
By: **Delegates Hurson, Hammen, Hubbard, Benson, Bromwell, Costa,
Donoghue, Feldman, Goldwater, Kullen, Madaleno, Mandel, Morhaim,
Murray, Nathan-Pulliam, Oaks, Pendergrass, Rudolph, and V. Turner**

Introduced and read first time: February 4, 2005

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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

3 FOR the purpose of requiring the Health Services Cost Review Commission to
4 develop a financial assistance policy for hospitals to provide free and
5 reduced-cost care to certain patients; requiring hospitals to post a certain
6 notice; requiring the Health Services Cost Review Commission to develop a
7 uniform financial assistance application and require each hospital to use the
8 application for a certain purpose; requiring the uniform financial assistance
9 application to meet certain requirements; requiring a hospital to provide the
10 uniform financial assistance application to certain patients; requiring the
11 Health Services Cost Review Commission to develop a standard policy for
12 hospitals to collect debts owed by certain patients; requiring the Health Services
13 Cost Review Commission annually to obtain from hospitals the amount of
14 money needed to support the cost of a certain specialty network; requiring the
15 Health Services Cost Review Commission to calculate a certain percentage and
16 determine a certain share of funding owed by each hospital; requiring the
17 Health Services Cost Review Commission to assess the underlying causes of
18 uncompensated hospital professional services and make certain
19 recommendations to the General Assembly; authorizing the Health Services
20 Cost Review Commission to adopt certain regulations; requiring nonprofit
21 hospitals to include certain information in their community benefit reports to
22 the Health Services Cost Review Commission; establishing the Maryland
23 Community Health Resources Commission as an independent commission that
24 functions within the Department of Health and Mental Hygiene; establishing
25 the powers and duties of the Commission; requiring the Commission to adopt
26 certain regulations on or before a certain date; providing for the purpose, duties,
27 powers, membership, terms of members, meetings, compensation, composition,
28 staff, and appointment of a chair, vice chair, and executive director of the
29 Commission; requiring the Commission to submit a certain annual report to the
30 Governor, Secretary of Health and Mental Hygiene, and General Assembly;
31 providing that certain powers of the Secretary of Health and Mental Hygiene do
32 not apply to the Commission; requiring the Commission to develop a certain
33 toll-free hotline; requiring the Commission to coordinate with certain persons to

1 provide certain outreach to certain individuals; requiring the Commission to
2 refer individuals to community health resources according to a certain schedule
3 and in a certain manner; requiring the Commission to adopt certain regulations
4 in consultation with certain persons; requiring the Commission to establish
5 standing committees on Capital and Operational Funding, Hospital and
6 Community Health Resources Relations, School-based Community Health
7 Clinic Expansion, and Data Information Systems; providing for the composition
8 and duties of the standing committees; requiring each standing committee to
9 submit a certain annual report to the Commission on or before a certain date;
10 establishing the Community Health Resources Commission Fund; establishing
11 the sources and uses of funds in the Community Health Resources Commission
12 Fund; specifying the use of grants awarded to a community health resource;
13 requiring the Treasurer to invest the money in the Fund in a certain manner;
14 providing that any investment earnings of the Fund shall be retained to the
15 credit of the Fund; providing that the Fund is subject to audit by the Office of
16 Legislative Audits; requiring the Maryland Community Health Resources
17 Commission and the Maryland Health Insurance Plan to develop a specialty
18 care network for certain individuals; requiring the specialty care network to
19 meet certain requirements; requiring individuals who receive care through the
20 specialty care network to pay for specialty care according to a sliding fee scale;
21 requiring specialty care to be subsidized by certain funds; requiring the
22 Maryland Community Health Resources Commission, in coordination with the
23 Maryland Health Insurance Plan, to determine the funds needed for subsidies
24 for specialty care; requiring the Commission to obtain funds from an assessment
25 on hospitals under certain circumstances; requiring the Commission to assist
26 individuals with certain income in accessing certain health care coverage;
27 establishing the Federally Qualified Health Centers Grant Program;
28 authorizing the Board of Public Works, on the recommendation of the Secretary
29 of Health and Mental Hygiene, to provide grants under the Program to counties,
30 municipal corporations, and nonprofit corporations for the conversion of public
31 buildings to Federally Qualified Health Centers, the acquisition of existing
32 buildings or parts of buildings for use as Federally Qualified Health Centers,
33 the renovation of Federally Qualified Health Centers, the purchase of capital
34 equipment for Federally Qualified Health Centers, and the planning, design,
35 and construction of Federally Qualified Health Centers; requiring the
36 Department of Health and Mental Hygiene to make certain recommendations
37 and adopt certain regulations; providing for an application process; authorizing
38 the Board of Public Works to adopt certain regulations; providing certain terms,
39 conditions, and limitations on the allocations, use, and amount of State grants;
40 prohibiting proceeds of a grant from being used for certain religious purposes;
41 authorizing the State, under certain circumstances, to recover a certain portion
42 of the State funds expended; providing for a certain judicial proceeding and liens
43 to enforce the State's right of recovery and the priority of the proceeding and the
44 lien; requiring the Governor to include a certain amount in the capital budget
45 for the Federally Qualified Health Centers Grant Program; providing that
46 certain provisions of law do not apply to certain nonprofit health service plans;
47 requiring a nonprofit health service plan to transfer certain funds to the
48 Community Health Resources Commission Fund beginning in a certain fiscal

1 year for a certain purpose; requiring certain insurance carriers to reimburse
2 certain providers for certain services to the extent required under federal law;
3 providing that the Maryland Health Insurance Plan Fund includes grants from
4 the Community Health Resources Commission; requiring the Fund to be used
5 for subsidizing the cost of specialty care provided to certain individuals;
6 requiring the Board of Directors of the Maryland Health Insurance Plan to
7 maintain a separate account within the Fund for specialty care provided to
8 certain individuals; providing that, beginning in a certain fiscal year, certain
9 revenues from the Cigarette Restitution Fund shall be used to fund the
10 Community Health Resources Commission Fund; repealing a certain obsolete
11 provision of law; providing that certain health care providers are State
12 personnel who are immune from certain liability; authorizing the Board of
13 Directors of the Maryland Health Insurance Plan to use certain funds for a
14 certain eligibility system under certain circumstances; requiring the
15 Department of Health and Mental Hygiene to report to the Board of Directors of
16 the Maryland Health Insurance Plan on a plan to implement the proposed
17 eligibility system; prohibiting the Department of Health and Mental Hygiene
18 from implementing the proposed eligibility system until certain conditions are
19 met; making certain provisions of this Act subject to a certain contingency;
20 establishing a Joint Legislative Task Force on Universal Access to Quality and
21 Affordable Health Care; providing for the membership, staffing, and duties of
22 the Task Force; requiring the Department of Health and Mental Hygiene to
23 apply for certain waivers under certain circumstances; providing for the
24 termination of certain provisions of this Act; defining certain terms; and
25 generally relating to access to health care.

