33 PROGRAM, ANOTHER PROGRAM IN THE DEPARTMENT, OR ANOTHER UNIT OF STATE
34 GOVERNMENT IF THE TRANSFER IS SPECIFICALLY AUTHORIZED BY:

35 (I) A PROVISION OF THIS SUBTITLE; OR

1 (II) A PROVISION OF THE ANNUAL BUDGET BILL AS ENACTED THAT
2 RELATES SPECIFICALLY TO THE TRANSFER OF FUNDS FROM THAT COMPONENT.

3 (G) (1) MONEY THAT IS ALLOCATED TO A COMPONENT OF THE PROGRAM IN
4 THE STATE BUDGET THAT REMAINS UNSPENT AND UNOBLIGATED AT THE END OF
5 THE APPLICABLE FISCAL YEAR SHALL REVERT TO THE CIGARETTE RESTITUTION
6 FUND.

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

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

15 (H) NO LATER THAN JANUARY 15 OF EACH YEAR, THE DEPARTMENT SHALL
16 REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT
17 ARTICLE, THE SENATE BUDGET AND TAXATION COMMITTEE AND, THE SENATE
18 FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS COMMITTEE, AND THE HOUSE
19 ENVIRONMENTAL MATTERS COMMITTEE:

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

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

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

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

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

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

32 (I) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT ESTABLISH THE
33 CRITERIA THAT THE DEPARTMENT WILL USE TO DETERMINE WHETHER, FOR THE
34 PURPOSE OF QUALIFYING AS AN UNINSURED INDIVIDUAL UNDER § 13-1101(CC) OF
35 THIS SUBTITLE, AN INDIVIDUAL HAS THE FINANCIAL MEANS TO PAY FOR
36 APPROPRIATE TREATMENT.

1 13-1103.

2 (A) THERE IS A SURVEILLANCE AND EVALUATION COMPONENT IN THE
3 PROGRAM.

4 (B) THE PURPOSE OF THE SURVEILLANCE AND EVALUATION COMPONENT IS
5 TO:

6 (1) COLLECT, ANALYZE, AND MONITOR DATA RELATING TO ~~CANCER AND~~:

7 (I) TARGETED CANCERS;

8 (II) AS DETERMINED BY THE DEPARTMENT, NON-TARGETED
9 CANCERS; AND

10 (III) CANCER PREVENTION, IDENTIFICATION EDUCATION,
11 SCREENING, AND TREATMENT PROGRAMS IN THE STATE;

12 (2) MEASURE AND EVALUATE THE RESULTS OF THE PROGRAM,
13 INCLUDING THE RESULTS OF EACH COMPONENT OF THE PROGRAM;

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

16 (4) CONDUCT AN ANNUAL CANCER STUDY, AS PROVIDED UNDER §
17 13-1104 OF THIS SUBTITLE.

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

21 (2) THE DEPARTMENT MAY:

22 (I) CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
23 STUDY; OR

24 (II) CONTRACT WITH A HIGHER EDUCATION INSTITUTION OR
25 PRIVATE ENTITY TO CONDUCT THE BASELINE CANCER STUDY OR ANY PART OF THE
26 STUDY.

27 (D) THE BASELINE CANCER STUDY SHALL MEASURE:

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

30 (2) THE NUMBER AND PERCENTAGE OF INDIVIDUALS WITHIN EACH
31 MINORITY POPULATION WHO HAVE EACH TARGETED CANCER, BOTH STATEWIDE
32 AND IN EACH COUNTY;

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

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

3 (5) ANY ASPECT OF TARGETED AND NON-TARGETED CANCERS THAT
4 THE DEPARTMENT SEEKS TO MEASURE; AND

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

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

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

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

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

29 (G) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND,
30 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
31 ASSEMBLY, ON THE RESULTS OF THE BASELINE CANCER STUDY.

32 13-1104.

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

36 (B) THE ANNUAL CANCER STUDY SHALL:

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

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

3 (C) THE DEPARTMENT MAY:

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

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

8 (D) (1) IF THE DEPARTMENT CHOOSES TO HAVE A HIGHER EDUCATION
9 INSTITUTION OR PRIVATE ENTITY CONDUCT THE ANNUAL CANCER STUDY OR ANY
10 PART OF THE STUDY, THE DEPARTMENT SHALL ISSUE A REQUEST FOR PROPOSAL TO
11 SELECT THE ENTITY THAT WILL CONDUCT THE STUDY OR THE RELEVANT PART OF
12 THE STUDY.

13 (2) THE DEPARTMENT MAY CONTRACT WITH AN ENTITY TO CONDUCT
14 ONE OR MORE ANNUAL CANCER STUDIES OR A PART OF ONE OR MORE ANNUAL
15 CANCER STUDIES.

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

19 13-1105.

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

24 (1) THE NUMBER AND TYPES OF PUBLICLY FUNDED SCREENING
25 PROGRAMS FOR EACH TARGETED CANCER, BOTH STATEWIDE AND IN EACH COUNTY,
26 AND THE NUMBER OF ~~PERSONS~~ INDIVIDUALS SCREENED EACH YEAR IN THESE
27 PROGRAMS; AND

28 (2) THE EXISTENCE OF MECHANISMS TO ~~INSURE~~ ENSURE THAT
29 UNINSURED INDIVIDUALS WHO DO NOT HAVE PRIVATE HEALTH INSURANCE AND
30 ARE NOT COVERED BY MEDICAID OR MEDICARE RECEIVE APPROPRIATE TREATMENT
31 FOR ANY CANCER THAT IS DETECTED IN THE SCREENING ~~PROGRAM~~ PROGRAMS
32 IDENTIFIED UNDER ITEM (1) OF THIS SECTION.

33 13-1106.

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

35 (B) THE PURPOSE OF THE STATEWIDE PUBLIC HEALTH COMPONENT IS TO
36 MAXIMIZE THE EFFECTIVENESS OF THE ~~ANTICANCER~~ ANTI-CANCER INITIATIVES IN
37 THE STATE BY AUTHORIZING THE DEPARTMENT TO TAKE STEPS TO ~~INSURE~~ ENSURE

1 THAT THE PROGRAM IS IMPLEMENTED IN A COORDINATED AND INTEGRATED
2 MANNER THROUGHOUT THE STATE.

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

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

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

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

14 (D) IF THE DEPARTMENT ISSUES A REQUEST FOR PROPOSAL, DISTRIBUTES A
15 GRANT, OR ENTERS INTO A CONTRACT AS AUTHORIZED UNDER SUBSECTION (C) OF
16 THIS SECTION, THE REQUEST FOR PROPOSAL, GRANT, OR CONTRACT SHALL STATE
17 WITH SPECIFICITY THE OBJECTIVES AND PERFORMANCE CRITERIA THAT WILL BE
18 USED TO MEASURE THE SUCCESS OF THE PROGRAM TO WHICH THE REQUEST FOR
19 PROPOSAL, GRANT, OR CONTRACT RELATES.

