

(PRE-FILED)

By: **Delegate Nathan-Pulliam**
 Requested: November 9, 2005
 Introduced and read first time: January 11, 2006
 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Care Commission - Racial Variations - Health Care**
 3 **Disparities Policy Report Card**

4 FOR the purpose of requiring the Maryland Health Care Commission to include
 5 certain racial variations in certain systems to evaluate the quality of care
 6 outcomes and performance measurements of certain health maintenance
 7 organization benefit plans, nursing facilities, and hospitals and ambulatory
 8 surgical facilities; requiring the Commission to develop a certain system to
 9 evaluate certain State policies that reduce certain health care disparities by a
 10 certain date; requiring the Commission to publish a certain report card;
 11 establishing the information that should be included in a certain report card;
 12 requiring the Commission to evaluate the feasibility of obtaining certain
 13 information on certain geographic disparities and including it in a certain report
 14 card; requiring the Commission to perform certain duties in consultation with
 15 certain organizations; and generally relating to the Maryland Health Care
 16 Commission, racial variations, and health care disparities policy report cards.

17 BY repealing and reenacting, with amendments,
 18 Article - Health - General
 19 Section 19-134(c) through (e)
 20 Annotated Code of Maryland
 21 (2005 Replacement Volume and 2005 Supplement)

22 BY adding to
 23 Article - Health - General
 24 Section 19-134(f)
 25 Annotated Code of Maryland
 26 (2005 Replacement Volume and 2005 Supplement)

27 Preamble

28 WHEREAS, The 2002 Institute of Medicine report "Unequal Treatment:
 29 Confronting Racial and Ethnic Barriers in Health Care" underscores the existence of

1 disparities in health care even when insurance status, income, age, and severity of
2 condition are comparable; and

3 WHEREAS, Recent studies in the New England Journal of Medicine indicate
4 growing disparities between African American and white Medicare enrollees in the
5 treatment of certain conditions; and

6 WHEREAS, Research indicates tracking the type of care a patient receives can
7 provide an incentive for providers to improve performance and narrow the racial gap
8 over time; now, therefore,

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

11 **Article - Health - General**

12 19-134.

13 (c) (1) The Commission shall:

14 (i) Establish and implement a system to comparatively evaluate
15 the quality of care outcomes and performance measurements of health maintenance
16 organization benefit plans and services on an objective basis; and

17 (ii) Annually publish the summary findings of the evaluation.

18 (2) The purpose of a comparable performance measurement system
19 established under this subsection is to assist health maintenance organization benefit
20 plans to improve the quality of care provided by establishing a common set of
21 performance measurements and disseminating the findings of the performance
22 measurements to health maintenance organizations and interested parties.

23 (3) The system, where appropriate, shall:

24 (I) [solicit] SOLICIT performance information from enrollees of
25 health maintenance organizations; AND

26 (II) ON OR BEFORE OCTOBER 1, 2007, TO THE EXTENT FEASIBLE,
27 INCORPORATE RACIAL VARIATIONS.

28 (4) (i) The Commission shall adopt regulations to establish the system
29 of evaluation provided under this subsection.

30 (ii) Before adopting regulations to implement an evaluation system
31 under this subsection, the Commission shall consider any recommendations of the
32 quality of care subcommittee of the Group Health Association of America and the
33 National Committee for Quality Assurance.

1 (5) The Commission may contract with a private, nonprofit entity to
2 implement the system required under this subsection provided that the entity is not
3 an insurer.

4 (6) The annual evaluation summary required under paragraph (1) of this
5 subsection shall:

6 (i) Include a summary of the Drug Formulary Accreditation
7 Standards of the National Committee for Quality Assurance (NCQA); [and]

8 (ii) Indicate whether the formulary development process of each
9 health maintenance organization evaluated complies with the National Committee
10 for Quality Assurance (NCQA) accreditation standards[.]; AND

11 (III) INCLUDE TO THE EXTENT FEASIBLE INFORMATION ON RACIAL
12 VARIATIONS.

13 (d) (1) The Commission, in consultation with the Department of Health and
14 Mental Hygiene and the Department of Aging, shall:

15 (i) On or before July 1, 2001, develop and implement a system to
16 comparatively evaluate the quality of care and performance of nursing facilities on an
17 objective basis; and

18 (ii) Annually publish the summary findings of the evaluation.

19 (2) (i) The purpose of the comparative evaluation system established
20 under this subsection is to improve the quality of care provided by nursing facilities
21 by establishing a common set of performance measures and disseminating the
22 findings of the comparative evaluation to nursing facilities, consumers, and other
23 interested parties.

24 (ii) In developing the comparative evaluation system, the
25 Commission shall consider the health status of the population served.

26 (3) (I) The system, as appropriate, shall solicit performance
27 information from consumers and their families.

