

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 58
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Nathan-Pulliam” and substitute “Delegates Nathan-Pulliam, Hammen, Goldwater, Barve, Benson, Boteler, Bromwell, Costa, Donoghue, Elliott, Frank, Hubbard, Kach, Kohl, Kullen, Mandel, McDonough, Morhaim, Murray, Oaks, Pendergrass, Rudolph, V.Turner, and Weldon”; in line 2, strike “Maryland Health Care Commission” and substitute “Department of Health and Mental Hygiene”; in the same line, after “Racial” insert “and Ethnic”; in lines 5 and 16, in each instance, after “racial” insert “and ethnic”; strike beginning with “requiring” in line 8 down through “card;” in line 14 and substitute “requiring the Commission to compile certain data; requiring the Commission to provide certain information to the Office of Minority Health and Health Disparities and to analyze the information jointly with the Office; requiring the Commission to evaluate the feasibility of obtaining certain information and to provide the information to the Office under certain circumstances; requiring the Commission to collect certain information and data; requiring the Office to publish annually a certain report card in collaboration with the Commission and in a certain manner;”; in line 16, after “Commission” insert “and the Office of Minority Health and Health Disparities”; in line 19, after “(e)” insert “and 20-1004”; and in line 24, after “(f)” insert “and (g)”.

AMENDMENT NO. 2

On page 2, in line 27, after “RACIAL” insert “AND ETHNIC”.

On page 3, in lines 11 and 29, in each instance, after “RACIAL” insert “AND ETHNIC”; and in line 28, after “2007,” insert “TO THE EXTENT FEASIBLE,”.

On page 4, in line 13, after “2007,” insert “TO THE EXTENT FEASIBLE,”; and in line 14, after “RACIAL” insert “AND ETHNIC”.

(Over)

AMENDMENT NO. 3

On pages 4 and 5, strike in their entirety the lines beginning with line 31 on page 4 through line 17 on page 5, inclusive, and substitute:

“(F) (1) THE COMMISSION SHALL COMPILE DATA ON:

(I) RACIAL AND ETHNIC DISPARITIES IN INSURANCE COVERAGE FOR LOW-INCOME, NONELDERLY INDIVIDUALS;

(II) THE RACIAL AND ETHNIC COMPOSITION OF THE PHYSICIAN POPULATION COMPARED TO THE RACIAL AND ETHNIC COMPOSITION OF THE STATE’S POPULATION; AND

(III) MORBIDITY AND MORTALITY RATES BASED ON RACE AND ETHNICITY FOR CARDIOVASCULAR DISEASE, CANCER, DIABETES, HIV/AIDS, INFANT MORTALITY, ASTHMA, AND OTHER DISEASES THE COMMISSION IDENTIFIES.

(2) THE COMMISSION SHALL:

(I) PROVIDE THE RACIAL AND ETHNIC INFORMATION COMPILED UNDER THIS SUBSECTION TO THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES; AND

(II) ANALYZE THE INFORMATION JOINTLY WITH THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES FOR PUBLICATION IN THE “HEALTH CARE DISPARITIES POLICY REPORT CARD” REQUIRED UNDER § 20-1004(22) OF THIS ARTICLE.

(3) (I) THE COMMISSION SHALL EVALUATE THE FEASIBILITY OF OBTAINING INFORMATION FROM URBAN AND RURAL POPULATIONS IN ORDER TO IDENTIFY GEOGRAPHIC DISPARITIES.

(II) IF THE COMMISSION IS ABLE TO OBTAIN THE INFORMATION DESCRIBED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE COMMISSION SHALL PROVIDE THE INFORMATION TO THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES.

(G) FOR PURPOSES OF THIS SECTION, THE COMMISSION SHALL COLLECT RACIAL AND ETHNIC INFORMATION AND DATA THAT IS REASONABLY

COLLECTABLE FROM ANY NATIONAL, STATE, OR COUNTY SOURCE THAT IS REASONABLY AVAILABLE.

20-1004.