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

23 13-1107.

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

25 (B) THE PURPOSE OF THE LOCAL PUBLIC HEALTH COMPONENT IS TO
26 MAXIMIZE THE EFFECTIVENESS OF ~~ANTICANCER~~ ANTI-CANCER INITIATIVES IN THE
27 STATE BY EMPOWERING LOCAL HEALTH COALITIONS TO DEVELOP AND IMPLEMENT
28 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT
29 PROGRAMS IN COORDINATION WITH THE DEPARTMENT.

30 (C) SUBJECT TO §§ 13-1108 THROUGH 13-1113 OF THIS SUBTITLE, THE
31 DEPARTMENT MAY DISTRIBUTE GRANTS TO COUNTIES FOR CANCER PREVENTION,
32 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS.

33 (D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION,
34 THE DEPARTMENT MAY NOT SPEND ANY FUNDS THAT ARE ALLOCATED TO THE
35 LOCAL PUBLIC HEALTH COMPONENT IN THE STATE BUDGET UNTIL AFTER THE
36 BASELINE CANCER STUDY HAS BEEN COMPLETED.

37 (2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE
38 DEPARTMENT MAY DISTRIBUTE A PLANNING GRANT OF NOT MORE THAN \$10,000 TO

1 EACH LOCAL HEALTH DEPARTMENT OTHER THAN THE BALTIMORE CITY HEALTH
2 DEPARTMENT.

3 13-1108.

4 (A) AFTER THE BASELINE CANCER STUDY HAS BEEN COMPLETED AND
5 BEFORE SOLICITING APPLICATIONS FOR LOCAL PUBLIC HEALTH CANCER GRANTS,
6 THE DEPARTMENT, IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS, SHALL:

7 (1) ESTABLISH SHORT-TERM AND LONG-TERM CANCER PREVENTION,
8 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT GOALS FOR EACH
9 COUNTY;

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

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

16 (B) SUBJECT TO SUBSECTION (C) OF THIS SECTION AND §§ 13-1109 THROUGH
17 13-1113 OF THIS SUBTITLE, THE DEPARTMENT SHALL DISTRIBUTE A LOCAL PUBLIC
18 HEALTH CANCER GRANT TO EACH COUNTY THAT IS EQUAL TO THE SUM OF:

19 (1) THE PRODUCT OF:

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

22 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO HAVE ~~ONE~~
23 ANY OF THE TARGETED CANCERS DIVIDED BY THE NUMBER OF INDIVIDUALS IN THE
24 STATE RESIDING OUTSIDE OF BALTIMORE CITY WHO HAVE ~~ONE~~ ANY OF THE
25 TARGETED CANCERS; AND

26 (2) THE PRODUCT OF:

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

29 (II) THE NUMBER OF INDIVIDUALS IN THE COUNTY WHO DIED
30 ~~FROM ONE~~ ANY OF THE TARGETED CANCERS DURING THE PRIOR YEAR DIVIDED BY
31 THE NUMBER OF INDIVIDUALS IN THE STATE RESIDING OUTSIDE OF BALTIMORE
32 CITY WHO DIED FROM ~~ONE~~ ANY OF THE TARGETED CANCERS DURING THE PRIOR
33 YEAR.

34 (C) (1) EXCEPT AS PROVIDED IN THIS SUBSECTION, BALTIMORE CITY IS NOT
35 ELIGIBLE TO RECEIVE MONEY FROM THE DEPARTMENT BASED ON THE FORMULA
36 ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.

1 (2) EACH YEAR, BEFORE CALCULATING THE AMOUNT OF MONEY THAT
2 MAY BE DISTRIBUTED TO EACH COUNTY AS A LOCAL PUBLIC HEALTH CANCER
3 GRANT UNDER SUBSECTION (B) OF THIS SECTION, THE DEPARTMENT SHALL
4 CALCULATE THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED TO
5 EACH COUNTY IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.

6 (3) IF THE AMOUNT OF MONEY THAT WOULD HAVE BEEN DISTRIBUTED
7 TO BALTIMORE CITY USING THE FORMULA ESTABLISHED UNDER SUBSECTION (B) OF
8 THIS SECTION IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA EXCEEDS
9 \$4,000,000, THE DEPARTMENT SHALL TRANSFER THE DIFFERENCE BETWEEN THAT
10 AMOUNT AND \$4,000,000 FROM THE LOCAL PUBLIC HEALTH COMPONENT TO THE
11 MEDICAL INSTITUTION COMPONENT.

12 13-1109.

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

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

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

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

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

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

26 (I) IDENTIFY ALL EXISTING CANCER PREVENTION,
27 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT
28 RELATE TO TARGETED CANCERS IN THE COUNTY THAT ARE PUBLICLY FUNDED;

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

31 (III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,
32 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT THAT OUTLINES A
33 STRATEGY FOR MEETING THE CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,
34 SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR THE
35 COUNTY BY THE DEPARTMENT UNDER § 13-1108 OF THIS SUBTITLE.

36 (D) A COMPREHENSIVE PLAN FOR CANCER PREVENTION, ~~IDENTIFICATION~~
37 EDUCATION, SCREENING, AND TREATMENT SHALL:

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

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

5 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE
6 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,
7 IDENTIFICATION EDUCATION, SCREENING, AND TREATMENT GOALS ESTABLISHED
8 FOR THE COUNTY BY THE DEPARTMENT UNDER § 13-1108 OF THIS SUBTITLE;

9 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF
10 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS
11 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,
12 IDENTIFICATION EDUCATION, SCREENING, AND TREATMENT GOALS AND
13 REQUIREMENTS ESTABLISHED FOR THE COUNTY BY THE DEPARTMENT UNDER §
14 13-1108 OF THIS SUBTITLE;

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

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

22 ~~(I)~~ ARE DIAGNOSED WITH A TARGETED OR NON-TARGETED
23 ~~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 AS A RESULT OF THE SCREENING PROCESS;~~

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

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

35 (9) DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER
36 INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY
37 POPULATIONS AND RURAL AREAS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN
38 SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE
39 TASK FORCE REPORT;

1 (10) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY
2 OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND
3 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW
4 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS
5 OF THE TASK FORCE REPORT; AND

6 (9) (11) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY
7 THE DEPARTMENT.

8 (E) A LOCAL HEALTH OFFICER WHO SEEKS TO OBTAIN A LOCAL PUBLIC
9 HEALTH CANCER GRANT SHALL APPLY TO THE DEPARTMENT BY SUBMITTING A
10 COPY OF THE COUNTY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION,
11 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT FOR APPROVAL.

12 (F) EACH YEAR, A LOCAL HEALTH OFFICER, IN CONSULTATION WITH THE
13 COMMUNITY HEALTH COALITION, SHALL UPDATE THE COMPREHENSIVE PLAN FOR
14 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT.

