

*ENROLLED BILL*  
-- Health and Government Operations/Finance --

Introduced by **Delegates Hurson, Hammen, Hubbard, Benson, Bromwell, Costa, Donoghue, Feldman, Goldwater, Kullen, Madaleno, Mandel, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, Rudolph, and V. Turner, V. Turner, Boutin, Elliott, Frank, Kach, McDonough, and Weldon**

Read and Examined by Proofreaders:

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Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Community Health Care Access and Safety Net Act of 2005**

3 FOR the purpose of altering the eligibility requirements of the Maryland Pharmacy  
4 Discount Program to cover individuals who are not Medicare beneficiaries, who  
5 lack other public or private prescription drug coverage, who have a certain  
6 annual household income, and to exclude Medicare beneficiaries; altering the  
7 price at which an enrollee in the Program may purchase certain prescription  
8 drugs; requiring the Health Services Cost Review Commission hospitals to  
9 develop a financial assistance policy for hospitals financial assistance policies to  
10 provide free and reduced-cost care to certain patients; requiring hospitals to  
11 post a certain notice; requiring the Health Services Cost Review Commission to  
12 develop a uniform financial assistance application and require each hospital to  
13 use the application for a certain purpose; requiring the uniform financial

1 assistance application to meet certain requirements; requiring a hospital to  
2 provide the uniform financial assistance application to certain patients;  
3 requiring ~~the Health Services Cost Review Commission to develop a standard~~  
4 ~~policy for hospitals to collect debts owed by certain patients~~ hospitals to submit  
5 to the Health Services Cost Review Commission certain debt collection policies;  
6 requiring the Health Services Cost Review Commission ~~annually to obtain from~~  
7 ~~hospitals the amount of money needed to support the cost of a certain specialty~~  
8 ~~network; requiring the Health Services Cost Review Commission to calculate a~~  
9 ~~certain percentage and determine a certain share of funding owed by each~~  
10 ~~hospital; requiring the Health Services Cost Review Commission to assess the~~  
11 ~~underlying causes of uncompensated hospital professional services and make~~  
12 ~~certain recommendations to the General Assembly; authorizing the Health~~  
13 ~~Services Cost Review Commission to adopt certain regulations~~ to report to  
14 certain Committees committees of the General Assembly on or before a certain  
15 date on the details of certain hospital policies; requiring nonprofit hospitals to  
16 include certain information in their community benefit reports to the Health  
17 Services Cost Review Commission; ~~providing that a certain nonprofit health~~  
18 ~~maintenance organization is not subject to the insurance premium tax;~~  
19 establishing the Maryland Community Health Resources Commission as an  
20 independent commission that functions within the Department of Health and  
21 Mental Hygiene; establishing the powers and duties of the Maryland  
22 Community Health Resources Commission; requiring the Maryland Community  
23 Health Resources Commission to adopt certain regulations on or before a certain  
24 date; providing for the purpose, duties, powers, membership, terms of members,  
25 meetings, compensation, composition, staff, and appointment of a chair; and  
26 vice chair; and executive director of the Maryland Community Health Resources  
27 Commission; requiring the Maryland Community Health Resources Commission  
28 to submit a certain annual report to the Governor, the Secretary of Health and  
29 Mental Hygiene, and the General Assembly; providing that certain powers of the  
30 Secretary of Health and Mental Hygiene do not apply to the Commission;  
31 ~~requiring the Commission to develop a certain toll-free hotline;~~ requiring the  
32 Commission to coordinate with certain persons to provide certain outreach to  
33 certain individuals; ~~requiring the Commission to refer individuals to community~~  
34 ~~health resources groups in fulfilling its duties according to a certain schedule~~  
35 ~~and in a certain manner;~~ requiring the Maryland Community Health Resources  
36 Commission to adopt certain regulations in consultation with certain persons;  
37 requiring the Commission to establish standing committees on Capital and  
38 Operational Funding, Hospital and Community Health Resources Relations,  
39 School-based Community Health Clinic Center Expansion, and Data  
40 Information Systems; providing for the composition and duties of the standing  
41 committees; ~~requiring each standing committee to submit~~ relating to certain  
42 criteria to qualify as a community health resource; a certain annual report to the  
43 Commission on or before a certain date ~~certain reports to certain persons on or~~  
44 ~~before certain dates;~~ requiring the Maryland Community Health Resources  
45 Commission to adopt certain regulations relating to the services that a  
46 community health resource shall provide; requiring the Maryland Community  
47 Health Resources Commission to adopt certain regulations relating to grants;  
48 requiring the Maryland Community Health Resources Commission to

1 *administer, develop, identify, evaluate, and study certain programs;* establishing  
2 the Community Health Resources Commission Fund; establishing the sources  
3 and uses of funds in the Community Health Resources Commission Fund;  
4 specifying the use of grants ~~awarded to a community health resource~~ *resources;*  
5 requiring the Treasurer to invest the money in the Fund in a certain manner;  
6 providing that any investment earnings of the Fund shall be retained to the  
7 credit of the Fund; *providing for the investment of the Fund;* providing that the  
8 Fund is subject to *a certain* audit by the Office of Legislative Audits; ~~requiring~~  
9 ~~the Maryland Community Health Resources Commission and the Maryland~~  
10 ~~Health Insurance Plan, in collaboration with community health resources and~~  
11 ~~local health departments, to develop a specialty care network for certain~~  
12 ~~individuals; requiring the specialty care network to meet certain requirements;~~  
13 ~~requiring individuals who receive care through the specialty care network to pay~~  
14 ~~for specialty care according to a sliding fee scale; requiring specialty care to be~~  
15 ~~subsidized by certain funds; requiring the Maryland Community Health~~  
16 ~~Resources Commission, in coordination with the Maryland Health Insurance~~  
17 ~~Plan, to determine the funds needed for to provide to community health~~  
18 ~~resources subsidies for specialty care; requiring the Commission to obtain funds~~  
19 ~~from an assessment on hospitals under certain circumstances; requiring the~~  
20 ~~Commission to assist individuals with certain income in accessing certain health~~  
21 ~~care coverage;~~ establishing the Federally Qualified Health Centers Grant  
22 Program; authorizing the Board of Public Works, on the recommendation of the  
23 Secretary of Health and Mental Hygiene, to provide grants under the Program  
24 to counties, municipal corporations, and nonprofit corporations for the  
25 conversion of public buildings to Federally Qualified Health Centers, the  
26 acquisition of existing buildings or parts of buildings for use as Federally  
27 Qualified Health Centers, the renovation of Federally Qualified Health Centers,  
28 the purchase of capital equipment for Federally Qualified Health Centers, and  
29 the planning, design, and construction of Federally Qualified Health Centers;  
30 requiring the Department of Health and Mental Hygiene to make certain  
31 recommendations and adopt certain regulations; providing for an application  
32 process; *authorizing the Board of Public Works to make certain funds available*  
33 *for a State grant under certain circumstances;* ~~authorizing the Board of Public~~  
34 ~~Works to adopt certain regulations;~~ providing certain terms, conditions, and  
35 limitations on the allocations, use, and amount of State grants; prohibiting  
36 proceeds of a grant from being used for certain religious purposes; *requiring the*  
37 *Governor to include funding in the capital budget for the Federally Qualified*  
38 *Health Centers Grant Program; authorizing the Board of Public Works to adopt*  
39 *certain regulations;* authorizing the State, under certain circumstances, to  
40 recover a certain portion of the State funds expended; *authorizing the Secretary*  
41 *of the Board of Public Works to file a civil complaint;* providing for a certain  
42 judicial proceeding and liens to enforce the State's right of recovery and the  
43 priority of the proceeding and the lien; ~~requiring the Governor to include a~~  
44 ~~certain amount in the capital budget for the Federally Qualified Health Centers~~  
45 ~~Grant Program; requiring a certain nonprofit health maintenance organization~~  
46 ~~to transfer certain funds to a certain Medical Assistance Program Account and~~  
47 ~~the Community Health Resources Commission Fund at certain times; requiring~~  
48 ~~a certain nonprofit health maintenance organization to file a certain report with~~

1 the Maryland Insurance Commissioner on or before a certain date; providing  
2 that the Maryland Medical Professional Liability Insurance Rate Stabilization  
3 Fund shall include certain funds paid by a certain nonprofit health maintenance  
4 organization; providing that certain provisions of law do not apply to certain  
5 nonprofit health service plans; requiring a *certain* nonprofit health service plan  
6 plans to *subsidize grants to community health resources support the costs of the*  
7 *Community Health Resources Commission, subsidize the Maryland Pharmacy*  
8 *Discount Program, provide funding for a unified data information system, and*  
9 transfer certain funds to the Community Health Resources Commission Fund  
10 beginning in a certain fiscal year for a certain purpose *purposes*; requiring  
11 certain insurance carriers to reimburse certain providers for certain services to  
12 the extent required under federal law; providing that the Maryland Health  
13 Insurance Plan Fund includes grants from the Community Health Resources  
14 Commission; requiring the Fund to be used for subsidizing the cost of specialty  
15 care provided to certain individuals; requiring the Board of Directors of the  
16 Maryland Health Insurance Plan to maintain a separate account within the  
17 Fund for specialty care provided to certain individuals; providing that,  
18 beginning in a certain fiscal year, certain revenues from the Cigarette  
19 Restitution Fund shall be used to fund the Community Health Resources  
20 Commission Fund; repealing a certain obsolete provision of law; providing that  
21 certain health care providers are State personnel who are immune from certain  
22 liability; authorizing the Board of Directors of the Maryland Health Insurance  
23 Plan to use ~~transfer~~ certain funds for to the Major Information Technology  
24 Development Project Fund to be used for the design and development of a  
25 certain eligibility system under certain circumstances; requiring the  
26 Department of Health and Mental Hygiene to report to the Board of Directors of  
27 the Maryland Health Insurance Plan on a plan to implement the proposed  
28 eligibility system; prohibiting the Department of Health and Mental Hygiene  
29 from implementing the proposed eligibility system until certain conditions are  
30 met; making certain provisions of this Act subject to a certain contingency;  
31 *requiring a health maintenance organization to reimburse a community health*  
32 *resource for certain services; providing that a certain nonprofit health*  
33 *maintenance organization is not subject to the insurance premium tax; requiring*  
34 *the Maryland Community Health Resources Commission, in collaboration with*  
35 *community health resources and local health departments, to develop a specialty*  
36 *care network for certain individuals; requiring the specialty care network to meet*  
37 *certain requirements; requiring individuals who receive care through the*  
38 *specialty care network to pay for specialty care according to a sliding scale fee;*  
39 *requiring specialty care to be subsidized by certain funds, subject to the State*  
40 *budget; requiring the Maryland Community Health Resources Commission to*  
41 *provide to community health resources subsidies for specialty care; requiring a*  
42 *certain nonprofit health maintenance organization to transfer certain funds to a*  
43 *certain Medical Assistance Program Account; providing that beginning in a*  
44 *certain fiscal year, a certain amount of money allocated to the Medical Assistance*  
45 *Program Account that exceeds the amount needed to increase certain health care*  
46 *provider rates shall be transferred, in accordance with the State budget, to the*  
47 *Community Health Resources Commission Fund for a certain purpose; requiring*  
48 *a certain nonprofit health maintenance organization to file a certain report with*

1 the Maryland Insurance Commissioner on or before a certain date; requiring the  
 2 Secretary of Health and Mental Hygiene to transfer to the Community Health  
 3 Resources Commission Fund, within a certain time period, certain money  
 4 collected from a nonprofit health maintenance organization; providing that  
 5 certain portions of the Medical Assistance Program Account may be used by the  
 6 Secretary of Health and Mental Hygiene only for certain purposes; authorizing  
 7 the Board of the Maryland Health Insurance Plan to authorize the transfer of  
 8 certain funds from the Maryland Health Insurance Plan Fund to the Major  
 9 Information Technology Development Project Fund to design and develop a  
 10 certain computerized eligibility system; providing that certain money transferred  
 11 shall be redistributed to the Maryland Health Insurance Plan under certain  
 12 circumstances; providing for the purpose of the computerized eligibility system;  
 13 requiring the Department of Health and Mental Hygiene to submit a certain  
 14 report to the Board of the Maryland Health Insurance Plan that includes certain  
 15 information; prohibiting the Department of Health and Mental Hygiene from  
 16 implementing a certain plan until certain actions have been taken by the Board  
 17 of the Maryland Health Insurance Plan; making certain provisions of this Act  
 18 subject to certain contingencies; making certain provisions of this Act retroactive;  
 19 requiring the Department of Health and Mental Hygiene to apply for certain  
 20 waivers; requiring the Department of Health and Mental Hygiene to review  
 21 certain rates, make a certain comparison, and report on the review and  
 22 comparison and on whether certain rates will exceed certain Medicare rates;  
 23 establishing a Joint Legislative Task Force on Universal Access to Quality and  
 24 Affordable Health Care; providing for the membership, staffing, and duties of  
 25 the Task Force; requiring the Task Force to report its findings on or before a  
 26 certain date; requiring the Department of Health and Mental Hygiene to apply  
 27 for certain waivers under certain circumstances; making certain provisions of  
 28 this Act retroactive; requiring the Maryland Health Care Commission and the  
 29 Health Services Cost Review Commission to jointly assess certain aspects of  
 30 uncompensated and undercompensated care and certain reimbursement, make  
 31 recommendations on alternative methods of distributing certain costs of  
 32 uncompensated and undercompensated care, and submit certain assessments  
 33 and recommendations to certain ~~Committees~~ committees of the General  
 34 Assembly on or before a certain date; requiring the Department of Health and  
 35 Mental Hygiene to submit to the Centers for Medicare and Medicaid Services an  
 36 application for an amendment to a certain waiver; requiring the Department to  
 37 apply for certain federal matching funds; providing that certain enrollees in the  
 38 Maryland Pharmacy Discount Program remain enrolled in the Program through  
 39 a certain date if the application for a certain amendment to a certain  
 40 demonstration waiver is approved; requiring the Secretary of Health and Mental  
 41 Hygiene to provide certain notice to the Department of Legislative Services;  
 42 providing for the termination of certain provisions of this Act; defining certain  
 43 terms; and generally relating to access to health care services through  
 44 community health resources and Federally Qualified Health Centers.

45 ~~BY repealing and reenacting, without amendments,~~  
 46 ~~Article—Courts and Judicial Proceedings~~  
 47 ~~Section 5-522(b)~~

1 Annotated Code of Maryland  
 2 (2002 Replacement Volume and 2004 Supplement)

3 BY repealing and reenacting, with amendments,

4 Article - Health - General  
 5 Section 15-124.1, 19-303(c), and 19-727  
 6 Annotated Code of Maryland  
 7 (2000 Replacement Volume and 2004 Supplement)

8 BY adding to

9 Article - Health - General  
 10 Section 19-214.1, 19-219(f); 19-230 to be under the new part "Part III.  
 11 Professional Services Rate Setting"; 19-712.7; 19-2101 through 19-2114  
 12 19-2111, inclusive, to be under the new subtitle "Subtitle 21. Maryland  
 13 Community Health Resources Commission"; 19-2201 to be under the new  
 14 subtitle "Subtitle 22. Community Health Resources Commission Fund"; and  
 15 24-1301 through 24-1307, inclusive, to be under the new subtitle "Subtitle  
 16 13. Federally Qualified Health Centers Grant Program"  
 17 Annotated Code of Maryland  
 18 (2000 Replacement Volume and 2004 Supplement)

19 ~~BY repealing and reenacting, with amendments,~~

20 ~~Article - Health - General~~  
 21 ~~Section 19-303 and 19-727~~  
 22 ~~Annotated Code of Maryland~~  
 23 ~~(2000 Replacement Volume and 2004 Supplement)~~

24 ~~BY repealing and reenacting, with amendments,~~

25 ~~Article - Insurance~~  
 26 ~~Section 14-102(h) and 14-504(b) and (c) 14-106~~  
 27 ~~Annotated Code of Maryland~~  
 28 ~~(2002 Replacement Volume and 2004 Supplement)~~

29 BY repealing and reenacting, with amendments,

30 Article - Insurance  
 31 Section 6-101, 6-102(b), and 6-103  
 32 Annotated Code of Maryland  
 33 (2003 Replacement Volume and 2004 Supplement)  
 34 (As enacted by Chapter 5 of the Acts of the General Assembly of the 2004 Special  
 35 Session)

36 ~~BY repealing and reenacting, with amendments,~~

37 ~~Article - Insurance~~  
 38 ~~Section 19-104.1(i)~~

1 Annotated Code of Maryland  
 2 (2002 Replacement Volume and 2004 Supplement)  
 3 (As enacted by Chapter 5 of the Acts of the General Assembly of the 2004 Special  
 4 Session)

5 BY adding to  
 6 Article - Insurance  
 7 Section ~~14-106.1~~ 6-121, 14-106.1, and 15-131  
 8 Annotated Code of Maryland  
 9 (~~2002~~ 2003 Replacement Volume and 2004 Supplement)

10 BY repealing and reenacting, with amendments,  
 11 Article - Insurance  
 12 Section 14-102(h) and 14-106(d)  
 13 Annotated Code of Maryland  
 14 (2002 Replacement Volume and 2004 Supplement)

15 BY adding to  
 16 Article - Insurance  
 17 Section 14-106.1 and 15-715  
 18 Annotated Code of Maryland  
 19 (2002 Replacement Volume and 2004 Supplement)

20 BY repealing and reenacting, with amendments,  
 21 Article - Insurance  
 22 Section 19-807(a) and (b)(3)(iv)  
 23 Annotated Code of Maryland  
 24 (2002 Replacement Volume and 2004 Supplement)  
 25 (As enacted by Chapter 1 of the Acts of the General Assembly of 2005)

26 ~~BY repealing and reenacting, without amendments,~~  
 27 ~~Article - Insurance~~  
 28 ~~Section 14-504(a)(1) and (7)~~  
 29 ~~Annotated Code of Maryland~~  
 30 ~~(2002 Replacement Volume and 2004 Supplement)~~

31 ~~BY repealing and reenacting, without amendments,~~  
 32 ~~Article - State Finance and Procurement~~  
 33 ~~Section 7-317(a)~~  
 34 ~~Annotated Code of Maryland~~  
 35 ~~(2001 Replacement Volume and 2004 Supplement)~~

36 ~~BY repealing and reenacting, with amendments,~~

1 Article—State Finance and Procurement  
 2 Section 7-317(f) and (g)  
 3 Annotated Code of Maryland  
 4 (2001 Replacement Volume and 2004 Supplement)

5 BY repealing and reenacting, with amendments,  
 6 Article—State Government  
 7 Section 12-101(a)(13) and (14)  
 8 Annotated Code of Maryland  
 9 (2004 Replacement Volume)

10 BY adding to  
 11 Article—State Government  
 12 Section 12-101(a)(14) and (15)  
 13 Annotated Code of Maryland  
 14 (2004 Replacement Volume)

15 BY repealing and reenacting, without amendments,  
 16 Article—State Government  
 17 Section 12-104 and 12-105  
 18 Annotated Code of Maryland  
 19 (2004 Replacement Volume)

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

22 **Article—Courts and Judicial Proceedings**

23 ~~5-522.~~

24 (b) ~~State personnel, as defined in § 12-101 of the State Government Article,~~  
 25 ~~are immune from suit in courts of the State and from liability in tort for a tortious act~~  
 26 ~~or omission that is within the scope of the public duties of the State personnel and is~~  
 27 ~~made without malice or gross negligence, and for which the State or its units have~~  
 28 ~~waived immunity under Title 12, Subtitle 1 of the State Government Article, even if~~  
 29 ~~the damages exceed the limits of that waiver.~~

30 **Article - Health - General**

31 15-124.1.

32 (a) (1) In this section the following words have the meanings indicated:

33 (2) "Enrollee" means an individual who is enrolled in the Maryland  
 34 Pharmacy Discount Program.



1           (3)     "Program" means the Maryland Pharmacy Discount Program  
2 established under this section.

3           (b)     There is a Maryland Pharmacy Discount Program within the Maryland  
4 Medical Assistance Program.

5           (c)     The purpose of the Program is to improve the health status of [Medicare  
6 beneficiaries] LOWER-INCOME INDIVIDUALS WHO ARE NOT MEDICARE  
7 BENEFICIARIES AND who lack prescription drug coverage by providing access to lower  
8 cost, medically necessary, prescription drugs.

9           (d)     The Program shall be administered and operated by the Department as  
10 permitted by federal law or waiver.

11          (e)     (1)     The Program shall be open to [Medicare beneficiaries] INDIVIDUALS  
12 WHO ARE NOT MEDICARE BENEFICIARIES, who lack other public or private  
13 prescription drug coverage. AND WHO HAVE AN ANNUAL HOUSEHOLD INCOME BELOW  
14 200% OF THE FEDERAL POVERTY LEVEL GUIDELINES.

15          (2)     Notwithstanding paragraph (1) of this subsection, enrollment in the  
16 Maryland Medbank Program established under § 15-124.2 of this subtitle or the  
17 Maryland Pharmacy Assistance Program established under § 15-124 of this subtitle  
18 does not disqualify an individual from being eligible for the Program.