The Office shall:

(1) Be an advocate for the improvement of minority health care by working with the Department on its own, or in partnership with other public and private entities to establish appropriate forums, programs, or initiatives designed to educate the public regarding minority health and health disparities issues, with an emphasis on preventive health and healthy lifestyles;

(2) Assist the Secretary in identifying, coordinating and establishing priorities for programs, services, and resources that the State should provide for minority health and health disparities issues;

(3) Collect, classify, and analyze relevant research information and data collected or compiled by:

(i) The Department;

(ii) The Department in collaboration with others; and

(iii) Other public and private entities;

(4) Research innovative methods and obtain resources to improve existing data systems to ensure that the health information that is collected includes specific race and ethnicity identifiers;

(5) Serve as a clearinghouse and resource library for information about minority health and health disparities data, strategies, services, and programs that address minority health and health disparities issues;

(Over)

(6) Develop a strategic plan to improve public services and programs targeting minorities;

(7) Obtain funding and, contingent upon funding, provide grants to community-based organizations and historically black colleges and universities to conduct special research, demonstration, and evaluation projects for targeted at-risk racial and ethnic minority populations and to support ongoing community-based programs that are designed to reduce or eliminate racial and ethnic health disparities in the State;

(8) Develop criteria for the awarding of grants for programs that are designed to improve minority health care;

(9) Review existing laws and regulations to ensure that they facilitate the provision of adequate health care to the minorities of this State;

(10) Recommend to the Secretary any additions or changes to existing laws and regulations designed to facilitate the adequate provision of health care to minorities in this State;

(11) Identify and review health promotion and disease prevention strategies relating to the leading health causes of death and disability among minority populations;

(12) Develop and implement model public and private partnerships in racial and ethnic minority communities for health awareness campaigns and to improve the access, acceptability, and use of public health services;

(13) Develop recommendations for the most effective means of providing outreach to racial and ethnic minority communities throughout the State to ensure their maximum participation in publicly funded health benefits programs;

(14) Develop a statewide plan for increasing the number of racial and ethnic minority health care professionals which includes recommendations for the financing mechanisms and recruitment strategies necessary to carry out the plan;

(15) Work collaboratively with universities and colleges of medicine, nursing, pharmacy, and dentistry in this State and other health care professional training programs to develop

courses with cultural competency, sensitivity, and health literacy, that are designed to address the problem of racial and ethnic disparities in health care access, utilization, treatment decisions, quality, and outcomes;

(16) Work collaboratively with the Maryland Health Care Disparities Initiative, the Morgan-Hopkins Center for Health Disparities Solutions, the University of Maryland Disparity Project, the Monumental City Medical Society, faculty and researchers at historically black colleges and universities, and other existing alliances or plans, to reduce or eliminate racial and ethnic disparities in the State;

(17) Seek to establish a statewide alliance with community-based agencies and organizations, historically black colleges and universities, health care facilities, health care provider organizations, managed care organizations, and pharmaceutical manufacturers to promote the objectives of the Office;

(18) Evaluate multicultural or racial and ethnic minority health programs in other states to assess their efficacy and potential for replication in this State and make recommendations regarding the adoption of such programs, as appropriate;

(19) Apply for and accept any grant of money from the federal government, private foundations, or other sources which may be available for programs related to minority health and health disparities;

(20) Serve as the designated State agency for receipt of federal funds specifically designated for minority health and health disparities programs; [and]

(21) Work collaboratively with the Office of Minority Affairs as the Office determines necessary; AND

(22) IN COLLABORATION WITH THE MARYLAND HEALTH CARE COMMISSION, PUBLISH ANNUALLY ON THE DEPARTMENT'S WEBSITE AND PROVIDE IN WRITING ON REQUEST A "HEALTH CARE DISPARITIES POLICY REPORT CARD" THAT INCLUDES:

(Over)

(I) AN ANALYSIS OF RACIAL AND ETHNIC VARIATIONS IN INSURANCE COVERAGE FOR LOW-INCOME, NONELDERLY INDIVIDUALS;

(II) THE RACIAL AND ETHNIC COMPOSITION OF THE PHYSICIAN POPULATION COMPARED TO THE RACIAL AND ETHNIC COMPOSITION OF THE STATE'S POPULATION; AND

(III) THE RACIAL AND ETHNIC DISPARITIES IN MORBIDITY AND MORTALITY RATES FOR CARDIOVASCULAR DISEASE, CANCER, DIABETES, HIV/AIDS, INFANT MORTALITY, ASTHMA, AND OTHER DISEASES IDENTIFIED BY THE MARYLAND HEALTH CARE COMMISSION.”.

AMENDMENT NO. 4

On page 5, in line 24, after “organizations” insert “and hospitals”.