15 (G) (1) THE DEPARTMENT MAY DESIGNATE A PERSON OTHER THAN THE
16 HEAD OF A COUNTY HEALTH DEPARTMENT TO COORDINATE A COUNTY'S CANCER
17 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT EFFORTS
18 IF:

19 (I) THE COUNTY HEALTH DEPARTMENT IS UNWILLING TO
20 COORDINATE THESE EFFORTS;

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

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

27 (2) THE DEPARTMENT SHALL ~~ADOPT~~ ESTABLISH PROCEDURES FOR
28 MAKING A DESIGNATION UNDER THIS SUBSECTION.

29 13-1110.

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

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

35 (1) IT WOULD BE COST-EFFECTIVE TO FUND CANCER PREVENTION,
36 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS FOR
37 TARGETED CANCERS ON A REGIONAL BASIS; AND

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

5 (C) THE AMOUNT OF A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS
 6 DISTRIBUTED TO A REGION UNDER THIS SECTION SHALL BE EQUAL TO THE SUM OF
 7 THE LOCAL PUBLIC HEALTH CANCER GRANTS THAT OTHERWISE WOULD HAVE BEEN
 8 DISTRIBUTED TO EACH COUNTY UNDER THE FORMULA ESTABLISHED UNDER §
 9 13-1108 OF THIS SUBTITLE.

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

14 (1) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,
 15 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT, AS REQUIRED UNDER §
 16 13-1109(C) OF THIS SUBTITLE;

17 (2) ESTABLISH A COMMUNITY HEALTH COALITION, AS PROVIDED
 18 UNDER § 13-1111 OF THIS SUBTITLE;

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

21 (4) OTHERWISE SATISFY THE REQUIREMENTS OF §§ ~~13-1108~~ 13-1107
 22 THROUGH 13-1113 OF THIS SUBTITLE.

23 13-1111.

24 (A) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION ESTABLISHED
 25 UNDER § 13-1109(C) OF THIS SUBTITLE SHALL:

26 (1) REFLECT THE DEMOGRAPHICS OF THE COUNTY ~~AND MAY CONSIST~~
 27 ~~OF;~~ AND

28 ~~(1)~~ (2) INCLUDE REPRESENTATIVES OF:

29 ~~(1)~~ COMMUNITY-BASED GROUPS, INCLUDING MINORITY, RURAL,
 30 AND MEDICALLY UNDERSERVED POPULATIONS, THAT, TAKEN TOGETHER, ARE
 31 FAMILIAR WITH ALL OF THE DIFFERENT COMMUNITIES AND CULTURES IN THE
 32 COUNTY;

33 ~~(1)~~ (B) THE MEMBERSHIP OF A COMMUNITY HEALTH COALITION
 34 ESTABLISHED UNDER § 13-1109(C) OF THIS SUBTITLE MAY INCLUDE:

35 (1) REPRESENTATIVES OF:

1 (I) A LOCAL MANAGEMENT BOARD ESTABLISHED UNDER ARTICLE
2 49D, § 11 OF THE CODE;

3 ~~(H)~~ (II) LOCAL HOSPITALS, CLINICS, PHYSICIANS, AND OTHER
4 HEALTH CARE PROVIDERS;

5 ~~(V)~~ (III) LOCAL RELIGIOUS ORGANIZATIONS; AND

6 ~~(N)~~ (IV) INSTITUTIONS OF HIGHER EDUCATION; AND

7 (2) ANY OTHER PERSON THAT THE LOCAL HEALTH OFFICER BELIEVES
8 WOULD HELP THE COUNTY MEET THE CANCER PREVENTION, ~~IDENTIFICATION~~
9 EDUCATION, SCREENING, AND TREATMENT GOALS AND REQUIREMENTS
10 ESTABLISHED FOR THE COUNTY ~~BY THE DEPARTMENT~~ UNDER § 13-1108 OF THIS
11 SUBTITLE.

12 13-1112.

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

15 (B) (1) BEFORE RECEIVING A LOCAL PUBLIC HEALTH CANCER GRANT, A
16 LOCAL HEALTH OFFICER SHALL SUBMIT TO THE DEPARTMENT AN INVENTORY OF
17 ALL EXISTING PUBLICLY FUNDED CANCER PREVENTION, ~~IDENTIFICATION~~
18 EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT RELATE TO TARGETED
19 CANCERS IN THE COUNTY THAT WERE IDENTIFIED UNDER § 13-1109(C) OF THIS
20 SUBTITLE.

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

23 (C) THE LEVEL OF FUNDING SPECIFIED UNDER SUBSECTION (B)(2) OF THIS
24 SECTION SHALL BE THE COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,
25 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT
26 RELATE TO TARGETED CANCERS.

27 (D) A LOCAL PUBLIC HEALTH CANCER GRANT MAY NOT BE USED TO
28 SUPPLANT A COUNTY'S BASE-YEAR FUNDING FOR CANCER PREVENTION,
29 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT
30 RELATE TO TARGETED CANCERS.

31 (E) THE DEPARTMENT MAY NOT DISTRIBUTE A LOCAL PUBLIC HEALTH
32 CANCER GRANT TO A COUNTY UNLESS THE DEPARTMENT DETERMINES THAT THE
33 COUNTY WILL SPEND, IN THE APPLICABLE FISCAL YEAR, AT LEAST ITS BASE-YEAR
34 FUNDING FOR CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING,
35 AND TREATMENT PROGRAMS THAT RELATE TO TARGETED CANCERS.

1 13-1113.

2 (A) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR CANCER
3 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT
4 SUBMITTED UNDER § 13-1109(E) OF THIS SUBTITLE AND DETERMINE WHETHER:

5 (1) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS
6 ESTABLISHED ~~BY THE DEPARTMENT~~ FOR THE COUNTY UNDER § 13-1108 OF THIS
7 SUBTITLE; AND

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

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

14 13-1114.

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

16 (B) THE PURPOSE OF THE MEDICAL INSTITUTION COMPONENT IS TO
17 MAXIMIZE THE EFFECTIVENESS OF ~~ANTICANCER~~ ANTI CANCER INITIATIVES IN THE
18 STATE BY INVOLVING THE UNIVERSITY OF MARYLAND MEDICAL GROUP AND THE
19 JOHNS HOPKINS INSTITUTIONS IN THE IMPLEMENTATION OF THE PROGRAM.