19          (f)     [(1)]     Subject to subsection (g) of this section, an enrollee may purchase  
20 medically necessary prescription drugs that are covered under the Maryland Medical  
21 Assistance Program from any pharmacy that participates in the Maryland Medical  
22 Assistance Program at a price that is based on the price paid by the Maryland Medical  
23 Assistance Program, minus the aggregate value of any federally mandated  
24 manufacturers' rebates AND ANY STATE CONTRIBUTION AMOUNT.

25          [(2)     Subject to subsection (g) of this section, and to the extent authorized  
26 under federal waiver, an enrollee whose annual household income is at or below 175  
27 percent of the federal poverty guidelines may receive a discount subsidized by the  
28 Department that is equal to 35 percent of the price paid by the Maryland Medical  
29 Assistance Program for each medically necessary prescription drug purchased under  
30 the Program.]

31          (g)     The Department may establish mechanisms to:

32                 (1)     Recover the administrative costs of the Program;

33                 (2)     Reimburse participating pharmacies in an amount equal to the  
34 Maryland Medical Assistance price, minus the copayment paid by the enrollee for each  
35 prescription filled under the Program; and

36                 (3)     Allow participating pharmacies to collect a \$1 processing fee, in  
37 addition to any authorized dispensing fee, for each prescription filled for an enrollee  
38 under the Program.

1 (h) The Secretary shall adopt regulations to implement the Program.

2 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
3 read as follows:

4 Article - Health - General

5 19-214.1.

6 (A) ~~THE COMMISSION~~ EACH HOSPITAL IN THE STATE SHALL DEVELOP A  
7 FINANCIAL ASSISTANCE POLICY FOR HOSPITALS TO PROVIDE PROVIDING FREE AND  
8 REDUCED-COST CARE TO LOW-INCOME PATIENTS:

9 (1) ~~WITH FAMILY INCOME BELOW 200% OF THE FEDERAL POVERTY~~  
10 ~~LEVEL; AND~~

11 (2) ~~WHO LACK HEALTH CARE COVERAGE.~~

12 (B) A HOSPITAL SHALL POST A NOTICE IN CONSPICUOUS PLACES  
13 THROUGHOUT THE HOSPITAL DESCRIBING THE FINANCIAL ASSISTANCE POLICY AND  
14 HOW TO APPLY FOR FREE AND REDUCED-COST CARE.

15 (C) THE COMMISSION SHALL:

16 (1) DEVELOP A UNIFORM FINANCIAL ASSISTANCE APPLICATION; AND

17 (2) REQUIRE EACH HOSPITAL TO USE THE UNIFORM FINANCIAL  
18 ASSISTANCE APPLICATION TO DETERMINE ELIGIBILITY FOR FREE AND  
19 REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

20 (D) THE UNIFORM FINANCIAL ASSISTANCE APPLICATION:

21 (1) SHALL BE WRITTEN IN SIMPLIFIED LANGUAGE; AND

22 (2) MAY NOT REQUIRE DOCUMENTATION THAT PRESENTS AN UNDUE  
23 BARRIER TO A PATIENT'S RECEIPT OF FINANCIAL ASSISTANCE.

24 (E) ~~A HOSPITAL SHALL PROVIDE THE UNIFORM FINANCIAL ASSISTANCE~~  
25 ~~APPLICATION TO EACH PATIENT WHO DOES NOT INDICATE PUBLIC OR PRIVATE~~  
26 ~~HEALTH CARE COVERAGE, AT THE TIME THE PATIENT SUBMITS INFORMATION TO~~  
27 ~~THE HOSPITAL REGARDING FINANCIAL RESPONSIBILITY FOR CARE THAT IS~~  
28 ~~PROVIDED BY THE HOSPITAL.~~

29 (F) ~~THE COMMISSION SHALL DEVELOP A STANDARD POLICY FOR HOSPITALS~~  
30 ~~TO COLLECT DEBTS OWED BY PATIENTS WHO QUALIFY FOR REDUCED COST CARE~~  
31 ~~UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.~~

32 (E) EACH HOSPITAL SHALL ESTABLISH A MECHANISM TO PROVIDE THE  
33 UNIFORM FINANCIAL ASSISTANCE APPLICATION TO PATIENTS WHO DO NOT  
34 INDICATE PUBLIC OR PRIVATE HEALTH CARE COVERAGE.

1 (F) (1) EACH HOSPITAL SHALL SUBMIT TO THE COMMISSION THE  
2 HOSPITAL'S POLICY ON THE COLLECTION OF DEBTS OWED BY PATIENTS WHO  
3 QUALIFY FOR REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL  
4 ASSISTANCE POLICY.

5 (2) ON OR BEFORE JULY 1, 2006, THE COMMISSION SHALL REPORT, IN  
6 ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE HOUSE  
7 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE SENATE FINANCE  
8 COMMITTEE ON THE DETAILS OF THE POLICIES SUBMITTED TO THE COMMISSION  
9 UNDER PARAGRAPH (1) OF THIS SUBSECTION.

10 ~~49-219.~~

11 (F) (1) ~~THE COMMISSION ANNUALLY SHALL:~~

12 (I) ~~OBTAIN FROM THE HOSPITALS THE AMOUNT OF MONEY~~  
13 ~~NEEDED TO SUPPORT THE COST OF THE SPECIALTY CARE NETWORK UNDER § 19-2113~~  
14 ~~OF THIS TITLE, AS DETERMINED BY THE MARYLAND COMMUNITY HEALTH~~  
15 ~~RESOURCES COMMISSION ESTABLISHED UNDER SUBTITLE 21 OF THIS TITLE, IN~~  
16 ~~COLLABORATION WITH THE MARYLAND HEALTH INSURANCE PLAN;~~

17 (II) ~~CALCULATE THE PERCENTAGE OF TOTAL HOSPITAL NET~~  
18 ~~PATIENT REVENUE THAT WILL PRODUCE THE AMOUNT NEEDED TO SUPPORT THE~~  
19 ~~COST OF THE SPECIALTY CARE NETWORK; AND~~

20 (III) ~~DETERMINE THE SHARE OF FUNDING OWED BY EACH~~  
21 ~~HOSPITAL FOR WHICH RATES HAVE BEEN APPROVED BY THE COMMISSION~~  
22 ~~PROPORTIONATE TO THE PERCENTAGE CALCULATED IN ITEM (II) OF THIS~~  
23 ~~PARAGRAPH.~~

24 (2) ~~EACH HOSPITAL SHALL REMIT MONTHLY ONE TWELFTH OF THE~~  
25 ~~AMOUNT DETERMINED IN PARAGRAPH (1)(III) OF THIS SUBSECTION TO THE~~  
26 ~~COMMUNITY HEALTH RESOURCES COMMISSION FUND ESTABLISHED UNDER §~~  
27 ~~19-2112 OF THIS TITLE.~~

28 ~~49-228.~~

29 ~~RESERVED.~~

30 ~~49-229.~~

31 ~~RESERVED.~~

32 ~~PART III. PROFESSIONAL SERVICES RATE SETTING.~~

33 ~~49-230.~~

34 (A) ~~IN THIS SECTION, "PROFESSIONAL SERVICES" MEANS HOSPITAL-BASED~~  
35 ~~SERVICES PROVIDED BY PHYSICIANS AND OTHER HEALTH CARE PRACTITIONERS~~  
36 ~~THAT ARE:~~

1           (1)     ~~BILLED SEPARATELY FROM HOSPITAL FACILITY SERVICES; AND~~

2           (2)     ~~NOT INCLUDED IN THE RATES ESTABLISHED BY THE COMMISSION~~  
3 ~~UNDER PART II OF THIS SUBTITLE.~~

4     (B)     ~~THE COMMISSION SHALL ASSESS THE UNDERLYING CAUSES OF~~  
5 ~~UNCOMPENSATED HOSPITAL PROFESSIONAL SERVICES AND MAKE~~  
6 ~~RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON THE MOST APPROPRIATE~~  
7 ~~ALTERNATIVES TO:~~

8           (1)     ~~REDUCE UNCOMPENSATED PROFESSIONAL SERVICES; AND~~

9           (2)     ~~EQUITABLY DISTRIBUTE THE COST OF UNCOMPENSATED~~  
10 ~~PROFESSIONAL SERVICES AMONG ALL PAYERS.~~

11     (C)     ~~THE COMMISSION MAY ADOPT REGULATIONS ESTABLISHING~~  
12 ~~ALTERNATIVE METHODS FOR FINANCING THE REASONABLE COSTS OF~~  
13 ~~UNCOMPENSATED PROFESSIONAL SERVICES PROVIDED THAT THE ALTERNATIVE~~  
14 ~~METHODS:~~

15           (1)     ~~ARE IN THE PUBLIC INTEREST;~~

16           (2)     ~~WILL EQUITABLY DISTRIBUTE THE REASONABLE COSTS OF~~  
17 ~~UNCOMPENSATED PROFESSIONAL SERVICES;~~

18           (3)     ~~WILL FAIRLY DETERMINE THE COST OF REASONABLE~~  
19 ~~UNCOMPENSATED PROFESSIONAL SERVICES INCLUDED IN PROFESSIONAL~~  
20 ~~SERVICES RATES;~~

21           (4)     ~~WILL PROVIDE INCENTIVES FOR EFFICIENT AND EFFECTIVE~~  
22 ~~COLLECTION POLICIES; AND~~

23           (5)     ~~WILL INCORPORATE A UNIFORM FINANCIAL ASSISTANCE POLICY~~  
24 ~~FOR INDIVIDUALS WITH FAMILY INCOME BELOW 200% OF THE FEDERAL POVERTY~~  
25 ~~LEVEL.~~

26 19-303.

27     (a)     (1)     ~~In this section the following words have the meanings indicated.~~

28           (2)     ~~"Commission" means the Health Services Cost Review Commission.~~

29           (3)     ~~"Community benefit" means an activity that is intended to address~~  
30 ~~community needs and priorities primarily through disease prevention and~~  
31 ~~improvement of health status, including:~~

32                   (i)     ~~Health services provided to vulnerable or underserved~~  
33 ~~populations such as Medicaid, Medicare, or Maryland Children's Health Program~~  
34 ~~enrollees;~~

35                   (ii)    ~~Financial or in kind support of public health programs;~~

1 (iii) Donations of funds, property, or other resources that contribute  
2 to a community priority;

3 (iv) Health care cost containment activities; and

4 (v) Health education, screening, and prevention services.

5 (4) "Community needs assessment" means the process by which unmet  
6 community health care needs and priorities are identified.

7 (b) In identifying community health care needs, a nonprofit hospital:

8 (1) Shall consider, if available, the most recent community needs  
9 assessment developed by the Department or the local health department for the  
10 county in which the nonprofit hospital is located;

11 (2) May consult with community leaders and local health care providers;  
12 and

13 (3) May consult with any appropriate person that can assist the hospital  
14 in identifying community health needs.

15 (c) (1) Each nonprofit hospital shall submit an annual community benefit  
16 report to the Health Services Cost Review Commission detailing the community  
17 benefits provided by the hospital during the preceding year.

18 (2) The community benefit report shall include:

19 (i) The mission statement of the hospital;

20 (ii) A list of the initiatives that were undertaken by the hospital;

21 (iii) The cost to the hospital of each community benefit initiative;

22 (iv) The objectives of each community benefit initiative; [and]

23 (v) A description of efforts taken to evaluate the effectiveness of  
24 each community benefit initiative; AND

25 ~~(VI) A DESCRIPTION OF EFFORTS TAKEN TO ASSIST SPECIALIST  
26 PROVIDERS TO SERVE THE UNINSURED.~~

27 (VI) A DESCRIPTION OF GAPS IN THE AVAILABILITY OF SPECIALIST  
28 PROVIDERS TO SERVE THE UNINSURED IN THE HOSPITAL.

29 ~~(d) (1) The Commission shall compile the reports required under subsection  
30 (c) of this section and issue an annual Nonprofit Hospital Community Health Benefit  
31 Report.~~

32 (2) In addition to the information required under paragraph (1) of this  
33 subsection, the Nonprofit Hospital Community Health Benefit Report shall contain a

1 list of the unmet community health care needs identified in the most recent  
 2 community needs assessment prepared by the Department or local health department  
 3 for each county.

4 ~~(3) The Nonprofit Hospital Community Health Benefit Report shall be~~  
 5 ~~made available to the public free of charge.~~

6 ~~(4) The Commission shall submit a copy of the annual Nonprofit~~  
 7 ~~Hospital Community Health Benefit Report, subject to § 2-1246 of the State~~  
 8 ~~Government Article, to the House Health and Government Operations Committee~~  
 9 ~~and the Senate Finance Committee.~~

10 ~~(e) The Commission shall adopt regulations, in consultation with~~  
 11 ~~representatives of nonprofit hospitals, that establish:~~

12 ~~(1) A standard format for reporting the information required under this~~  
 13 ~~section;~~

14 ~~(2) The date on which nonprofit hospitals must submit the annual~~  
 15 ~~community benefit reports; and~~

16 ~~(3) The period of time that the annual community benefit report must~~  
 17 ~~cover.~~

18 19-712.7.

19 TO THE EXTENT REQUIRED UNDER FEDERAL LAW, A HEALTH MAINTENANCE  
 20 ORGANIZATION SHALL REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED  
 21 IN § 19-2101 OF THIS TITLE, FOR COVERED SERVICES PROVIDED TO A MEMBER OR  
 22 SUBSCRIBER OF THE HEALTH MAINTENANCE ORGANIZATION.

23 19-727.

24 (A) [A] EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, A health  
 25 maintenance organization is not exempted from any State, county, or local taxes  
 26 solely because of this subtitle.

27 (B) (1) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION THAT IS  
 28 EXEMPT FROM TAXATION UNDER § 501(C)(3) OF THE INTERNAL REVENUE CODE IS  
 29 NOT SUBJECT TO THE INSURANCE PREMIUM TAX UNDER TITLE 6, SUBTITLE 1 OF THE  
 30 INSURANCE ARTICLE.

31 (2) PREMIUMS RECEIVED BY AN INSURER UNDER POLICIES THAT  
 32 PROVIDE HEALTH MAINTENANCE ORGANIZATION BENEFITS ARE NOT SUBJECT TO  
 33 THE PREMIUM TAX IMPOSED UNDER TITLE 6, SUBTITLE 1 OF THE INSURANCE  
 34 ARTICLE TO THE EXTENT:

35 (1) OF THE AMOUNTS ACTUALLY PAID BY THE INSURER TO A  
 36 NONPROFIT HEALTH MAINTENANCE ORGANIZATION THAT OPERATES ONLY AS A  
 37 HEALTH MAINTENANCE ORGANIZATION; OR

1 (II) THE PREMIUMS HAVE BEEN PAID BY THAT NONPROFIT  
2 HEALTH MAINTENANCE ORGANIZATION.

3 SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
4 read as follows:

5 Article - Health - General

6 SUBTITLE 21. MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.

7 19-2101.

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

10 (B) "COMMISSION" MEANS THE MARYLAND COMMUNITY HEALTH RESOURCES  
11 COMMISSION.

12 (C) (1) "COMMUNITY HEALTH RESOURCE" MEANS A NONPROFIT OR FOR  
13 PROFIT HEALTH CARE CENTER OR PROGRAM THAT OFFERS THE PRIMARY HEALTH  
14 CARE SERVICES REQUIRED BY THE COMMISSION UNDER § 19-2109(A)(2) OF THIS  
15 SUBTITLE TO AN INDIVIDUAL ON A SLIDING SCALE FEE SCHEDULE AND WITHOUT  
16 REGARD TO AN INDIVIDUAL'S ABILITY TO PAY.

17 (2) "COMMUNITY HEALTH RESOURCE" INCLUDES:

18 (I) A FEDERALLY QUALIFIED HEALTH CENTER;

19 (II) A FEDERALLY QUALIFIED HEALTH CENTER "LOOK-ALIKE";

20 (III) A COMMUNITY HEALTH CENTER;

21 (IV) A MIGRANT HEALTH CENTER;

22 (V) A HEALTH CARE PROGRAM FOR THE HOMELESS;

23 (VI) A PRIMARY CARE PROGRAM FOR A PUBLIC HOUSING PROJECT;

24 (VII) A LOCAL NONPROFIT AND COMMUNITY-OWNED HEALTH CARE  
25 PROGRAM;

26 (VIII) A SCHOOL-BASED ~~CLINIC~~ HEALTH CENTER;

27 (IX) A TEACHING CLINIC;

28 (X) ~~A HISTORIC MARYLAND PRIMARY CARE PROVIDER;~~

29 ~~(XI) A WELLMOBILE; AND~~

30 ~~(XII)~~ WELLMOBILE;

1 (XI) A HEALTH CENTER CONTROLLED OPERATING NETWORK;

2 (XII) A HISTORIC MARYLAND PRIMARY CARE PROVIDER;

3 (XIII) AN OUTPATIENT MENTAL HEALTH CLINIC; AND

4 (XIV) ANY OTHER CENTER OR PROGRAM IDENTIFIED BY THE  
5 COMMISSION AS A COMMUNITY HEALTH RESOURCE.

6 19-2102.

7 (A) THERE IS A MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.

8 (B) THE COMMISSION IS AN INDEPENDENT COMMISSION THAT ~~FUNCTIONS~~  
9 OPERATES WITHIN THE DEPARTMENT.

10 (C) THE PURPOSE OF THE COMMISSION IS TO INCREASE ACCESS TO HEALTH  
11 CARE THROUGH COMMUNITY HEALTH RESOURCES.

12 19-2103.

13 ~~(A) (1) THE COMMISSION CONSISTS OF SEVEN MEMBERS APPOINTED BY~~  
14 ~~THE GOVERNOR.~~

15 ~~(2) OF THE SEVEN MEMBERS, FOUR SHALL BE INDIVIDUALS WHO DO~~  
16 ~~NOT HAVE ANY CONNECTION WITH THE MANAGEMENT OR POLICY OF ANY~~  
17 ~~COMMUNITY HEALTH RESOURCE.~~

18 (A) (1) THE COMMISSION CONSISTS OF ~~NINE~~ ELEVEN MEMBERS APPOINTED  
19 BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE.

20 (2) OF THE ~~NINE~~ ELEVEN MEMBERS:

21 (I) ONE SHALL BE A REPRESENTATIVE OF A NONPROFIT HEALTH  
22 MAINTENANCE ORGANIZATION;

23 (II) ONE SHALL BE A REPRESENTATIVE OF A NONPROFIT HEALTH  
24 SERVICE PLAN;

25 (III) ONE SHALL BE A REPRESENTATIVE OF A MARYLAND HOSPITAL;

26 ~~(IV)~~ (IV) FOUR SHALL BE INDIVIDUALS WHO:

27 1. DO NOT HAVE ANY CONNECTION WITH THE  
28 MANAGEMENT OR POLICY OF A COMMUNITY HEALTH RESOURCE, NONPROFIT  
29 HEALTH SERVICE PLAN, OR NONPROFIT HEALTH MAINTENANCE ORGANIZATION;  
30 AND

31 2. HAVE A BACKGROUND OR EXPERIENCE IN HEALTH CARE;  
32 AND



1 (V) ONE SHALL BE AN INDIVIDUAL WHO HAS A BACKGROUND OR  
 2 EXPERIENCE WITH AN OUTPATIENT MENTAL HEALTH CLINIC WITHIN THE PAST 5  
 3 YEARS; AND

4 ~~(IV)~~ (VI) THREE SHALL BE INDIVIDUALS WHO HAVE A  
 5 BACKGROUND OR EXPERIENCE WITH A COMMUNITY HEALTH RESOURCE WITHIN  
 6 THE PAST 5 YEARS.

7 (3) AT LEAST TWO OF THE ~~NINE~~ ELEVEN MEMBERS SHALL BE HEALTH  
 8 CARE PROFESSIONALS LICENSED IN THE STATE.

9 ~~(B) (1) THE TERM OF A MEMBER IS 4 YEARS.~~

10 ~~(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE~~  
 11 ~~TERMS PROVIDED FOR MEMBERS OF THE COMMISSION ON OCTOBER 1, 2005.~~

12 ~~(3) THE TERMS OF THE INITIAL MEMBERS OF THE COMMISSION END AS~~  
 13 ~~FOLLOWS:~~

14 ~~(I) TWO IN 2006;~~

15 ~~(II) ONE TWO IN 2007;~~

16 ~~(III) TWO IN 2008; AND~~

17 ~~(IV) TWO THREE IN 2009.~~

18 ~~(4) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A~~  
 19 ~~SUCCESSOR IS APPOINTED AND QUALIFIES.~~

20 ~~(5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES~~  
 21 ~~ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND~~  
 22 ~~QUALIFIES.~~

23 ~~(6) A MEMBER WHO SERVES TWO CONSECUTIVE 4-YEAR TERMS MAY~~  
 24 ~~NOT BE REAPPOINTED FOR 4 YEARS AFTER COMPLETION OF THOSE TERMS.~~

25 ~~(7) (B) TO THE EXTENT PRACTICABLE, WHEN APPOINTING MEMBERS~~  
 26 ~~TO THE COMMISSION, THE GOVERNOR SHALL ASSURE GEOGRAPHIC BALANCE AND~~  
 27 ~~PROMOTE RACIAL AND GENDER DIVERSITY IN THE COMMISSION'S MEMBERSHIP.~~

28 19-2104.

