

# HOUSE BILL 1279

J3

8lr2939  
CF 8lr2940

---

By: **Delegates V. Turner, Elliott, Hammen, Hubbard, Kullen, Morhaim,  
Nathan-Pulliam, and Tarrant**

Introduced and read first time: February 8, 2008

Assigned to: Health and Government Operations

---

## A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Community Health Resources Commission – Modifications**

3 FOR the purpose of authorizing a certain member of the Maryland Community Health  
4 Resources Commission to be employed by a certain community health resource;  
5 establishing the terms of Commission members; authorizing the Governor to  
6 remove a member under certain circumstances; establishing requirements for  
7 Commission decisions, compensation, and staff; authorizing the Commission to  
8 implement certain programs; repealing certain standing committees; requiring  
9 the Commission to adopt regulations that implement a certain subsidy program;  
10 authorizing a community health resource that employs a member of the  
11 Commission to apply for and be eligible to receive a grant under certain  
12 circumstances; establishing the terms of certain Commission members;  
13 extending the termination date of certain provisions; and generally relating to  
14 modifications to the Maryland Community Health Resources Commission.

15 BY repealing and reenacting, without amendments,  
16 Article – Health – General  
17 Section 19–2102  
18 Annotated Code of Maryland  
19 (2005 Replacement Volume and 2007 Supplement)

20 BY repealing and reenacting, with amendments,  
21 Article – Health – General  
22 Section 19–2103, 19–2106, 19–2109(a), and 19–2201(f) and (h)  
23 Annotated Code of Maryland  
24 (2005 Replacement Volume and 2007 Supplement)

25 BY repealing  
26 Article – Health – General  
27 Section 19–2110

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Annotated Code of Maryland  
2 (2005 Replacement Volume and 2007 Supplement)

3 BY repealing and reenacting, with amendments,  
4 Chapter 280 of the Acts of the General Assembly of 2005, as amended by  
5 Chapter 333 of the Acts of the General Assembly of 2001  
6 Section 14

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

9 **Article - Health - General**

10 19-2102.

11 (a) There is a Maryland Community Health Resources Commission.

12 (b) The Commission is an independent commission that operates within the  
13 Department.

14 (c) The purpose of the Commission is to increase access to health care  
15 through community health resources.

16 19-2103.

17 (a) (1) The Commission consists of eleven members appointed by the  
18 Governor with the advice and consent of the Senate.

19 (2) Of the eleven members:

20 (i) One shall be a representative of a nonprofit health  
21 maintenance organization;

22 (ii) One shall be a representative of a nonprofit health service  
23 plan;

24 (iii) One shall be a representative of a Maryland hospital;

25 (iv) Four shall be individuals who:

26 1. Do not have any connection with the management or  
27 policy of a community health resource, nonprofit health service plan, or nonprofit  
28 health maintenance organization; and

29 2. Have a background or experience in health care;

30 (v) One shall be an individual who has a background or  
31 experience with an outpatient mental health clinic within the past 5 years; and

1 (vi) Three shall be individuals who have a background or  
2 experience with a community health resource within the past 5 years.

3 (3) At least two of the eleven members shall be health care  
4 professionals licensed in the State.

5 (b) To the extent practicable, when appointing members to the Commission,  
6 the Governor shall assure geographic balance and promote racial and gender diversity  
7 in the Commission's membership.

8 (c) **NOTWITHSTANDING §§ 15-502 AND 15-503 OF THE STATE**  
9 **GOVERNMENT ARTICLE, AND SUBJECT TO § 19-2201(H)(2) OF THIS TITLE, A**  
10 **MEMBER WHO IS REQUIRED TO HAVE A BACKGROUND OR EXPERIENCE WITH A**  
11 **COMMUNITY HEALTH RESOURCE WITHIN THE PAST 5 YEARS MAY BE EMPLOYED**  
12 **BY A COMMUNITY HEALTH RESOURCE THAT RECEIVES A GRANT FROM THE**  
13 **COMMISSION.**

