

SENATE BILL 451

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2002 Regular Session  
2lr2335

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By: **Senators Exum, Astle, Currie, Dorman, Kasemeyer, Lawlah, McFadden,  
and Teitelbaum**

Introduced and read first time: January 31, 2002

Assigned to: Finance

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A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Care Foundation - Health Disparities**

3 FOR the purpose of authorizing the Maryland Health Care Foundation to provide  
4 financial support to programs that eliminate health disparities for Marylanders;  
5 requiring that the Foundation promote public awareness of the need to provide  
6 certain care for Marylanders without health insurance and the need to eliminate  
7 health disparities associated with poverty, gender, and race; requiring the  
8 Foundation to develop certain criteria for awarding grants to programs  
9 addressing health care disparities; requiring that the Foundation consider a  
10 certain geographical balance and that the geographical balance consider certain  
11 provisions; and generally relating to the Maryland Health Care Foundation.

12 BY repealing and reenacting, with amendments,  
13 Article - Health - General  
14 Section 20-502, 20-506(a), 20-507(a), and 20-508  
15 Annotated Code of Maryland  
16 (2000 Replacement Volume and 2001 Supplement)

17 **Preamble**

18 WHEREAS, The United States ranks below most industrialized nations in  
19 health status as measured by longevity, sickness, and mortality; and

20 WHEREAS, This poor ranking in health status is attributed in large measure to  
21 the lower status of America's minority populations; and

22 WHEREAS, Many minority groups suffer disproportionately from six areas of  
23 health concern: cancer, infant mortality, cardiovascular disease, HIV/AIDS,  
24 immunization, and diabetes; and

25 WHEREAS, More than 75 percent of AIDS cases are in minority groups, the  
26 prevalence of diabetes is 70 percent higher among African Americans than whites,  
27 diabetes is twice as likely to occur in Hispanics than whites, cardiovascular disease is  
28 the leading cause of death for racial and ethnic groups, infant death rates among

1 African Americans, Native Americans, Alaska Natives, and Hispanics are well above  
2 the national average of deaths per live births, and the incidence rate for lung cancer  
3 in African American men is about 50 percent higher than white men; and

4 WHEREAS, The demographic changes that are anticipated over the next decade  
5 magnify the importance of addressing disparities in health status. Groups currently  
6 experiencing poorer health status are expected to grow as a proportion of the total  
7 U.S. population; therefore, the future health of America as a whole will be influenced  
8 substantially by our success in improving the health of these racial and ethnic  
9 minorities; and

10 WHEREAS, Eliminating racial and ethnic disparities in these six areas will  
11 require effective interventions for prevention and treatment; and

12 WHEREAS, The Department of Health and Human Services has committed the  
13 nation to an ambitious goal by the year 2010 eliminating the disparities in the six  
14 areas of health status experienced by racial and ethnic minority populations while  
15 continuing the progress made in improving the overall health of the American people;  
16 and

17 WHEREAS, Achieving the goal set by the Department of Health and Human  
18 Services will require a major national commitment to identify and address the  
19 underlying causes of higher levels of disease and disability in racial and ethnic  
20 minority communities, including poverty, lack of access to quality health services,  
21 environmental hazards in homes and neighborhoods, and the need for effective  
22 prevention programs tailored to specific community needs; now, therefore,

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

25 **Article - Health - General**

26 20-502.

27 (A) There is a nonprofit Maryland Health Care Foundation established to  
28 [promote public awareness of the need to provide more timely and cost-effective care  
29 for Marylanders without health insurance and to] receive moneys that can be used to  
30 provide financial support to programs that expand access to health care services for  
31 uninsured AND ELIMINATE HEALTH DISPARITIES FOR Marylanders.

