

HOUSE BILL 1395

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By: **Delegates Tarrant, Pena-Melnyk, and Riley**

Introduced and read first time: February 8, 2008

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Chronic Care and Prevention Partnership Act**

3 FOR the purpose of establishing the Chronic Care and Prevention Program in the
4 State; requiring the Secretary of Health and Mental Hygiene to develop and
5 implement the Program in consultation with a certain task force; requiring the
6 Secretary to seek to obtain certain waivers; authorizing the Secretary to accept
7 certain grants and donations; establishing the Chronic Care and Prevention
8 Program Fund; establishing the Task Force on Chronic Care and Prevention;
9 establishing the composition and duties of the Task Force; establishing the
10 duties of certain regional chronic care and prevention partnerships; authorizing
11 the Secretary to transfer certain funds to the partnerships; authorizing the
12 Secretary to establish a certain advisory council; defining certain terms; and
13 generally relating to the establishment of the Chronic Care and Prevention
14 Program in the State.

15 BY adding to

16 Article – Health – General

17 Section 13–2701 through 13–2708 to be under the new subtitle “Subtitle 27.
18 State Chronic Care and Prevention Program”

19 Annotated Code of Maryland

20 (2005 Replacement Volume and 2007 Supplement)

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

23 **Article – Health – General**

24 **SUBTITLE 27. STATE CHRONIC CARE AND PREVENTION PROGRAM.**

25 **13–2701.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (B) “CHRONIC CARE AND PREVENTION PARTNERSHIP” MEANS A
4 REGIONALLY BASED CONSORTIUM OF HEALTH CARE RESOURCES ESTABLISHED
5 IN ACCORDANCE WITH THIS SUBTITLE FOR:

6 (1) PROMOTING THE HEALTH OF COMMUNITY RESIDENTS;

7 (2) PREVENTING CHRONIC CONDITIONS;

8 (3) DEVELOPING AND IMPLEMENTING ARRANGEMENTS FOR
9 DELIVERING CARE FOR MANAGING CHRONIC CONDITIONS; AND

10 (4) DEVELOPING SIGNIFICANT PATIENT SELF-CARE EFFORTS AND
11 SYSTEMIC SUPPORTS FOR THE PHYSICIAN-PATIENT RELATIONSHIP.

12 (C) “CHRONIC CARE INFORMATION TECHNOLOGY SYSTEM” MEANS THE
13 DEVELOPMENT OF INFORMATION TECHNOLOGY THAT MAY BE USED TO
14 IMPROVE THE PROVISION OF MEDICAL CARE FOR A CHRONIC CONDITION,
15 INCLUDING EVIDENCE OF IMPROVED CLINICAL, SOCIAL, AND ECONOMIC
16 OUTCOMES.

17 (D) “CHRONIC CARE PLAN” MEANS A PLAN OF CARE BETWEEN AN
18 INDIVIDUAL AND THE INDIVIDUAL’S PRINCIPLE HEALTH CARE PROVIDER THAT
19 EMPHASIZES PREVENTION OF MEDICAL COMPLICATIONS THROUGH:

20 (1) PATIENT EMPOWERMENT, INCLUDING PROVIDING
21 INCENTIVES TO ENGAGE PATIENTS IN THEIR OWN CARE IN THE FORM OF
22 FINANCIAL INCENTIVES OR OUT-OF-POCKET COST REDUCTIONS FOR
23 COMPLIANCE AND ADHERENCE TO PROGRAM ELEMENTS;

24 (2) CLINICAL, SOCIAL, OR OTHER INTERVENTIONS DESIGNED TO
25 MINIMIZE THE NEGATIVE EFFECTS OF THE CONDITION; AND

26 (3) COORDINATION OF HEALTH CARE PAID FOR UNDER THE
27 ELIGIBLE INDIVIDUAL’S MEDICAID OR MARYLAND CHILDREN’S HEALTH
28 PROGRAM.