14 (d) (1) **ON OR AFTER JULY 1, 2009, THE TERM OF A MEMBER IS 4**  
15 **YEARS.**

16 (2) **THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY**  
17 **THE TERMS PROVIDED FOR MEMBERS OF THE COMMISSION ON JULY 1, 2009.**

18 (3) **AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE**  
19 **UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.**

20 (4) **A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN**  
21 **SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS**  
22 **APPOINTED AND QUALIFIES.**

23 (5) **A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE**  
24 **TERMS, EXCEPT THAT A MEMBER APPOINTED BEFORE JULY 1, 2009, MAY SERVE**  
25 **ONE ADDITIONAL 4-YEAR TERM WHEN THE MEMBER'S CURRENT TERM EXPIRES.**

26 (6) **THE GOVERNOR MAY REMOVE A MEMBER FOR NEGLIGENCE OF**  
27 **DUTY, INCOMPETENCE, OR MISCONDUCT.**

28 19-2106.

29 (a) (1) A majority of the full authorized membership of the Commission is  
30 a quorum.

1 (2) [The Commission may not act on any matter unless at least six  
2 members in attendance concur.] **THE DECISION OF THE COMMISSION SHALL BE BY**  
3 **A MAJORITY OF THE QUORUM PRESENT AND VOTING.**

4 (b) The Commission shall meet at least six times a year, at the times and  
5 places that it determines.

6 (c) A member of the Commission **IS ENTITLED TO:**

7 (1) [May not receive compensation; but] **COMPENSATION IN**  
8 **ACCORDANCE WITH THE STATE BUDGET; AND**

9 (2) [Is entitled to reimbursement] **REIMBURSEMENT** for expenses  
10 under the Standard State Travel Regulations, as provided in the State budget.

11 (d) (1) The Commission may employ a staff in accordance with the State  
12 budget.

13 (2) **(I) STAFF HIRED AFTER JUNE 30, 2005, ARE IN THE**  
14 **EXECUTIVE SERVICE OR MANAGEMENT SERVICE OR ARE SPECIAL**  
15 **APPOINTMENTS IN THE STATE PERSONNEL MANAGEMENT SYSTEM.**

16 **(II)** The Commission, in consultation with the Secretary, shall  
17 determine the appropriate job classifications and grades for all staff.

18 19–2109.

19 (a) In addition to the duties set forth elsewhere in this subtitle, the  
20 Commission shall, to the extent budgeted resources permit:

21 (1) Establish by regulation the criteria to qualify as a community  
22 health resource under this subtitle;

23 (2) Establish by regulation the services that a community health  
24 resource shall provide to qualify as a community health resource under this subtitle;  
25 and

26 (3) Require community health resources to submit a plan to the  
27 Commission on how the community health resource will provide or arrange to provide  
28 mental health services;

29 (4) Identify and seek federal and State funding for the expansion of  
30 community health resources;

31 (5) Establish by regulation the criteria for community health  
32 resources to qualify for operating grants and procedures for applying for operating  
33 grants;

1           (6) Administer operating grant fund programs for qualifying  
2 community health resources;

3           (7) Taking into consideration regional disparities in income and the  
4 cost of medical services, establish guidelines for sliding scale fee payments at  
5 community health resources that are not federally qualified health centers, for  
6 individuals whose family income is between 100% and 200% of the federal poverty  
7 guidelines;

8           (8) Identify **AND IMPLEMENT** programs and policies to encourage  
9 specialist providers to serve individuals referred from community health resources;

10           (9) Identify **AND IMPLEMENT** programs and policies to encourage  
11 hospitals and community health resources to partner to increase access to health care  
12 services;

13           (10) Establish a reverse referral pilot program under which a hospital  
14 will identify and assist patients in accessing health care services through a community  
15 health resource;

16           (11) Work with community health resources, hospital systems, and  
17 others to develop a unified information and data management system for use by all  
18 community health resources that is integrated with the local hospital systems to track  
19 the treatment of individual patients and that provides real-time indicators of  
20 available resources;

21           (12) Work in cooperation with clinical education and training programs,  
22 area health education centers, and telemedicine centers to enhance access to quality  
23 primary and specialty health care for individuals in rural and underserved areas  
24 referred by community health resources;

