

(PRE-FILED)

By: ~~Delegate Nathan Pulliam~~ 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

Requested: November 9, 2005

Introduced and read first time: January 11, 2006

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 8, 2006

CHAPTER _____

1 AN ACT concerning

2 ~~Maryland Health Care Commission~~ Department of Health and Mental
 3 Hygiene - Racial and Ethnic Variations - Health Care Disparities Policy
 4 Report Card

5 FOR the purpose of requiring the Maryland Health Care Commission to include
 6 certain racial and ethnic variations in certain systems to evaluate the quality of
 7 care outcomes and performance measurements of certain health maintenance
 8 organization benefit plans, nursing facilities, and hospitals and ambulatory
 9 surgical facilities; ~~requiring the Commission to develop a certain system to~~
 10 ~~evaluate certain State policies that reduce certain health care disparities by a~~
 11 ~~certain date; requiring the Commission to publish a certain report card;~~
 12 ~~establishing the information that should be included in a certain report card;~~
 13 ~~requiring the Commission to evaluate the feasibility of obtaining certain~~
 14 ~~information on certain geographic disparities and including it in a certain report~~
 15 ~~card; requiring the Commission to compile certain data; requiring the~~
 16 Commission to provide certain information to the Office of Minority Health and
 17 Health Disparities and to analyze the information jointly with the Office;
 18 requiring the Commission to evaluate the feasibility of obtaining certain
 19 information and to provide the information to the Office under certain
 20 circumstances; requiring the Commission to collect certain information and
 21 data; requiring the Office to publish annually a certain report card in
 22 collaboration with the Commission and in a certain manner; requiring the
 23 Commission to perform certain duties in consultation with certain
 24 organizations; and generally relating to the Maryland Health Care Commission

1 and the Office of Minority Health and Health Disparities, racial and ethnic
2 variations, and health care disparities policy report cards.

3 BY repealing and reenacting, with amendments,
4 Article - Health - General
5 Section 19-134(c) through (e) and 20-1004
6 Annotated Code of Maryland
7 (2005 Replacement Volume and 2005 Supplement)

8 BY adding to
9 Article - Health - General
10 Section 19-134(f) and (g)
11 Annotated Code of Maryland
12 (2005 Replacement Volume and 2005 Supplement)

13 Preamble

14 WHEREAS, The 2002 Institute of Medicine report "Unequal Treatment:
15 Confronting Racial and Ethnic Barriers in Health Care" underscores the existence of
16 disparities in health care even when insurance status, income, age, and severity of
17 condition are comparable; and

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

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

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

26 **Article - Health - General**

27 19-134.

28 (c) (1) The Commission shall:

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

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

33 (2) The purpose of a comparable performance measurement system
34 established under this subsection is to assist health maintenance organization benefit
35 plans to improve the quality of care provided by establishing a common set of

1 performance measurements and disseminating the findings of the performance
2 measurements to health maintenance organizations and interested parties.

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

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

6 (II) ON OR BEFORE OCTOBER 1, 2007, TO THE EXTENT FEASIBLE,
7 INCORPORATE RACIAL AND ETHNIC VARIATIONS.

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

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

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

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

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

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

24 (III) INCLUDE TO THE EXTENT FEASIBLE INFORMATION ON RACIAL
25 AND ETHNIC VARIATIONS.

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

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

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

32 (2) (i) The purpose of the comparative evaluation system established
33 under this subsection is to improve the quality of care provided by nursing facilities
34 by establishing a common set of performance measures and disseminating the
35 findings of the comparative evaluation to nursing facilities, consumers, and other
36 interested parties.

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

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

5 (II) ON OR BEFORE OCTOBER 1, 2007, TO THE EXTENT FEASIBLE,
6 THE SYSTEM SHALL INCORPORATE RACIAL AND ETHNIC VARIATIONS.