29 ~~ANNUALLY~~, FROM AMONG THE MEMBERS OF THE COMMISSION:

30 (1) THE GOVERNOR SHALL APPOINT A CHAIR; AND

31 (2) THE CHAIR SHALL APPOINT A VICE CHAIR.

1 19-2105.

2 (A) WITH THE APPROVAL OF THE GOVERNOR, THE COMMISSION SHALL  
3 APPOINT AN EXECUTIVE DIRECTOR, WHO IS THE CHIEF ADMINISTRATIVE OFFICER  
4 OF THE COMMISSION.

5 (B) THE EXECUTIVE DIRECTOR SERVES AT THE PLEASURE OF THE  
6 COMMISSION.

7 (C) UNDER THE DIRECTION OF THE COMMISSION, THE EXECUTIVE DIRECTOR  
8 SHALL PERFORM ANY DUTY OR FUNCTION THAT THE COMMISSION REQUIRES.

9 19-2106.

10 (A) (1) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE  
11 COMMISSION IS A QUORUM.

12 (2) THE COMMISSION MAY NOT ACT ON ANY MATTER UNLESS AT LEAST  
13 ~~FOUR~~ SIX MEMBERS IN ATTENDANCE CONCUR.

14 (B) THE COMMISSION SHALL MEET AT LEAST SIX TIMES A YEAR, AT THE  
15 TIMES AND PLACES THAT IT DETERMINES.

16 (C) ~~EACH A~~ MEMBER OF THE COMMISSION ~~IS ENTITLED TO~~:

17 (1) ~~COMPENSATION IN ACCORDANCE WITH THE STATE BUDGET; AND~~  
18 MAY NOT RECEIVE COMPENSATION; BUT

19 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
20 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

21 (D) (1) THE COMMISSION MAY EMPLOY A STAFF IN ACCORDANCE WITH THE  
22 STATE BUDGET.

23 (2) ~~THE COMMISSION SHALL EMPLOY AN INDIVIDUAL WHO IS~~  
24 ~~RESPONSIBLE FOR PREPARING GRANT APPLICATIONS.~~

25 (3) THE COMMISSION, IN CONSULTATION WITH THE SECRETARY, SHALL  
26 DETERMINE THE APPROPRIATE JOB CLASSIFICATIONS AND GRADES FOR ALL STAFF.  
27 19-2107.

28 (A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS SUBTITLE,  
29 THE COMMISSION MAY:

30 (1) ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS  
31 SUBTITLE;

32 (2) CREATE COMMITTEES FROM AMONG ITS MEMBERS;

1 (3) APPOINT ADVISORY COMMITTEES, WHICH MAY INCLUDE  
2 INDIVIDUALS AND REPRESENTATIVES OF INTERESTED PUBLIC OR PRIVATE  
3 ORGANIZATIONS;

4 (4) APPLY FOR AND ACCEPT ANY FUNDS, PROPERTY, OR SERVICES FROM  
5 ANY PERSON OR GOVERNMENT AGENCY;

6 (5) MAKE AGREEMENTS WITH A GRANTOR OR PAYOR OF FUNDS,  
7 PROPERTY, OR SERVICES, INCLUDING AN AGREEMENT TO MAKE ANY STUDY, PLAN,  
8 DEMONSTRATION, OR PROJECT;

9 (6) PUBLISH AND GIVE OUT ANY INFORMATION THAT RELATES TO  
10 EXPANDING ACCESS TO HEALTH CARE THROUGH COMMUNITY HEALTH RESOURCES  
11 ~~AND THAT~~ IS CONSIDERED DESIRABLE IN THE PUBLIC INTEREST; AND

12 (7) SUBJECT TO THE LIMITATIONS OF THIS SUBTITLE, EXERCISE ANY  
13 OTHER POWER THAT IS REASONABLY NECESSARY TO CARRY OUT THE PURPOSES OF  
14 THIS SUBTITLE.

15 (B) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,  
16 THE COMMISSION SHALL:

17 (1) ADOPT RULES AND REGULATIONS THAT RELATE TO ITS MEETINGS,  
18 MINUTES, AND TRANSACTIONS;

19 (2) KEEP MINUTES OF EACH MEETING;

20 (3) PREPARE ANNUALLY A BUDGET PROPOSAL THAT INCLUDES THE  
21 ESTIMATED INCOME OF THE COMMISSION AND PROPOSED EXPENSES FOR ITS  
22 ADMINISTRATION AND OPERATION; AND

23 (4) ON OR BEFORE OCTOBER 1 OF EACH YEAR, SUBMIT TO THE  
24 GOVERNOR, TO THE SECRETARY, AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE  
25 GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY AN ANNUAL REPORT ON THE  
26 OPERATIONS AND ACTIVITIES OF THE COMMISSION DURING THE PRECEDING FISCAL  
27 YEAR.

28 19-2108.

29 (A) THE POWER OF THE SECRETARY OVER PLANS, PROPOSALS, AND PROJECTS  
30 OF UNITS IN THE DEPARTMENT DOES NOT INCLUDE THE POWER TO DISAPPROVE OR  
31 MODIFY ANY DECISION OR DETERMINATION THAT THE COMMISSION MAKES UNDER  
32 AUTHORITY SPECIFICALLY DELEGATED BY LAW TO THE COMMISSION.

33 (B) THE POWER OF THE SECRETARY TO TRANSFER BY RULE, REGULATION, OR  
34 WRITTEN DIRECTIVE ANY STAFF, FUNCTIONS, OR FUNDS OF UNITS IN THE  
35 DEPARTMENT DOES NOT APPLY TO ANY STAFF, ~~FUNCTION~~ FUNCTIONS, OR FUNDS OF  
36 THE COMMISSION.

1 ~~(C)~~ ~~(1)~~ THE POWER OF THE SECRETARY OVER THE PROCUREMENT  
 2 PROCEDURE FOR UNITS IN THE DEPARTMENT DOES NOT APPLY TO THE  
 3 PROCUREMENT PROCEDURE FOR THE COMMISSION.

4 (2) SUBJECT TO THE PROVISIONS OF PARAGRAPH (1) OF THIS  
 5 SUBSECTION, ANY PROCUREMENT FOR SERVICES TO BE PERFORMED OR FOR  
 6 SUPPLIES TO BE DELIVERED TO THE COMMISSION IS SUBJECT TO THE PURPOSES  
 7 AND REQUIREMENTS OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

8 19-2109.

9 (A) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,  
 10 THE COMMISSION SHALL, TO THE EXTENT BUDGETED RESOURCES PERMIT:

11 (1) ESTABLISH BY REGULATION THE CRITERIA TO QUALIFY AS A  
 12 COMMUNITY HEALTH RESOURCE UNDER THIS SUBTITLE;

13 ~~(2)~~ ~~(1)~~ ~~IDENTIFY~~ ESTABLISH BY REGULATION THE SERVICES THAT A  
 14 COMMUNITY HEALTH RESOURCE SHALL PROVIDE TO QUALIFY AS A COMMUNITY  
 15 HEALTH RESOURCE, WHICH MAY INCLUDE THE PROVISION OF FAMILY MEDICINE,  
 16 GENERAL INTERNAL MEDICINE, GENERAL PEDIATRIC CARE, LABORATORY SERVICES,  
 17 PHARMACY SERVICES, AND OBSTETRIC AND GYNECOLOGY SERVICES UNDER THIS  
 18 SUBTITLE; AND

19 ~~(1)~~ ~~(2)~~ (3) REQUIRE COMMUNITY HEALTH RESOURCES TO SUBMIT A  
 20 PLAN TO THE COMMISSION ON HOW THE COMMUNITY HEALTH RESOURCE WILL  
 21 PROVIDE OR ARRANGE TO PROVIDE MENTAL HEALTH SERVICES;

22 ~~(2)~~ ~~(3)~~ (4) IDENTIFY AND SEEK FEDERAL AND STATE FUNDING FOR THE  
 23 EXPANSION OF COMMUNITY HEALTH RESOURCES;

24 ~~(3)~~ ~~(4)~~ ADMINISTER OPERATING AND CAPITAL GRANT FUND PROGRAMS  
 25 FOR QUALIFYING COMMUNITY HEALTH RESOURCES;

26 (5) ESTABLISH BY REGULATION THE CRITERIA FOR COMMUNITY  
 27 HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING GRANTS AND  
 28 PROCEDURES FOR APPLYING FOR CAPITAL AND OPERATING GRANTS;

29 (6) ~~ASSIST INDIVIDUALS UNDER 300% OF THE FEDERAL POVERTY LEVEL~~  
 30 ~~WHO DO NOT HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE THROUGH~~  
 31 ADMINISTER OPERATING GRANT FUND PROGRAMS FOR QUALIFYING COMMUNITY  
 32 HEALTH RESOURCES;

33 (7) TAKING INTO CONSIDERATION REGIONAL DISPARITIES IN INCOME  
 34 AND THE COST OF MEDICAL SERVICES, ESTABLISH GUIDELINES FOR SLIDING SCALE  
 35 FEE PAYMENTS BY INDIVIDUALS SERVED BY COMMUNITY HEALTH RESOURCES WHO  
 36 ARE AT COMMUNITY HEALTH RESOURCES THAT ARE NOT FEDERALLY QUALIFIED  
 37 HEALTH CENTERS, FOR INDIVIDUALS WHOSE FAMILY INCOME IS BETWEEN 100%  
 38 AND ~~300%~~ 200% OF THE FEDERAL POVERTY LEVEL GUIDELINES;

1           (8)     ~~IDENTIFY AND PROVIDE ASSISTANCE, INCLUDING TECHNICAL~~  
2 ~~ASSISTANCE, TO ENABLE COMMUNITY HEALTH RESOURCES TO RECEIVE FEDERAL~~  
3 ~~OR STATE DESIGNATIONS FOR WHICH THE RESOURCE MAY BE ELIGIBLE;~~

4           (9)     ~~WORK IN CONJUNCTION WITH THE OFFICE OF PRIMARY CARE IN~~  
5 ~~THE IDENTIFICATION OF THE STATE'S HEALTH PROFESSIONAL SHORTAGE AREAS,~~  
6 ~~MEDICALLY UNDERSERVED AREAS, AND MEDICALLY UNDERSERVED POPULATIONS;~~

7           (10)    ~~(I)     IDENTIFY METHODS TO INCREASE THE REIMBURSEMENT~~  
8 ~~RATES PAID BY PUBLIC AND PRIVATE INSURERS TO HEALTH CARE PROVIDERS WHO~~  
9 ~~PROVIDE SERVICES THROUGH COMMUNITY HEALTH RESOURCES; AND~~

10           ~~(II)    IDENTIFY METHODS TO FACILITATE REIMBURSEMENT~~  
11 ~~PROVIDED TO HEALTH CARE PROVIDERS WHO PROVIDE SERVICES THROUGH~~  
12 ~~COMMUNITY HEALTH RESOURCES, INCLUDING METHODS TO MAKE THE PROVIDER~~  
13 ~~AN EMPLOYEE OF THE COMMUNITY HEALTH RESOURCE;~~

14           (11)    ~~IDENTIFY METHODS, IN CONSULTATION WITH THE MARYLAND~~  
15 ~~HEALTH CARE COMMISSION, TO ENCOURAGE EMPLOYERS TO MAKE HEALTH CARE~~  
16 ~~COVERAGE AVAILABLE FOR UNINSURED, LOW-INCOME WORKERS, INCLUDING:~~

17                   ~~(I)     ALTERNATIVES TO TRADITIONAL HEALTH INSURANCE THAT~~  
18 ~~STILL PROVIDE TAX BENEFITS TO EMPLOYERS OR EMPLOYEES FOR OBTAINING~~  
19 ~~COVERAGE; AND~~

20                   ~~(II)    "THREE-SHARE" PROGRAMS THAT DIVIDE COSTS AMONG THE~~  
21 ~~EMPLOYER, THE EMPLOYEE, AND THE GOVERNMENT;~~

22           (12)    ~~DEVELOP AND RECOMMENDATIONS FOR LEGISLATION AND, IF~~  
23 ~~AUTHORIZED BY STATUTE, IMPLEMENT PROGRAMS TO PROVIDE INCENTIVES TO~~  
24 ~~SPECIALIST PROVIDERS TO SERVE INDIVIDUALS REFERRED FROM COMMUNITY~~  
25 ~~HEALTH RESOURCES, INCLUDING PROGRAMS:~~

26                   ~~(I)     TO REDUCE LICENSURE FEES FOR SPECIALIST PROVIDERS WHO~~  
27 ~~SERVE A DESIGNATED NUMBER OF INDIVIDUALS REFERRED EACH YEAR FROM~~  
28 ~~COMMUNITY HEALTH RESOURCES;~~

29                   ~~(II)    THAT PROVIDE TAX CREDITS, DEDUCTIONS, OR BOTH TO~~  
30 ~~SPECIALIST PROVIDERS BASED ON THE LEVEL OF UNCOMPENSATED CARE~~  
31 ~~PROVIDED EACH YEAR TO INDIVIDUALS REFERRED FROM COMMUNITY HEALTH~~  
32 ~~RESOURCES; AND~~

33                   ~~(III)   TO INCREASE HEALTH PROFESSIONAL VOLUNTEERISM;~~

34           (13)    ~~WORK IN COOPERATION WITH THE GRADUATE MEDICAL AND~~  
35 ~~NURSING EDUCATION PROGRAMS IN THE STATE TO ESTABLISH SPECIALTY CARE~~  
36 ~~PROGRAMS, STAFFED PRIMARILY BY MEDICAL RESIDENTS AND FELLOWS AND~~  
37 ~~NURSE PRACTITIONER GRADUATE STUDENTS, FOR INDIVIDUALS REFERRED FROM~~  
38 ~~COMMUNITY HEALTH RESOURCES, PARTICULARLY IN RURAL AREAS;~~

1           (14)    IN-COLLABORATION WITH THE MARYLAND HEALTH INSURANCE  
2 PLAN, DETERMINE THE AMOUNT OF MONEY NEEDED FOR SPECIALTY CARE FOR  
3 INDIVIDUALS WHO RECEIVE SERVICES FROM COMMUNITY HEALTH RESOURCES  
4 FROM:

5           (1)    STRATEGIC CONTRIBUTION PAYMENTS IN THE CIGARETTE  
6 RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND  
7 PROCUREMENT ARTICLE; AND

8           (II)   THE HOSPITAL ASSESSMENT ESTABLISHED UNDER § 19-219(F)  
9 OF THIS TITLE; AND

10          (14)    USING \$5 MILLION IN FUNDS PROVIDED FROM THE CIGARETTE  
11 RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND  
12 PROCUREMENT ARTICLE, SUPPORT SMOKING CESSATION AND CANCER PREVENTION,  
13 SCREENING, DIAGNOSIS, AND TREATMENT INITIATIVES; AND

14          (15)    DEVELOP A SLIDING FEE SCALE FOR SPECIALTY CARE PROVIDED TO  
15 COMMUNITY HEALTH RESOURCES MEMBERS.

16    (B)    IN DEVELOPING CRITERIA UNDER SUBSECTION (A)(5) OF THIS SECTION  
17 FOR COMMUNITY HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING  
18 GRANTS, THE COMMISSION SHALL:

19          (1)    CONSIDER GEOGRAPHIC BALANCE; AND

20          (2)    GIVE PRIORITY TO COMMUNITY HEALTH RESOURCES THAT:

21          (1)    IN ADDITION TO NORMAL BUSINESS HOURS, HAVE EVENING  
22 AND WEEKEND HOURS OF OPERATION; OR

23          (II)   HAVE PARTNERED WITH A HOSPITAL TO ESTABLISH A REVERSE  
24 REFERRAL PROGRAM AT THE HOSPITAL.

25    (C)    ON OR BEFORE OCTOBER 1, 2006, THE COMMISSION SHALL ADOPT  
26 REGULATIONS TO IMPLEMENT THE PROGRAMS REQUIRED UNDER SUBSECTION  
27 (A)(12) OF THIS SECTION.

28          (8)    IDENTIFY PROGRAMS AND POLICIES TO ENCOURAGE SPECIALIST  
29 PROVIDERS TO SERVE INDIVIDUALS REFERRED FROM COMMUNITY HEALTH  
30 RESOURCES;

31          (9)    IDENTIFY PROGRAMS AND POLICIES TO ENCOURAGE HOSPITALS  
32 AND COMMUNITY HEALTH RESOURCES TO PARTNER TO INCREASE ACCESS TO  
33 HEALTH CARE SERVICES;

34          (10)   ESTABLISH A REVERSE REFERRAL PILOT PROGRAM UNDER WHICH A  
35 HOSPITAL WILL IDENTIFY AND ASSIST PATIENTS IN ACCESSING HEALTH CARE  
36 SERVICES THROUGH A COMMUNITY HEALTH RESOURCE;

1           (11) WORK WITH COMMUNITY HEALTH RESOURCES, HOSPITAL SYSTEMS,  
2 AND OTHERS TO DEVELOP A UNIFIED INFORMATION AND DATA MANAGEMENT  
3 SYSTEM FOR USE BY ALL COMMUNITY HEALTH RESOURCES THAT IS INTEGRATED  
4 WITH THE LOCAL HOSPITAL SYSTEMS TO TRACK THE TREATMENT OF INDIVIDUAL  
5 PATIENTS AND THAT PROVIDES REAL-TIME INDICATORS OF AVAILABLE  
6 RESOURCES;

7           (12) WORK IN COOPERATION WITH CLINICAL EDUCATION AND TRAINING  
8 PROGRAMS, AREA HEALTH EDUCATION CENTERS, AND TELEMEDICINE CENTERS TO  
9 ENHANCE ACCESS TO QUALITY PRIMARY AND SPECIALTY HEALTH CARE FOR  
10 INDIVIDUALS IN RURAL AND UNDERSERVED AREAS REFERRED BY COMMUNITY  
11 HEALTH RESOURCES;

12           (13) EVALUATE THE FEASIBILITY OF DEVELOPING A CAPITAL GRANT  
13 PROGRAM FOR COMMUNITY HEALTH RESOURCES THAT ARE NOT FEDERALLY  
14 QUALIFIED HEALTH CENTERS;

15           (14) DEVELOP AN OUTREACH PROGRAM TO EDUCATE AND INFORM  
16 INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND  
17 ASSIST INDIVIDUALS UNDER 200% OF THE FEDERAL POVERTY LEVEL WHO DO NOT  
18 HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE SERVICES THROUGH  
19 COMMUNITY HEALTH RESOURCES;

20           (15) STUDY SCHOOL-BASED HEALTH CENTER FUNDING AND ACCESS  
21 ISSUES INCLUDING:

22                   (I) REIMBURSEMENT OF SCHOOL-BASED HEALTH CENTERS BY  
23 MANAGED CARE ORGANIZATIONS, INSURERS, NONPROFIT HEALTH SERVICE PLANS,  
24 AND HEALTH MAINTENANCE ORGANIZATIONS; AND

25                   (II) METHODS TO EXPAND SCHOOL-BASED HEALTH CENTERS TO  
26 PROVIDE PRIMARY CARE SERVICES;

27           (16) STUDY ACCESS AND REIMBURSEMENT ISSUES REGARDING THE  
28 PROVISION OF DENTAL SERVICES;

29           (17) EVALUATE THE FEASIBILITY OF EXTENDING LIABILITY PROTECTION  
30 UNDER THE MARYLAND TORT CLAIMS ACT TO HEALTH CARE PRACTITIONERS WHO  
31 CONTRACT DIRECTLY WITH A COMMUNITY HEALTH RESOURCE THAT IS ALSO A  
32 MARYLAND QUALIFIED HEALTH CENTER OR A SCHOOL-BASED HEALTH CENTER;  
33 AND

34           (18) ESTABLISH CRITERIA AND MECHANISMS TO PAY FOR  
35 OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY  
36 TESTS FOR UNINSURED INDIVIDUALS WITH FAMILY INCOME THAT DOES NOT  
37 EXCEED 200% OF THE FEDERAL POVERTY GUIDELINES WHO ARE REFERRED  
38 THROUGH COMMUNITY HEALTH RESOURCES.