20 (C) ~~UNDER THE MEDICAL INSTITUTION COMPONENT SUBJECT TO §§ 13-1115~~
21 ~~THROUGH 13-1118 OF THIS SUBTITLE, THE DEPARTMENT MAY DISTRIBUTE GRANTS~~
22 ~~TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS~~
23 ~~HOPKINS GROUP TO FUND:~~

24 (1) ~~SCREENING AND TREATMENT PROGRAMS FOR TARGETED CANCERS;~~

25 (2) ~~RESEARCH ACTIVITIES RELATING TO TARGETED CANCERS; AND~~

26 (3) ~~A STATEWIDE NETWORK AND INFRASTRUCTURE THAT WILL~~
27 ~~SUPPORT A WIDE RANGE OF OUTREACH, SCREENING, RESEARCH, AND TREATMENT~~
28 ~~SERVICES RELATING TO TARGETED CANCERS~~ IMPLEMENT THE MEDICAL
29 INSTITUTION COMPONENT BY DISTRIBUTING:

30 (1) MEDICAL INSTITUTION PUBLIC HEALTH GRANTS, AS PROVIDED
31 UNDER § 13-1115 OF THIS SUBTITLE;

32 (2) MEDICAL INSTITUTION RESEARCH GRANTS, AS PROVIDED UNDER §
33 13-1116 OF THIS SUBTITLE; AND

34 (3) A MEDICAL INSTITUTION NETWORK GRANT, AS PROVIDED UNDER §
35 13-1117 OF THIS SUBTITLE.

1 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
 2 DEPARTMENT MAY USE FUNDS THAT ARE ALLOCATED TO THE MEDICAL
 3 INSTITUTION COMPONENT IN THE STATE BUDGET TO COVER ADMINISTRATIVE
 4 COSTS OF THE MEDICAL INSTITUTION COMPONENT.

5 (2) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS
 6 ENACTED, THE DEPARTMENT MAY NOT USE MORE THAN FIVE PERCENT OF THE
 7 FUNDS THAT ARE ALLOCATED TO THE MEDICAL INSTITUTION COMPONENT IN THE
 8 STATE BUDGET TO COVER ADMINISTRATIVE COSTS OF THE MEDICAL INSTITUTION
 9 COMPONENT, INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT,
 10 THE UNIVERSITY OF MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS
 11 INSTITUTIONS, AND ANY OTHER PERSON WHO RECEIVES FUNDS UNDER A MEDICAL
 12 INSTITUTION PUBLIC HEALTH GRANT, A MEDICAL INSTITUTION RESEARCH GRANT,
 13 OR A MEDICAL INSTITUTION NETWORK GRANT.

14 (3) THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF
 15 ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, THE UNIVERSITY OF
 16 MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS INSTITUTIONS, AND ANY OTHER
 17 PERSON WHO RECEIVES FUNDS UNDER A MEDICAL INSTITUTION PUBLIC HEALTH
 18 GRANT, A MEDICAL INSTITUTION RESEARCH GRANT, OR A MEDICAL INSTITUTION
 19 NETWORK GRANT.

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

23 13-1115.

24 (A) (1) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE
 25 UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS
 26 GROUP INSTITUTIONS MAY EACH APPLY FOR A MEDICAL INSTITUTION PUBLIC
 27 HEALTH GRANT.

28 (2) THE AMOUNT OF A EACH MEDICAL INSTITUTION PUBLIC HEALTH
 29 GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM
 30 GROUP OR THE JOHNS HOPKINS GROUP INSTITUTIONS, RESPECTIVELY, SHALL BE
 31 EQUAL TO THE GREATER SUM OF:

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

33 ~~(H) ONE HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT~~
 34 ~~THAT WOULD OTHERWISE HAVE BEEN DISTRIBUTED TO BALTIMORE CITY USING THE~~
 35 ~~FORMULA ESTABLISHED UNDER § 13-1108 OF THIS SUBTITLE IF BALTIMORE CITY~~
 36 ~~WERE INCLUDED IN THE FORMULA; AND~~

37 (II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE
 38 LOCAL PUBLIC HEALTH COMPONENT TO THE MEDICAL INSTITUTION COMPONENT
 39 UNDER § 13-1108(C) OF THIS SUBTITLE.

1 (3) (4) IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH
 2 GRANT THAT IS DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM
 3 GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION IS EQUAL TO THE AMOUNT
 4 SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION, THE DIFFERENCE BETWEEN
 5 THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION AND THE
 6 AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS SUBSECTION SHALL BE DEDUCTED
 7 FROM THE AMOUNT OF ANY OTHER MONEY THAT WOULD OTHERWISE BE
 8 DISTRIBUTED TO THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP UNDER
 9 §§ 13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.

10 (II) IF THE AMOUNT OF A MEDICAL INSTITUTION PUBLIC HEALTH
 11 GRANT TO THE JOHNS HOPKINS GROUP UNDER PARAGRAPH (2) OF THIS SUBSECTION
 12 IS EQUAL TO THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS SUBSECTION,
 13 THE DIFFERENCE BETWEEN THE AMOUNT SPECIFIED IN PARAGRAPH (2)(II) OF THIS
 14 SUBSECTION AND THE AMOUNT SPECIFIED IN PARAGRAPH (2)(I) OF THIS
 15 SUBSECTION SHALL BE DEDUCTED FROM THE AMOUNT OF ANY OTHER MONEY THAT
 16 WOULD OTHERWISE BE DISTRIBUTED TO THE JOHNS HOPKINS GROUP UNDER §§
 17 13-1114 THROUGH 13-1117 OF THIS SUBTITLE IN THE SAME FISCAL YEAR.

18 (B) BEFORE APPLYING FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT,
 19 THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP AND THE JOHNS HOPKINS
 20 GROUP INSTITUTIONS, ACTING JOINTLY IN COLLABORATION WITH THE BALTIMORE
 21 CITY HEALTH DEPARTMENT, SHALL:

22 (1) ESTABLISH A BALTIMORE CITY COMMUNITY HEALTH COALITION, AS
 23 PROVIDED UNDER § 13-1111 OF THIS SUBTITLE, THAT REFLECTS THE DEMOGRAPHICS
 24 OF BALTIMORE CITY AND INCLUDES REPRESENTATIVES OF COMMUNITY-BASED
 25 GROUPS, INCLUDING MINORITY AND MEDICALLY UNDERSERVED POPULATIONS,
 26 THAT, TAKEN TOGETHER, ARE FAMILIAR WITH ALL OF THE DIFFERENT
 27 COMMUNITIES AND CULTURES IN BALTIMORE CITY; AND

28 (2) WITH THE ASSISTANCE OF THE BALTIMORE CITY COMMUNITY
 29 HEALTH COALITION:

30 (I) IDENTIFY ALL EXISTING CANCER PREVENTION,
 31 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAMS THAT
 32 RELATE TO TARGETED CANCERS IN BALTIMORE CITY THAT ARE PUBLICLY FUNDED;

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

35 (III) DEVELOP A COMPREHENSIVE PLAN FOR CANCER PREVENTION,
 36 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT THAT OUTLINES A
 37 STRATEGY FOR MEETING THE CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,
 38 SCREENING, AND TREATMENT GOALS AND REQUIREMENTS ESTABLISHED FOR
 39 BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER § 13-1108 OF THIS SUBTITLE.