26 BY repealing and reenacting, without amendments,
27 Article - Courts and Judicial Proceedings
28 Section 5-522(b)
29 Annotated Code of Maryland
30 (2002 Replacement Volume and 2004 Supplement)

31 BY adding to
32 Article - Health - General
33 Section 19-214.1, 19-219(f); 19-230 to be under the new part "Part III.
34 Professional Services Rate Setting"; 19-2101 through 19-2114, inclusive,
35 to be under the new subtitle "Subtitle 21. Maryland Community Health
36 Resources Commission"; and 24-1301 through 24-1307, inclusive, to be
37 under the new subtitle "Subtitle 13. Federally Qualified Health Centers
38 Grant Program"
39 Annotated Code of Maryland
40 (2000 Replacement Volume and 2004 Supplement)

41 BY repealing and reenacting, with amendments,
42 Article - Health - General
43 Section 19-303

1 Annotated Code of Maryland
2 (2000 Replacement Volume and 2004 Supplement)

3 BY repealing and reenacting, with amendments,
4 Article - Insurance
5 Section 14-102(h) and 14-504(b) and (e)
6 Annotated Code of Maryland
7 (2002 Replacement Volume and 2004 Supplement)

8 BY adding to
9 Article - Insurance
10 Section 14-106.1 and 15-131
11 Annotated Code of Maryland
12 (2002 Replacement Volume and 2004 Supplement)

13 BY repealing and reenacting, without amendments,
14 Article - Insurance
15 Section 14-504(a)(1) and (7)
16 Annotated Code of Maryland
17 (2002 Replacement Volume and 2004 Supplement)

18 BY repealing and reenacting, without amendments,
19 Article - State Finance and Procurement
20 Section 7-317(a)
21 Annotated Code of Maryland
22 (2001 Replacement Volume and 2004 Supplement)

23 BY repealing and reenacting, with amendments,
24 Article - State Finance and Procurement
25 Section 7-317(f) and (g)
26 Annotated Code of Maryland
27 (2001 Replacement Volume and 2004 Supplement)

28 BY repealing and reenacting, with amendments,
29 Article - State Government
30 Section 12-101(a)(13) and (14)
31 Annotated Code of Maryland
32 (2004 Replacement Volume)

33 BY adding to
34 Article - State Government
35 Section 12-101(a)(14)
36 Annotated Code of Maryland

1 (2004 Replacement Volume)

2 BY repealing and reenacting, without amendments,

3 Article - State Government

4 Section 12-104 and 12-105

5 Annotated Code of Maryland

6 (2004 Replacement Volume)

7 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

8 MARYLAND, That the Laws of Maryland read as follows:

9 **Article - Courts and Judicial Proceedings**

10 5-522.

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

17 **Article - Health - General**

18 19-214.1.

19 (A) THE COMMISSION SHALL DEVELOP A FINANCIAL ASSISTANCE POLICY FOR
20 HOSPITALS TO PROVIDE FREE AND REDUCED-COST CARE TO PATIENTS:

21 (1) WITH FAMILY INCOME BELOW 200% OF THE FEDERAL POVERTY
22 LEVEL; AND

23 (2) WHO LACK HEALTH CARE COVERAGE.

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

27 (C) THE COMMISSION SHALL:

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

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

32 (D) THE UNIFORM FINANCIAL ASSISTANCE APPLICATION:

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

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

3 (E) A HOSPITAL SHALL PROVIDE THE UNIFORM FINANCIAL ASSISTANCE
4 APPLICATION TO EACH PATIENT WHO DOES NOT INDICATE PUBLIC OR PRIVATE
5 HEALTH CARE COVERAGE, AT THE TIME THE PATIENT SUBMITS INFORMATION TO
6 THE HOSPITAL REGARDING FINANCIAL RESPONSIBILITY FOR CARE THAT IS
7 PROVIDED BY THE HOSPITAL.

8 (F) THE COMMISSION SHALL DEVELOP A STANDARD POLICY FOR HOSPITALS
9 TO COLLECT DEBTS OWED BY PATIENTS WHO QUALIFY FOR REDUCED-COST CARE
10 UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

11 19-219.

12 (F) (1) THE COMMISSION ANNUALLY SHALL:

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

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

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

25 (2) EACH HOSPITAL SHALL REMIT MONTHLY ONE-TWELFTH OF THE
26 AMOUNT DETERMINED IN PARAGRAPH (1)(III) OF THIS SUBSECTION TO THE
27 COMMUNITY HEALTH RESOURCES COMMISSION FUND ESTABLISHED UNDER §
28 19-2112 OF THIS TITLE.

1 19-228.
2 RESERVED.

3 19-229.
4 RESERVED.

5 PART III. PROFESSIONAL SERVICES RATE SETTING.

6 19-230.

7 (A) IN THIS SECTION, "PROFESSIONAL SERVICES" MEANS HOSPITAL-BASED
8 SERVICES PROVIDED BY PHYSICIANS AND OTHER HEALTH CARE PRACTITIONERS
9 THAT ARE:

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

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

13 (B) THE COMMISSION SHALL ASSESS THE UNDERLYING CAUSES OF
14 UNCOMPENSATED HOSPITAL PROFESSIONAL SERVICES AND MAKE
15 RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON THE MOST APPROPRIATE
16 ALTERNATIVES TO:

17 (1) REDUCE UNCOMPENSATED PROFESSIONAL SERVICES; AND

18 (2) EQUITABLY DISTRIBUTE THE COST OF UNCOMPENSATED
19 PROFESSIONAL SERVICES AMONG ALL PAYERS.

20 (C) THE COMMISSION MAY ADOPT REGULATIONS ESTABLISHING
21 ALTERNATIVE METHODS FOR FINANCING THE REASONABLE COSTS OF
22 UNCOMPENSATED PROFESSIONAL SERVICES PROVIDED THAT THE ALTERNATIVE
23 METHODS:

24 (1) ARE IN THE PUBLIC INTEREST;

25 (2) WILL EQUITABLY DISTRIBUTE THE REASONABLE COSTS OF
26 UNCOMPENSATED PROFESSIONAL SERVICES;

27 (3) WILL FAIRLY DETERMINE THE COST OF REASONABLE
28 UNCOMPENSATED PROFESSIONAL SERVICES INCLUDED IN PROFESSIONAL
29 SERVICES RATES;

30 (4) WILL PROVIDE INCENTIVES FOR EFFICIENT AND EFFECTIVE
31 COLLECTION POLICIES; AND

32 (5) WILL INCORPORATE A UNIFORM FINANCIAL ASSISTANCE POLICY
33 FOR INDIVIDUALS WITH FAMILY INCOME BELOW 200% OF THE FEDERAL POVERTY
34 LEVEL.

1 19-303.

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

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

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

7 (i) Health services provided to vulnerable or underserved
8 populations such as Medicaid, Medicare, or Maryland Children's Health Program
9 enrollees;

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

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

13 (iv) Health care cost containment activities; and

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

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

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

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

21 (2) May consult with community leaders and local health care providers;
22 and

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

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

28 (2) The community benefit report shall include:

29 (i) The mission statement of the hospital;

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

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

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

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

3 (VI) A DESCRIPTION OF EFFORTS TAKEN TO ASSIST SPECIALIST
4 PROVIDERS TO SERVE THE UNINSURED.

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

8 (2) In addition to the information required under paragraph (1) of this
9 subsection, the Nonprofit Hospital Community Health Benefit Report shall contain a
10 list of the unmet community health care needs identified in the most recent
11 community needs assessment prepared by the Department or local health department
12 for each county.