39           (B) THE REVERSE REFERRAL PILOT PROGRAM ESTABLISHED UNDER  
40 SUBSECTION (A)(10) OF THIS SECTION SHALL INCLUDE AT LEAST ONE HOSPITAL AND

1 ONE COMMUNITY HEALTH RESOURCE FROM A RURAL, URBAN, AND SUBURBAN AREA  
2 OF THIS STATE.

3 (C) THE COMMISSION, IN DEVELOPING AND IMPLEMENTING THE OUTREACH  
4 PROGRAM ESTABLISHED UNDER SUBSECTION (A)(14) OF THIS SECTION, SHALL  
5 CONSULT AND COORDINATE WITH THE MOTOR VEHICLE ADMINISTRATION,  
6 WORKFORCE INVESTMENT BOARDS, LOCAL DEPARTMENTS OF SOCIAL SERVICES,  
7 LOCAL HEALTH DEPARTMENTS, MEDBANK INC., THE COMPTROLLER, THE MARYLAND  
8 HEALTH CARE COMMISSION, HOSPITALS, COMMUNITY HEALTH RESOURCES, AND  
9 PHYSICIANS TO PROVIDE OUTREACH AND CONSUMER INFORMATION.

10 (D) THE COMMISSION, IN CONDUCTING THE SCHOOL-BASED HEALTH  
11 CENTER STUDY REQUIRED UNDER SUBSECTION (A)(15) OF THIS SECTION, SHALL:

12 (1) SOLICIT INPUT FROM AND CONSULT WITH LOCAL GOVERNMENTS  
13 THAT OPERATE SCHOOL-BASED HEALTH CENTERS, THE STATE DEPARTMENT OF  
14 EDUCATION, THE MARYLAND INSURANCE COMMISSIONER, REPRESENTATIVES  
15 FROM SCHOOL-BASED HEALTH CENTERS, PROVIDERS, AND INSURERS; AND

16 (2) IDENTIFY THE FOLLOWING:

17 (I) A FEE SCHEDULE FOR INDIVIDUALS ACCESSING A  
18 SCHOOL-BASED COMMUNITY HEALTH CENTER;

19 (II) REIMBURSEMENT RATES TO BE PAID BY MANAGED CARE  
20 ORGANIZATIONS AND INSURERS, NONPROFIT HEALTH SERVICES PLANS, AND  
21 HEALTH MAINTENANCE ORGANIZATIONS TO THE SCHOOL-BASED COMMUNITY  
22 HEALTH CENTER;

23 (III) INSURANCE PAYMENTS OWED TO SCHOOL-BASED COMMUNITY  
24 HEALTH CENTERS AND HOW MUCH OF THE PAYMENTS SHOULD BE COLLECTED TO  
25 OFFSET ANY STATE SUBSIDY;

26 (IV) BARRIERS TO THE REIMBURSEMENT OF LICENSED HEALTH  
27 CARE PROVIDERS WHO PROVIDE SERVICES AT SCHOOL-BASED HEALTH CENTERS,  
28 INCLUDING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS;

29 (V) A SYSTEM OF REGISTERING INDIVIDUALS WHO RECEIVE  
30 HEALTH CARE SERVICES FROM A SCHOOL-BASED COMMUNITY HEALTH CENTER  
31 THAT REQUIRES AN INDIVIDUAL TO PAY PREMIUMS AND SLIDING SCALE FEES; AND

32 (VI) SECURITY MEASURES TO BE USED BY SCHOOL-BASED  
33 COMMUNITY HEALTH CENTERS.

34 (E) THE COMMISSION, IN CONDUCTING THE DENTAL SERVICES STUDY  
35 REQUIRED UNDER SUBSECTION (A)(16) OF THIS SECTION, SHALL SELECT INPUT  
36 FROM AND CONSULT WITH COMMUNITY HEALTH RESOURCES THAT PROVIDE  
37 DENTAL SERVICES, MANAGED CARE ORGANIZATIONS, THE UNIVERSITY OF  
38 MARYLAND SCHOOL OF DENTISTRY, AND DENTAL SERVICE PROVIDERS.



1 49-2110.

2 (A) THE COMMISSION SHALL DEVELOP A TOLL-FREE HOTLINE TO:

3 (1) DETERMINE A CALLER'S POTENTIAL ELIGIBILITY FOR HEALTH CARE  
4 SERVICES;

5 (2) ASSIST CALLERS IN COMPLETING APPLICATION FORMS FOR HEALTH  
6 CARE SERVICES;

7 (3) REFER CALLERS TO COMMUNITY HEALTH RESOURCES THAT ARE  
8 CLOSE TO THE CALLER'S RESIDENCE OR WORKPLACE; AND

9 (4) PROVIDE OUTREACH SERVICES TO EDUCATE AND INFORM  
10 INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND THE  
11 ELIGIBILITY CRITERIA OF COMMUNITY HEALTH RESOURCES.

12 (B) IN DEVELOPING A TOLL-FREE HOTLINE, THE COMMISSION SHALL  
13 COORDINATE TO THE EXTENT PRACTICABLE WITH ANY EXISTING TOLL-FREE  
14 HOTLINE.

15 (C) THE COMMISSION SHALL COORDINATE WITH THE MOTOR VEHICLE  
16 ADMINISTRATION, WORKFORCE INVESTMENT BOARDS, LOCAL DEPARTMENTS OF  
17 SOCIAL SERVICES, LOCAL HEALTH DEPARTMENTS, MEDBANK INC., THE  
18 COMPTROLLER, THE MARYLAND HEALTH CARE COMMISSION, HOSPITALS,  
19 COMMUNITY HEALTH RESOURCES, PHYSICIANS, AND ANY OTHER APPROPRIATE  
20 PERSONS TO PROVIDE OUTREACH AND CONSUMER INFORMATION, INCLUDING THE  
21 NUMBER FOR THE TOLL-FREE HOTLINE ESTABLISHED UNDER THIS SECTION, TO  
22 INDIVIDUALS REGARDING THE HEALTH CARE SERVICES PROVIDED THROUGH  
23 COMMUNITY HEALTH RESOURCES.

24 (D) SUBJECT TO SUBSECTION (E) OF THIS SECTION, THE COMMISSION SHALL  
25 USE THE INFORMATION RECEIVED FROM THE MOTOR VEHICLE ADMINISTRATION  
26 AND FROM ANY OTHER SOURCE TO REFER UNINSURED INDIVIDUALS BELOW 300% OF  
27 THE FEDERAL POVERTY LEVEL TO COMMUNITY HEALTH RESOURCES.

28 (E) THE COMMISSION SHALL REFER INDIVIDUALS TO COMMUNITY HEALTH  
29 RESOURCES BASED ON THE FOLLOWING SCHEDULE:

30 (1) ON OR BEFORE OCTOBER 1, 2006, THE COMMISSION SHALL REFER  
31 INDIVIDUALS BELOW 100% OF THE FEDERAL POVERTY LEVEL;

32 (2) BEGINNING ON OR BEFORE OCTOBER 1, 2007, THE COMMISSION  
33 SHALL REFER INDIVIDUALS BELOW 200% OF THE FEDERAL POVERTY LEVEL; AND

34 (3) BEGINNING ON OR BEFORE OCTOBER 1, 2008, THE COMMISSION  
35 SHALL REFER INDIVIDUALS BELOW 300% OF THE FEDERAL POVERTY LEVEL.

36 (F) ~~(E)~~ WHEN REFERRING INDIVIDUALS TO A COMMUNITY HEALTH  
37 RESOURCE, THE COMMISSION SHALL:

1           (1)     PROMOTE AN EQUITABLE DISTRIBUTION OF REFERRALS AMONG  
2 THE COMMUNITY HEALTH RESOURCES; AND

3           (2)     ESTABLISH A PROCESS TO ASSIST INDIVIDUALS WHO HAVE BEEN  
4 RECEIVING HEALTH CARE SERVICES FROM A HEALTH CARE PROVIDER TO CONTINUE  
5 TO RECEIVE SERVICES FROM THAT PROVIDER.

6     (G)    ~~(F)~~    THE COMMISSION, IN CONSULTATION WITH LOCAL HEALTH  
7 DEPARTMENTS AND COMMUNITY HEALTH RESOURCES, SHALL ADOPT REGULATIONS  
8 TO IMPLEMENT THIS SECTION.

9 49-2111.

10    (A)    TO FACILITATE THE WORK OF THE COMMISSION, THE COMMISSION SHALL  
11 ESTABLISH THE FOLLOWING STANDING COMMITTEES:

12           (1)     THE COMMITTEE ON CAPITAL AND OPERATIONAL FUNDING;

13           (2)     THE COMMITTEE ON HOSPITAL AND COMMUNITY HEALTH  
14 RESOURCES RELATIONS;

15           (3)     THE COMMITTEE ON SCHOOL BASED COMMUNITY HEALTH CLINIC  
16 CENTER EXPANSION; AND

17           (4)     THE COMMITTEE ON DATA INFORMATION SYSTEMS.

18    (B)    (1)     THE COMMITTEE ON CAPITAL AND OPERATIONAL FUNDING SHALL  
19 BE COMPRISED OF:

20                   (I)     AT LEAST ONE MEMBER OF THE COMMISSION;

21                   (II)    THE SECRETARY OF THE DEPARTMENT, OR THE SECRETARY'S  
22 DESIGNEE;

23                   (III)   THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE  
24 SECRETARY'S DESIGNEE;

25                   (IV)   THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH AND  
26 HIGHER EDUCATIONAL FACILITIES AUTHORITY, OR THE EXECUTIVE DIRECTOR'S  
27 DESIGNEE; AND

28                   (V)     ONE REPRESENTATIVE OF EACH OF THE FOLLOWING,  
29 APPOINTED BY THE COMMISSION:

30                           1.     LOCAL HEALTH DEPARTMENTS;

31                           2.     FEDERALLY QUALIFIED HEALTH CENTERS; AND

32                           3.     COMMUNITY HEALTH RESOURCES.

33           (2)     THE COMMITTEE SHALL:

~~(I) IDENTIFY AVAILABLE FEDERAL GRANTS FOR OPERATIONAL ASSISTANCE, INCLUDING REACH INITIATIVE AND COMMUNITY ACCESS PROGRAM GRANTS;~~

~~(II) DEVELOP A PROGRAM TO ASSIST COMMUNITY HEALTH RESOURCES IN OBTAINING THE GRANTS IDENTIFIED UNDER ITEM (I) OF THIS PARAGRAPH;~~

~~(III) ESTABLISH A STATE NEW MARKETS TAX CREDIT PROGRAM TO ASSIST LENDING INSTITUTIONS AND COMMUNITY DEVELOPMENT GROUPS IN OBTAINING CAPITAL FINANCING THROUGH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM;~~

~~(IV) ESTABLISH A CAPITAL BOND SUBCOMMITTEE TO ASSIST FEDERALLY QUALIFIED HEALTH CENTERS IN APPLYING FOR CAPITAL BOND FINANCING AS PROVIDED IN TITLE 24, SUBTITLE 13 OF THIS ARTICLE BY:~~

~~1. PROVIDING TECHNICAL ASSISTANCE TO COMMUNITY HEALTH RESOURCES IN APPLYING FOR CAPITAL BOND FINANCING;~~

~~2. COLLECTING APPLICATIONS FROM COMMUNITY HEALTH RESOURCES FOR CAPITAL BOND FINANCING; AND~~

~~3. SUBMITTING APPLICATIONS FOR CAPITAL BOND FINANCING TO THE BOARD OF PUBLIC WORKS;~~

~~(V) DEVELOP A PROGRAM FOR CAPITAL BOND FINANCING OF COMMUNITY HEALTH RESOURCES THAT ARE NOT ELIGIBLE FOR THE PROGRAM AUTHORIZED UNDER TITLE 24, SUBTITLE 13 OF THIS ARTICLE;~~

~~(VI) IDENTIFY ANY FEDERAL OR STATE FUNDING SOURCES THAT MAY BE AVAILABLE TO COMMUNITY HEALTH RESOURCES, INCLUDING FINANCIAL ASSISTANCE ISSUANCE OF REVENUE BONDS THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY; AND~~

~~(VII) DEVELOP A REVOLVING LOAN PROGRAM TO ASSIST COMMUNITY HEALTH RESOURCES TO OBTAIN REDUCED DRUG PRICES UNDER § 340B OF THE FEDERAL PUBLIC HEALTH SERVICE ACT.~~

~~(C) (1) THE COMMITTEE ON HOSPITAL AND COMMUNITY HEALTH RESOURCES RELATIONS SHALL BE COMPRISED OF:~~

~~(I) AT LEAST ONE MEMBER OF THE COMMISSION; AND~~

~~(II) ONE REPRESENTATIVE OF EACH OF THE FOLLOWING, APPOINTED BY THE COMMISSION:~~

~~1. HOSPITALS;~~

~~2. COMMUNITY HEALTH RESOURCES;~~

1 3. HOSPITAL BASED SPECIALISTS; AND

2 4. PHYSICIAN SPECIALISTS.

3 (2) THE COMMITTEE SHALL:

4 (I) MAKE RECOMMENDATIONS TO THE COMMISSION ON  
5 PROPOSALS TO ENCOURAGE HOSPITALS AND COMMUNITY HEALTH RESOURCES TO  
6 PARTNER TO INCREASE ACCESS TO HEALTH CARE, INCLUDING, WITHIN THE  
7 PARAMETERS OF FEDERAL LAW, PROGRAMS FOR HOSPITAL FINANCIAL AND  
8 PROGRAM SUPPORT FOR HEALTH CARE PROVIDED BY SPECIALISTS TO INDIVIDUALS  
9 REFERRED TO THE SPECIALISTS BY COMMUNITY HEALTH RESOURCES;

10 (II) MAKE RECOMMENDATIONS TO THE COMMISSION ON HOW TO  
11 REDUCE THE NEED FOR HOSPITALS TO ASSIST SPECIALISTS WHO SERVE THE  
12 UNINSURED; AND

13 (III) ESTABLISH A REVERSE REFERRAL PILOT PROGRAM  
14 UNDER WHICH A HOSPITAL WILL IDENTIFY AND ASSIST PATIENTS IN ACCESSING  
15 HEALTH CARE SERVICES THROUGH A COMMUNITY HEALTH RESOURCE.

16 (D) (1) THE COMMITTEE ON SCHOOL BASED COMMUNITY HEALTH CLINIC  
17 CENTER EXPANSION SHALL BE COMPRISED OF:

18 (I) AT LEAST ONE MEMBER OF THE COMMISSION;

19 (II) THE SECRETARY OF THE DEPARTMENT, OR THE SECRETARY'S  
20 DESIGNEE;

21 (III) ONE REPRESENTATIVE FROM THE GOVERNOR'S OFFICE FOR  
22 CHILDREN, YOUTH, AND FAMILIES, APPOINTED BY THE GOVERNOR THE MARYLAND  
23 INSURANCE COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE;

24 (IV) A LOCAL SUPERINTENDENT OF SCHOOLS, APPOINTED  
25 NOMINATED BY THE PUBLIC SCHOOL SUPERINTENDENTS ASSOCIATION OF  
26 MARYLAND; AND

27 (V) THE FOLLOWING MEMBERS, APPOINTED BY THE COMMISSION:

28 1. A REPRESENTATIVE OF A SCHOOL BASED HEALTH  
29 CLINIC;

30 1. ONE HEALTH CARE PROVIDER WHO PROVIDES SERVICES  
31 IN A SCHOOL BASED COMMUNITY HEALTH CENTER;

32 2. ONE PHYSICIAN ASSISTANT;

33 3. ONE NURSE PRACTITIONER;

34 4. ONE REPRESENTATIVE WITH EXPERIENCE IN  
35 ADMINISTERING A SCHOOL BASED COMMUNITY HEALTH CENTER;

1 ~~5. ONE REPRESENTATIVE OF THE MARYLAND ASSEMBLY ON~~  
 2 ~~SCHOOL-BASED HEALTH; AND~~

3 ~~6. TWO ADULT CONSUMERS WHO HAVE RECEIVED SERVICES~~  
 4 ~~THROUGH A SCHOOL-BASED COMMUNITY HEALTH CENTER.~~

5 ~~2. A NURSE PRACTITIONER OR A PHYSICIAN ASSISTANT; AND~~

6 ~~3. A CONSUMER.~~

7 ~~(2) THE COMMITTEE SHALL STUDY AND MAKE RECOMMENDATIONS ON~~  
 8 ~~METHODS TO EXPAND SCHOOL-BASED COMMUNITY HEALTH CLINICS CENTERS TO~~  
 9 ~~PROVIDE PRIMARY CARE SERVICES, SPECIALTY SERVICES, AND REFERRAL SERVICES~~  
 10 ~~TO ALL MEMBERS OF THE COMMUNITY.~~

11 ~~(3) IN CONDUCTING THE STUDY REQUIRED UNDER PARAGRAPH (2) OF~~  
 12 ~~THIS SUBSECTION, THE COMMITTEE SHALL IDENTIFY THE FOLLOWING:~~

13 ~~(I) EVALUATE THE FEASIBILITY OF DEVELOPING A SCHEDULE~~  
 14 ~~FOR PREMIUM PAYMENTS TO BE PAID BY INDIVIDUALS ACCESSING A~~  
 15 ~~SCHOOL-BASED COMMUNITY HEALTH CLINIC CENTER;~~

16 ~~(II) EVALUATE THE FEASIBILITY OF DEVELOPING A SCHEDULE~~  
 17 ~~FOR THE REIMBURSEMENT TO BE PAID BY MANAGED CARE ORGANIZATIONS AND~~  
 18 ~~PRIVATE INSURERS TO THE SCHOOL-BASED COMMUNITY HEALTH CLINIC CENTER;~~

19 ~~(III) IDENTIFY INSURANCE PAYMENTS OWED TO SCHOOL-BASED~~  
 20 ~~COMMUNITY HEALTH CLINICS CENTERS AND HOW MUCH OF THE PAYMENTS~~  
 21 ~~SHOULD BE COLLECTED TO OFFSET ANY STATE SUBSIDY;~~

22 ~~(IV) IDENTIFY BARRIERS TO THE REIMBURSEMENT OF LICENSED~~  
 23 ~~HEALTH CARE PROVIDERS WHO PROVIDE SERVICES AT SCHOOL-BASED HEALTH~~  
 24 ~~CLINICS CENTERS, INCLUDING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS;~~

25 ~~(V) EVALUATE THE FEASIBILITY OF DEVELOPING A SYSTEM OF~~  
 26 ~~REGISTERING INDIVIDUALS WHO RECEIVE HEALTH CARE SERVICES FROM A~~  
 27 ~~SCHOOL-BASED COMMUNITY HEALTH CLINIC CENTER THAT REQUIRES AN~~  
 28 ~~INDIVIDUAL TO PAY PREMIUMS AND SLIDING SCALE FEES; AND~~

29 ~~(VI) IDENTIFY SECURITY MEASURES TO BE USED BY~~  
 30 ~~SCHOOL-BASED COMMUNITY HEALTH CLINICS CENTERS.~~

31 ~~(4) (I) ON OR BEFORE DECEMBER 1, 2006, THE COMMITTEE SHALL~~  
 32 ~~REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, IN~~  
 33 ~~ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL~~  
 34 ~~ASSEMBLY.~~

35 ~~(II) THE REPORT REQUIRED UNDER SUBPARAGRAPH (I) OF THIS~~  
 36 ~~PARAGRAPH SHALL INCLUDE A PLAN FOR IMPLEMENTING THE EXPANSION OF~~

~~1 SCHOOL BASED COMMUNITY HEALTH CENTERS TO PROVIDE SERVICES TO ALL  
2 MEMBERS OF THE COMMUNITY ON OR BEFORE DECEMBER 1, 2007.~~

~~3 (E) (1) THE COMMITTEE ON DATA INFORMATION SYSTEMS SHALL BE  
4 COMPRISED OF NINE MEMBERS:~~

~~5 (I) APPOINTED BY THE COMMISSION CHAIR; AND~~

~~6 (II) REPRESENTING COMMUNITY HEALTH RESOURCES AND  
7 HOSPITALS.~~

~~8 (2) THE COMMISSION SHALL ESTABLISH BY REGULATION:~~

~~9 (I) THE TERMS OF MEMBERS;~~

~~10 (II) THE PROCEDURE FOR SELECTING THE CHAIR OF THE  
11 COMMITTEE; AND~~

~~12 (III) THE FREQUENCY OF MEETINGS.~~

~~13 (3) THE COMMITTEE SHALL:~~

~~14 (I) SUPPORT AND MONITOR THE DEVELOPMENT OF A UNIFIED  
15 DATA INFORMATION SYSTEM AMONG PRIMARY AND SPECIALTY CARE PROVIDERS,  
16 HOSPITALS, AND OTHER PROVIDERS OF SERVICES TO COMMUNITY HEALTH  
17 RESOURCES MEMBERS; AND~~

~~18 (II) PROVIDE RECOMMENDATIONS TO THE COMMISSION FOR  
19 FUNDING OF THE UNIFIED DATA INFORMATION SYSTEM.~~

~~20 (4) (I) IN ACCORDANCE WITH RECOMMENDATIONS OF THE  
21 COMMITTEE, THE COMMISSION SHALL PROVIDE FUNDING OF \$5,000,000 ANNUALLY  
22 FOR DATA INFORMATION SYSTEMS.~~

~~23 (II) FUNDING SHALL BE OBTAINED FROM MONEY COLLECTED  
24 UNDER § 14 106.1 OF THE INSURANCE ARTICLE.~~

~~25 (F) EACH STANDING COMMITTEE ESTABLISHED UNDER THIS SECTION SHALL  
26 SUBMIT A REPORT TO THE COMMISSION ON OR BEFORE JUNE 1 OF EACH YEAR ON  
27 ITS ACTIVITIES AND ANY FINDINGS AND RECOMMENDATIONS REQUIRED UNDER  
28 THIS SECTION.~~

~~29 19-2110.~~

~~30 TO FACILITATE ITS WORK, THE COMMISSION SHALL ESTABLISH STANDING  
31 COMMITTEES, INCLUDING:~~

~~32 (1) THE COMMITTEE ON CAPITAL AND OPERATIONAL FUNDING;~~

~~33 (2) THE COMMITTEE ON HOSPITAL AND COMMUNITY HEALTH  
34 RESOURCES RELATIONS;~~

1           (3)    THE COMMITTEE ON SCHOOL-BASED COMMUNITY HEALTH CLINIC  
2 CENTER EXPANSION; AND

3           (4)    THE COMMITTEE ON DATA INFORMATION SYSTEMS.

