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By: ~~Delegate Nathan Pulliam~~ Delegates Nathan Pulliam, Benson, Costa,  
Kullen, Mandel, Murray, Oaks, and V. Turner

Introduced and read first time: February 10, 2006  
Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 8, 2006

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Department of Health and Mental Hygiene – Cultural Competency and**  
3 **Health Outcomes - Pilot Program**

4 FOR the purpose of requiring the Family Health Administration in the Department of  
5 Health and Mental Hygiene, in consultation with the Office of Minority Health  
6 and Health Disparities ~~and selected community-based entities, to implement~~  
7 provide technical assistance to certain community-based entities for a certain  
8 pilot program that addresses the cultural competency training of certain health  
9 care providers and certain health outcomes; requiring the pilot program to be  
10 implemented in a certain hospital system; ~~requiring the hospital system that~~  
11 implements the pilot program to make a certain report to certain committees on  
12 or before a certain date requiring that certain health indicators be tracked in the  
13 pilot program; defining a certain term; providing for the termination of this Act;  
14 and generally relating to ~~the Department of Health and Mental Hygiene and~~ a  
15 pilot program on cultural competency and health outcomes.

16 BY adding to  
17 Article - Health - General  
18 Section 20-1101 to be under the new subtitle "Subtitle 11. Cultural Competency  
19 Pilot Program"  
20 Annotated Code of Maryland  
21 (2005 Replacement Volume and 2005 Supplement)

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

1 **Article - Health - General**

## 2 SUBTITLE 11. CULTURAL COMPETENCY PILOT PROGRAM.

3 20-1101.

4 (A) IN THIS SUBSECTION, "CULTURAL COMPETENCY" MEANS A SET OF  
5 ACADEMIC, CLINICAL, AND PERSONAL SKILLS THAT ALLOW HEALTH CARE  
6 PROVIDERS TO INCREASE THEIR UNDERSTANDING AND APPRECIATION OF  
7 CULTURAL DIFFERENCES AMONG GROUPS.

8 (B) ~~BY OCTOBER 1, 2007,~~ THE FAMILY HEALTH ADMINISTRATION, IN  
9 CONSULTATION WITH THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES,  
10 SHALL PROVIDE TECHNICAL ASSISTANCE TO QUALIFIED AND SELECTED  
11 COMMUNITY-BASED ENTITIES; ~~SHALL IMPLEMENT FOR~~ A PILOT PROGRAM THAT  
12 ADDRESSES:

13 (1) CULTURAL COMPETENCY TRAINING OF HEALTH CARE PROVIDERS,  
14 WITH AN EMPHASIS ON COMMUNITY-BASED PROVIDERS; AND

15 (2) HEALTH OUTCOMES AND COMMUNITY-BASED MODELS FOR  
16 TARGETING HEALTH OUTCOMES AS DETERMINED BY TRACKING INDICATORS  
17 RELATING TO THE SPECIFIC HEALTH CARE NEEDS OF THE POPULATIONS IN THE  
18 AREAS DESCRIBED IN SUBSECTION (D) OF THIS SECTION.

19 (C) AT LEAST TWO OF THE FOLLOWING INDICATORS SHALL BE TRACKED IN  
20 THE PILOT PROGRAM ~~SHALL INCLUDE:~~

21 (1) IMPROVEMENT IN BODY MASS INDEX AND HEMOGLOBIN A1C LEVELS  
22 FOR INDIVIDUALS WITH DIABETES;

23 (2) IMPROVEMENT IN BLOOD PRESSURE, HYPERTENSION, AND  
24 CHOLESTEROL LEVELS FOR INDIVIDUALS WITH CARDIAC DISEASE; ~~AND~~

25 (3) INCREASED CANCER SCREENING FOR PROSTATE, ~~BREAST, AND~~  
26 ~~CERVICAL~~ CANCER;

27 (4) INCREASED CANCER SCREENING FOR BREAST CANCER; OR

28 (5) INCREASED CANCER SCREENING FOR CERVICAL CANCER.

29 (D) THE PILOT PROGRAM SHALL BE IMPLEMENTED IN A STATE-BASED  
30 COMMUNITY TEACHING HOSPITAL SYSTEM THAT:

31 (1) ELECTS TO IMPLEMENT THE PILOT PROGRAM;

32 ~~(1)~~ (2) IS NOT A SUBSIDIARY OF A SYSTEM THAT OPERATES AN  
33 ACADEMIC MEDICAL INSTITUTION;

1           ~~(2)~~   (3)     SERVES A MEDICALLY UNDERSERVED AREA, A HEALTH  
2 PROFESSIONAL SHORTAGE AREA, AND A MEDICALLY UNDERSERVED POPULATION,  
3 AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES;

4           ~~(3)~~   (4)     OPERATES AN ACCREDITED MEDICAL RESIDENCY TRAINING  
5 PROGRAM IN AT LEAST FOUR DISCIPLINES AND ENROLLS NO FEWER THAN 100  
6 STUDENTS;

7           ~~(4)~~   (5)     ENGAGES IN FORMAL RELATIONSHIPS WITH HEALTH CARE  
8 PROFESSIONAL AND ALLIED HEALTH TRAINING PROGRAMS;

9           ~~(5)~~   (6)     IS ENGAGED IN A FORMAL RELATIONSHIP WITH  
10 COMMUNITY-BASED ENTITIES THAT HAVE DEMONSTRATED CULTURAL  
11 COMPETENCY; ~~AND~~

12          ~~(6)~~   (7)     DEMONSTRATES THE CAPACITY TO SEEK A PUBLIC-PRIVATE  
13 PARTNERSHIP AND FUNDING TO IMPLEMENT THE PILOT PROGRAM; AND

14          (8)     AGREES TO COLLECT OUTCOME MEASURES ON THE INDICATORS  
15 TRACKED IN THE PILOT PROGRAM TO COMPARE THE HEALTH STATUS OF  
16 INDIVIDUALS ON ENTRY INTO THE PROGRAM AND ON COMPLETION OF THE  
17 PROGRAM.

18   ~~(E)   (1)     BY OCTOBER 1, 2009, THE HOSPITAL SYSTEM THAT IMPLEMENTS THE~~  
19 ~~PILOT PROGRAM REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL~~  
20 ~~REPORT IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE TO~~  
21 ~~THE SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND~~  
22 ~~THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE PILOT~~  
23 ~~PROGRAM.~~

24          ~~(2)     THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS~~  
25 ~~SUBSECTION SHALL INCLUDE OUTCOME MEASURES ON THE INDICATORS LISTED~~  
26 ~~UNDER SUBSECTION (C) OF THIS SECTION FOR THE INDIVIDUALS WHO~~  
27 ~~PARTICIPATED IN THE PILOT PROGRAM THAT COMPARE THE HEALTH STATUS OF~~  
28 ~~THE INDIVIDUALS ON ENTRY INTO THE PROGRAM AND ON COMPLETION OF THE~~  
29 ~~PROGRAM.~~

30   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
31 October 1, 2006. It shall remain effective for a period of 3 years and 3 months and, at  
32 the end of December 31, 2009, with no further action required by the General  
33 Assembly, this Act shall be abrogated and of no further force and effect.

