J1 6lr3491

By: Delegate Barve

Introduced and read first time: February 27, 2006 Assigned to: Rules and Executive Nominations

	A BILL ENTITLED				
1	AN ACT concerning				
2 3	Task Force to Study the Quality of Health Care for Children and Youth with Special Health Care Needs in Maryland				
4 5 6 7 8 9 10 11 12 13 14	for the membership, purposes, and staffing of the Task Force; prohibiting a member of the Task Force from receiving compensation but entitling members to certain reimbursement for certain expenses under certain regulations in the State budget; requiring the Task Force to study and identify certain issues concerning children and youth with special health care needs; requiring the Task Force to submit a certain report to the Governor and the General Assembly on or before a certain date each year; providing for the termination of this Act; and generally relating to the Task Force to Study the Quality of Health Care for				
15 16	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:				
17 18	7 (a) There is a Task Force to Study the Quality of Health Care for Children and 8 Youth with Special Health Care Needs in Maryland.				
19	(b) The Task Force consists of the following members:				
20 21	(1) one member of the Senate of Maryland, appointed by the President of the Senate;				
22 23	(2) one member of the House of Delegates, appointed by the Speaker of the House; and				
24	(3) the following members appointed by the Governor:				
	(i) one representative of the Office of Genetics and Children and Youth with Special Health Care Needs in the Department of Health and Mental Hygiene;				
28	(ii) one representative of the Mental Hygiene Administration;				

2 **UNOFFICIAL COPY OF HOUSE BILL 1627** 1 (iii) one representative of the Vital Statistics Administration; 2 (iv) one representative of the Maryland Insurance Administration; 3 (v) one representative of the Department of Disabilities; 4 (vi) one representative from Physician Parent Caregivers, Inc.; 5 (vii) one representative of the Maryland Patient Safety Center; 6 (viii) two pediatricians from prominent academic centers; 7 (ix) one pediatrician from the American Academy of Pediatrics; 8 (x) one representative from an advocacy group with an interest in 9 children and youth with special health care needs; 10 one representative with expertise in children and youth with 11 special health care needs from the Maternal and Child Health Bureau; 12 (xii) one representative with expertise in quality health care; 13 one representative with policy expertise in issues concerning (xiii) children and youth with special health care needs from a school of public health; 15 (xiv) one pediatrician or family practitioner whose practice includes a 16 fair percentage of children with special health care needs; 17 (xv)one nurse who is employed by either a high school or a college or 18 university; 19 two consumers who are parents of a child or youth with special (xvi) 20 health care needs; and 21 two representatives who are children or youth with special (xvii) 22 health care needs. 23 (c) The Governor shall designate the chair of the Task Force. 24 (d) The Department of Health and Mental Hygiene shall provide staff for the 25 Task Force. A member of the Task Force: 26 (e) 27 (1) may not receive compensation as a member of the Task Force; but 28 (2)is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

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(f)

The Task Force shall:

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		the State	the number of children and youth with special health care services for children and youth with special health vices, including duplication and fragmentation;		
	(2) study how well the services that are offered by the State meet the federal Institute of Medicine's definition of quality health care for children and youth with special health care needs including whether the care is:				
7		(i)	patient-centered;		
8		(ii)	safe;		
9		(iii)	effective;		
10		(iv)	efficient;		
11		(v)	timely; and		
12		(vi)	equitable;		
13 14	(3) study any barriers in the State to the provision of quality health care for children and youth with special health care needs;				
15 16	(4) with special health ca	(4) study the impact of poor quality health care on children and youth a special health care needs;			
17 18	(5) youth with special he	investigate models for providing quality health care to children and ealth care needs;			
19 20	(6) care for children and	(6) study the need for a public awareness campaign on quality health hildren and youth with special health care needs in the State to encourage:			
21		(i)	early and accurate diagnosis;		
22		(ii)	care coordination;		
23		(iii)	Medical Homes; and		
24		(iv)	appropriate care to reduce economic and family burden;		
25 26	(7) campaign;	explore	methods of financing and implementing a public awareness		
	(8) pediatricians, educate care needs for special	ors, and f	d make recommendations on collaboration between amilies with children and youth with special health on;		
	(9) ways to link youths v in the State; and		ansition of youths with special health care needs and identify all health care needs with health and education services		

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- 1 (10) study the level of State progress made on the children and youth with 2 special health care needs objectives of the Healthy People 2010.
- 3 (g) On or before September 30 of each year, the Task Force shall report its
- 4 findings and recommendations to the Governor, and in accordance with § 2-1246 of
- 5 the State Government Article, the General Assembly.
- 6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 7 October 1, 2006. It shall remain effective for a period of 3 years and, at the end of
- 8 September 30, 2009, with no further action required by the General Assembly, this
- 9 Act shall be abrogated and of no further force and effect.