40 (C) THE BALTIMORE CITY COMPREHENSIVE PLAN FOR CANCER PREVENTION,
 41 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT SHALL:

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

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

5 (3) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, DEMONSTRATE
6 THAT PROGRESS HAS BEEN MADE TOWARD MEETING THE CANCER PREVENTION,
7 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT GOALS ESTABLISHED
8 FOR BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER § 13-1108 OF THIS SUBTITLE;

9 (4) INCLUDE A BUDGET PLAN THAT PROVIDES SPECIFIC LEVELS OF
10 FUNDING FOR EACH INITIATIVE DESCRIBED IN THE PLAN AND AN EXPLANATION AS
11 TO HOW EACH INITIATIVE IS EXPECTED TO HELP MEET THE CANCER PREVENTION,
12 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT GOALS AND
13 REQUIREMENTS ESTABLISHED FOR BALTIMORE CITY ~~BY THE DEPARTMENT~~ UNDER §
14 13-1108 OF THIS SUBTITLE;

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

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

22 (H) ~~ARE DIAGNOSED WITH A TARGETED AND NON-TARGETED~~
23 ~~CANCER; AND~~

24 (H) ~~DO NOT HAVE PRIVATE HEALTH INSURANCE, ARE NOT~~
25 ~~ELIGIBLE FOR MEDICAID OR MEDICARE, AND ARE OTHERWISE UNABLE TO PAY FOR~~
26 ~~TREATMENT AS A RESULT OF THE SCREENING PROCESS;~~

27 (7) STATE THAT THE MEDICAL INSTITUTION PUBLIC HEALTH GRANT
28 WILL NOT BE USED TO SUPPLANT ANY EXISTING FUNDING AT THE UNIVERSITY OF
29 MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS INSTITUTIONS FOR ANY
30 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, OR TREATMENT
31 PROGRAMS THAT RELATE TO TARGETED CANCERS;

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

36 (9) EACH YEAR, AFTER THE FIRST YEAR OF FUNDING, STATE THE
37 AMOUNT OF MONEY THAT WAS RECEIVED BY THE UNIVERSITY OF MARYLAND
38 MEDICAL ~~SYSTEM~~ GROUP AND THE JOHNS HOPKINS ~~GROUP~~ INSTITUTIONS UNDER A
39 MEDICAL INSTITUTION PUBLIC HEALTH GRANT IN THE PRIOR FISCAL YEAR THAT
40 REMAINED UNSPENT AND UNOBLIGATED AT THE END OF THAT YEAR; ~~AND~~

1 (10) DESCRIBE HOW THE PLAN WILL HELP TO ELIMINATE THE GREATER
 2 INCIDENCE OF AND HIGHER MORBIDITY RATES FOR CANCER IN MINORITY
 3 POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW THE PLAN SEEKS TO ADDRESS
 4 THE RELEVANT FINDINGS AND RECOMMENDATIONS OF THE TASK FORCE REPORT;

5 (11) DESCRIBE HOW THE PLAN WILL HELP TO INCREASE AVAILABILITY
 6 OF AND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED INDIVIDUALS AND
 7 MEDICALLY UNDERSERVED POPULATIONS, WITH PARTICULAR EMPHASIS ON HOW
 8 THE PLAN SEEKS TO ADDRESS THE RELEVANT FINDINGS AND RECOMMENDATIONS
 9 OF THE TASK FORCE REPORT; AND

10 ~~(10)~~ (12) CONTAIN ANY DATA OR OTHER INFORMATION REQUIRED BY
 11 THE DEPARTMENT.

12 (E) TO APPLY FOR A MEDICAL INSTITUTION PUBLIC HEALTH GRANT, THE
 13 UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP AND THE JOHNS HOPKINS
 14 ~~GROUP~~ INSTITUTIONS SHALL SUBMIT TO THE DEPARTMENT A COPY OF BALTIMORE
 15 CITY'S COMPREHENSIVE PLAN FOR CANCER PREVENTION, ~~IDENTIFICATION~~
 16 EDUCATION, SCREENING, AND TREATMENT FOR APPROVAL.

17 (F) EACH YEAR, THE UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP,
 18 AND THE JOHNS HOPKINS GROUP, AND INSTITUTIONS, ACTING JOINTLY IN
 19 COLLABORATION WITH THE BALTIMORE CITY HEALTH DEPARTMENT, IN
 20 CONSULTATION WITH THE BALTIMORE CITY COMMUNITY HEALTH COALITION,
 21 SHALL UPDATE THE COMPREHENSIVE PLAN FOR CANCER PREVENTION,
 22 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT.

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

31 ~~(2) IF THE JOHNS HOPKINS GROUP DOES NOT APPLY FOR A MEDICAL~~
 32 ~~INSTITUTION PUBLIC HEALTH GRANT AS PROVIDED UNDER THIS SECTION, THE~~
 33 ~~BALTIMORE CITY HEALTH DEPARTMENT MAY APPLY FOR A LOCAL PUBLIC HEALTH~~
 34 ~~CANCER GRANT, AS PROVIDED UNDER § 13-1109 OF THIS SUBTITLE, IN AN AMOUNT~~
 35 ~~THAT IS EQUAL TO ONE HALF OF THE LOCAL PUBLIC HEALTH CANCER GRANT THAT~~
 36 ~~MAY BE DISTRIBUTED TO BALTIMORE CITY UNDER THE FORMULA ESTABLISHED IN §~~
 37 ~~13-1108 OF THIS SUBTITLE IF BALTIMORE CITY WERE INCLUDED IN THE FORMULA.~~

38 (G) (1) RATHER THAN DISTRIBUTING A MEDICAL INSTITUTION PUBLIC
 39 HEALTH GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS
 40 HOPKINS INSTITUTIONS UNDER THIS SECTION, THE DEPARTMENT MAY DISTRIBUTE
 41 TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED
 42 BY THE DEPARTMENT A LOCAL PUBLIC HEALTH CANCER GRANT FOR THE PURPOSE

1 OF COORDINATING BALTIMORE CITY'S CANCER PREVENTION, EDUCATION,
2 SCREENING, AND TREATMENT EFFORTS IF:

3 (I) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE
4 JOHNS HOPKINS INSTITUTIONS ARE UNWILLING TO COORDINATE THESE EFFORTS;

5 (II) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE
6 JOHNS HOPKINS INSTITUTIONS HAVE BEEN UNSUCCESSFUL IN IMPLEMENTING
7 CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT INITIATIVES
8 THAT SATISFY PERFORMANCE STANDARDS ESTABLISHED BY THE DEPARTMENT; OR

9 (III) THE UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE
10 JOHNS HOPKINS INSTITUTIONS LACK SUFFICIENT STAFF OR RESOURCES TO
11 COORDINATE THESE EFFORTS.

