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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

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 26, 2002

CHAPTER\_\_\_\_\_

1 AN ACT concerning

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## 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 reduce health disparities for
- 5 Marylanders; requiring that the Foundation promote public awareness of the
- 6 need to provide certain care for Marylanders without health insurance and the
- 7 need to eliminate health disparities associated with poverty, gender, and race;
- 8 requiring the Foundation to develop certain criteria for awarding grants to
- 9 programs addressing health care disparities; requiring that the Foundation
- 10 consider a certain geographical balance and that the geographical balance
- 11 consider certain provisions; and generally relating to the Maryland Health Care
- 12 Foundation.
- 13 BY repealing and reenacting, with amendments,
- 14 Article Health General
- 15 Section 20-502, <del>20-506(a),</del> 20-507(a), and 20-508
- 16 Annotated Code of Maryland
- 17 (2000 Replacement Volume and 2001 Supplement)

18 BY repealing and reenacting, with amendments,

- 19 <u>Article Health General</u>
- 20 Section 20-506(a)
- 21 Annotated Code of Maryland
- 22 (2000 Replacement Volume and 2001 Supplement)
- 23 (As enacted by Chapters 134 and 135 of the Acts of the General Assembly of

#### **SENATE BILL 451**

2001)

Preamble

3 WHEREAS, The United States ranks below most industrialized nations in 4 health status as measured by longevity, sickness, and mortality; and

5 WHEREAS, This poor ranking in health status is attributed in large measure to 6 the lower status of America's minority populations; and

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

WHEREAS, More than 75 percent of AIDS cases are in minority groups, the
prevalence of diabetes is 70 percent higher among African Americans than whites,
diabetes is twice as likely to occur in Hispanics than whites, cardiovascular disease is
the leading cause of death for racial and ethnic groups, infant death rates among
African Americans, Native Americans, Alaska Natives, and Hispanics are well above
the national average of deaths per live births, and the incidence rate for lung cancer
in African American men is about 50 percent higher than white men; and

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

WHEREAS, Eliminating <u>Reducing</u> racial and ethnic disparities in these six
 areas will require effective interventions for prevention and treatment; and

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

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

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

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| 3        | SENATE BILL 451  |
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| 1        | Article - Health - General   |
| 2        | 20-502.  |
| 5<br>6   | (A) There is a nonprofit Maryland Health Care Foundation established to:<br>[promote public awareness of the need to provide more timely and cost effective care<br>for Marylanders without health insurance and to] receive moneys that can be used to<br>provide financial support to programs that expand access to health care services for<br>uninsured AND ELIMINATE HEALTH DISPARITIES FOR Marylanders. |
| 8<br>9   | (B) THE MARYLAND HEALTH CARE FOUNDATION SHALL PROMOTE PUBLIC<br>AWARENESS OF THE NEED TO:  |
| 10<br>11 | (1) PROVIDE MORE TIMELY AND COST-EFFECTIVE CARE FOR<br>MARYLANDERS WITHOUT HEALTH INSURANCE; AND   |
| 12<br>13 | (2) ELIMINATE HEALTH DISPARITIES ASSOCIATED WITH POVERTY,<br>GENDER, AND RACE.   |
|          | (1) PROMOTE PUBLIC AWARENESS OF THE NEED TO PROVIDE MORE<br>TIMELY AND COST EFFECTIVE CARE FOR MARYLANDERS WITHOUT HEALTH<br>INSURANCE; AND  |
| 17<br>18 | (2) <u>RECEIVE MONEYS THAT CAN BE USED TO PROVIDE FINANCIAL</u><br><u>SUPPORT TO PROGRAMS THAT:</u>  |
| 19<br>20 | (I) EXPAND ACCESS TO HEALTH CARE SERVICES FOR UNINSURED<br>AND UNDERINSURED MARYLANDERS; AND   |
| 21       | (II) <u>REDUCE HEALTH DISPARITIES FOR MARYLANDERS.</u>   |
| 22       | 20-506.  |
| 23       | (a) The Foundation shall:  |
|          | (1) Solicit and accept any gift, grant, legacy, or endowment of money, including in-kind services, from the federal government, State government, local government, or any private source in furtherance of the Foundation;  |
| 27       | (2) Provide grants to programs that:   |
|          | (i) Promote public awareness of the need to provide more timely<br>and cost-effective care for uninsured Marylanders AND TO ELIMINATE <u>REDUCE</u><br>HEALTH CARE DISPARITIES <u>ASSOCIATED WITH POVERTY, GENDER, AND RACE;</u>   |
| 31<br>32 | (ii) Expand access to health care services for uninsured individuals; or   |
| 33<br>34 | (iii) Provide or subsidize health insurance coverage for uninsured individuals;  |

