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By: **Delegate Zirkin**  
Introduced and read first time: February 8, 2002  
Assigned to: Environmental Matters

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A BILL ENTITLED

1 AN ACT concerning

2 **Task Force on Medicaid Disease Management Programs**

3 FOR the purpose of establishing the Task Force on Medicaid Disease Management  
4 Programs; providing for the composition of the Task Force; requiring the  
5 Governor to appoint the members and the chairman of the Task Force;  
6 prohibiting members from receiving compensation; allowing members to receive  
7 reimbursement for expenses; providing for the staffing of the Task Force;  
8 requiring the Task Force to study the feasibility of operating a Medicaid disease  
9 management program that includes certain elements; requiring the Task Force  
10 to study disease management programs from certain states; requiring the Task  
11 Force to make recommendations on certain issues concerning Medicaid disease  
12 management programs; requiring the Task Force to submit a certain report to  
13 the Governor and the General Assembly on or before a certain date; and  
14 generally relating to the Task Force on Medicaid Disease Management  
15 Programs.

16 BY adding to  
17 Article 41 - Governor - Executive and Administrative Departments  
18 Section 18-319  
19 Annotated Code of Maryland  
20 (1997 Replacement Volume and 2001 Supplement)

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

23 **Article 41 - Governor - Executive and Administrative Departments**

24 18-319.

25 (A) THERE IS A TASK FORCE ON MEDICAID DISEASE MANAGEMENT  
26 PROGRAMS.

27 (B) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS APPOINTED BY  
28 THE GOVERNOR:

1 (1) TWO SENATORS NOMINATED BY THE PRESIDENT OF THE SENATE OF  
2 MARYLAND;

3 (2) TWO DELEGATES NOMINATED BY THE SPEAKER OF THE HOUSE OF  
4 DELEGATES;

5 (3) THE DEPUTY SECRETARY OF THE DEPARTMENT OF HEALTH AND  
6 MENTAL HYGIENE OR THE DEPUTY SECRETARY'S DESIGNEE;

7 (4) ONE LICENSED PRIMARY CARE PHYSICIAN;

8 (5) ONE LICENSED PHYSICIAN EXPERIENCED IN THE TREATMENT OF  
9 CHRONIC ILLNESS;

10 (6) ONE REGISTERED NURSE WITH CASE MANAGEMENT EXPERIENCE;

11 (7) ONE REPRESENTATIVE FROM THE ADVOCACY FOR CHILDREN AND  
12 YOUTH GROUP;

13 (8) ONE REPRESENTATIVE FROM THE AMERICAN ACADEMY OF  
14 PEDIATRICS;

15 (9) ONE LICENSED SOCIAL WORKER WITH EXPERIENCE WORKING WITH  
16 MEDICAID RECIPIENTS;

17 (10) TWO REPRESENTATIVES FROM THE HEALTH INSURANCE INDUSTRY  
18 WITH EXPERIENCE IN UTILIZATION REVIEW; AND

19 (11) TWO REPRESENTATIVES FROM A MANAGED CARE ORGANIZATION  
20 LICENSED TO DO BUSINESS IN THE STATE.

21 (C) THE GOVERNOR SHALL DESIGNATE THE CHAIRMAN OF THE TASK FORCE.

22 (D) A MEMBER OF THE TASK FORCE MAY NOT RECEIVE COMPENSATION BUT  
23 IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE  
24 TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

25 (E) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL PROVIDE  
26 THE STAFFING FOR THE TASK FORCE.

27 (F) THE TASK FORCE SHALL STUDY THE FEASIBILITY OF OPERATING A  
28 MEDICAID DISEASE MANAGEMENT PROGRAM THAT INCLUDES:

29 (1) PROCESSES TO IDENTIFY APPROPRIATE PROGRAM POPULATIONS;

30 (2) EVIDENCE-BASED PRACTICE GUIDELINES;

31 (3) COOPERATIVE CASE MANAGEMENT MODELS THAT INCLUDE  
32 PHYSICIAN AND SUPPORT SERVICE PROVIDERS;

1 (4) PATIENT SELF-MANAGEMENT EDUCATION PROGRAMS, INCLUDING  
2 PRIMARY PREVENTION, BEHAVIOR, AND COMPLIANCE AND SURVEILLANCE  
3 PROGRAMS;

4 (5) METHODS FOR MEASURING PROGRAM PROCESSES AND OUTCOMES  
5 IN STANDARDIZED AND OBJECTIVE WAYS; AND

6 (6) ROUTINE REPORTING OR FEEDBACK SYSTEMS THAT INCLUDE  
7 COMMUNICATION BETWEEN THE PATIENT, PHYSICIAN, AND ANCILLARY PROVIDERS,  
8 AND PRACTICE PROFILING.

9 (G) THE TASK FORCE SHALL STUDY THE DISEASE MANAGEMENT PROGRAMS  
10 IMPLEMENTED BY OTHER STATES INCLUDING, FLORIDA, LOUISIANA, NEBRASKA,  
11 NEW HAMPSHIRE, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA,  
12 OKLAHOMA, PENNSYLVANIA, AND UTAH.

13 (H) THE TASK FORCE SHALL MAKE RECOMMENDATIONS CONCERNING A  
14 MEDICAID DISEASE MANAGEMENT PROGRAM INCLUDING THE COST EFFECTIVENESS  
15 AND DIFFICULTY OF IMPLEMENTATION OF A PROGRAM, THE ABILITY OF A PROGRAM  
16 TO MEASURE OUTCOMES IN STANDARDIZED AND OBJECTIVE WAYS, THE LIKELY  
17 IMPACT OF A PROGRAM ON PATIENT CARE, AND THE PATIENT POPULATIONS THAT  
18 WOULD MOST BENEFIT FROM A PROGRAM.

19 (I) THE TASK FORCE SHALL SUBMIT ITS FINDINGS AND RECOMMENDATIONS  
20 TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE,  
21 THE GENERAL ASSEMBLY ON OR BEFORE DECEMBER 1, 2003.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
23 October 1, 2002.