4 19-2111.

5    (A)    THE COMMISSION, IN COLLABORATION WITH COMMUNITY HEALTH  
6 RESOURCES AND LOCAL HEALTH DEPARTMENTS, SHALL DEVELOP A SPECIALTY  
7 CARE NETWORK FOR INDIVIDUALS:

8           (1)    WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE  
9 FEDERAL POVERTY LEVEL; AND

10          (2)    WHO ARE REFERRED THROUGH A COMMUNITY HEALTH RESOURCE.

11   (B)    THE SPECIALTY CARE NETWORK SHALL:

12          (1)    CONSIST OF HEALTH CARE PRACTITIONERS WHO AGREE TO  
13 PROVIDE CARE TO INDIVIDUALS REFERRED THROUGH A COMMUNITY HEALTH  
14 RESOURCE FOR A DISCOUNTED FEE ESTABLISHED BY THE COMMISSION; AND

15          (2)    INCLUDE HEALTH CARE PRACTITIONERS WHO HISTORICALLY HAVE  
16 SERVED THE UNINSURED.

17   (C)    INDIVIDUALS RECEIVING HEALTH CARE THROUGH THE SPECIALTY CARE  
18 NETWORK SHALL PAY FOR SPECIALTY CARE ACCORDING TO A SLIDING FEE SCALE  
19 DEVELOPED BY THE COMMISSION.

20   (D)    IN ADDITION TO PATIENT FEES, OFFICE-BASED SPECIALTY CARE VISITS,  
21 DIAGNOSTIC TESTING, AND LABORATORY TESTS SHALL BE SUBSIDIZED BY FUNDS  
22 PROVIDED FROM:

23          (1)    GENERAL FUNDS; AND

24          (2)    MONEY COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE  
25 ORGANIZATION IN ACCORDANCE WITH § 6-121(B)(3) OF THE INSURANCE ARTICLE.

26   (E)    SUBJECT TO AVAILABLE FUNDING, THE COMMISSION SHALL PROVIDE  
27 SUBSIDIES TO COMMUNITY HEALTH RESOURCES FOR OFFICE-BASED SPECIALTY  
28 CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS.

29   SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
30 read as follows:

Article - Health - General

SUBTITLE 22. COMMUNITY HEALTH RESOURCES COMMISSION FUND.

3 ~~19-2112. 19-2201.~~

4 (A) IN THIS SECTION, "FUND" MEANS THE COMMUNITY HEALTH RESOURCES  
5 COMMISSION FUND.

6 (B) THERE IS A COMMUNITY HEALTH RESOURCES COMMISSION FUND.

7 (C) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT  
8 TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

9 (2) THE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE  
10 COMPTROLLER SHALL ACCOUNT FOR THE FUND.

11 (D) THE FUND CONSISTS OF:

12 ~~(1) BEGINNING IN FISCAL YEAR 2007 AND CONTINUING EACH FISCAL~~  
13 ~~YEAR THEREAFTER, AT LEAST \$15 MILLION IN GENERAL FUNDS;~~

14 ~~(1)~~ ~~(2)~~ (1) MONEY COLLECTED FROM A NONPROFIT HEALTH  
15 SERVICE PLAN IN ACCORDANCE WITH § 14-106.1 OF THE INSURANCE ARTICLE;

16 ~~(2)~~ ~~(3)~~ (2) FUNDS FROM STRATEGIC CONTRIBUTION PAYMENTS IN THE  
17 CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE  
18 FINANCE AND PROCUREMENT ARTICLE MADE AVAILABLE AS A RESULT OF THE  
19 SETTLEMENT WITH THE LAW OFFICES OF PETER G. ANGELOS;

20 ~~(3)~~ (3) MONEY COLLECTED IN ACCORDANCE WITH § 19-219(F) THIS ARTICLE;

21 ~~(4)~~ (4) MONEY COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE  
22 ORGANIZATION IN ACCORDANCE WITH § 6-121 OF THE INSURANCE ARTICLE;

23 ~~(4)~~ ~~(5)~~ (2) INTEREST EARNED ON INVESTMENTS;

24 ~~(5)~~ ~~(6)~~ (3) MONEY DONATED TO THE FUND;

25 ~~(6)~~ ~~(7)~~ (4) MONEY AWARDED TO THE FUND THROUGH GRANTS; AND

26 ~~(7)~~ ~~(8)~~ (5) ANY OTHER MONEY FROM ANY OTHER SOURCE  
27 ACCEPTED FOR THE BENEFIT OF THE FUND.

28 (E) (1) THE FUND MAY BE USED ONLY TO:

29 ~~(1)~~ (I) COVER THE ADMINISTRATIVE COSTS OF THE COMMISSION;

30 ~~(2)~~ (II) COVER THE ACTUAL DOCUMENTED DIRECT COSTS OF  
31 FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE COMMISSION IN  
32 ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE;



1           (3)     ~~(III)~~     PROVIDE OPERATING GRANTS TOTALING \$10,000,000  
2 BEGINNING IN FISCAL YEAR 2006, WITH INFLATIONARY ADJUSTMENTS IN  
3 SUBSEQUENT YEARS, TO QUALIFYING COMMUNITY HEALTH RESOURCES; AND

4                     ~~(IV)~~     PROVIDE FUNDING FOR THE DEVELOPMENT, SUPPORT, AND  
5 MONITORING OF A UNIFIED DATA INFORMATION SYSTEM AMONG PRIMARY AND  
6 SPECIALTY CARE PROVIDERS, HOSPITALS, AND OTHER PROVIDERS OF SERVICES TO  
7 COMMUNITY HEALTH RESOURCE MEMBERS.

8           (2)     THE FUNDING FOR A UNIFIED DATA INFORMATION SYSTEM UNDER  
9 PARAGRAPH (1)(IV) OF THIS SUBSECTION SHALL BE LIMITED TO:

10                    (I)     \$500,000 IN FISCAL YEAR 2006; AND

11                    (II)    \$1,700,000 IN FISCAL YEAR 2007 AND ANNUALLY THEREAFTER.

12     (F)     THE COMMISSION SHALL ADOPT REGULATIONS THAT:

13                    (1)     ESTABLISH THE CRITERIA FOR A COMMUNITY HEALTH RESOURCE  
14 TO QUALIFY FOR A GRANT;

15                    (2)     ESTABLISH THE PROCEDURES FOR DISBURSING GRANTS TO  
16 QUALIFYING COMMUNITY HEALTH RESOURCES;

17                    (3)     DEVELOP A FORMULA FOR DISBURSING GRANTS TO QUALIFYING  
18 COMMUNITY HEALTH RESOURCES; AND

19                    (4)     ESTABLISH CRITERIA AND MECHANISMS FOR FUNDING A UNIFIED  
20 DATA INFORMATION SYSTEM.

21     (G)     IN DEVELOPING REGULATIONS UNDER SUBSECTION (F)(1) OF THIS  
22 SECTION, THE COMMISSION SHALL:

23                    (1)     CONSIDER GEOGRAPHIC BALANCE; AND

24                    (2)     GIVE PRIORITY TO COMMUNITY HEALTH RESOURCES THAT:

25                             (I)     IN ADDITION TO NORMAL BUSINESS HOURS, HAVE EVENING  
26 AND WEEKEND HOURS OF OPERATION;

27                             (II)    HAVE PARTNERED WITH A HOSPITAL TO ESTABLISH A  
28 REVERSE REFERRAL PROGRAM AT THE HOSPITAL;

29                             (III)   REDUCE THE USE OF THE HOSPITAL EMERGENCY  
30 DEPARTMENT FOR NONEMERGENCY SERVICES;

31                             (IV)   ASSIST PATIENTS IN ESTABLISHING A MEDICAL HOME WITH A  
32 COMMUNITY HEALTH RESOURCE;

33                             (V)     COORDINATE AND INTEGRATE THE DELIVERY OF PRIMARY  
34 AND SPECIALTY CARE SERVICES;

1 (VI) PROMOTE THE INTEGRATION OF MENTAL AND SOMATIC  
2 HEALTH WITH FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER SOMATIC CARE  
3 PROVIDERS;

4 (VII) FUND MEDICATION MANAGEMENT OR THERAPY SERVICES FOR  
5 UNINSURED INDIVIDUALS UP TO 200% OF THE FEDERAL POVERTY LEVEL WHO MEET  
6 MEDICAL NECESSITY CRITERIA BUT WHO ARE INELIGIBLE FOR THE PUBLIC MENTAL  
7 HEALTH SYSTEM;

8 (VIII) PROVIDE A CLINICAL HOME FOR INDIVIDUALS WHO ACCESS  
9 HOSPITAL EMERGENCY DEPARTMENTS FOR MENTAL HEALTH SERVICES; AND

10 (IX) SUPPORT THE IMPLEMENTATION OF EVIDENCE-BASED  
11 CLINICAL PRACTICES.

12 (H) GRANTS AWARDED TO A COMMUNITY HEALTH RESOURCE UNDER THIS  
13 SECTION MAY BE USED:

14 (1) TO PROVIDE OPERATIONAL ASSISTANCE TO A COMMUNITY HEALTH  
15 RESOURCE; AND

16 (2) FOR ANY OTHER PURPOSE THE COMMISSION DETERMINES IS  
17 APPROPRIATE TO ASSIST A COMMUNITY HEALTH RESOURCE.

18 (I) (1) THE TREASURER SHALL INVEST THE MONEY IN THE FUND IN THE  
19 SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

20 (2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE RETAINED TO  
21 THE CREDIT OF THE FUND.

22 (J) THE FUND SHALL BE SUBJECT TO AN AUDIT BY THE OFFICE OF  
23 LEGISLATIVE AUDITS AS PROVIDED FOR IN § 2-1220 OF THE STATE GOVERNMENT  
24 ARTICLE.

25 (4) PROVIDE \$5,000,000 IN ANNUAL SUPPORT FOR PROJECTS  
26 RECOMMENDED BY THE COMMITTEE ON DATA INFORMATION SYSTEMS; AND

27 (5) PROVIDE GRANTS TO THE MARYLAND HEALTH INSURANCE PLAN TO  
28 PAY FOR OUTPATIENT SPECIALTY CARE

29 (5) SUBSIDIZE THE COST OF OFFICE BASED SPECIALTY CARE VISITS,  
30 DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR UNINSURED INDIVIDUALS  
31 WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY  
32 LEVEL WHO ARE REFERRED THROUGH COMMUNITY HEALTH RESOURCES; AND

33 (6) SUPPORT SMOKING CESSATION PROGRAMS AND CANCER  
34 PREVENTION, SCREENING, DIAGNOSIS, AND TREATMENT SERVICES.

35 (F) THE COMMISSION SHALL ADOPT REGULATIONS THAT:

1           (1)     ESTABLISH THE CRITERIA FOR A COMMUNITY HEALTH RESOURCE  
2 TO QUALIFY FOR A GRANT;

3           (2)     ESTABLISH THE PROCEDURES TO BE FOLLOWED BY A COMMUNITY  
4 HEALTH RESOURCE WHEN APPLYING FOR A GRANT;

5           (3)     DEVELOP A FORMULA FOR DISBURSING GRANTS TO QUALIFYING  
6 COMMUNITY HEALTH RESOURCES;

7           (4)     ESTABLISH CRITERIA FOR THE USE OF FUNDS RECOMMENDED BY  
8 THE COMMITTEE ON DATA INFORMATION SYSTEMS; AND

9           (5)     ESTABLISH CRITERIA FOR THE MARYLAND HEALTH INSURANCE  
10 PLAN TO PAY FOR OUTPATIENT SPECIALTY CARE

11           (5)     ESTABLISH CRITERIA AND MECHANISMS TO PAY FOR OFFICE BASED  
12 SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR  
13 UNINSURED INDIVIDUALS WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF  
14 THE FEDERAL POVERTY LEVEL WHO ARE REFERRED THROUGH COMMUNITY  
15 HEALTH RESOURCES; AND

16           (6)     ESTABLISH CRITERIA AND MECHANISMS TO SUPPORT SMOKING  
17 CESSATION PROGRAMS AND CANCER PREVENTION, SCREENING, DIAGNOSIS, AND  
18 TREATMENT SERVICES.

19       (G)     GRANTS AWARDED TO A COMMUNITY HEALTH RESOURCE UNDER THIS  
20 SECTION MAY BE USED:

21           (1)     TO SUBSIDIZE THE COSTS OF HEALTH CARE PROVIDED TO  
22 INDIVIDUALS WITH FAMILY INCOME BETWEEN 117% AND 300% 200% OF THE FEDERAL  
23 POVERTY LEVEL;

24           (2)     TO PROVIDE OPERATIONAL ASSISTANCE TO A COMMUNITY HEALTH  
25 RESOURCE;

26           (3)     TO PROVIDE SUPPORT FOR DATA INFORMATION SYSTEMS; AND

27           (4)     FOR ANY OTHER PURPOSE THE COMMISSION DETERMINES IS  
28 APPROPRIATE TO ASSIST A COMMUNITY HEALTH RESOURCE.

29       (H)     (1)     THE TREASURER SHALL INVEST THE MONEY OF THE FUND IN THE  
30 SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

31           (2)     ANY INVESTMENT EARNINGS OF THE FUND SHALL BE RETAINED TO  
32 THE CREDIT OF THE FUND.

33       (I)     THE FUND SHALL BE SUBJECT TO AN AUDIT BY THE OFFICE OF  
34 LEGISLATIVE AUDITS AS PROVIDED FOR IN § 2-1220 OF THE STATE GOVERNMENT  
35 ARTICLE.

1 ~~49-2113.~~

2 (A) ~~THE COMMISSION, IN COLLABORATION WITH THE MARYLAND HEALTH~~  
3 ~~INSURANCE PLAN COMMUNITY HEALTH RESOURCES AND LOCAL HEALTH~~  
4 ~~DEPARTMENTS, SHALL DEVELOP A SPECIALTY CARE NETWORK FOR INDIVIDUALS:~~

5 (1) ~~WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE~~  
6 ~~FEDERAL POVERTY LEVEL; AND~~

7 (2) ~~WHO ARE REFERRED THROUGH A COMMUNITY HEALTH RESOURCE.~~

8 (B) ~~THE SPECIALTY CARE NETWORK SHALL:~~

9 (1) ~~CONSIST OF HEALTH CARE PRACTITIONERS WHO AGREE TO PROVIDE~~  
10 ~~CARE TO INDIVIDUALS REFERRED THROUGH A COMMUNITY HEALTH RESOURCE FOR~~  
11 ~~A DISCOUNTED FEE ESTABLISHED BY THE COMMISSION AND THE MARYLAND~~  
12 ~~HEALTH INSURANCE PLAN; AND~~

13 (2) ~~INCLUDE HEALTH CARE PRACTITIONERS WHO HISTORICALLY HAVE~~  
14 ~~SERVED THE UNINSURED.~~

15 (C) ~~INDIVIDUALS RECEIVING HEALTH CARE THROUGH THE SPECIALTY CARE~~  
16 ~~NETWORK SHALL PAY FOR SPECIALTY CARE ACCORDING TO A SLIDING FEE SCALE~~  
17 ~~DEVELOPED BY THE COMMISSION.~~

18 (D) ~~IN ADDITION TO PATIENT FEES, SPECIALTY CARE OFFICE-BASED~~  
19 ~~SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS SHALL BE~~  
20 ~~SUBSIDIZED BY FUNDS PROVIDED FROM:~~

21 (1) ~~STRATEGIC CONTRIBUTION PAYMENTS IN THE CIGARETTE~~  
22 ~~RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND~~  
23 ~~PROCUREMENT ARTICLE; AND~~

24 (2) ~~AN ASSESSMENT ON HOSPITALS UNDER § 19-219(F) OF THIS TITLE.~~

25 (1) ~~GENERAL FUNDS; AND~~

26 (2) ~~MONEY COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE~~  
27 ~~ORGANIZATION IN ACCORDANCE WITH § 6-121 OF THE INSURANCE ARTICLE.~~

28 (E) (1) ~~THE COMMISSION, IN COLLABORATION WITH THE MARYLAND~~  
29 ~~HEALTH INSURANCE PLAN, SHALL DETERMINE THE FUNDS NEEDED FOR SUBSIDIES~~  
30 ~~FOR SPECIALTY CARE.~~

31 (E) ~~THE COMMISSION SHALL PROVIDE SUBSIDIES TO COMMUNITY HEALTH~~  
32 ~~RESOURCES FOR OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING,~~  
33 ~~AND LABORATORY TESTS.~~

34 (2) ~~IF FUNDS PROVIDED FROM THE STRATEGIC CONTRIBUTION~~  
35 ~~PAYMENTS IN THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF~~  
36 ~~THE STATE FINANCE AND PROCUREMENT ARTICLE ARE INSUFFICIENT TO COVER~~

~~1 THE COST OF THE SUBSIDIES FOR SPECIALTY CARE, THE COMMISSION SHALL  
2 OBTAIN THE REMAINING FUNDS NEEDED FROM THE ASSESSMENT ON HOSPITALS  
3 UNDER § 19-219(F) OF THIS TITLE.~~

~~4 19-2114.~~

~~5 THE COMMISSION SHALL ASSIST INDIVIDUALS WITH INCOMES BETWEEN 201%  
6 AND 300% OF THE FEDERAL POVERTY LEVEL IN ACCESSING COVERAGE UNDER  
7 PRIVATE HEALTH INSURANCE OR THE MARYLAND HEALTH INSURANCE PLAN.~~

8 SUBTITLE 13. FEDERALLY QUALIFIED HEALTH CENTERS GRANT PROGRAM.

9 24-1301.

10 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
11 INDICATED.

12 (B) "FEDERALLY QUALIFIED HEALTH CENTER" MEANS A HEALTH CENTER  
13 THAT IS:

14 (1) DESIGNATED AS A FEDERALLY QUALIFIED HEALTH CENTER UNDER  
15 § 330 OF THE FEDERAL PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 254B; AND

16 (2) WHOLLY OWNED BY AND OPERATED UNDER THE AUTHORITY OF A  
17 COUNTY, MUNICIPAL CORPORATION, OR NONPROFIT ORGANIZATION.

18 (C) "NONPROFIT ORGANIZATION" MEANS:

19 (1) A BONA FIDE RELIGIOUS ORGANIZATION, NO PART OF THE  
20 EARNINGS OF WHICH INURES TO THE BENEFIT OF ANY INDIVIDUAL OR IS USED FOR  
21 ANY PURPOSE OTHER THAN THE MAINTENANCE AND OPERATION OF A FACILITY,  
22 THE PURCHASE OF EQUIPMENT TO BE USED IN A FACILITY, OR THE EXPANSION OF A  
23 FACILITY; OR

24 (2) AN ORGANIZATION:

25 (I) THAT IS CHARTERED AS A NONPROFIT CORPORATION AND  
26 CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS NONPROFIT; AND

27 (II) NO PART OF THE EARNINGS OF WHICH INURES TO THE  
28 BENEFIT OF ANY INDIVIDUAL OR IS USED FOR ANY PURPOSE OTHER THAN THE  
29 MAINTENANCE AND OPERATION OF A FACILITY, THE PURCHASE OF EQUIPMENT TO  
30 BE USED IN A FACILITY, OR THE EXPANSION OF A FACILITY.

31 (D) "WHOLLY OWNED" INCLUDES LEASED IF:

32 (1) (I) THE LEASE IS FOR A MINIMUM TERM OF ~~30~~ 15 YEARS  
33 FOLLOWING PROJECT COMPLETION; OR

1 (II) THE LEASE AGREEMENT EXTENDS THE RIGHT OF PURCHASE  
2 TO THE LESSEE; AND

3 (2) THE LESSOR CONSENTS TO THE RECORDING, IN THE LAND RECORDS  
4 OF THE COUNTY ~~IN WHICH~~ *OR BALTIMORE CITY WHERE* THE FACILITY IS LOCATED,  
5 OF A NOTICE OF THE STATE'S RIGHT OF RECOVERY AS PROVIDED UNDER § 24-1306 OF  
6 THIS SUBTITLE.

7 24-1302.