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

9 (e) (1) The Commission may:

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

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

14 (2) (i) The purpose of a comparable performance measurement system
15 established under this subsection is to improve the quality of care provided by
16 hospitals and ambulatory surgical facilities by establishing a common set of
17 performance measurements and disseminating the findings of the performance
18 measurements to hospitals, ambulatory surgical facilities, consumers, and interested
19 parties.

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

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

26 (II) ON ON BEFORE OCTOBER 1, 2007, TO THE EXTENT FEASIBLE,
27 THE SYSTEM SHALL INCORPORATE RACIAL AND ETHNIC VARIATIONS.

28 (4) (i) The Commission may 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:

32 1. Consider the performance measurements of appropriate
33 accreditation organizations, State licensure regulations, Medicare certification
34 regulations, the quality indicator project of the Association of Maryland Hospitals and
35 Health Systems, and any other relevant performance measurements;

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

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

7 (2) THE COMMISSION SHALL:

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

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

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

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

22 (G) FOR PURPOSES OF THIS SECTION, THE COMMISSION SHALL COLLECT
23 RACIAL AND ETHNIC INFORMATION AND DATA THAT IS REASONABLY COLLECTABLE
24 FROM ANY NATIONAL, STATE, OR COUNTY SOURCE THAT IS REASONABLY
25 AVAILABLE.

26 20-1004.

27 The Office shall:

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

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

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

- 1 (i) The Department;
- 2 (ii) The Department in collaboration with others; and
- 3 (iii) Other public and private entities;
- 4 (4) Research innovative methods and obtain resources to improve
5 existing data systems to ensure that the health information that is collected includes
6 specific race and ethnicity identifiers;
- 7 (5) Serve as a clearinghouse and resource library for information about
8 minority health and health disparities data, strategies, services, and programs that
9 address minority health and health disparities issues;
- 10 (6) Develop a strategic plan to improve public services and programs
11 targeting minorities;
- 12 (7) Obtain funding and, contingent upon funding, provide grants to
13 community-based organizations and historically black colleges and universities to
14 conduct special research, demonstration, and evaluation projects for targeted at-risk
15 racial and ethnic minority populations and to support ongoing community-based
16 programs that are designed to reduce or eliminate racial and ethnic health disparities
17 in the State;
- 18 (8) Develop criteria for the awarding of grants for programs that are
19 designed to improve minority health care;
- 20 (9) Review existing laws and regulations to ensure that they facilitate
21 the provision of adequate health care to the minorities of this State;
- 22 (10) Recommend to the Secretary any additions or changes to existing
23 laws and regulations designed to facilitate the adequate provision of health care to
24 minorities in this State;
- 25 (11) Identify and review health promotion and disease prevention
26 strategies relating to the leading health causes of death and disability among
27 minority populations;
- 28 (12) Develop and implement model public and private partnerships in
29 racial and ethnic minority communities for health awareness campaigns and to
30 improve the access, acceptability, and use of public health services;
- 31 (13) Develop recommendations for the most effective means of providing
32 outreach to racial and ethnic minority communities throughout the State to ensure
33 their maximum participation in publicly funded health benefits programs;
- 34 (14) Develop a statewide plan for increasing the number of racial and
35 ethnic minority health care professionals which includes recommendations for the
36 financing mechanisms and recruitment strategies necessary to carry out the plan;

1 (15) Work collaboratively with universities and colleges of medicine,
2 nursing, pharmacy, and dentistry in this State and other health care professional
3 training programs to develop courses with cultural competency, sensitivity, and
4 health literacy, that are designed to address the problem of racial and ethnic
5 disparities in health care access, utilization, treatment decisions, quality, and
6 outcomes;

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

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

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

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

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

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

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

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

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

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

1 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Health
2 Care Commission shall perform its duties as specified in this Act in consultation with
3 the Office of Minority Health and Health Disparities in the Department of Health and
4 Mental Hygiene, the Center for Health Disparities at the University of Maryland
5 School of Medicine and the University of Maryland Eastern Shore, the Johns Hopkins
6 Center for Health Disparities and Solutions, Morgan State University, and interested
7 parties including community organizations and hospitals.

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