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

15 (4) The Commission shall submit a copy of the annual Nonprofit
16 Hospital Community Health Benefit Report, subject to § 2-1246 of the State
17 Government Article, to the House Health and Government Operations Committee
18 and the Senate Finance Committee.

19 (e) The Commission shall adopt regulations, in consultation with
20 representatives of nonprofit hospitals, that establish:

21 (1) A standard format for reporting the information required under this
22 section;

23 (2) The date on which nonprofit hospitals must submit the annual
24 community benefit reports; and

25 (3) The period of time that the annual community benefit report must
26 cover.

27 SUBTITLE 21. MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION.
28 19-2101.

29 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
30 INDICATED.

31 (B) "COMMISSION" MEANS THE MARYLAND COMMUNITY HEALTH RESOURCES
32 COMMISSION.

33 (C) (1) "COMMUNITY HEALTH RESOURCE" MEANS A NONPROFIT OR FOR
34 PROFIT HEALTH CARE CENTER OR PROGRAM THAT OFFERS THE PRIMARY HEALTH
35 CARE SERVICES REQUIRED BY THE COMMISSION UNDER § 19-2109(A)(2) OF THIS

1 SUBTITLE TO AN INDIVIDUAL ON A SLIDING SCALE FEE SCHEDULE AND WITHOUT
2 REGARD TO AN INDIVIDUAL'S ABILITY TO PAY.

3 (2) "COMMUNITY HEALTH RESOURCE" INCLUDES:

4 (I) A FEDERALLY QUALIFIED HEALTH CENTER;

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

6 (III) A COMMUNITY HEALTH CENTER;

7 (IV) A MIGRANT HEALTH CENTER;

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

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

10 (VII) A LOCAL NONPROFIT AND COMMUNITY-OWNED HEALTH CARE
11 PROGRAM;

12 (VIII) A SCHOOL-BASED CLINIC;

13 (IX) A TEACHING CLINIC;

14 (X) A HISTORIC MARYLAND PRIMARY CARE PROVIDER;

15 (XI) A WELLMOBILE; AND

16 (XII) ANY OTHER CENTER OR PROGRAM IDENTIFIED BY THE
17 COMMISSION AS A COMMUNITY HEALTH RESOURCE.

18 19-2102.

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

20 (B) THE COMMISSION IS AN INDEPENDENT COMMISSION THAT FUNCTIONS
21 WITHIN THE DEPARTMENT.

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

24 19-2103.

25 (A) (1) THE COMMISSION CONSISTS OF SEVEN MEMBERS APPOINTED BY
26 THE GOVERNOR.

27 (2) OF THE SEVEN MEMBERS, FOUR SHALL BE INDIVIDUALS WHO DO
28 NOT HAVE ANY CONNECTION WITH THE MANAGEMENT OR POLICY OF ANY
29 COMMUNITY HEALTH RESOURCE.

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

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

3 (3) THE TERMS OF THE INITIAL MEMBERS OF THE COMMISSION END AS
4 FOLLOWS:

5 (I) TWO IN 2006;

6 (II) ONE IN 2007;

7 (III) TWO IN 2008; AND

8 (IV) TWO IN 2009.

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

11 (5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
12 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND
13 QUALIFIES.

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

16 (7) TO THE EXTENT PRACTICABLE, WHEN APPOINTING MEMBERS TO
17 THE COMMISSION, THE GOVERNOR SHALL ASSURE GEOGRAPHIC BALANCE AND
18 PROMOTE RACIAL AND GENDER DIVERSITY IN THE COMMISSION'S MEMBERSHIP.

19 19-2104.

20 ANNUALLY, FROM AMONG THE MEMBERS OF THE COMMISSION:

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

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

23 19-2105.

24 (A) WITH THE APPROVAL OF THE GOVERNOR, THE COMMISSION SHALL
25 APPOINT AN EXECUTIVE DIRECTOR, WHO IS THE CHIEF ADMINISTRATIVE OFFICER
26 OF THE COMMISSION.

27 (B) THE EXECUTIVE DIRECTOR SERVES AT THE PLEASURE OF THE
28 COMMISSION.

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

1 19-2106.

2 (A) (1) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE
3 COMMISSION IS A QUORUM.

4 (2) THE COMMISSION MAY NOT ACT ON ANY MATTER UNLESS AT LEAST
5 FOUR MEMBERS IN ATTENDANCE CONCUR.

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

8 (C) EACH MEMBER OF THE COMMISSION IS ENTITLED TO:

9 (1) COMPENSATION IN ACCORDANCE WITH THE STATE BUDGET; AND

10 (2) REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE
11 TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

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

14 (2) THE COMMISSION SHALL EMPLOY AN INDIVIDUAL WHO IS
15 RESPONSIBLE FOR PREPARING GRANT APPLICATIONS.

16 (3) THE COMMISSION, IN CONSULTATION WITH THE SECRETARY, SHALL
17 DETERMINE THE APPROPRIATE JOB CLASSIFICATIONS AND GRADES FOR ALL STAFF.

18 19-2107.

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

21 (1) ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS
22 SUBTITLE;

23 (2) CREATE COMMITTEES FROM AMONG ITS MEMBERS;

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

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

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

32 (6) PUBLISH AND GIVE OUT ANY INFORMATION THAT RELATES TO
33 EXPANDING ACCESS TO HEALTH CARE THROUGH COMMUNITY HEALTH RESOURCES
34 AND IS CONSIDERED DESIRABLE IN THE PUBLIC INTEREST; AND

1 (7) SUBJECT TO THE LIMITATIONS OF THIS SUBTITLE, EXERCISE ANY
2 OTHER POWER THAT IS REASONABLY NECESSARY TO CARRY OUT THE PURPOSES OF
3 THIS SUBTITLE.

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

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

8 (2) KEEP MINUTES OF EACH MEETING;

9 (3) PREPARE ANNUALLY A BUDGET PROPOSAL THAT INCLUDES THE
10 ESTIMATED INCOME OF THE COMMISSION AND PROPOSED EXPENSES FOR ITS
11 ADMINISTRATION AND OPERATION; AND

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

17 19-2108.

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

22 (B) THE POWER OF THE SECRETARY TO TRANSFER BY RULE, REGULATION, OR
23 WRITTEN DIRECTIVE ANY STAFF, FUNCTIONS, OR FUNDS OF UNITS IN THE
24 DEPARTMENT DOES NOT APPLY TO ANY STAFF, FUNCTION, OR FUNDS OF THE
25 COMMISSION.

26 (C) (1) THE POWER OF THE SECRETARY OVER THE PROCUREMENT
27 PROCEDURE FOR UNITS IN THE DEPARTMENT DOES NOT APPLY TO THE
28 PROCUREMENT PROCEDURE FOR THE COMMISSION.

29 (2) SUBJECT TO THE PROVISIONS OF PARAGRAPH (1) OF THIS
30 SUBSECTION, ANY PROCUREMENT FOR SERVICES TO BE PERFORMED OR FOR
31 SUPPLIES TO BE DELIVERED TO THE COMMISSION IS SUBJECT TO THE PURPOSES
32 AND REQUIREMENTS OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

33 19-2109.