8 (A) THERE IS A FEDERALLY QUALIFIED HEALTH CENTERS GRANT PROGRAM.

9 (B) ON THE RECOMMENDATION OF THE SECRETARY, THE BOARD OF PUBLIC  
10 WORKS MAY MAKE GRANTS TO COUNTIES, MUNICIPAL CORPORATIONS, AND  
11 NONPROFIT ORGANIZATIONS FOR:

12 (1) THE CONVERSION OF PUBLIC BUILDINGS OR PARTS OF PUBLIC  
13 BUILDINGS TO FEDERALLY QUALIFIED HEALTH CENTERS;

14 (2) THE ACQUISITION OF EXISTING BUILDINGS OR PARTS OF BUILDINGS  
15 FOR USE AS FEDERALLY QUALIFIED HEALTH CENTERS;

16 (3) THE RENOVATION OF FEDERALLY QUALIFIED HEALTH CENTERS;

17 (4) THE PURCHASE OF CAPITAL EQUIPMENT FOR FEDERALLY  
18 QUALIFIED HEALTH CENTERS; OR

19 (5) THE PLANNING, DESIGN, AND CONSTRUCTION OF FEDERALLY  
20 QUALIFIED HEALTH CENTERS.

21 24-1303.

22 (A) ANY COUNTY, MUNICIPAL CORPORATION, OR NONPROFIT ORGANIZATION  
23 SPONSORING A PROJECT INVOLVING WORK SPECIFIED IN § 24-1302 OF THIS  
24 SUBTITLE MAY APPLY TO THE SECRETARY FOR A STATE GRANT TO BE APPLIED  
25 TOWARD THE COST OF THAT PROJECT.

26 (B) THE APPLICATION SHALL INCLUDE:

27 (1) PROJECT PLANS FOR THE WORK TO BE CARRIED OUT;

28 (2) A STATEMENT LISTING THE PERSONNEL EMPLOYED OR TO BE  
29 EMPLOYED AT THE FEDERALLY QUALIFIED HEALTH CENTER, INCLUDING ALL  
30 REMUNERATION AND PERQUISITES FOR PERSONAL SERVICES AND ALL OTHER  
31 EXPENSES PAID OR TO BE PAID TO THESE PERSONNEL;

32 (3) ALL OTHER EXPENSES INCURRED OR TO BE INCURRED IN  
33 OPERATING THE FEDERALLY QUALIFIED HEALTH CENTER; AND

34 (4) THE SCHEDULE OF RATES CHARGED OR TO BE CHARGED FOR  
35 SERVICES RENDERED.

1 (C) ON APPROVAL OF A PROJECT AND THE PROJECT PLANS, THE SECRETARY  
 2 SHALL PROMPTLY REPORT THE APPLICATION TO THE BOARD OF PUBLIC WORKS,  
 3 TOGETHER WITH THE SECRETARY'S RECOMMENDATION, THAT THE BOARD MAKE  
 4 FUNDS AVAILABLE AS PROVIDED IN THIS SUBTITLE.

5 24-1304.

6 (A) THE ALLOCATION AND USE OF STATE FUNDS UNDER THIS SUBTITLE ARE  
 7 SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THIS SECTION.

8 (B) STATE FUNDS MAY ONLY BE USED FOR THE PURPOSES LISTED UNDER §  
 9 24-1302 OF THIS SUBTITLE AND APPROVED BY THE SECRETARY UNDER § 24-1303 OF  
 10 THIS SUBTITLE.

11 (C) ~~(4)~~ THE ALLOCATION AND USE OF STATE FUNDS UNDER THIS SUBTITLE  
 12 ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

13 ~~(2)~~ (1) ANY FEDERAL OR OTHER GRANT THAT IS RECEIVED FOR AN  
 14 ELIGIBLE PROJECT SHALL BE APPLIED FIRST TO THE COST OF THE PROJECT;

15 ~~(3)~~ (2) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, A  
 16 STATE GRANT MAY NOT EXCEED 50% OF THE COST OF ELIGIBLE WORK REMAINING  
 17 UNPAID AFTER ALL FEDERAL GRANTS HAVE BEEN APPLIED; AND

18 ~~(4)~~ (3) FOR PURPOSES OF THIS SUBTITLE, COMMUNITY  
 19 DEVELOPMENT BLOCK GRANT FUNDS SHALL BE CONSIDERED AS LOCAL MATCHING  
 20 FUNDS AND MAY NOT BE CONSIDERED AS FEDERAL GRANT FUNDS.

21 (D) FOR A PROJECT DESIGNATED AS ELIGIBLE FOR POVERTY AREA FUNDING  
 22 UNDER FEDERAL REGULATIONS, STATE PLANS, OR DEPARTMENTAL REGULATIONS, A  
 23 STATE GRANT MAY COVER UP TO 75% OF THE COST OF ELIGIBLE WORK REMAINING  
 24 UNPAID AFTER ALL FEDERAL GRANTS HAVE BEEN APPLIED.

25 (E) THE AMOUNT OF THE STATE GRANT RECOMMENDED TO THE BOARD OF  
 26 PUBLIC WORKS FOR ANY PROJECT SHALL BE DETERMINED AFTER CONSIDERATION  
 27 OF:

28 (1) ALL ELIGIBLE PROJECTS;

29 (2) THE TOTAL OF UNALLOCATED STATE FUNDS AVAILABLE AT THE  
 30 TIME THE GRANT RECOMMENDATION IS MADE TO THE BOARD OF PUBLIC WORKS;  
 31 AND

32 (3) THE PRIORITIES OF AREA NEED ESTABLISHED BY THE DEPARTMENT.

33 (F) (1) NO PORTION OF THE PROCEEDS OF A STATE GRANT MAY BE USED:

34 (I) TO FURTHER SECTARIAN RELIGIOUS INSTRUCTION;

1 (II) IN CONNECTION WITH THE DESIGN, ACQUISITION, OR  
2 CONSTRUCTION OF ANY BUILDING TO BE USED AS A PLACE OF SECTARIAN  
3 RELIGIOUS WORSHIP OR INSTRUCTION; OR

4 (III) IN CONNECTION WITH ANY PROGRAM OR DEPARTMENT OF  
5 DIVINITY FOR ANY RELIGIOUS DENOMINATION.

6 (2) ON THE REQUEST OF THE BOARD OF PUBLIC WORKS, THE  
7 APPLICANT SHALL SUBMIT EVIDENCE SATISFACTORY TO THE BOARD THAT THE  
8 PROCEEDS OF THE GRANT ARE NOT BEING USED FOR A PURPOSE PROHIBITED  
9 UNDER THIS SUBSECTION OR UNDER APPLICABLE FEDERAL LAW.

10 (G) BEGINNING IN FISCAL YEAR 2007 AND CONTINUING EVERY YEAR  
11 THEREAFTER, THE GOVERNOR SHALL INCLUDE ~~AT LEAST \$5,000,000 AN~~  
12 APPROPRIATION IN THE STATE CAPITAL BUDGET TO BE DISTRIBUTED AND  
13 MANAGED IN ACCORDANCE WITH THIS SUBTITLE.

14 24-1305.

15 (A) THE BOARD OF PUBLIC WORKS SHALL MAKE ALLOCATIONS FROM FUNDS  
16 AVAILABLE UNDER THIS SUBTITLE IN ACCORDANCE WITH THIS SUBTITLE.

17 (B) THE BOARD SHALL CERTIFY THE ALLOCATIONS TO THE PROPER STATE  
18 OFFICERS, AND THE TREASURER SHALL MAKE PAYMENTS TO OR ON BEHALF OF THE  
19 APPLICANT, WHEN NEEDED, FOR THE APPROVED PROJECT.

20 (C) THE BOARD OF PUBLIC WORKS MAY ADOPT REGULATIONS TO IMPLEMENT  
21 THIS SECTION.

22 24-1306.

23 (A) THE STATE MAY RECOVER FROM EITHER THE TRANSFEROR OR  
24 TRANSFEREE OR, IN THE CASE OF A PROPERTY THAT HAS CEASED TO BE A  
25 FEDERALLY QUALIFIED HEALTH CENTER, FROM THE OWNER, AN AMOUNT BEARING  
26 THE SAME RATIO TO THE THEN CURRENT VALUE OF SO MUCH OF THE PROPERTY AS  
27 CONSTITUTED AN APPROVED PROJECT AS THE AMOUNT OF THE STATE  
28 PARTICIPATION BORE TO THE TOTAL ELIGIBLE COST OF THE APPROVED PROJECT,  
29 TOGETHER WITH ALL COSTS AND REASONABLE ATTORNEYS' FEES INCURRED BY THE  
30 STATE IN THE RECOVERY PROCEEDINGS, IF, WITHIN 30 YEARS AFTER COMPLETION  
31 OF A PROJECT, A PROPERTY FOR WHICH FUNDS HAVE BEEN PAID UNDER THIS  
32 SUBTITLE:

33 (1) IS SOLD OR TRANSFERRED TO ANY PERSON, AGENCY, OR  
34 ORGANIZATION THAT WOULD NOT QUALIFY AS AN APPLICANT UNDER THIS  
35 SUBTITLE, OR THAT IS NOT APPROVED AS A TRANSFEREE BY THE BOARD OF PUBLIC  
36 WORKS; OR

37 (2) CEASES TO BE A FEDERALLY QUALIFIED HEALTH CENTER AS  
38 DEFINED IN THIS SUBTITLE.



1 (B) (1) BEFORE THE STATE MAKES ANY FUNDS AVAILABLE FOR AN  
2 APPROVED PROJECT, THE DEPARTMENT SHALL CAUSE A NOTICE OF THIS RIGHT OF  
3 RECOVERY TO BE RECORDED IN THE LAND RECORDS OF THE COUNTY ~~IN WHICH~~ OR  
4 BALTIMORE CITY WHERE THE PROPERTY IS LOCATED.

5 (2) THE RECORDING OF THE NOTICE:

6 (I) DOES NOT CREATE A LIEN AGAINST THE PROPERTY; BUT

7 (II) SHALL CONSTITUTE NOTICE TO ANY POTENTIAL TRANSFEREE,  
8 POTENTIAL TRANSFEROR, POTENTIAL CREDITOR, OR OTHER INTERESTED PARTY OF  
9 THE POSSIBILITY THAT THE STATE MAY OBTAIN A LIEN UNDER THIS SUBTITLE.

10 (C) (1) (I) THE SECRETARY OF THE BOARD OF PUBLIC WORKS MAY FILE A  
11 CIVIL COMPLAINT UNDER SUBSECTION (B) OF THIS SECTION, IN THE CIRCUIT COURT  
12 FOR THE COUNTY ~~IN WHICH~~ OR BALTIMORE CITY WHERE THE PROPERTY IS  
13 LOCATED, AGAINST THE OWNER OF THE PROPERTY AND ANY OTHER INTERESTED  
14 PARTIES, INCLUDING ANY TRANSFEROR THAT THE STATE WISHES TO MAKE A PARTY.

15 (II) THE COMPLAINT SHALL BE FILED WITH:

16 1. SWORN AFFIDAVITS STATING FACTS ON WHICH THE  
17 ALLEGATIONS OF DEFAULT ARE BASED; AND

18 2. A DETAILED JUSTIFICATION OF THE AMOUNT CLAIMED.

19 (2) IF THE CIRCUIT COURT DETERMINES FROM THE STATE'S INITIAL  
20 FILING THAT A DEFAULT HAS OCCURRED, PENDING FULL DETERMINATION OF THE  
21 STATE'S CLAIM, THE COURT SHALL AUTHORIZE A TEMPORARY LIEN ON THE  
22 PROPERTY:

23 (I) IN THE AMOUNT OF THE STATE'S COMPLAINT PLUS ANY  
24 ADDITIONAL AMOUNT ESTIMATED TO BE NECESSARY TO COVER THE COSTS AND  
25 REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE; OR

26 (II) IN OTHER AMOUNTS THAT THE COURT DETERMINES TO BE  
27 REASONABLE.

28 (3) (I) A TEMPORARY LIEN SHALL TAKE EFFECT:

29 1. ON THE DATE OF THE COURT'S AUTHORIZATION, IF THE  
30 SECRETARY OF THE BOARD OF PUBLIC WORKS RECORDS A NOTICE OF TEMPORARY  
31 LIEN IN THE LAND RECORDS OF THE COUNTY ~~IN WHICH~~ OR BALTIMORE CITY WHERE  
32 THE PROPERTY IS LOCATED WITHIN 10 DAYS AFTER THE COURT'S AUTHORIZATION;  
33 OR

34 2. ON THE DATE A NOTICE OF TEMPORARY LIEN IS  
35 RECORDED.

1 (II) WHILE THE TEMPORARY LIEN IS IN EFFECT, NEITHER THE  
2 OWNER NOR ANY PERSON WHO ACQUIRED AN INTEREST IN THE PROPERTY AFTER  
3 THE STATE FIRST MADE FUNDS AVAILABLE IN CONNECTION WITH THE PROPERTY  
4 MAY, WITHOUT THE PRIOR WRITTEN CONSENT OF THE STATE:

5 1. TAKE ANY ACTION THAT WOULD AFFECT THE TITLE TO  
6 THE PROPERTY; OR

7 2. INSTITUTE ANY PROCEEDINGS TO ENFORCE A SECURITY  
8 INTEREST OR OTHER SIMILAR RIGHTS IN THE PROPERTY.

9 (4) (I) THE OWNER OF THE PROPERTY OR ANY OTHER INTERESTED  
10 PARTY MAY OBTAIN RELEASE OF A TEMPORARY LIEN AT ANY TIME BY FILING WITH  
11 THE COURT A BOND SECURING THE PAYMENT IN FULL OF THE STATE'S CLAIM AND  
12 ANY ADDITIONAL AMOUNT NECESSARY TO COVER THE COSTS AND REASONABLE  
13 ATTORNEY'S FEES INCURRED BY THE STATE.

14 (II) THE OWNER OR OTHER INTERESTED PARTY MAY CAUSE THE  
15 RELEASE TO BE RECORDED IN THE LAND RECORDS.

16 (D) PROCEEDINGS TO DETERMINE THE STATE'S RIGHT TO RECOVER AND THE  
17 AMOUNT OF ITS RECOVERY UNDER THIS SUBTITLE SHALL HAVE PRIORITY OVER  
18 OTHER CIVIL PROCEEDINGS IN THE CIRCUIT COURTS.

19 (E) (I) (I) AT THE CONCLUSION OF FULL ADVERSARY PROCEEDINGS ON  
20 THE ISSUE OF DEFAULT AND OF ANY DISPUTES OVER THE AMOUNT OF THE STATE'S  
21 RECOVERY, THE CIRCUIT COURT SHALL, IF IT FINDS THAT A DEFAULT HAS  
22 OCCURRED, ISSUE A FINAL JUDGMENT FOR THE AMOUNT IT FINDS TO BE  
23 RECOVERABLE BY THE STATE.

24 (II) ALL PARTIES INVOLVED IN THE DEFAULT, INCLUDING IN  
25 EVERY CASE THE OWNER OF THE PROPERTY, SHALL BE HELD JOINTLY AND  
26 SEVERALLY LIABLE TO THE STATE FOR THE AMOUNT OF THE JUDGMENT.

27 (2) (I) EXCEPT AS THE STATE MAY OTHERWISE PROVIDE BY A  
28 WRITTEN SUBORDINATION AGREEMENT, IF THE AMOUNT OF THE FINAL JUDGMENT  
29 REMAINS UNPAID AFTER 30 DAYS FOLLOWING THE COURT'S FINAL ORDER, THE  
30 FINAL JUDGMENT SHALL CONSTITUTE A LIEN ON THE PROPERTY, SUPERIOR TO THE  
31 LIEN OR OTHER INTEREST OF A MORTGAGEE, PLEDGEE, PURCHASER, OR JUDGMENT  
32 CREDITOR WHOSE INTEREST BECAME PERFECTED AGAINST THIRD PERSONS AFTER  
33 THE STATE FIRST MADE FUNDS AVAILABLE UNDER THIS SUBTITLE.

34 (II) 1. EXCEPT AS PROVIDED IN SUBSUBPARAGRAPH 2 OF THIS  
35 SUBPARAGRAPH, A LIEN TAKES EFFECT ON THE DATE A NOTICE OF LIEN IS  
36 RECORDED.

37 2. A LIEN TAKES EFFECT ON THE 31ST DAY FOLLOWING THE  
38 COURT'S FINAL ORDER IF THE SECRETARY OF THE BOARD OF PUBLIC WORKS  
39 RECORDS A NOTICE OF LIEN IN THE LAND RECORDS OF THE COUNTY ~~IN WHICH~~ OR

1 BALTIMORE CITY WHERE THE PROPERTY IS LOCATED ON OR BEFORE THE 41ST DAY  
2 FOLLOWING THE FINAL ORDER.

3 (III) 1. AT THE TIME THAT A LIEN TAKES EFFECT, ANY  
4 TEMPORARY LIEN THEN IN EFFECT SHALL BE AUTOMATICALLY AND FULLY  
5 RELEASED.

6 2. THE RECORDED NOTICE OF A LIEN SHALL CONSTITUTE  
7 NOTICE OF THE RELEASE OF A TEMPORARY LIEN.

8 (IV) A LIEN IMPOSED UNDER THIS SUBSECTION MAY BE ENFORCED  
9 AND FORECLOSED IN ACCORDANCE WITH THE PROCEDURES PRESCRIBED IN THE  
10 MARYLAND RULES, EXCEPT THAT NEITHER THE STATE NOR ANY AGENT APPOINTED  
11 BY THE STATE TO SELL THE PROPERTY NEED FILE A BOND.

12 (3) (I) THE OWNER OR ANY OTHER INTERESTED PARTY MAY OBTAIN  
13 RELEASE OF A LIEN AT ANY TIME BY PAYING TO THE STATE THE FULL AMOUNT OF  
14 THE JUDGMENT RENDERED BY THE CIRCUIT COURT, TOGETHER WITH INTEREST  
15 FROM THE DATE OF JUDGMENT.

16 (II) ON PAYMENT IN FULL, THE SECRETARY OF THE BOARD OF  
17 PUBLIC WORKS SHALL CAUSE A RELEASE TO BE RECORDED IN THE LAND RECORDS.

18 (4) IF THE CIRCUIT COURT FINDS THAT THERE HAS BEEN NO DEFAULT  
19 OR IF THE FULL AMOUNT OF THE COURT'S JUDGMENT IS PAID TO THE STATE WITHIN  
20 30 DAYS AFTER THE COURT'S FINAL ORDER, A TEMPORARY LIEN THEN IN EFFECT  
21 SHALL BE RELEASED IMMEDIATELY AND THE SECRETARY OF THE BOARD OF PUBLIC  
22 WORKS SHALL CAUSE THE RELEASE TO BE RECORDED IN THE LAND RECORDS.

23 (F) (1) ALL FUNDS RECOVERED AS A RESULT OF THIS RIGHT OF RECOVERY  
24 SHALL BE DEPOSITED IN THE ANNUITY BOND FUND AND APPLIED TO THE DEBT  
25 SERVICE REQUIREMENTS OF THE STATE.

26 (2) IF THE BOARD DETERMINES THAT THERE IS GOOD CAUSE FOR  
27 RELEASING THE TRANSFEROR, TRANSFEREE, OR OWNER FROM THE OBLIGATION  
28 IMPOSED UNDER THIS SUBTITLE, THE BOARD OF PUBLIC WORKS MAY WAIVE THE  
29 STATE'S RIGHT OF RECOVERY UNDER THIS SUBTITLE.

30 24-1307.

31 THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE  
32 PROVISIONS OF THIS SUBTITLE.

33 **Article - Insurance**

34 6-101.

35 (a) The following persons are subject to taxation under this subtitle:

1           (1)     a person engaged as principal in the business of writing insurance  
2 contracts, surety contracts, guaranty contracts, or annuity contracts;

3           (2)     a managed care organization authorized by Title 15, Subtitle 1 of the  
4 Health - General Article;

5           (3)     A FOR-PROFIT health maintenance organization authorized by Title  
6 19, Subtitle 7 of the Health - General Article;

7           (4)     an attorney in fact for a reciprocal insurer;

8           (5)     the Maryland Automobile Insurance Fund; and

9           (6)     a credit indemnity company.

10        (b)     The following persons are not subject to taxation under this subtitle:

11           (1)     a nonprofit health service plan corporation that meets the  
12 requirements established under §§ 14-106 and 14-107 of this article;

13           (2)     a fraternal benefit society;

14           (3)     a surplus lines broker, who is subject to taxation in accordance with  
15 Title 3, Subtitle 3 of this article;

16           (4)     an unauthorized insurer, who is subject to taxation in accordance  
17 with Title 4, Subtitle 2 of this article;

18           (5)     the Maryland Health Insurance Plan established under Title 14,  
19 Subtitle 5, Part I of this article; [or]

20           (6)     the Senior Prescription Drug Program established under Title 14,  
21 Subtitle 5, Part II of this article; OR

22           (7)     A NONPROFIT HEALTH MAINTENANCE ORGANIZATION AUTHORIZED  
23 BY TITLE 19, SUBTITLE 7 OF THE HEALTH - GENERAL ARTICLE THAT IS EXEMPT  
24 FROM TAXATION UNDER § 501(C)(3) OF THE INTERNAL REVENUE CODE.