12 (2) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH
13 CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER
14 PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER
15 THAN DISTRIBUTING A MEDICAL INSTITUTION PUBLIC HEALTH GRANT TO THE
16 UNIVERSITY OF MARYLAND MEDICAL GROUP, THE AMOUNT OF THE GRANT SHALL
17 EQUAL THE SUM OF:

18 (I) \$2,000,000; AND

19 (II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE
20 LOCAL PUBLIC HEALTH COMPONENT TO THE MEDICAL INSTITUTION COMPONENT
21 UNDER § 13-1108(C) OF THIS SUBTITLE.

22 (3) IF THE DEPARTMENT DISTRIBUTES A LOCAL PUBLIC HEALTH
23 CANCER GRANT TO THE BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER
24 PERSON DESIGNATED BY THE DEPARTMENT UNDER THIS SUBSECTION RATHER
25 THAN DISTRIBUTING A MEDICAL INSTITUTION PUBLIC HEALTH GRANT TO THE
26 JOHNS HOPKINS INSTITUTIONS, THE AMOUNT OF THE GRANT SHALL EQUAL THE
27 SUM OF:

28 (I) \$2,000,000; AND

29 (II) ONE-HALF OF ANY MONEY THAT IS TRANSFERRED FROM THE
30 LOCAL PUBLIC HEALTH COMPONENT TO THE MEDICAL INSTITUTION COMPONENT
31 UNDER § 13-1108(C) OF THIS SUBTITLE.

32 (4) THE DEPARTMENT SHALL USE MONEY THAT IS ALLOCATED TO THE
33 MEDICAL INSTITUTION COMPONENT IN THE STATE BUDGET OR TRANSFERRED TO
34 THE MEDICAL INSTITUTION COMPONENT UNDER § 13-1108(C) OF THIS SUBTITLE TO
35 FUND A LOCAL PUBLIC HEALTH CANCER GRANT THAT IS DISTRIBUTED TO THE
36 BALTIMORE CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE
37 DEPARTMENT UNDER THIS SUBSECTION.

38 (5) IF THE BALTIMORE CITY HEALTH DEPARTMENT APPLIES FOR A
39 LOCAL PUBLIC HEALTH CANCER GRANT AS AUTHORIZED UNDER THIS SUBSECTION,

1 THE BALTIMORE CITY HEALTH DEPARTMENT SHALL COMPLY WITH THE
2 REQUIREMENTS OF §§ 13-1107 THROUGH 13-1113 OF THIS SUBTITLE.

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

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

13 (2) THE LEVEL OF FUNDING SPECIFIED UNDER PARAGRAPH (1)(II) OF
14 THIS SUBSECTION SHALL BE BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER
15 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT
16 PROGRAMS THAT RELATE TO TARGETED CANCERS.

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

19 (I) BALTIMORE CITY'S BASE-YEAR FUNDING FOR CANCER
20 PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT
21 PROGRAMS THAT RELATE TO TARGET CANCERS; OR

22 (II) ANY EXISTING FUNDING AT THE UNIVERSITY OF MARYLAND
23 MEDICAL ~~SYSTEM~~ GROUP OR THE JOHNS HOPKINS ~~GROUP~~ INSTITUTIONS FOR
24 CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT
25 PROGRAMS THAT RELATE TO TARGETED CANCERS.

26 (I) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
27 DEPARTMENT MAY NOT DISTRIBUTE A MEDICAL INSTITUTION PUBLIC HEALTH
28 GRANT UNDER THIS SECTION UNTIL AFTER THE BASELINE CANCER STUDY HAS
29 BEEN COMPLETED.

30 (2) BEFORE THE BASELINE CANCER STUDY IS COMPLETED, THE
31 DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE MEDICAL INSTITUTION
32 COMPONENT IN THE STATE BUDGET TO FUND A PLANNING GRANT OF NOT MORE
33 THAN \$10,000 THAT MAY BE DISTRIBUTED TO AND USED COLLECTIVELY BY THE
34 UNIVERSITY OF MARYLAND MEDICAL GROUP, THE JOHNS HOPKINS INSTITUTIONS,
35 AND THE BALTIMORE CITY HEALTH DEPARTMENT.

36 (J) (1) THE DEPARTMENT SHALL REVIEW A COMPREHENSIVE PLAN FOR
37 CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT SUBMITTED
38 UNDER THIS SECTION AND DETERMINE WHETHER:

39 (I) THE PLAN ADDRESSES THE GOALS AND REQUIREMENTS
40 ESTABLISHED FOR BALTIMORE CITY UNDER § 13-1108 OF THIS SUBTITLE; AND

1 (II) ALL OTHER REQUIREMENTS OF THIS SECTION HAVE BEEN
2 MET.

3 (2) IF THE DEPARTMENT DETERMINES THAT THE REQUIREMENTS OF
4 THIS SECTION HAVE NOT BEEN MET, THE DEPARTMENT MAY NOT DISTRIBUTE:

5 (I) A MEDICAL INSTITUTION PUBLIC HEALTH GRANT TO THE
6 UNIVERSITY OF MARYLAND MEDICAL GROUP OR THE JOHNS HOPKINS
7 INSTITUTIONS; OR

8 (II) A LOCAL PUBLIC HEALTH CANCER GRANT TO THE BALTIMORE
9 CITY HEALTH DEPARTMENT OR ANOTHER PERSON DESIGNATED BY THE
10 DEPARTMENT UNDER SUBSECTION (G) OF THIS SECTION.

11 13-1116.

12 (A) SUBJECT TO THE OTHER PROVISIONS OF THIS SECTION, THE
13 DEPARTMENT MAY DISTRIBUTE MEDICAL INSTITUTION RESEARCH GRANTS TO THE
14 UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP AND THE JOHNS HOPKINS
15 ~~GROUP INSTITUTIONS, AS ALLOCATED IN THE STATE BUDGET,~~ FOR THE PURPOSE OF
16 ENHANCING CANCER RESEARCH ACTIVITIES THAT MAY LEAD TO A CURE FOR A
17 TARGETED CANCER AND INCREASING THE RATE AT WHICH CANCER RESEARCH
18 ACTIVITIES ARE TRANSLATED INTO TREATMENT PROTOCOLS IN THE STATE.