34 (A) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE,
35 THE COMMISSION SHALL:

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

1 (2) (I) IDENTIFY THE SERVICES THAT A COMMUNITY HEALTH
2 RESOURCE SHALL PROVIDE TO QUALIFY AS A COMMUNITY HEALTH RESOURCE,
3 WHICH MAY INCLUDE THE PROVISION OF FAMILY MEDICINE, GENERAL INTERNAL
4 MEDICINE, GENERAL PEDIATRIC CARE, LABORATORY SERVICES, PHARMACY
5 SERVICES, AND OBSTETRIC AND GYNECOLOGY SERVICES; AND

6 (II) REQUIRE COMMUNITY HEALTH RESOURCES TO SUBMIT A PLAN
7 TO THE COMMISSION ON HOW THE COMMUNITY HEALTH RESOURCE WILL PROVIDE
8 OR ARRANGE TO PROVIDE MENTAL HEALTH SERVICES;

9 (3) IDENTIFY AND SEEK FEDERAL AND STATE FUNDING FOR THE
10 EXPANSION OF COMMUNITY HEALTH RESOURCES;

11 (4) ADMINISTER OPERATING AND CAPITAL GRANT FUND PROGRAMS
12 FOR QUALIFYING COMMUNITY HEALTH RESOURCES;

13 (5) ESTABLISH BY REGULATION THE CRITERIA FOR COMMUNITY
14 HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING GRANTS AND
15 PROCEDURES FOR APPLYING FOR CAPITAL AND OPERATING GRANTS;

16 (6) ASSIST INDIVIDUALS UNDER 300% OF THE FEDERAL POVERTY LEVEL
17 WHO DO NOT HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE THROUGH
18 COMMUNITY HEALTH RESOURCES;

19 (7) TAKING INTO CONSIDERATION REGIONAL DISPARITIES IN INCOME
20 AND THE COST OF MEDICAL SERVICES, ESTABLISH GUIDELINES FOR SLIDING SCALE
21 FEE PAYMENTS BY INDIVIDUALS SERVED BY COMMUNITY HEALTH RESOURCES WHO
22 ARE BETWEEN 100% AND 300% OF THE FEDERAL POVERTY LEVEL;

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

26 (9) WORK IN CONJUNCTION WITH THE OFFICE OF PRIMARY CARE IN
27 THE IDENTIFICATION OF THE STATE'S HEALTH PROFESSIONAL SHORTAGE AREAS,
28 MEDICALLY UNDERSERVED AREAS, AND MEDICALLY UNDERSERVED POPULATIONS;

29 (10) (I) IDENTIFY METHODS TO INCREASE THE REIMBURSEMENT
30 RATES PAID BY PUBLIC AND PRIVATE INSURERS TO HEALTH CARE PROVIDERS WHO
31 PROVIDE SERVICES THROUGH COMMUNITY HEALTH RESOURCES; AND

32 (II) IDENTIFY METHODS TO FACILITATE REIMBURSEMENT
33 PROVIDED TO HEALTH CARE PROVIDERS WHO PROVIDE SERVICES THROUGH
34 COMMUNITY HEALTH RESOURCES, INCLUDING METHODS TO MAKE THE PROVIDER
35 AN EMPLOYEE OF THE COMMUNITY HEALTH RESOURCE;

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

1 (I) ALTERNATIVES TO TRADITIONAL HEALTH INSURANCE THAT
2 STILL PROVIDE TAX BENEFITS TO EMPLOYERS OR EMPLOYEES FOR OBTAINING
3 COVERAGE; AND

4 (II) "THREE-SHARE" PROGRAMS THAT DIVIDE COSTS AMONG THE
5 EMPLOYER, THE EMPLOYEE, AND THE GOVERNMENT;

6 (12) DEVELOP AND IMPLEMENT PROGRAMS TO PROVIDE INCENTIVES TO
7 SPECIALIST PROVIDERS TO SERVE INDIVIDUALS REFERRED FROM COMMUNITY
8 HEALTH RESOURCES, INCLUDING PROGRAMS:

9 (I) TO REDUCE LICENSURE FEES FOR SPECIALIST PROVIDERS WHO
10 SERVE A DESIGNATED NUMBER OF INDIVIDUALS REFERRED EACH YEAR FROM
11 COMMUNITY HEALTH RESOURCES;

12 (II) THAT PROVIDE TAX CREDITS, DEDUCTIONS, OR BOTH TO
13 SPECIALIST PROVIDERS BASED ON THE LEVEL OF UNCOMPENSATED CARE
14 PROVIDED EACH YEAR TO INDIVIDUALS REFERRED FROM COMMUNITY HEALTH
15 RESOURCES; AND

16 (III) TO INCREASE HEALTH PROFESSIONAL VOLUNTEERISM;

17 (13) WORK IN COOPERATION WITH THE GRADUATE MEDICAL AND
18 NURSING EDUCATION PROGRAMS IN THE STATE TO ESTABLISH SPECIALTY CARE
19 PROGRAMS, STAFFED PRIMARILY BY MEDICAL RESIDENTS AND FELLOWS AND
20 NURSE PRACTITIONER GRADUATE STUDENTS, FOR INDIVIDUALS REFERRED FROM
21 COMMUNITY HEALTH RESOURCES, PARTICULARLY IN RURAL AREAS;

22 (14) IN COLLABORATION WITH THE MARYLAND HEALTH INSURANCE
23 PLAN, DETERMINE THE AMOUNT OF MONEY NEEDED FOR SPECIALTY CARE FOR
24 INDIVIDUALS WHO RECEIVE SERVICES FROM COMMUNITY HEALTH RESOURCES
25 FROM:

26 (I) STRATEGIC CONTRIBUTION PAYMENTS IN THE CIGARETTE
27 RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE FINANCE AND
28 PROCUREMENT ARTICLE; AND

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

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

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

36 (1) CONSIDER GEOGRAPHIC BALANCE; AND

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

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

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

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

8 19-2110.

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

10 (1) DETERMINE A CALLER'S POTENTIAL ELIGIBILITY FOR HEALTH CARE
11 SERVICES;

12 (2) ASSIST CALLERS IN COMPLETING APPLICATION FORMS FOR HEALTH
13 CARE SERVICES;

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

16 (4) PROVIDE OUTREACH SERVICES TO EDUCATE AND INFORM
17 INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND THE
18 ELIGIBILITY CRITERIA OF COMMUNITY HEALTH RESOURCES.

19 (B) IN DEVELOPING A TOLL-FREE HOTLINE, THE COMMISSION SHALL
20 COORDINATE TO THE EXTENT PRACTICABLE WITH ANY EXISTING TOLL-FREE
21 HOTLINE.

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

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

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

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

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

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

7 (F) WHEN REFERRING INDIVIDUALS TO A COMMUNITY HEALTH RESOURCE,
8 THE COMMISSION SHALL:

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

11 (2) ESTABLISH A PROCESS TO ASSIST INDIVIDUALS WHO HAVE BEEN
12 RECEIVING HEALTH CARE SERVICES FROM A HEALTH CARE PROVIDER TO CONTINUE
13 TO RECEIVE SERVICES FROM THAT PROVIDER.