25 6-102.

26        (b)     Premiums to be taxed include:

27           (1)     the consideration for a surety contract, guaranty contract, or annuity  
28 contract;

29           (2)     gross receipts received as a result of capitation payments,  
30 supplemental payments, and bonus payments, made to a managed care organization  
31 for provider services to an individual who is enrolled in a managed care organization;

32           (3)     subscription charges or other amounts paid to a FOR-PROFIT health  
33 maintenance organization on a predetermined periodic rate basis by a person other

1 *than a person subject to the tax under this subtitle as compensation for providing*  
2 *health care services to members;*

3 *(4) dividends on life insurance policies that have been applied to buy*  
4 *additional insurance or to shorten the period during which a premium is payable; and*

5 *(5) the part of the gross receipts of a title insurer that is derived from*  
6 *insurance business or guaranty business.*

7 6-103.

8 *The tax rate is:*

9 *(1) 0% for premiums for annuities; and*

10 *(2) 2% for all other premiums, including:*

11 *(i) gross receipts received as a result of capitation payments made to*  
12 *a managed care organization, supplemental payments, and bonus payments; and*

13 *(ii) subscription charges or other amounts paid to a FOR-PROFIT*  
14 *health maintenance organization.*

15 6-121.

16 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
17 INDICATED.

18 (2) "NONPROFIT HEALTH MAINTENANCE ORGANIZATION" MEANS A  
19 HEALTH MAINTENANCE ORGANIZATION AUTHORIZED BY TITLE 19, SUBTITLE 7 OF  
20 THE HEALTH - GENERAL ARTICLE THAT IS EXEMPT FROM TAXATION UNDER §  
21 501(C)(3) OF THE INTERNAL REVENUE CODE.

22 (3) "PREMIUM TAX EXEMPTION VALUE" MEANS THE AMOUNT OF  
23 PREMIUM TAXES THAT A NONPROFIT HEALTH MAINTENANCE ORGANIZATION  
24 WOULD HAVE BEEN REQUIRED TO PAY IF THE NONPROFIT HEALTH MAINTENANCE  
25 ORGANIZATION WERE NOT EXEMPT FROM TAXATION UNDER § 6-101(B)(7) OF THIS  
26 SUBTITLE.

27 (B) (1) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL  
28 TRANSFER FUNDS IN AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE  
29 OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION: TO THE MEDICAL  
30 ASSISTANCE PROGRAM ACCOUNT ESTABLISHED UNDER TITLE 19, SUBTITLE 8 OF  
31 THIS ARTICLE TO BE USED TO SUPPORT THE PROVISION OF HEALTH CARE TO  
32 ELIGIBLE INDIVIDUALS.

33 (2) NOTWITHSTANDING THE ALLOCATION PROVIDED UNDER § 19-803(B)  
34 OF THIS ARTICLE, THE AMOUNT TRANSFERRED TO THE MEDICAL ASSISTANCE  
35 PROGRAM ACCOUNT BY A NONPROFIT HEALTH MAINTENANCE ORGANIZATION  
36 UNDER PARAGRAPH (1) OF THIS SUBSECTION:

1 (I) SHALL BE ALLOCATED DIRECTLY TO THE MEDICAL  
2 ASSISTANCE PROGRAM ACCOUNT; AND

3 (II) SHALL BE COUNTED TOWARDS THE TOTAL ALLOCATION  
4 REQUIRED TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT UNDER §  
5 19-803(B)(3)(II)2, (III)2, (IV)2, (V)2, AND (VI) OF THIS ARTICLE.

6 (3) BEGINNING IN FISCAL YEAR 2008 AND ANNUALLY THEREAFTER, THE  
7 AMOUNT UNDER PARAGRAPH (2) OF THIS SUBSECTION THAT IS COUNTED TOWARDS  
8 THE TOTAL ALLOCATION UNDER § 19-803(B)(3)(IV)2, (V)2, AND (VI) OF THIS ARTICLE  
9 THAT EXCEEDS THE AMOUNT NEEDED TO INCREASE BOTH FEE-FOR-SERVICE  
10 HEALTH CARE PROVIDER RATES PAID BY THE MEDICAL ASSISTANCE PROGRAM AND  
11 MANAGED CARE ORGANIZATION HEALTH CARE PROVIDER RATES TO A LEVEL OF  
12 RATES PAID TO SIMILAR PROVIDERS FOR THE SAME SERVICES UNDER THE FEDERAL  
13 MEDICARE FEE SCHEDULE SHALL BE TRANSFERRED, UNLESS OTHERWISE  
14 PROVIDED IN THE STATE BUDGET, TO THE COMMUNITY HEALTH RESOURCES  
15 COMMISSION FUND UNDER TITLE 19, SUBTITLE 22 OF THE HEALTH - GENERAL  
16 ARTICLE FOR THE PURPOSE OF SUPPORTING OFFICE-BASED SPECIALTY CARE,  
17 DIAGNOSTIC TESTING, AND LABORATORY TESTS FOR INDIVIDUALS WITH FAMILY  
18 INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL.

19 (C) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL TRANSFER  
20 TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT:

21 (1) ON OR BEFORE AUGUST 1, 2005, AN AMOUNT EQUAL TO THE  
22 PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE  
23 ORGANIZATION FOR THE LAST 6 MONTHS OF FISCAL YEAR 2005; AND

24 (2) WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR  
25 QUARTER, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE  
26 NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE QUARTER.

27 (1) AS PROVIDED IN SUBSECTION (C)(1) OF THIS SECTION, TO THE  
28 MEDICAL ASSISTANCE PROGRAM ACCOUNT ESTABLISHED UNDER § 19-104.1 OF THIS  
29 ARTICLE TO BE USED TO SUPPORT THE PROVISION OF HEALTH CARE TO ELIGIBLE  
30 INDIVIDUALS; AND

31 (2) AS PROVIDED IN SUBSECTION (C)(2) OF THIS SECTION, TO THE  
32 COMMUNITY HEALTH RESOURCES COMMISSION FUND ESTABLISHED UNDER §  
33 19-2112 OF THE HEALTH - GENERAL ARTICLE TO BE USED TO INCREASE ACCESS TO  
34 HEALTH CARE THROUGH COMMUNITY HEALTH RESOURCES.

35 (C) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL TRANSFER:

36 (1) TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT:

37 (1) ON OR BEFORE AUGUST 1, 2005, AN AMOUNT EQUAL TO THE  
38 PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE  
39 ORGANIZATION FOR THE LAST 6 MONTHS OF FISCAL YEAR 2005; AND

1 ~~(H) WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR~~  
 2 ~~QUARTER DURING FISCAL YEARS 2006 AND 2007, AN AMOUNT EQUAL TO THE~~  
 3 ~~PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE~~  
 4 ~~ORGANIZATION FOR THE QUARTER; AND~~

5 ~~(2) TO THE COMMUNITY HEALTH RESOURCES COMMISSION FUND,~~  
 6 ~~WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR QUARTER DURING~~  
 7 ~~FISCAL YEAR 2008 AND EACH FISCAL YEAR THEREAFTER, AN AMOUNT EQUAL TO THE~~  
 8 ~~PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE~~  
 9 ~~ORGANIZATION FOR THE QUARTER.~~

10 (D) ON OR BEFORE MARCH 1 OF EACH YEAR, A NONPROFIT HEALTH  
 11 MAINTENANCE ORGANIZATION SHALL FILE A REPORT WITH THE COMMISSIONER  
 12 ESTABLISHING THAT THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION  
 13 TRANSFERRED FUNDS EQUAL TO ITS PREMIUM TAX EXEMPTION VALUE DURING THE  
 14 PRECEDING CALENDAR YEAR AS REQUIRED BY THIS SECTION.

15 14-102.

16 (h) The provisions of subsections (d) and (e) of this section and §§ ~~14-106,~~  
 17 ~~14-106.1, 14-115(d), 14-106, 14-106.1, 14-115(D),~~(e), (f), and (g), and 14-139(d) and (e)  
 18 of this subtitle do not apply to a nonprofit health service plan that insures between 1  
 19 and 10,000 covered lives in Maryland or issues contracts for only one of the following  
 20 services:

- 21 (1) podiatric;
- 22 (2) chiropractic;
- 23 (3) pharmaceutical;
- 24 (4) dental;
- 25 (5) psychological; or
- 26 (6) optometric.

27 14-106.

28 ~~(a) It is the public policy of this State that the exemption from taxation for~~  
 29 ~~nonprofit health service plans under § 6-101(b)(1) of this article is granted so that~~  
 30 ~~funds which would otherwise be collected by the State and spent for a public purpose~~  
 31 ~~shall be used in a like manner and amount by the nonprofit health service plan.~~

32 ~~(b) By March 1 of each year or a deadline otherwise imposed by the~~  
 33 ~~Commissioner for good cause, each nonprofit health service plan shall file with the~~  
 34 ~~Commissioner a premium tax exemption report that:~~

35 ~~(1) is in a form approved by the Commissioner; and~~

1 ~~(2)~~ demonstrates that the plan has used funds equal to the value of the  
 2 premium tax exemption provided to the plan under § 6-101(b) of this article, in a  
 3 manner that serves the public interest in accordance with this section.

4 ~~(c)~~ A nonprofit health service plan may satisfy the public service requirement  
 5 of this section by establishing that, to the extent the value of the nonprofit health  
 6 service plan's premium tax exemption under § 6-101(b) of this article exceeds the  
 7 subsidy required under the Senior Prescription Drug Program established under  
 8 Subtitle 5, Part II of this title, the plan has:

9 ~~(1)~~ increased access to, or the affordability of, one or more health care  
 10 products or services by offering and selling health care products or services that are  
 11 not required or provided for by law;

12 ~~(2)~~ provided financial or in kind support for public health programs;

13 ~~(3)~~ employed underwriting standards in a manner that increases the  
 14 availability of one or more health care services or products;

15 ~~(4)~~ employed pricing policies that enhance the affordability of health  
 16 care services or products and result in a higher medical loss ratio than that  
 17 established by a comparable for profit health insurer; or

18 ~~(5)~~ served the public interest by any method or practice approved by the  
 19 Commissioner.

20 (d) ~~(1)~~ Notwithstanding subsection (c) of this section, a nonprofit health  
 21 service plan that is subject to this section and issues comprehensive health care  
 22 benefits in the State shall:

23 ~~(1)~~ ~~(I)~~ offer health care products in the individual market;

24 ~~(2)~~ ~~(II)~~ offer health care products in the small employer group market  
 25 in accordance with Title 15, Subtitle 12 of this article; [and]

26 ~~(3)~~ ~~(III)~~ administer and subsidize the Senior Prescription Drug  
 27 ASSISTANCE Program established under Title 14, Subtitle 5, Part II of this title; AND

28 ~~(4)~~ SUBSIDIZE GRANTS TO COMMUNITY HEALTH RESOURCES, AS  
 29 PROVIDED UNDER § 14-106.1 OF THIS SUBTITLE

30 ~~(IV)~~ SUBSIDIZE THE MARYLAND PHARMACY DISCOUNT PROGRAM  
 31 UNDER § 15-124 OF THE HEALTH - GENERAL ARTICLE; AND

32 ~~(V)~~ SUPPORT THE COSTS OF THE COMMUNITY HEALTH  
 33 RESOURCES COMMISSION UNDER TITLE 19, SUBTITLE 21 OF THE HEALTH -  
 34 GENERAL ARTICLE, INCLUDING:

35 1. OPERATING GRANTS TO COMMUNITY HEALTH  
 36 RESOURCES;





1 ~~(f)~~ ~~(1)~~ Subject to paragraph (2) of this subsection, each report filed with the  
 2 Commissioner under subsection (b) of this section is a public record.

3 ~~(2)~~ In accordance with § 10-617(d) of the State Government Article, the  
 4 Commissioner shall deny inspection of any part of a report filed under subsection (b)  
 5 of this section that the Commissioner determines contains confidential commercial  
 6 information or confidential financial information.

7 14-106.1.

8 (A) ~~BEGINNING IN FISCAL YEAR 2006, A NONPROFIT HEALTH SERVICE PLAN~~  
 9 ~~SHALL TRANSFER FUNDS TO THE COMMUNITY HEALTH RESOURCES COMMISSION~~  
 10 ~~FUND ESTABLISHED UNDER § 19-2112 OF THE HEALTH - GENERAL ARTICLE FOR THE~~  
 11 ~~PURPOSE OF PROVIDING:~~

12 ~~(1) \$10,000,000 AN AMOUNT EQUAL TO THE VALUE OF THE NONPROFIT~~  
 13 ~~HEALTH SERVICE PLAN'S PREMIUM TAX EXEMPTION UNDER § 6-101(B) OF THIS~~  
 14 ~~ARTICLE, LESS THE AMOUNT NEEDED TO SUBSIDIZE THE SENIOR PRESCRIPTION~~  
 15 ~~DRUG PROGRAM ESTABLISHED UNDER SUBTITLE 5, PART II OF THIS TITLE IN~~  
 16 ~~ANNUAL OPERATING GRANTS TO COMMUNITY HEALTH RESOURCES; AND~~

17 ~~(2) \$5,000,000 IN ANNUAL SUPPORT FOR PROJECTS RECOMMENDED BY~~  
 18 ~~THE COMMITTEE ON DATA INFORMATION SYSTEMS ESTABLISHED UNDER § 19-2111~~  
 19 ~~OF THE HEALTH - GENERAL ARTICLE.~~

20 ~~*BEGINNING IN FISCAL YEAR 2006, A NONPROFIT HEALTH SERVICE PLAN SHALL*~~  
 21 ~~*TRANSFER FUNDS IN THE AMOUNTS PROVIDED UNDER § 14-106(D)(2) OF THIS*~~  
 22 ~~*SUBTITLE TO:*~~

23 ~~(1) *THE COMMUNITY HEALTH RESOURCES COMMISSION FUND*~~  
 24 ~~*ESTABLISHED UNDER § 19-2201 OF THE HEALTH - GENERAL ARTICLE TO SUPPORT*~~  
 25 ~~*THE COSTS OF THE COMMUNITY HEALTH RESOURCES COMMISSION AS PROVIDED IN*~~  
 26 ~~*§ 14-106(D)(1)(V) OF THIS SUBTITLE; AND*~~

27 ~~(2) *THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO*~~  
 28 ~~*SUBSIDIZE THE MARYLAND PHARMACY DISCOUNT PROGRAM UNDER § 15-124 OF THE*~~  
 29 ~~*HEALTH - GENERAL ARTICLE.*~~

30 ~~(B) THE AMOUNT REQUIRED IN SUBSECTION (A)(1) OF THIS SECTION FOR~~  
 31 ~~ANNUAL OPERATING GRANTS TO COMMUNITY HEALTH RESOURCES SHALL BE~~  
 32 ~~INCREASED EACH YEAR FOR INFLATION, IN ACCORDANCE WITH REGULATIONS~~  
 33 ~~ESTABLISHED BY THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.~~

34 14-504.

35 (a) ~~(1) There is a Maryland Health Insurance Plan Fund.~~

36 ~~(7) The Fund shall be used only to provide funding for the purposes~~  
 37 ~~authorized under this subtitle.~~

1 (b) The Fund shall consist of:

2 (1) premiums for coverage that the Plan issues;

3 (2) ~~except as provided in § 14-513(a) of this subtitle, premiums paid by~~  
4 ~~enrollees of the Senior Prescription Drug Program;~~

5 (3) ~~money collected in accordance with § 19-219 of the Health—General~~  
6 ~~Article;~~

7 (4) ~~money deposited by a carrier in accordance with § 14-513 of this~~  
8 ~~subtitle;~~

9 (5) ~~income from investments that the Board makes or authorizes on~~  
10 ~~behalf of the Fund;~~

11 (6) ~~interest on deposits or investments of money from the Fund;~~

12 (7) ~~premium tax revenue collected under § 14-107 of this title;~~

13 (8) ~~money collected by the Board as a result of legal or other actions~~  
14 ~~taken by the Board on behalf of the Fund;~~

15 (9) ~~money donated to the Fund; and~~

16 (10) ~~money awarded to the Fund through grants, INCLUDING GRANTS~~  
17 ~~FROM THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.~~

18 (c) (1) ~~In addition to the operation and administration of the Plan, the Fund~~  
19 ~~shall be used for:~~

20 (I) ~~the operation and administration of the Senior Prescription~~  
21 ~~Drug Program established under Part II of this subtitle; AND~~

22 (II) ~~SUBSIDIZING THE COST OF SPECIALTY CARE PROVIDED TO~~  
23 ~~COMMUNITY HEALTH RESOURCES, AS DEFINED IN § 19-2101 OF THE HEALTH—~~  
24 ~~GENERAL ARTICLE.~~

25 (2) ~~The Board shall maintain separate accounts within the Fund for:~~

26 (I) ~~the Senior Prescription Drug Program;~~

27 (II) ~~SPECIALTY CARE PROVIDED TO COMMUNITY HEALTH~~  
28 ~~RESOURCES, AS DEFINED IN § 19-2101 OF THE HEALTH—GENERAL ARTICLE; and~~

29 (III) ~~the Maryland Health Insurance Plan.~~

30 (3) ~~Accounts within the Fund shall contain those moneys that are~~  
31 ~~intended to support the operation of the Program for which the account is designated.~~

1 ~~15-131.~~

2 (A) (1) ~~IN THIS SECTION, "CARRIER" MEANS:~~

3 (I) ~~AN INSURER;~~

4 (II) ~~A NONPROFIT HEALTH SERVICE PLAN;~~

5 (III) ~~A HEALTH MAINTENANCE ORGANIZATION;~~

6 (IV) ~~A DENTAL PLAN ORGANIZATION; OR~~

7 (V) ~~ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS~~  
8 ~~SUBJECT TO REGULATION BY THE STATE.~~

9 (2) ~~"CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER~~  
10 ~~PANEL FOR A CARRIER.~~

11 (B) ~~TO THE EXTENT REQUIRED UNDER FEDERAL LAW, A CARRIER SHALL~~  
12 ~~REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF THE~~  
13 ~~HEALTH - GENERAL ARTICLE, FOR COVERED SERVICES PROVIDED TO AN ENROLLEE~~  
14 ~~OR SUBSCRIBER OF THE CARRIER.~~

15 15-715.

16 (A) THIS SECTION APPLIES TO EACH INDIVIDUAL OR GROUP HEALTH  
17 INSURANCE POLICY OR CONTRACT THAT IS ISSUED OR DELIVERED IN THE STATE BY  
18 AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE  
19 ORGANIZATION.

20 (B) TO THE EXTENT REQUIRED UNDER FEDERAL LAW, AN INSURER,  
21 NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION  
22 SHALL REIMBURSE A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF  
23 THE HEALTH - GENERAL ARTICLE, FOR COVERED SERVICES PROVIDED TO THE  
24 INSURED OR ANY OTHER PERSON COVERED BY THE POLICY OR CONTRACT.

25 19-807.

26 (a) (1) The Commissioner shall disburse money from the Medical Assistance  
27 Program Account to the Secretary.

28 (2) THE SECRETARY SHALL TRANSFER TO THE COMMUNITY HEALTH  
29 RESOURCES COMMISSION FUND ESTABLISHED UNDER § 19-2201 OF THE HEALTH -  
30 GENERAL ARTICLE, WITHIN 30 DAYS FOLLOWING THE END OF EACH QUARTER  
31 DURING FISCAL YEAR 2008 AND EACH FISCAL YEAR THEREAFTER, THE MONEY  
32 COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE ORGANIZATION IN  
33 ACCORDANCE WITH § 6-121(B)(3) OF THE INSURANCE ARTICLE.