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|                | (3) Study the feasibility and cost-effectiveness of providing health insurance coverage through the private market to uninsured children and their families as part of the program established under § 15-301 of this article;  |
| 4<br>5         | (4) Develop programs for sponsorship by corporate and business organizations or private individuals;  |
|                | (5) Develop criteria for awarding grants to health care delivery programs <del>, THAT MAY INCLUDE</del> PROGRAMS ADDRESSING HEALTH CARE DISPARITIES <del>,</del> IN insurance coverage programs <del>,</del> or corporate sponsorship programs;   |
| 9              | (6) Develop criteria for prioritizing programs to be supported;   |
| 10<br>11       | (7) Develop criteria for evaluating the effectiveness of programs receiving grants;   |
| 12             | (8) Make, execute, and enter into any contract or other legal instrument;   |
| 13             | (9) Receive appropriations as provided in the State budget;   |
| 14<br>15       | (10) Lease and maintain an office at a place within the State that the Foundation designates;   |
| 16<br>17       | (11) Adopt bylaws for the regulation of its affairs and the conduct of its business;  |
| 18<br>19       | (12) Take any other action necessary to carry out the purposes of the Foundation; and   |
| 22<br>23       | (13) Report annually to the Governor and, subject to § 2-1246 of the State<br>Government Article, to the General Assembly, on its activities during the preceding<br>year, including an evaluation of the effectiveness of funded programs, together with<br>any recommendations or requests deemed appropriate to further the purposes of the<br>Foundation. |
| 25             | 20-507.   |
| 28             | (a) In developing the criteria for awarding grants to health care delivery programs, <b>PROGRAMS ADDRESSING HEALTH CARE DISPARITIES</b> , insurance coverage programs, or corporate sponsorship programs, the Foundation may consider activities that:  |
| 30<br>31       | (1) Provide primary, preventive, and specialty health care services to uninsured Marylanders in a more timely and cost-effective manner;  |
| 32<br>33<br>34 | (2) Provide assistance to community programming for improving health status by enhancing access to health care services for uninsured individuals AND FOR ELIMINATING REDUCING HEALTH CARE DISPARITIES;   |

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

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1 (4) Provide educational scholarships or training; or

2 (5) Foster the creation of additional health care delivery programs to
3 meet the health care needs of uninsured individuals AND ADDRESS HEALTH CARE
4 DISPARITIES.

5 20-508.

6 (A) [To the extent feasible, the] THE Foundation shall consider geographical 7 balance BY COUNTY <u>AND REGION</u> in providing grants and developing programs.

8 (B) THE GEOGRAPHICAL BALANCE SHALL INCLUDE CONSIDERATION OF THE 9 FOLLOWING FACTORS:

10 (1) THE PERCENTAGE OF UNINSURED INDIVIDUALS;

11 (2) THE EXTENT OF HEALTH DISPARITIES; AND

12 (3) THE EXISTENCE OF COALITIONS ADDRESSING THE NEEDS OF THE
 13 UNINSURED AND HEALTH DISPARITIES PROGRAMS AND SERVICES THAT ADDRESS
 14 THE NEEDS OF THE UNINSURED AND UNDERINSURED IN THE GEOGRAPHIC AREA.

15 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 16 October 1, 2002.