14 (G) THE COMMISSION, IN CONSULTATION WITH LOCAL HEALTH
15 DEPARTMENTS AND COMMUNITY HEALTH RESOURCES, SHALL ADOPT REGULATIONS
16 TO IMPLEMENT THIS SECTION.

17 19-2111.

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

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

21 (2) THE COMMITTEE ON HOSPITAL AND COMMUNITY HEALTH
22 RESOURCES RELATIONS;

23 (3) THE COMMITTEE ON SCHOOL-BASED COMMUNITY HEALTH CLINIC
24 EXPANSION; AND

25 (4) THE COMMITTEE ON DATA INFORMATION SYSTEMS.

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

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

29 (II) THE SECRETARY OF THE DEPARTMENT, OR THE SECRETARY'S
30 DESIGNEE;

31 (III) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE
32 SECRETARY'S DESIGNEE;

1 (IV) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH AND
2 HIGHER EDUCATIONAL FACILITIES AUTHORITY, OR THE EXECUTIVE DIRECTOR'S
3 DESIGNEE; AND

4 (V) ONE REPRESENTATIVE OF EACH OF THE FOLLOWING,
5 APPOINTED BY THE COMMISSION:

- 6 1. LOCAL HEALTH DEPARTMENTS;
- 7 2. FEDERALLY QUALIFIED HEALTH CENTERS; AND
- 8 3. COMMUNITY HEALTH RESOURCES.

9 (2) THE COMMITTEE SHALL:

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

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

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

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

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

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

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

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

32 (VI) IDENTIFY ANY FEDERAL OR STATE FUNDING SOURCES THAT
33 MAY BE AVAILABLE TO COMMUNITY HEALTH RESOURCES, INCLUDING FINANCIAL
34 ASSISTANCE THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL
35 FACILITIES AUTHORITY; AND

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

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

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

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

- 9 1. HOSPITALS;
- 10 2. COMMUNITY HEALTH RESOURCES;
- 11 3. HOSPITAL-BASED SPECIALISTS; AND
- 12 4. PHYSICIAN SPECIALISTS.

13 (2) THE COMMITTEE SHALL:

14 (I) MAKE RECOMMENDATIONS TO THE COMMISSION ON
15 PROPOSALS TO ENCOURAGE HOSPITALS AND COMMUNITY HEALTH RESOURCES TO
16 PARTNER TO INCREASE ACCESS TO HEALTH CARE, INCLUDING, WITHIN THE
17 PARAMETERS OF FEDERAL LAW, PROGRAMS FOR HOSPITAL FINANCIAL AND
18 PROGRAM SUPPORT FOR HEALTH CARE PROVIDED BY SPECIALISTS TO INDIVIDUALS
19 REFERRED TO THE SPECIALISTS BY COMMUNITY HEALTH RESOURCES; AND

20 (II) ESTABLISH A REVERSE REFERRAL PILOT PROGRAM UNDER
21 WHICH A HOSPITAL WILL IDENTIFY AND ASSIST PATIENTS IN ACCESSING HEALTH
22 CARE SERVICES THROUGH A COMMUNITY HEALTH RESOURCE.

23 (D) (1) THE COMMITTEE ON SCHOOL-BASED COMMUNITY HEALTH CLINIC
24 EXPANSION SHALL BE COMPRISED OF:

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

26 (II) THE SECRETARY OF THE DEPARTMENT, OR THE SECRETARY'S
27 DESIGNEE;

28 (III) ONE REPRESENTATIVE FROM THE GOVERNOR'S OFFICE FOR
29 CHILDREN, YOUTH, AND FAMILIES, APPOINTED BY THE GOVERNOR;

30 (IV) A LOCAL SUPERINTENDENT OF SCHOOLS, APPOINTED BY THE
31 PUBLIC SCHOOL SUPERINTENDENTS ASSOCIATION OF MARYLAND; AND

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

33 1. A REPRESENTATIVE OF A SCHOOL-BASED HEALTH
34 CLINIC;

- 1 2. A NURSE PRACTITIONER OR A PHYSICIAN ASSISTANT; AND
- 2 3. A CONSUMER.
- 3 (2) THE COMMITTEE SHALL STUDY AND MAKE RECOMMENDATIONS ON
4 METHODS TO EXPAND SCHOOL-BASED COMMUNITY HEALTH CLINICS TO PROVIDE
5 PRIMARY CARE SERVICES, SPECIALTY SERVICES, AND REFERRAL SERVICES TO ALL
6 MEMBERS OF THE COMMUNITY.
- 7 (3) IN CONDUCTING THE STUDY REQUIRED UNDER PARAGRAPH (2) OF
8 THIS SUBSECTION, THE COMMITTEE SHALL:
- 9 (I) EVALUATE THE FEASIBILITY OF DEVELOPING A SCHEDULE
10 FOR PREMIUM PAYMENTS TO BE PAID BY INDIVIDUALS ACCESSING A
11 SCHOOL-BASED COMMUNITY HEALTH CLINIC;
- 12 (II) EVALUATE THE FEASIBILITY OF DEVELOPING A SCHEDULE
13 FOR THE REIMBURSEMENT TO BE PAID BY MANAGED CARE ORGANIZATIONS AND
14 PRIVATE INSURERS TO THE SCHOOL-BASED COMMUNITY HEALTH CLINIC;
- 15 (III) IDENTIFY INSURANCE PAYMENTS OWED TO SCHOOL-BASED
16 COMMUNITY HEALTH CLINICS AND HOW MUCH OF THE PAYMENTS SHOULD BE
17 COLLECTED TO OFFSET ANY STATE SUBSIDY;
- 18 (IV) IDENTIFY BARRIERS TO THE REIMBURSEMENT OF LICENSED
19 HEALTH CARE PROVIDERS WHO PROVIDE SERVICES AT SCHOOL-BASED HEALTH
20 CLINICS, INCLUDING NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS;
- 21 (V) EVALUATE THE FEASIBILITY OF DEVELOPING A SYSTEM OF
22 REGISTERING INDIVIDUALS WHO RECEIVE HEALTH CARE SERVICES FROM A
23 SCHOOL-BASED COMMUNITY HEALTH CLINIC THAT REQUIRES AN INDIVIDUAL TO
24 PAY PREMIUMS AND SLIDING SCALE FEES; AND
- 25 (VI) IDENTIFY SECURITY MEASURES TO BE USED BY
26 SCHOOL-BASED COMMUNITY HEALTH CLINICS.
- 27 (E) (1) THE COMMITTEE ON DATA INFORMATION SYSTEMS SHALL BE
28 COMPRISED OF NINE MEMBERS:
- 29 (I) APPOINTED BY THE COMMISSION CHAIR; AND
- 30 (II) REPRESENTING COMMUNITY HEALTH RESOURCES AND
31 HOSPITALS.
- 32 (2) THE COMMISSION SHALL ESTABLISH BY REGULATION:
- 33 (I) THE TERMS OF MEMBERS;
- 34 (II) THE PROCEDURE FOR SELECTING THE CHAIR OF THE
35 COMMITTEE; AND

1 (III) THE FREQUENCY OF MEETINGS.