34 (b) (3) Portions of the Medical Assistance Program Account that exceed the  
35 amount provided under paragraph (2) of this subsection shall be used by the Secretary  
36 only to:

- 1                   (iv)     ~~after fiscal year [2009] 2008:~~
- 2                             1.     ~~maintain increased capitation payments to managed care~~
- 3 ~~organizations;~~
- 4                             2.     ~~maintain increased rates for health care providers; [and]~~
- 5                             3.     ~~IN ACCORDANCE WITH § 6-121(B)(3) OF THIS ARTICLE,~~
- 6 ~~SUPPORT THE PROVISION OF OFFICE-BASED SPECIALTY CARE, DIAGNOSTIC~~
- 7 ~~TESTING, AND LABORATORY TESTS FOR INDIVIDUALS WITH FAMILY INCOME THAT~~
- 8 ~~DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL; AND~~
- 9                             4.     ~~support generally the operations of the Maryland Medical~~
- 10 ~~Assistance Program.~~

11 ~~19-104.1.~~

12     (i)     ~~Notwithstanding § 2-114 of this article:~~

13                   (1)     ~~the Commissioner shall deposit the revenue from the tax imposed on~~

14 ~~health maintenance organizations and managed care organizations under § 6-102 of~~

15 ~~this article in the Fund;~~

16                   (2)     ~~subject to items (3) and (4) of this subsection, the Fund shall consist~~

17 ~~of:~~

18                             (i)     ~~the revenue from the tax imposed on managed care~~

19 ~~organizations and health maintenance organizations under § 6-102 of this article;~~

20                             (ii)     ~~THE FUNDS TRANSFERRED BY A NONPROFIT HEALTH~~

21 ~~MAINTENANCE ORGANIZATION TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT~~

22 ~~OF THE FUND IN ACCORDANCE WITH § 6-121(C) OF THIS ARTICLE;~~

23                             ~~(iii)~~     ~~(iii)~~     ~~interest or other income earned on the moneys in the~~

24 ~~Fund; and~~

25                             ~~(iii)~~     ~~(iv)~~     ~~any other money from any other source accepted for the~~

26 ~~benefit of the Fund;~~

27                   (3)     ~~the Commissioner shall distribute from the Fund an amount, not to~~

28 ~~exceed 0.5% of the total revenue collected in each year, sufficient to cover the costs of~~

29 ~~administering the Fund; and~~

30                   (4)     ~~after distributing the amounts required under item (3) of this~~

31 ~~subsection, the revenue remaining in the Fund shall be allocated according to the~~

32 ~~following schedule:~~

33                             (i)     ~~in fiscal year 2005, \$6,000,000 to the Medical Assistance~~

34 ~~Program Account;~~

35                             (ii)     ~~in fiscal year 2006;~~

1 ~~1.~~ \$40,700,000 to the Rate Stabilization Account to subsidize  
2 agreements for calendar year 2005; and

3 ~~2.~~ \$39,300,000 to the Medical Assistance Program Account;

4 ~~(iii)~~ in fiscal year 2007:

5 ~~1.~~ \$33,400,000 to the Rate Stabilization Account to subsidize  
6 agreements for calendar year 2006; and

7 ~~2.~~ \$46,600,000 to the Medical Assistance Program Account;

8 ~~(iv)~~ in fiscal year 2008:

9 ~~1.~~ \$26,100,000 to the Rate Stabilization Account to subsidize  
10 agreements for calendar year 2007; and

11 ~~2.~~ the remaining balance to the Medical Assistance Program  
12 Account;

13 ~~(v)~~ in fiscal year 2009:

14 ~~1.~~ \$18,800,000 to the Rate Stabilization Account to subsidize  
15 agreements for calendar year 2008; and

16 ~~2.~~ the remaining balance to the Medical Assistance Program  
17 Account; and

18 ~~(vi)~~ in fiscal year 2010 and annually thereafter, 100% to the Medical  
19 Assistance Program Account.

20 **~~Article -- State Finance and Procurement~~**

21 ~~7-317.~~

22 (a) ~~There is a Cigarette Restitution Fund.~~

23 (f) (1) ~~The Cigarette Restitution Fund shall be used to fund:~~

24 (i) ~~the Tobacco Use Prevention and Cessation Program established~~  
25 ~~under Title 13, Subtitle 10 of the Health General Article;~~

26 (ii) ~~the Cancer Prevention, Education, Screening, and Treatment~~  
27 ~~Program established under Title 13, Subtitle 11 of the Health General Article;~~

28 (III) ~~THE COMMUNITY HEALTH RESOURCES FUND ESTABLISHED~~  
29 ~~UNDER § 19-2112 OF THE HEALTH GENERAL ARTICLE; and~~

30 [(iii)] (IV) ~~other programs that serve the following purposes:~~

31 1. ~~reduction of the use of tobacco products by minors;~~







1 ~~(H) EITHER WITHOUT CHARGE OR AT A RATE OF REIMBURSEMENT~~  
 2 ~~THAT IS NO MORE THAN THE MEDICAID REIMBURSEMENT RATE FOR THE SERVICE~~  
 3 ~~RENDERED;~~

4 ~~(15) A HOSPITAL WHEN PROVIDING SERVICES TO AN INDIVIDUAL WHO IS:~~

5 ~~(I) REFERRED TO THE HOSPITAL BY A COMMUNITY HEALTH~~  
 6 ~~RESOURCE, AS DEFINED IN § 19-2101 OF THE HEALTH - GENERAL ARTICLE; AND~~

7 ~~(H) ELIGIBLE TO RECEIVE BENEFITS UNDER TITLE 19, SUBTITLE 21~~  
 8 ~~OF THE HEALTH - GENERAL ARTICLE; OR~~

9 ~~[(14)] (15) (16)~~ a student, faculty, or staff member of an institution of  
 10 higher education who is providing a service under the Family Investment Program in  
 11 accordance with the provisions of Article 88A, § 47 or § 53 of the Code.

12 12-104.

13 (a) (1) Subject to the exclusions and limitations in this subtitle and  
 14 notwithstanding any other provision of law, the immunity of the State and of its units  
 15 is waived as to a tort action, in a court of the State, to the extent provided under  
 16 paragraph (2) of this subsection.

17 (2) The liability of the State and its units may not exceed \$200,000 to a  
 18 single claimant for injuries arising from a single incident or occurrence.

19 (b) Immunity is not waived under this section as described under § 5-522(a) of  
 20 the Courts and Judicial Proceedings Article.

21 (c) (1) The Treasurer may pay from the State Insurance Trust Fund all or  
 22 part of that portion of a tort claim which exceeds the limitation on liability  
 23 established under subsection (a)(2) of this section under the following conditions:

24 (i) the tort claim is one for which the State and its units have  
 25 waived immunity under subsections (a) and (b) of this section;

26 (ii) a judgment or settlement has been entered granting the  
 27 claimant damages to the full amount established under subsection (a)(2) of this  
 28 section; and

29 (iii) the Board of Public Works, with the advice and counsel of the  
 30 Attorney General, has approved the payment.

31 (2) Any payment of part of a settlement or judgment under this  
 32 subsection does not abrogate the sovereign immunity of the State or any units beyond  
 33 the waiver provided in subsections (a) and (b) of this section.

34 12-105.

35 State personnel shall have the immunity from liability described under §  
 36 5-522(b) of the Courts and Judicial Proceedings Article.

1 SECTION ~~3~~. 5. AND BE IT FURTHER ENACTED, That:

2 (a) There is a Joint Legislative Task Force on Universal Access to Quality and  
3 Affordable Health Care.

4 (b) The Task Force is comprised of ~~eight~~ six members of the General Assembly,  
5 who shall be voting members of the Task Force, including:

6 (1) ~~four~~ three members of the Senate of Maryland, appointed by the  
7 President of the Senate; and

8 (2) ~~four~~ three members of the House of Delegates, appointed by the  
9 Speaker of the House.

10 (c) The following individuals shall serve as ~~ex-officio~~ nonvoting members of  
11 the Task Force:

12 (1) the Secretary of Health and Mental Hygiene, or the Secretary's  
13 designee; and

14 (2) the Executive Director of the Maryland Health Care Commission, or  
15 the Executive Director's designee.

16 (d) (1) Of the ~~four~~ three members of the Senate, the President of the Senate  
17 shall appoint one member to serve as a cochair; and

18 (2) of the ~~four~~ three members of the House of Delegates, the Speaker of  
19 the House shall appoint one member to serve as a cochair.

20 (e) The Department of Legislative Services shall provide staff for the Task  
21 Force.

22 (f) The Task Force shall:

23 (1) study and make recommendations on how to make quality, affordable  
24 health care, including primary care, specialty care, hospitalization, and prescription  
25 drug coverage, accessible to all citizens of the State; and

26 (2) analyze the feasibility and desirability of implementing aspects of the  
27 "Dirigo Health" plan, the California employer mandate, or other innovative state  
28 health care coverage programs in Maryland.

29 (g) The Task Force, in conducting the study required under subsection (f)(1) of  
30 this section, shall seek input from consumer advocates, health care providers,  
31 insurance carriers that write policies in the State, the business community, hospitals,  
32 and community clinics.

33 (h) The Task Force shall conduct a minimum of four public hearings in  
34 different geographic regions of the State to receive citizen input.

1 (i) The Task Force shall report its findings and recommendations to the  
2 Governor and, in accordance with § 2-1246 of the State Government Article, to the  
3 General Assembly on or before December 31, 2005.

4 ~~SECTION 4. AND BE IT FURTHER ENACTED, That the Department of~~  
5 ~~Health and Mental Hygiene shall:~~

6 ~~(1) if the Centers for Medicare and Medicaid Services approves the primary~~  
7 ~~care waiver applied for under Chapter 448 of the Acts of 2003, submit an amendment~~  
8 ~~to the waiver to include office-based and outpatient specialty care for individuals~~  
9 ~~with family income below 116% of the federal poverty guidelines; and~~

10 ~~(2) apply for a waiver from the Centers for Medicare and Medicaid Services to~~  
11 ~~cover office-based and outpatient specialty care for individuals:~~

12 ~~(i) with family income that is between 117% and 200% of the federal~~  
13 ~~poverty guidelines;~~

14 ~~(ii) referred by a community health resource, as defined in § 19-2101 of~~  
15 ~~the Health General Article, or enacted by Section 1 of this Act; and~~

16 ~~(iii) receiving care through the specialty care network established under §~~  
17 ~~19-2113 of the Health General Article, as enacted by Section 1 of this Act.~~

18 SECTION 6. AND BE IT FURTHER ENACTED, That:

19 (a) On or before September 1, 2005, the Department of Health and Mental  
20 Hygiene shall submit to the Centers for Medicare and Medicaid Services an  
21 application for an amendment to the State's existing § 1115 demonstration waiver  
22 necessary to implement the alterations to the eligibility requirements of the Maryland  
23 Pharmacy Discount Program as provided under Section 1 of this Act.

24 (b) The Department shall apply for federal matching funds subject to budget  
25 neutrality requirements under § 1115 of the Social Security Act and the availability of  
26 State funds.

27 (c) If the application for the amendment to the State's § 1115 demonstration  
28 waiver under this section is approved, all individuals enrolled in the Maryland  
29 Pharmacy Discount Program on or before the date of approval of the waiver  
30 amendment may remain enrolled in the Program through December 31, 2005.

31 (d) The Department of Health and Mental Hygiene, within 5 days after  
32 receiving notice of the approval or denial of the waiver amendment application, shall  
33 forward a copy of the notice to the Department of Legislative Services, 90 State Circle,  
34 Annapolis, Maryland 21401.

35 SECTION 4-7. AND BE IT FURTHER ENACTED, That, if the Centers for  
36 Medicare and Medicaid Services approves the primary care waiver applied for under  
37 Chapter 448 of the Acts of 2003, the Department of Health and Mental Hygiene shall  
38 submit an amendment to the waiver to include office-based and outpatient specialty

1 medical care and inpatient medical care for individuals with family income below  
 2 116% of the federal poverty guidelines who meet the eligibility requirements for the  
 3 Maryland Primary Care Program. Notwithstanding the provisions of § 14-504 of the  
 4 Insurance Article, the Department shall use as the State match for the office based  
 5 and outpatient specialty medical care and inpatient medical care available revenues  
 6 from the Maryland Health Insurance Plan Fund.

7 SECTION ~~5-8.~~ AND BE IT FURTHER ENACTED, That:

8 (a) (1) (i) Notwithstanding the provisions of § 14-504 of the Insurance  
 9 Article, in fiscal year 2006 only, the Board of Directors of the Maryland Health  
 10 Insurance Plan may authorize the ~~use~~ transfer of not more than \$15,000,000 from the  
 11 Maryland Health Insurance Plan Fund ~~toward~~ to the Major Information Technology  
 12 Development Project Fund established under § 3-410.2 of the State Finance and  
 13 Procurement Article to be used for the design and development of ~~an~~ *a computerized*  
 14 eligibility system by the Department of Health and Mental Hygiene.

15 (ii) Notwithstanding the provisions of § 3-410.2 of the State  
 16 Finance and Procurement Article, to the extent that the money transferred under this  
 17 paragraph is not used for the purposes authorized under this subsection, the money  
 18 shall be redistributed to the Maryland Health Insurance Plan Fund.

19 (2) The purposes of the *computerized* system are to:

20 (i) enroll eligible individuals more efficiently in the Medicaid  
 21 Program;

22 (ii) refer eligible individuals to the Maryland Health Insurance  
 23 Plan; and

24 (iii) if practicable, make referrals to other available State- and  
 25 federally-sponsored programs that provide inpatient hospital coverage for uninsured  
 26 individuals and *other health care services that have the potential to reduce*  
 27 uncompensated care at Maryland hospitals.

28 (b) (1) Before issuing a request for proposals for the development of ~~an~~ a  
 29 *computerized* eligibility system under this section, the Department shall report to the  
 30 Board of Directors of the Maryland Health Insurance Plan on a plan to implement the  
 31 proposed eligibility system, including ~~the system's~~ *a design draft and a description of*  
 32 *how the system will* function.

33 (2) The report required under paragraph (1) of this subsection shall:

34 (i) enumerate the specifications of any request for proposals to  
 35 develop the eligibility system;

36 (ii) demonstrate how the proposed *computerized* eligibility system  
 37 will be more efficient and effective than the existing system;

1 (iii) estimate the reduction in hospital uncompensated care that  
2 would result from the appropriate use of the proposed computerized eligibility system;  
3 and

4 (iv) demonstrate how the proposed computerized eligibility system  
5 will improve enrollment of eligible individuals in the Maryland Health Insurance  
6 Plan.

7 (c) (1) After reviewing the report required under subsection (b) of this  
8 section, the Board of ~~Directors~~ of the Maryland Health Insurance Plan;

9 (i) may make comments and suggest changes to the proposed plan;  
10 and

11 (ii) shall submit a copy of the report to the Chief of Information  
12 Technology in the Department of Budget and Management.

13 (2) The Department may not proceed in implementing the proposed  
14 computerized eligibility system until the Board of the Maryland Health Insurance  
15 Plan:

16 (i) is satisfied with the functional capabilities of the proposed  
17 computerized eligibility system as ~~outlined~~ described in the request for proposals;

18 (ii) is satisfied that there will be a reduction in hospital  
19 uncompensated care commensurate with the investment of Maryland Health  
20 Insurance Plan ~~funds~~ Fund money in the proposed computerized eligibility system;  
21 and

22 (iii) obtains approval of the proposed computerized eligibility system  
23 from the Chief of Information Technology; and

24 ~~(iii)~~ (iv) votes affirmatively for the Department to ~~proceed in~~  
25 implementing proceed to implement the proposed computerized eligibility system.

26 (d) This section shall be contingent on the approval by the Centers for  
27 Medicare and Medicaid Services, in accordance with the terms of the federal waiver  
28 granted to the State of Maryland under ~~Section §~~ 1814(b) of the Social Security Act, of  
29 the use of Medicare funds for the design and development of the eligibility system in  
30 accordance with this Section. The Department of Health and Mental Hygiene, within  
31 5 days after receiving the decision of the Centers for Medicare and Medicaid Services,  
32 shall forward a copy of the decision to the Department of Legislative Services, 90  
33 State Circle, Annapolis, Maryland, 21401. If the Centers for Medicare and Medicaid  
34 Services do not approve the use of Medicare funds for the design and development of  
35 the eligibility system on or before June 30, 2006, this section shall be null and void  
36 without the necessity of any further action by the General Assembly.

37 SECTION 6-9. AND BE IT FURTHER ENACTED, That the exemption from  
38 the insurance premium tax for nonprofit health maintenance organizations under §  
39 6-101(b)(7) of the Insurance Article, as enacted by ~~Section 4~~ Section 4 of this Act.

1 shall be applicable to all subscription charges or other amounts paid to a nonprofit  
 2 health maintenance organization on or after January 1, 2005. Notwithstanding any  
 3 other provision of law, on or before August 1, 2005, the Maryland Insurance  
 4 Commissioner shall refund any premium tax paid before the effective date of this Act  
 5 by a nonprofit health maintenance organization that is exempt from the premium tax  
 6 under § 6-101(b)(7) of the Insurance Article, as enacted by ~~Section 4~~ Section 4 of this  
 7 Act.

8 SECTION 7. 10. AND BE IT FURTHER ENACTED, That the Department of  
 9 Health and Mental Hygiene shall apply to the federal Department of Health and  
 10 Human Services for any waivers required under 42 CFR § 433.68 to effect the changes  
 11 to §§ 19-727, 19-2112(d)(4), and 19-2113(d)(2) to § 19-727 of the Health - General  
 12 Article, as enacted by Section 2 of this Act, and §§ 6-101, 6-121, and 19-104.1 6-101  
 13 and 6-121 of the Insurance Article, as enacted by ~~Section 4~~ Section 4 of this Act. The  
 14 Department of Health and Mental Hygiene, within 5 days after receiving the decision  
 15 of the Department of Health and Human Services, shall forward a copy of the decision  
 16 to the Department of Legislative Services, 90 State Circle, Annapolis, Maryland  
 17 21401. If a waiver is not approved, the changes to §§ 19-727, 19-2112(d)(4), and  
 18 19-2113(d)(2) of to § 19-727 of the Health - General Article, as enacted by Section 2  
 19 of this Act, and §§ 6-101, 6-121, and 19-104.1 6-101 and 6-121 of the Insurance  
 20 Article, as enacted by ~~Section 4~~ Section 4 of this Act, shall be null and void without the  
 21 necessity of any further action by the General Assembly.

22 SECTION 11. AND BE IT FURTHER ENACTED, That:

23 (a) For the calendar year prior to the report date under subsection (b) of this  
 24 section, the Department of Health and Mental Hygiene shall review the rates paid to  
 25 providers under the federal Medicare fee schedule and compare the rates under the  
 26 Medicare fee schedule to the fee-for-service rates paid to similar providers for the  
 27 same services under the Medical Assistance Program and the rates paid to managed  
 28 care organization providers for the same services under the Medical Assistance  
 29 Program.

30 (b) On or before January 1, 2006, and each January 1 thereafter, the  
 31 Department shall report to the Senate Finance Committee and the House Health and  
 32 Government Operations Committee on:

33 (1) the review and comparison under subsection (a) of this section; and

34 (2) whether the fee-for-service rates and managed care organization  
 35 provider rates will exceed the rates paid under the Medicare fee schedule for the period  
 36 covered by the report required under subsection (a) of this section.

37 SECTION 8. 12. AND BE IT FURTHER ENACTED, That:

38 (a) The Maryland Health Care Commission and the Health Services Cost  
 39 Review Commission jointly shall assess:

40 (1) the level and underlying causes of uncompensated and  
 41 undercompensated care provided by physicians who provide at least 25% of their

1 services in a hospital setting, as determined by reporting on the most currently  
 2 available complete year of data from *the* Medical Care Data Base; and

3           (2) the level of reimbursement provided by commercial payers in the  
 4 State as a percentage of provider costs compared to reimbursement provided by  
 5 Medicare as a percentage of provider costs.

6       (b)    (1) The Commissions shall make recommendations on:

7                   (i) alternative methods of distributing the reasonable costs of  
 8 uncompensated and undercompensated care provided by physicians who provide at  
 9 least 25% of their services in a hospital setting, as determined by reporting on the  
 10 most currently available complete year of data from *the* Medical Care Data Base; and

11                   (ii) including the feasibility of establishing an uncompensated and  
 12 undercompensated care fund patterned after the Maryland Trauma Physician  
 13 Services Fund.

14           (2) To determine the percentage of services provided by a physician in a  
 15 hospital setting, the Commissions shall use data from the Medical Care Data Base for  
 16 the most recent calendar year for which there is a complete year of data.

17       (c)    The assessments and recommendations required under subsections (a) and  
 18 (b) of this section shall be submitted, in accordance with § 2-1246 of the State  
 19 Government Article, to the House Health and Government Operations Committee  
 20 and the Senate Finance Committee on or before January 1, 2006.

21       SECTION 13. AND BE IT FURTHER ENACTED, That Section 1 of this Act  
 22 shall take effect contingent on the approval by the Centers for Medicare and Medicaid  
 23 Services of a waiver amendment applied for under Section 6 of this Act. If the waiver  
 24 amendment applied for under Section 6 of this Act is denied, Section 1 of this Act,  
 25 without the necessity of any further action by the General Assembly, shall be null and  
 26 void and of no further force and effect.

27       SECTION ~~6-9-14.~~ AND BE IT FURTHER ENACTED, That, ~~except as~~  
 28 ~~provided in Section 5 of this Act, and~~ subject to Section 7 13 of this Act, this Act shall  
 29 take effect July 1, 2005. ~~Section 2~~ Section 3 of this Act shall remain effective for a  
 30 period of ~~2~~ 5 years and, at the end of June 30, ~~2007~~ 2010, with no further action  
 31 required by the General Assembly, ~~Section 2~~ Section 3 of this Act shall be abrogated  
 32 and of no further force and effect. Section ~~3~~ 5 of this Act shall remain effective for a  
 33 period of 1 year and, at the end of June 30, 2006, with no further action required by  
 34 the General Assembly, Section ~~3~~ 5 of this Act shall be abrogated and of no further  
 35 force and effect.