25           (13) Evaluate the feasibility of developing a capital grant program for  
26 community health resources that are not federally qualified health centers;

27           (14) Develop an outreach program to educate and inform individuals of  
28 the availability of community health resources and assist individuals under 200% of  
29 the federal poverty level who do not have health insurance to access health care  
30 services through community health resources;

31           (15) Study school-based health center funding and access issues  
32 including:

33                   (i) Reimbursement of school-based health centers by managed  
34 care organizations, insurers, nonprofit health service plans, and health maintenance  
35 organizations; and

1 (ii) Methods to expand school-based health centers to provide  
2 primary care services;

3 (16) Study access and reimbursement issues regarding the provision of  
4 dental services;

5 (17) Evaluate the feasibility of extending liability protection under the  
6 Maryland Tort Claims Act to health care practitioners who contract directly with a  
7 community health resource that is also a Maryland qualified health center or a  
8 school-based health center; and

9 (18) Establish criteria and mechanisms to pay for office-based specialty  
10 care visits, diagnostic testing, and laboratory tests for uninsured individuals with  
11 family income that does not exceed 200% of the federal poverty guidelines who are  
12 referred through community health resources.

13 [19–2110.

14 To facilitate its work, the Commission shall establish standing committees,  
15 including:

16 (1) The Committee on Capital and Operational Funding;

17 (2) The Committee on Hospital and Community Health Resources  
18 Relations;

19 (3) The Committee on School-based Community Health Clinic Center  
20 Expansion; and

21 (4) The Committee on Data Information Systems.]

22 19–2201.

23 (f) The Commission shall adopt regulations that:

24 (1) Establish the criteria for a community health resource to qualify  
25 for a grant;

26 (2) Establish the procedures for disbursing grants to qualifying  
27 community health resources;

28 (3) Develop a formula for disbursing grants to qualifying community  
29 health resources; [and]

30 (4) Establish criteria and mechanisms for funding a unified data  
31 information system; **AND**

1           **(5) IN CONSULTATION WITH THE SECRETARY, IMPLEMENT A**  
2 **PROGRAM TO PROVIDE SUBSIDIES TO COMMUNITY HEALTH RESOURCES FOR**  
3 **OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND**  
4 **LABORATORY TESTS.**

5           (h) **(1)** Grants awarded to a community health resource under this section  
6 may be used:

7                   **[(1)] (I)** To provide operational assistance to a community health  
8 resource; and

9                   **[(2)] (II)** For any other purpose the Commission determines is  
10 appropriate to assist a community health resource.

11           **(2) A COMMUNITY HEALTH RESOURCE THAT EMPLOYS A MEMBER**  
12 **OF THE COMMISSION MAY APPLY FOR AND BE ELIGIBLE TO RECEIVE A GRANT**  
13 **UNDER THIS SECTION IF THE MEMBER DOES NOT PARTICIPATE IN THE**  
14 **COMMISSION'S CONSIDERATION OF THE GRANT APPLICATION.**

15 **Chapter 280 of the Acts of 2005, as amended by Chapter 21 of the Acts of 2006**

16           SECTION 14. AND BE IT FURTHER ENACTED, That, subject to Section 13 of  
17 this Act, this Act shall take effect July 1, 2005. Section 3 of this Act shall remain  
18 effective for a period of **[5] 10** years and, at the end of June 30, **[2010] 2015**, with no  
19 further action required by the General Assembly, Section 3 of this Act shall be  
20 abrogated and of no further force and effect. Section 5 of this Act shall remain effective  
21 for a period of 2 years and, at the end of June 30, 2007, with no further action required  
22 by the General Assembly, Section 5 of this Act shall be abrogated and of no further  
23 force and effect.

24           SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the  
25 members of the Community Health Resources Commission serving on July 1, 2009,  
26 shall expire as follows:

27                   (1) three members in 2010;

28                   (2) three members in 2011;

29                   (3) three members in 2012; and

30                   (4) two members in 2013.

31           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
32 July 1, 2008.