2 (3) THE COMMITTEE SHALL:

3 (I) SUPPORT AND MONITOR THE DEVELOPMENT OF A UNIFIED
4 DATA INFORMATION SYSTEM AMONG PRIMARY AND SPECIALTY CARE PROVIDERS,
5 HOSPITALS, AND OTHER PROVIDERS OF SERVICES TO COMMUNITY HEALTH
6 RESOURCES MEMBERS; AND

7 (II) PROVIDE RECOMMENDATIONS TO THE COMMISSION FOR
8 FUNDING OF THE UNIFIED DATA INFORMATION SYSTEM.

9 (4) (I) IN ACCORDANCE WITH RECOMMENDATIONS OF THE
10 COMMITTEE, THE COMMISSION SHALL PROVIDE FUNDING OF \$5,000,000 ANNUALLY
11 FOR DATA INFORMATION SYSTEMS.

12 (II) FUNDING SHALL BE OBTAINED FROM MONEY COLLECTED
13 UNDER § 14-106.1 OF THE INSURANCE ARTICLE.

14 (F) EACH STANDING COMMITTEE ESTABLISHED UNDER THIS SECTION SHALL
15 SUBMIT A REPORT TO THE COMMISSION ON OR BEFORE JUNE 1 OF EACH YEAR ON
16 ITS ACTIVITIES AND ANY FINDINGS AND RECOMMENDATIONS REQUIRED UNDER
17 THIS SECTION.

18 19-2112.

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

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

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

24 (2) THE TREASURER SHALL HOLD THE FUND, AND THE COMPTROLLER
25 SHALL ACCOUNT FOR THE FUND.

26 (D) THE FUND CONSISTS OF:

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

29 (2) FUNDS FROM STRATEGIC CONTRIBUTION PAYMENTS IN THE
30 CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF THE STATE
31 FINANCE AND PROCUREMENT ARTICLE;

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

33 (4) INTEREST EARNED ON INVESTMENTS;

34 (5) MONEY DONATED TO THE FUND;

1 (6) MONEY AWARDED TO THE FUND THROUGH GRANTS; AND

2 (7) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR THE
3 BENEFIT OF THE FUND.

4 (E) THE FUND MAY BE USED ONLY TO:

5 (1) COVER THE ADMINISTRATIVE COSTS OF THE COMMISSION;

6 (2) COVER THE ACTUAL DOCUMENTED DIRECT COSTS OF FULFILLING
7 THE STATUTORY AND REGULATORY DUTIES OF THE COMMISSION IN ACCORDANCE
8 WITH THE PROVISIONS OF THIS SUBTITLE;

9 (3) PROVIDE GRANTS TOTALING \$10,000,000 BEGINNING IN FISCAL YEAR
10 2006, WITH INFLATIONARY ADJUSTMENTS IN SUBSEQUENT YEARS, TO QUALIFYING
11 COMMUNITY HEALTH RESOURCES;

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

14 (5) PROVIDE GRANTS TO THE MARYLAND HEALTH INSURANCE PLAN TO
15 PAY FOR OUTPATIENT SPECIALTY CARE.

16 (F) THE COMMISSION SHALL ADOPT REGULATIONS THAT:

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

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

21 (3) DEVELOP A FORMULA FOR DISBURSING GRANTS TO QUALIFYING
22 COMMUNITY HEALTH RESOURCES;

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

25 (5) ESTABLISH CRITERIA FOR THE MARYLAND HEALTH INSURANCE
26 PLAN TO PAY FOR OUTPATIENT SPECIALTY CARE.

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

29 (1) TO SUBSIDIZE THE COSTS OF HEALTH CARE PROVIDED TO
30 INDIVIDUALS BETWEEN 117% AND 300% OF THE FEDERAL POVERTY LEVEL;

31 (2) TO PROVIDE OPERATIONAL ASSISTANCE TO A COMMUNITY HEALTH
32 RESOURCE;

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

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

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

5 (2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE RETAINED TO
6 THE CREDIT OF THE FUND.

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

10 19-2113.

11 (A) THE COMMISSION, IN COLLABORATION WITH THE MARYLAND HEALTH
12 INSURANCE PLAN, SHALL DEVELOP A SPECIALTY CARE NETWORK FOR INDIVIDUALS:

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

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

16 (B) THE SPECIALTY CARE NETWORK SHALL:

17 (1) CONSIST OF HEALTH CARE PRACTITIONERS WHO AGREE TO PROVIDE
18 CARE TO INDIVIDUALS REFERRED THROUGH A COMMUNITY HEALTH RESOURCE FOR
19 A FEE ESTABLISHED BY THE COMMISSION AND THE MARYLAND HEALTH INSURANCE
20 PLAN; AND

21 (2) INCLUDE HEALTH CARE PRACTITIONERS WHO HISTORICALLY HAVE
22 SERVED THE UNINSURED.

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

26 (D) IN ADDITION TO PATIENT FEES, SPECIALTY CARE SHALL BE SUBSIDIZED
27 BY FUNDS PROVIDED FROM:

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

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

32 (E) (1) THE COMMISSION, IN COLLABORATION WITH THE MARYLAND
33 HEALTH INSURANCE PLAN, SHALL DETERMINE THE FUNDS NEEDED FOR SUBSIDIES
34 FOR SPECIALTY CARE.

1 (2) IF FUNDS PROVIDED FROM THE STRATEGIC CONTRIBUTION
2 PAYMENTS IN THE CIGARETTE RESTITUTION FUND ESTABLISHED UNDER § 7-317 OF
3 THE STATE FINANCE AND PROCUREMENT ARTICLE ARE INSUFFICIENT TO COVER
4 THE COST OF THE SUBSIDIES FOR SPECIALTY CARE, THE COMMISSION SHALL
5 OBTAIN THE REMAINING FUNDS NEEDED FROM THE ASSESSMENT ON HOSPITALS
6 UNDER § 19-219(F) OF THIS TITLE.

7 19-2114.

8 THE COMMISSION SHALL ASSIST INDIVIDUALS WITH INCOMES BETWEEN 201%
9 AND 300% OF THE FEDERAL POVERTY LEVEL IN ACCESSING COVERAGE UNDER
10 PRIVATE HEALTH INSURANCE OR THE MARYLAND HEALTH INSURANCE PLAN.

11 SUBTITLE 13. FEDERALLY QUALIFIED HEALTH CENTERS GRANT PROGRAM.

12 24-1301.

13 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
14 INDICATED.

15 (B) "FEDERALLY QUALIFIED HEALTH CENTER" MEANS A HEALTH CENTER
16 THAT IS:

17 (1) DESIGNATED AS A FEDERALLY QUALIFIED HEALTH CENTER UNDER
18 § 330 OF THE FEDERAL PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 254B; AND

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

21 (C) "NONPROFIT ORGANIZATION" MEANS:

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

27 (2) AN ORGANIZATION:

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

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

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

1 (1) (I) THE LEASE IS FOR A MINIMUM TERM OF 30 YEARS FOLLOWING
2 PROJECT COMPLETION; OR

3 (II) THE LEASE AGREEMENT EXTENDS THE RIGHT OF PURCHASE
4 TO THE LESSEE; AND

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

8 24-1302.

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

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

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

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

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

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

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

22 24-1303.

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

27 (B) THE APPLICATION SHALL INCLUDE:

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

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

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

1 (4) THE SCHEDULE OF RATES CHARGED OR TO BE CHARGED FOR
2 SERVICES RENDERED.