32 (B) THE MARYLAND HEALTH CARE FOUNDATION SHALL PROMOTE PUBLIC  
33 AWARENESS OF THE NEED TO:

34 (1) PROVIDE MORE TIMELY AND COST-EFFECTIVE CARE FOR  
35 MARYLANDERS WITHOUT HEALTH INSURANCE; AND

36 (2) ELIMINATE HEALTH DISPARITIES ASSOCIATED WITH POVERTY,  
37 GENDER, AND RACE.

1 20-506.

2 (a) The Foundation shall:

3 (1) Solicit and accept any gift, grant, legacy, or endowment of money,  
4 including in-kind services, from the federal government, State government, local  
5 government, or any private source in furtherance of the Foundation;

6 (2) Provide grants to programs that:

7 (i) Promote public awareness of the need to provide more timely  
8 and cost-effective care for uninsured Marylanders AND TO ELIMINATE HEALTH CARE  
9 DISPARITIES;

10 (ii) Expand access to health care services for uninsured individuals;  
11 or

12 (iii) Provide or subsidize health insurance coverage for uninsured  
13 individuals;

14 (3) Study the feasibility and cost-effectiveness of providing health  
15 insurance coverage through the private market to uninsured children and their  
16 families as part of the program established under § 15-301 of this article;

17 (4) Develop programs for sponsorship by corporate and business  
18 organizations or private individuals;

19 (5) Develop criteria for awarding grants to health care delivery  
20 programs, PROGRAMS ADDRESSING HEALTH CARE DISPARITIES, insurance coverage  
21 programs, or corporate sponsorship programs;

22 (6) Develop criteria for prioritizing programs to be supported;

23 (7) Develop criteria for evaluating the effectiveness of programs  
24 receiving grants;

25 (8) Make, execute, and enter into any contract or other legal instrument;

26 (9) Receive appropriations as provided in the State budget;

27 (10) Lease and maintain an office at a place within the State that the  
28 Foundation designates;

29 (11) Adopt bylaws for the regulation of its affairs and the conduct of its  
30 business;

31 (12) Take any other action necessary to carry out the purposes of the  
32 Foundation; and

33 (13) Report annually to the Governor and, subject to § 2-1246 of the State  
34 Government Article, to the General Assembly, on its activities during the preceding

1 year, including an evaluation of the effectiveness of funded programs, together with  
2 any recommendations or requests deemed appropriate to further the purposes of the  
3 Foundation.

4 20-507.

5 (a) In developing the criteria for awarding grants to health care delivery  
6 programs, PROGRAMS ADDRESSING HEALTH CARE DISPARITIES, insurance coverage  
7 programs, or corporate sponsorship programs, the Foundation may consider activities  
8 that:

9 (1) Provide primary, preventive, and specialty health care services to  
10 uninsured Marylanders in a more timely and cost-effective manner;

11 (2) Provide assistance to community programming for improving health  
12 status by enhancing access to health care services for uninsured individuals AND FOR  
13 ELIMINATING HEALTH CARE DISPARITIES;

14 (3) Publish or produce educational materials on the [problem]  
15 PROBLEMS of uninsured individuals AND HEALTH CARE DISPARITIES;

16 (4) Provide educational scholarships or training; or

17 (5) Foster the creation of additional health care delivery programs to  
18 meet the health care needs of uninsured individuals AND ADDRESS HEALTH CARE  
19 DISPARITIES.

20 20-508.

21 (A) [To the extent feasible, the] THE Foundation shall consider geographical  
22 balance BY COUNTY in providing grants and developing programs.

23 (B) THE GEOGRAPHICAL BALANCE SHALL INCLUDE CONSIDERATION OF THE  
24 FOLLOWING FACTORS:

25 (1) THE PERCENTAGE OF UNINSURED INDIVIDUALS;

26 (2) THE EXTENT OF HEALTH DISPARITIES; AND

27 (3) THE EXISTENCE OF COALITIONS ADDRESSING THE NEEDS OF THE  
28 UNINSURED AND HEALTH DISPARITIES.

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