19 (B) BEFORE RECEIVING A MEDICAL INSTITUTION RESEARCH GRANT, AN
20 INSTITUTION SHALL:

21 (1) SUBMIT A CANCER RESEARCH PLAN THAT:

22 (I) PROVIDES A DETAILED PLAN AS TO HOW THE MEDICAL
23 INSTITUTION CANCER RESEARCH GRANT WILL BE SPENT AND HOW IT WILL BE USED
24 TO ~~ESTABLISH~~ MEET THE GOALS ESTABLISHED BY THE DEPARTMENT;

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

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

32 (IV) CERTIFIES THAT THE CANCER RESEARCH ACTIVITIES THAT
33 WILL BE FUNDED BY THE MEDICAL INSTITUTION RESEARCH GRANT HAVE BEEN
34 ENDORSED BY AN INDEPENDENT PEER REVIEW GROUP THAT IS COMPRISED OF
35 EXPERTS IN THE FIELD FROM OUTSIDE THE INSTITUTION WHO WILL NOT BE
36 INVOLVED IN THE RESEARCH;

37 (V) IDENTIFIES THE INDIVIDUALS WHO MAKE UP THE
38 INDEPENDENT PEER REVIEW GROUP; AND

1 (VI) INCLUDES ANY OTHER INFORMATION THAT IS REQUESTED BY
2 THE DEPARTMENT; AND

3 (2) ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE
4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF BUSINESS
5 AND ECONOMIC DEVELOPMENT, AND THE MARYLAND SCIENCE, ENGINEERING, AND
6 TECHNOLOGY DEVELOPMENT CORPORATION THAT ESTABLISHES:

7 (I) THE SCOPE OF THE STATE'S OWNERSHIP OR OTHER FINANCIAL
8 INTEREST IN THE COMMERCIALIZATION AND OTHER BENEFITS OF THE RESULTS,
9 PRODUCTS, INVENTIONS, AND DISCOVERIES OF CANCER RESEARCH ACTIVITIES
10 FUNDED BY A MEDICAL INSTITUTION RESEARCH GRANT; AND

11 (II) A ~~PROTOCOL~~ PLAN FOR EXPEDITING THE TRANSLATION OF
12 CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL
13 TRIALS.

14 (C) A MEMORANDUM OF UNDERSTANDING ESTABLISHED UNDER
15 SUBSECTION (B)(2) OF THIS SECTION MAY ALLOW FOR THE SELECTION OF A HIGHER
16 EDUCATION INSTITUTION OR PRIVATE ENTITY TO EXPEDITE THE TRANSLATION OF
17 CANCER RESEARCH ACTIVITIES INTO TREATMENT PROTOCOLS AND CLINICAL
18 TRIALS.

19 ~~(E)~~ (D) THE DEPARTMENT MAY NOT DISTRIBUTE A MEDICAL INSTITUTION
20 RESEARCH GRANT UNLESS THE DEPARTMENT FIRST DETERMINES THAT:

21 (1) A CANCER RESEARCH PLAN WILL HELP ACHIEVE THE PURPOSE OF
22 THE PROGRAM;

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

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

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

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

33 13-1117.

34 (A) THE DEPARTMENT MAY DISTRIBUTE A MEDICAL INSTITUTION NETWORK
35 GRANT TO THE UNIVERSITY OF MARYLAND MEDICAL ~~SYSTEM~~ GROUP, ~~AS ALLOCATED~~
36 ~~IN THE STATE BUDGET~~, FOR THE PURPOSE OF ESTABLISHING A STATEWIDE
37 NETWORK AND INFRASTRUCTURE THAT WILL SUPPORT A WIDE RANGE OF
38 PREVENTION, EDUCATION, ~~OUTREACH~~, SCREENING, TREATMENT, AND RESEARCH

1 PROGRAMS RELATING TO TARGETED CANCERS THAT CAN BE ACCESSED BY
2 INDIVIDUALS THROUGHOUT THE STATE, INCLUDING:

3 (1) ~~REGIONAL COORDINATION OF CLINICAL TRIALS SUPPORT SERVICES~~
4 ~~AIMED AT INCREASING PARTICIPATION OF DIVERSE POPULATIONS IN CLINICAL~~
5 ~~TRIALS;~~

6 (2) DEVELOPMENT OF BEST PRACTICES MODELS ~~FOR~~ TO ADDRESS
7 TARGETED CANCERS; AND

8 (3) COORDINATION AMONG LOCAL HOSPITALS, COMMUNITY CLINICS,
9 PHYSICIANS, AND OTHER HEALTH CARE PROVIDERS IN DIFFERENT GEOGRAPHIC
10 AREAS OF THE STATE.

11 (B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE
12 DEPARTMENT MAY NOT DISTRIBUTE A MEDICAL INSTITUTION NETWORK GRANT
13 UNDER THIS SECTION UNTIL AFTER THE BASELINE CANCER STUDY IS COMPLETED.

14 (2) BEFORE COMPLETING THE BASELINE CANCER STUDY, THE
15 DEPARTMENT MAY USE MONEY THAT IS ALLOCATED TO THE MEDICAL INSTITUTION
16 COMPONENT IN THE STATE BUDGET TO FUND THE DEVELOPMENT OF AN
17 INFRASTRUCTURE FOR THE NETWORK THAT IS AUTHORIZED UNDER SUBSECTION (A)
18 OF THIS SECTION.

19 13-1118.

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

21 (B) THE PURPOSE OF THE ADMINISTRATIVE COMPONENT IS TO PROVIDE THE
22 NECESSARY ADMINISTRATIVE STRUCTURE FOR EFFECTIVE MANAGEMENT OF THE
23 LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC HEALTH, AND SURVEILLANCE AND
24 EVALUATION COMPONENTS OF THE PROGRAM.

25 (C) ~~THE ANNUAL BUDGET BILL SHALL SPECIFY THE AMOUNT OF FUNDING~~
26 ~~THAT IS ALLOCATED TO THE DEPARTMENT UNDER FUNDS THAT ARE ALLOCATED TO~~
27 ~~THE ADMINISTRATIVE COMPONENT IN THE STATE BUDGET SHALL BE USED TO~~
28 ~~COVER ADMINISTRATIVE COSTS OF THE LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC~~
29 ~~HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS OF THE PROGRAM,~~
30 ~~INCLUDING ADMINISTRATIVE COSTS INCURRED BY THE DEPARTMENT, A COUNTY~~
31 ~~THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, THE~~
32 ~~UNIVERSITY OF MARYLAND MEDICAL SYSTEM GROUP, AND THE JOHNS HOPKINS~~
33 ~~GROUP, OR ANY A PERSON RECEIVING MONEY WHO RECEIVES FUNDS UNDER A~~
34 ~~MEDICAL INSTITUTION LOCAL PUBLIC HEALTH CANCER GRANT, AND ANY OTHER~~
35 ~~PERSON WHO RECEIVES FUNDS UNDER THE LOCAL PUBLIC HEALTH, STATEWIDE~~
36 ~~PUBLIC HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS OF THE~~
37 ~~PROGRAM.~~

38 (D) ~~THE AMOUNT THAT IS~~ UNLESS OTHERWISE SPECIFIED IN THE ANNUAL
39 BUDGET BILL AS ENACTED, THE AMOUNT OF FUNDS THAT ARE ALLOCATED TO THE
40 ADMINISTRATIVE COMPONENT UNDER SUBSECTION (C) OF THIS SECTION IN THE

1 STATE BUDGET MAY NOT EXCEED FIVE PERCENT OF THE TOTAL AMOUNT THAT IS
 2 ALLOCATED TO THE LOCAL PUBLIC HEALTH, STATEWIDE PUBLIC HEALTH, AND
 3 SURVEILLANCE AND EVALUATION COMPONENTS OF THE PROGRAM IN THE STATE
 4 BUDGET.