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

7 24-1304.

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

10 (B) STATE FUNDS MAY ONLY BE USED FOR THE PURPOSES LISTED UNDER §
11 24-1302 OF THIS SUBTITLE AND APPROVED BY THE SECRETARY UNDER § 24-1303 OF
12 THIS SUBTITLE.

13 (C) (1) THE ALLOCATION AND USE OF STATE FUNDS UNDER THIS SUBTITLE
14 ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS.

15 (2) ANY FEDERAL OR OTHER GRANT THAT IS RECEIVED FOR AN
16 ELIGIBLE PROJECT SHALL BE APPLIED FIRST TO THE COST OF THE PROJECT.

17 (3) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, A STATE
18 GRANT MAY NOT EXCEED 50% OF THE COST OF ELIGIBLE WORK REMAINING UNPAID
19 AFTER ALL FEDERAL GRANTS HAVE BEEN APPLIED.

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

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

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

30 (1) ALL ELIGIBLE PROJECTS;

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

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

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

36 (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 IN THE STATE
12 CAPITAL BUDGET TO BE DISTRIBUTED AND MANAGED IN ACCORDANCE WITH THIS
13 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 THE
4 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 THE PROPERTY IS LOCATED, AGAINST THE OWNER OF
13 THE PROPERTY AND ANY OTHER INTERESTED PARTIES, INCLUDING ANY
14 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 THE PROPERTY IS LOCATED
32 WITHIN 10 DAYS AFTER THE COURT'S AUTHORIZATION; OR

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

35 (II) WHILE THE TEMPORARY LIEN IS IN EFFECT, NEITHER THE
36 OWNER NOR ANY PERSON WHO ACQUIRED AN INTEREST IN THE PROPERTY AFTER

1 THE STATE FIRST MADE FUNDS AVAILABLE IN CONNECTION WITH THE PROPERTY
2 MAY WITHOUT THE PRIOR WRITTEN CONSENT OF THE STATE:

3 1. TAKE ANY ACTION THAT WOULD AFFECT THE TITLE TO
4 THE PROPERTY; OR

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

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

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

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

17 (E) (1) (I) AT THE CONCLUSION OF FULL ADVERSARY PROCEEDINGS ON
18 THE ISSUE OF DEFAULT AND OF ANY DISPUTES OVER THE AMOUNT OF THE STATE'S
19 RECOVERY, THE CIRCUIT COURT SHALL, IF IT FINDS THAT A DEFAULT HAS
20 OCCURRED, ISSUE A FINAL JUDGMENT FOR THE AMOUNT IT FINDS TO BE
21 RECOVERABLE BY THE STATE.

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

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

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

35 2. A LIEN TAKES EFFECT ON THE 31ST DAY FOLLOWING THE
36 COURT'S FINAL ORDER IF THE SECRETARY OF THE BOARD OF PUBLIC WORKS
37 RECORDS A NOTICE OF LIEN IN THE LAND RECORDS OF THE COUNTY IN WHICH THE
38 PROPERTY IS LOCATED ON OR BEFORE THE 41ST DAY FOLLOWING THE FINAL ORDER.

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

4 2. THE RECORDED NOTICE OF A LIEN SHALL CONSTITUTE
5 NOTICE OF THE RELEASE OF A TEMPORARY LIEN.

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

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

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

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

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

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

28 24-1307.

29 THE DEPARTMENT SHALL ADOPT REGULATIONS TO IMPLEMENT THE
30 PROVISIONS OF THIS SUBTITLE.

31 **Article - Insurance**

32 14-102.

33 (h) The provisions of subsections (d) and (e) of this section and §§ [14-106,
34 14-115(d),] 14-106, 14-106.1, 14-115(D), (e), (f), and (g), and 14-139(d) and (e) of this
35 subtitle do not apply to a nonprofit health service plan that insures between 1 and
36 10,000 covered lives in Maryland or issues contracts for only one of the following
37 services:

- 1 (1) podiatric;
- 2 (2) chiropractic;
- 3 (3) pharmaceutical;
- 4 (4) dental;
- 5 (5) psychological; or
- 6 (6) optometric.

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 IN ANNUAL OPERATING GRANTS TO COMMUNITY HEALTH
13 RESOURCES; AND

14 (2) \$5,000,000 IN ANNUAL SUPPORT FOR PROJECTS RECOMMENDED BY
15 THE COMMITTEE ON DATA INFORMATION SYSTEMS.

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

20 14-504.

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

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

24 (b) The Fund shall consist of:

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

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

28 (3) money collected in accordance with § 19-219 of the Health - General
29 Article;

30 (4) money deposited by a carrier in accordance with § 14-513 of this
31 subtitle;

1 (5) income from investments that the Board makes or authorizes on
2 behalf of the Fund;

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

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

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

7 (9) money donated to the Fund; and

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

10 (e) (1) In addition to the operation and administration of the Plan, the Fund
11 shall be used for:

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

14 (II) SUBSIDIZING THE COST OF SPECIALTY CARE PROVIDED TO
15 COMMUNITY HEALTH RESOURCES, AS DEFINED IN § 19-2101 OF THE HEALTH -
16 GENERAL ARTICLE.

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

18 (I) the Senior Prescription Drug Program;

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

21 (III) the Maryland Health Insurance Plan.

22 (3) Accounts within the Fund shall contain those moneys that are
23 intended to support the operation of the Program for which the account is designated.
24 15-131.

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

26 (I) AN INSURER;

27 (II) A NONPROFIT HEALTH SERVICE PLAN;

28 (III) A HEALTH MAINTENANCE ORGANIZATION;

29 (IV) A DENTAL PLAN ORGANIZATION; OR

30 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS
31 SUBJECT TO REGULATION BY THE STATE.

1 (2) "CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER
2 PANEL FOR A CARRIER.

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

7 **Article - State Finance and Procurement**

8 7-317.

9 (a) There is a Cigarette Restitution Fund.

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

11 (i) the Tobacco Use Prevention and Cessation Program established
12 under Title 13, Subtitle 10 of the Health - General Article;

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

15 (III) THE COMMUNITY HEALTH RESOURCES FUND ESTABLISHED
16 UNDER § 19-2112 OF THE HEALTH - GENERAL ARTICLE; and

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

18 1. reduction of the use of tobacco products by minors;

19 2. implementation of the Southern Maryland Regional
20 Strategy-Action Plan for Agriculture adopted by the Tri-County Council for Southern
21 Maryland with an emphasis on alternative crop uses for agricultural land now used
22 for growing tobacco;

23 3. public and school education campaigns to decrease tobacco
24 use with initial emphasis on areas targeted by tobacco manufacturers in marketing
25 and promoting cigarette and tobacco products;

26 4. smoking cessation programs;

27 5. enforcement of the laws regarding tobacco sales;

28 [6. the purposes of the Maryland Health Care Foundation
29 under Title 20, Subtitle 5 of the Health - General Article;]

30 [7.] 6. primary health care in rural areas of the State and
31 areas targeted by tobacco manufacturers in marketing and promoting cigarette and
32 tobacco products;

1 [8.] 7. prevention, treatment, and research concerning
2 cancer, heart disease, lung disease, tobacco product use, and tobacco control,
3 including operating costs and related capital projects;

4 [9.] 8. substance abuse treatment and prevention
5 programs; and

6 [10.] 9. any other public purpose.