28 (II) ON OR BEFORE OCTOBER 1, 2007, THE SYSTEM SHALL
29 INCORPORATE RACIAL VARIATIONS.

30 (4) The Commission may adopt regulations to establish the comparative
31 evaluation system provided under this subsection.

32 (e) (1) The Commission may:

33 (i) On or before July 1, 2001, develop and implement a system to
34 comparatively evaluate the quality of care outcomes and performance measurements
35 of hospitals and ambulatory surgical facilities on an objective basis; and

36 (ii) Annually publish the summary findings of the evaluation.

1 (2) (i) The purpose of a comparable performance measurement system
2 established under this subsection is to improve the quality of care provided by
3 hospitals and ambulatory surgical facilities by establishing a common set of
4 performance measurements and disseminating the findings of the performance
5 measurements to hospitals, ambulatory surgical facilities, consumers, and interested
6 parties.

7 (ii) In developing the performance measurement system, the
8 Commission shall consider the geographic location, urban or rural orientation, and
9 teaching or nonteaching status of the hospital and the ambulatory surgical facilities,
10 and the health status of the population served.

11 (3) (I) The system, where appropriate, shall solicit performance
12 information from consumers.

13 (II) ON ON BEFORE OCTOBER 1, 2007, THE SYSTEM SHALL
14 INCORPORATE RACIAL VARIATIONS.

15 (4) (i) The Commission may adopt regulations to establish the system
16 of evaluation provided under this subsection.

17 (ii) Before adopting regulations to implement an evaluation system
18 under this subsection, the Commission shall:

19 1. Consider the performance measurements of appropriate
20 accreditation organizations, State licensure regulations, Medicare certification
21 regulations, the quality indicator project of the Association of Maryland Hospitals and
22 Health Systems, and any other relevant performance measurements;

23 2. Evaluate the desirability and feasibility of developing a
24 consumer clearinghouse on health care information using existing available data; and

25 3. On or before January 1, 2001, report to the General
26 Assembly, subject to § 2-1246 of the State Government Article, on any performance
27 evaluation developed under this subsection.

28 (5) The Commission may contract with a private entity to implement the
29 system required under this subsection provided that the entity is not a hospital or an
30 ambulatory surgical facility.

31 (F) (1) ON OR BEFORE JULY 1, 2007, THE COMMISSION SHALL:

32 (I) DEVELOP A SYSTEM TO EVALUATE STATE POLICIES FOR
33 REDUCING HEALTH CARE DISPARITIES THAT INCLUDES FINDINGS OF RACIAL
34 VARIATION UNDER SUBSECTIONS (C) THROUGH (E) OF THIS SECTION; AND

35 (II) ANNUALLY PUBLISH A "HEALTH CARE DISPARITIES POLICY
36 REPORT CARD".

1 (2) THE REPORT CARD PUBLISHED UNDER PARAGRAPH (1) OF THIS
2 SUBSECTION SHALL INCLUDE:

3 (I) AN ANALYSIS ON RACIAL DISPARITIES IN INSURANCE
4 COVERAGE FOR LOW INCOME, NONELDERLY INDIVIDUALS;

5 (II) A DIVERSITY RATIO THAT INDICATES THE RACIAL
6 COMPOSITION OF THE PHYSICIAN POPULATION COMPARED TO THE COMPOSITION
7 OF THE STATE'S POPULATION;

8 (III) THE RACIAL DISPARITIES IN MORBIDITY RATES FOR
9 CARDIOVASCULAR DISEASE, CANCER, DIABETES, HIV/AIDS, INFANT MORTALITY,
10 ASTHMA, AND OTHER DISEASES THE COMMISSION IDENTIFIES; AND

11 (IV) THE RACIAL DISPARITIES IN MORTALITY RATES FOR
12 CARDIOVASCULAR DISEASE, CANCER, DIABETES, HIV/AIDS, INFANT MORTALITY,
13 ASTHMA, AND OTHER DISEASES THE COMMISSION IDENTIFIES.

14 (3) THE COMMISSION SHALL EVALUATE THE FEASIBILITY OF
15 OBTAINING INFORMATION FROM URBAN AND RURAL POPULATIONS AND INCLUDING
16 GEOGRAPHIC DISPARITIES IN THE REPORT CARD PUBLISHED UNDER PARAGRAPH (1)
17 OF THIS SUBSECTION.

18 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Health
19 Care Commission shall perform its duties as specified in this Act in consultation with
20 the Office of Minority Health and Health Disparities in the Department of Health and
21 Mental Hygiene, the Center for Health Disparities at the University of Maryland
22 School of Medicine and the University of Maryland Eastern Shore, the Johns Hopkins
23 Center for Health Disparities and Solutions, Morgan State University, and interested
24 parties including community organizations.

25 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
26 October 1, 2006.