5 (E) THE DEPARTMENT SHALL ENSURE THAT AN EQUITABLE SHARE OF
 6 ADMINISTRATIVE FUNDS IS ALLOCATED TO THE DEPARTMENT, A COUNTY THAT
 7 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, A PERSON WHO
 8 RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH CANCER GRANT, AND ANY OTHER
 9 PERSON WHO RECEIVES FUNDS UNDER THE PROGRAM.

10 (F) UNLESS OTHERWISE SPECIFIED IN THE ANNUAL BUDGET BILL AS
 11 ENACTED, THE FUNDS THAT ARE ALLOCATED TO THE LOCAL PUBLIC HEALTH,
 12 STATEWIDE PUBLIC HEALTH, AND SURVEILLANCE AND EVALUATION COMPONENTS
 13 OF THE PROGRAM IN THE STATE BUDGET MAY NOT BE USED FOR ADMINISTRATIVE
 14 COSTS.

15 **Article - State Finance and Procurement**

16 7-101.

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

18 (b) "Proposed budget" means:

19 (1) the budget bill; and

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

21 7-114.

22 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 23 INDICATED.

24 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,
 25 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAM
 26 ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

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

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

32 (1) EACH COMPONENT OF THE TOBACCO PROGRAM;

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

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

3 7-121.

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

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

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

10 (ii) requested for the next fiscal year;

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

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

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

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

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

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

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

21 (iii) requested for the next fiscal year.

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

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

27 (2) R Adams Cowley Shock Trauma Center;

28 (3) Maryland Fire and Rescue Institute;

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

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

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

3 (2) "CANCER PROGRAM" MEANS THE CANCER PREVENTION,
4 ~~IDENTIFICATION~~ EDUCATION, SCREENING, AND TREATMENT PROGRAM
5 ESTABLISHED UNDER TITLE 13, SUBTITLE 11 OF THE HEALTH - GENERAL ARTICLE.

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

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

11 (1) THE TOBACCO PROGRAM, INCLUDING THE PROPOSED
12 EXPENDITURES FOR:

13 (I) EACH COMPONENT OF THE TOBACCO PROGRAM;

14 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE
15 TOBACCO PROGRAM; AND

16 (III) EACH LOCAL PUBLIC HEALTH TOBACCO GRANT;

17 (2) THE CANCER PROGRAM, INCLUDING THE PROPOSED EXPENDITURES
18 FOR:

19 (I) EACH COMPONENT OF THE CANCER PROGRAM;

20 (II) EACH PROGRAM FUNDED UNDER EACH COMPONENT OF THE
21 CANCER PROGRAM;

22 (III) EACH LOCAL PUBLIC HEALTH CANCER GRANT;

23 (IV) EACH MEDICAL INSTITUTION PUBLIC HEALTH GRANT; ~~AND~~

24 (V) EACH MEDICAL INSTITUTION RESEARCH GRANT; AND

25 (VI) EACH MEDICAL INSTITUTION NETWORK GRANT; AND

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

28 7-317.

29 (a) There is a Cigarette Restitution Fund.

30 (b) (1) The Fund is a continuing, nonlapsing fund that is not subject to §
31 7-302 of this subtitle.

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

7 (c) The Treasurer shall:

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

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

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

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

15 (i) expressly provided by statute;

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

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

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

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

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

27 (II) THE CANCER PREVENTION, ~~IDENTIFICATION~~ EDUCATION,
28 SCREENING, AND TREATMENT PROGRAM ESTABLISHED UNDER TITLE 13, SUBTITLE
29 11 OF THE HEALTH - GENERAL ARTICLE; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 (ii) the specific outcomes or public benefits resulting from that
6 expenditure.

7 SECTION 2. AND BE IT FURTHER ENACTED, That § 13-1115(a)(2)(i) and
8 (g)(2)(i) and (3)(i) of the Health - General Article, which, as provided in this Act,
9 require that \$4,000,000 of the funds that are allocated in the State budget to the
10 Medical Institution Component of the Cancer Prevention, Education, Screening, and
11 Treatment Program be used only for Medical Institution Public Health Grants or a
12 Baltimore City Local Public Health Cancer Grant, do not apply to fiscal year 2001. Of
13 the funds that are allocated in the State budget to the Medical Institution Component
14 of the Cancer Prevention, Education, Screening, and Treatment Program for fiscal
15 year 2001, \$3,000,000 may be used only for Medical Institution Public Health Grants
16 or a Baltimore City Local Public Health Cancer Grant. In fiscal year 2001, the
17 University of Maryland Medical Group and the Johns Hopkins Institutions may each
18 apply for a Medical Institution Public Health Grant in an amount that is equal to
19 \$1,500,000 plus any amount that is available under § 13-1115(a)(2)(ii) of the Health -
20 General Article.

21 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of
22 Health and Mental Hygiene shall conduct a study to determine whether all screening
23 programs that are funded through grants that are distributed under the Cancer
24 Prevention, Education, Screening, and Treatment Program created under this Act
25 provide necessary treatment for uninsured individuals, as defined in § 13-1101 of the
26 Health - General Article, who are diagnosed with a targeted or non-targeted cancer
27 as a result of the screening programs. In conducting the study, the Department shall:
28 (1) identify the number of uninsured individuals who have participated in the
29 screening programs; (2) identify the number of uninsured individuals who have been
30 diagnosed with a targeted or non-targeted cancer as a result of the screening
31 programs; (3) identify the type of treatment that was received by uninsured
32 individuals who were diagnosed with a targeted or non-targeted cancer as a result of
33 the screening programs; and (4) determine the financial impact of treating these
34 uninsured individuals on hospitals, community clinics, physicians, and other health
35 care providers. The Department shall submit a report on its findings to the Governor
36 and, subject to § 2-1246 of the State Government Article, the General Assembly
37 within 1 year after the date that the Department approved or disapproves all of the
38 Comprehensive Plans for Cancer Prevention, Education, Screening, and Treatment
39 submitted to the Department under this Act by local health departments, medical
40 institutions, or other persons designated by the Department. Any local health
41 department, medical institution, or other person who receives money to fund a
42 screening program through a grant that is distributed under the Cancer Prevention,
43 Education, Screening, and Treatment Program created under this Act shall submit to
44 the Department any information that is needed by the Department to complete the
45 study required by this section.

1 SECTION ~~2. 4.~~ AND BE IT FURTHER ENACTED, That, except as provided in
2 Section 2 of this Act, this Act shall take effect ~~October~~ July 1, 2000.