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

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

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

15 (3) For each fiscal year for which appropriations are made, at least 50%
16 of the appropriations shall be made for those purposes enumerated in subsection
17 (f)(1)(i), (ii), and [(iii)1 through 9] (IV)1 THROUGH 8 of this section subject to the
18 requirement of subsection (e)(2) of this section.

19 (4) For each of fiscal years 2003 through 2006, at least 25% of the
20 appropriations shall be made for the purposes of the Maryland Medical Assistance
21 Program.

22 (5) BEGINNING IN FISCAL YEAR 2008, ANY REVENUE REALIZED BY THE
23 FUND FROM STRATEGIC CONTRIBUTION PAYMENTS RESULTING FROM THE STATE'S
24 LEGAL CONTRIBUTIONS TO THE MASTER SETTLEMENT AGREEMENT SHALL BE
25 DEPOSITED INTO THE COMMUNITY HEALTH RESOURCES FUND ESTABLISHED
26 UNDER § 19-2112 OF THE HEALTH - GENERAL ARTICLE TO BE USED TO PROVIDE
27 SPECIALTY HEALTH CARE SERVICES.

28 [(5)] (6) For each fiscal year for which appropriations are made, 0.15% of
29 the Fund shall be appropriated for the purposes of enforcement of Title 16, Subtitle 5
30 of the Business Regulation Article.

31 [(6)] (7) Any additional appropriations, not subject to paragraph (3),
32 paragraph (4), PARAGRAPH (5), or paragraph [(5)] (6) of this subsection, may be made
33 for any lawful purpose.

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

1

Article - State Government

2 12-101.

3 (a) In this subtitle, unless the context clearly requires otherwise, "State
4 personnel" means:

5 (13) to the extent of a nonprofit organization's activities as a third party
6 payee, and to the extent the nonprofit organization has no other insurance for this
7 purpose, a nonprofit organization that has been approved by the Department of
8 Human Resources or its designee to serve as a third party payee for purposes of
9 providing temporary cash assistance, transitional assistance, or child-specific
10 benefits to Family Investment Program recipients; [or]

11 (14) A HEALTH CARE PROVIDER OR HOSPITAL WHEN PROVIDING
12 SERVICES TO AN INDIVIDUAL REFERRED TO THE HEALTH CARE PROVIDER OR
13 HOSPITAL BY A COMMUNITY HEALTH RESOURCE, AS DEFINED IN § 19-2101 OF THE
14 HEALTH - GENERAL ARTICLE; OR

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

18 12-104.

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

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

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

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

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

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

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

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

4 12-105.

5 State personnel shall have the immunity from liability described under §
6 5-522(b) of the Courts and Judicial Proceedings Article.

7 SECTION 3. AND BE IT FURTHER ENACTED, That:

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

10 (b) The Task Force is comprised of eight members of the General Assembly,
11 including:

12 (1) four members of the Senate of Maryland, appointed by the President
13 of the Senate; and

14 (2) four members of the House of Delegates, appointed by the Speaker of
15 the House.

16 (c) The following individuals shall serve as ex officio members of the Task
17 Force:

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

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

22 (d) (1) Of the four members of the Senate, the President of the Senate shall
23 appoint one member to serve as a cochair; and

24 (2) of the four members of the House of Delegates, the Speaker of the
25 House shall appoint one member to serve as a cochair.

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

28 (f) The Task Force shall:

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

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

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

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

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

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

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

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

18 (i) with family income that is between 117% and 200% of the federal
19 poverty guidelines;

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

22 (iii) receiving care through the specialty care network established under §
23 19-2113 of the Health - General Article, as enacted by Section 1 of this Act.

24 SECTION 5. AND BE IT FURTHER ENACTED, That:

25 (a) (1) Notwithstanding the provisions of § 14-504 of the Insurance Article,
26 in fiscal year 2006 only, the Board of Directors of the Maryland Health Insurance
27 Plan may authorize the use of not more than \$15,000,000 from the Maryland Health
28 Insurance Plan Fund toward the design and development of an eligibility system by
29 the Department of Health and Mental Hygiene.

30 (2) The purposes of the system are to:

31 (i) enroll eligible individuals more efficiently in the Medicaid
32 Program;

33 (ii) refer eligible individuals to the Maryland Health Insurance
34 Plan; and

1 (iii) if practicable, make referrals to other available State- and
2 federally-sponsored programs that provide inpatient hospital coverage for uninsured
3 individuals and reduce uncompensated care at Maryland hospitals.

4 (b) (1) Before issuing a request for proposals for the development of an
5 eligibility system under this section, the Department shall report to the Board of
6 Directors of the Maryland Health Insurance Plan on a plan to implement the
7 proposed eligibility system, including the system's design and function.

8 (2) The report shall:

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

11 (ii) demonstrate how the proposed eligibility system will be more
12 efficient and effective than the existing system;

13 (iii) estimate the reduction in hospital uncompensated care that
14 would result from the appropriate use of the proposed eligibility system; and

15 (iv) demonstrate how the proposed eligibility system will improve
16 enrollment of eligible individuals in the Maryland Health Insurance Plan.

17 (c) (1) After reviewing the report required under subsection (b) of this
18 section, the Board of Directors of the Maryland Health Insurance Plan may make
19 comments and suggest changes to the proposed plan.

20 (2) The Department may not proceed in implementing the proposed
21 eligibility system until the Board:

22 (i) is satisfied with the functional capabilities of the proposed
23 eligibility system as outlined in the request for proposals;

24 (ii) is satisfied that there will be a reduction in hospital
25 uncompensated care commensurate with the investment of Maryland Health
26 Insurance Plan funds in the proposed eligibility system; and

27 (iii) votes affirmatively for the Department to proceed in
28 implementing the proposed eligibility system.

29 (d) This section shall be contingent on the approval by the Centers for
30 Medicare and Medicaid Services, in accordance with the terms of the federal waiver
31 granted to the State of Maryland under Section 1814(b) of the Social Security Act, of
32 the use of Medicare funds for the design and development of the eligibility system in
33 accordance with this Section. The Department of Health and Mental Hygiene, within
34 5 days after receiving the decision of the Centers for Medicare and Medicaid Services,
35 shall forward a copy of the decision to the Department of Legislative Services, 90
36 State Circle, Annapolis, Maryland, 21401. If the Centers for Medicare and Medicaid
37 Services do not approve the use of Medicare funds for the design and development of

1 the eligibility system, this section shall be null and void without the necessity of any
2 further action by the General Assembly.

3 SECTION 6. AND BE IT FURTHER ENACTED, That, except as provided in
4 Section 5 of this Act, this Act shall take effect July 1, 2005. Section 2 of this Act shall
5 remain effective for a period of 2 years and, at the end of June 30, 2007, with no
6 further action required by the General Assembly, Section 2 of this Act shall be
7 abrogated and of no further force and effect. Section 3 of this Act shall remain
8 effective for a period of 1 year and, at the end of June 30, 2006, with no further action
9 required by the General Assembly, Section 3 of this Act shall be abrogated and of no
10 further force and effect.