29 (E) “CHRONIC CARE RESOURCES” MEANS HEALTH CARE PROVIDERS,
30 ADVOCACY GROUPS, LOCAL HEALTH DEPARTMENTS, SCHOOLS OF PUBLIC
31 HEALTH, HEALTH INSURANCE CARRIERS, AND INDIVIDUALS WITH EXPERTISE IN
32 PUBLIC HEALTH AND HEALTH CARE DELIVERY, FINANCE, AND RESEARCH.

1 **(F) “CHRONIC CONDITION” MEANS AN ESTABLISHED CLINICAL**
2 **CONDITION THAT IS EXPECTED TO LAST MORE THAN 1 YEAR AND REQUIRES**
3 **ONGOING CLINICAL MANAGEMENT.**

4 **(G) “ELIGIBLE INDIVIDUAL” MEANS AN INDIVIDUAL WHO IS:**

5 **(1) A RESIDENT OF THE STATE;**

6 **(2) HAS BEEN DIAGNOSED WITH A CHRONIC CONDITION OR IS AT**
7 **ELEVATED RISK FOR A CHRONIC CONDITION; AND**

8 **(3) PARTICIPATES IN A STATE HEALTH PROGRAM, INCLUDING**
9 **MEDICAID OR THE STATE CHILDREN’S HEALTH INSURANCE PLAN.**

10 **(H) “HEALTH CARE PROVIDER” MEANS AN INDIVIDUAL, PARTNERSHIP,**
11 **CORPORATION, FACILITY, OR INSTITUTION LICENSED, CERTIFIED, OR**
12 **OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES IN THE**
13 **STATE.**

14 **(I) “MEDICAID” MEANS THE HEALTH INSURANCE FOR THE AGED ACT,**
15 **TITLE XIX OF THE SOCIAL SECURITY AMENDMENTS OF 1965, AS AMENDED.**

16 **(J) “STATE CHRONIC CARE AND PREVENTION PROGRAM” MEANS THE**
17 **STATE’S PLAN FOR DEVELOPING A REGIONALLY BASED FOUNDATION FOR**
18 **CHRONIC DISEASE PREVENTION AND TREATMENT, INCLUDING:**

19 **(1) FORMING REGIONAL CHRONIC CARE AND PREVENTION**
20 **PARTNERSHIPS;**

21 **(2) DEVELOPING OPTIONS FOR DIRECTING CHRONIC CARE**
22 **RESOURCES TO THE PARTNERSHIPS;**

23 **(3) COMMUNITY OUTREACH AND EDUCATION; AND**

24 **(4) COORDINATING WITH CHRONIC CARE INFORMATION**
25 **TECHNOLOGY SYSTEM INITIATIVES.**

26 **13-2702.**

27 **(A) THERE IS A CHRONIC CARE AND PREVENTION PROGRAM IN THE**
28 **STATE.**

1 **(B) THE SECRETARY SHALL BE RESPONSIBLE FOR DEVELOPING,**
2 **PILOTING, AND IMPLEMENTING THE CHRONIC CARE AND PREVENTION**
3 **PROGRAM IN CONSULTATION WITH THE TASK FORCE ON CHRONIC CARE AND**
4 **PREVENTION ESTABLISHED UNDER § 13-2704 OF THIS SUBTITLE AND IN**
5 **ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.**

6 **(C) THE SECRETARY SHALL SEEK TO OBTAIN ANY FEDERAL WAIVERS**
7 **OR WAIVER MODIFICATIONS NEEDED TO IMPLEMENT THE PROGRAM.**

8 **(D) IF AUTHORIZED UNDER FEDERAL LAW, THE SECRETARY SHALL**
9 **REQUIRE ELIGIBLE INDIVIDUALS TO RECERTIFY OR REAPPLY FOR MEDICAID,**
10 **THE MARYLAND CHILDREN’S HEALTH PROGRAM, AND ANY OTHER**
11 **STATE-FUNDED HEALTH PROGRAM NO MORE THAN ONCE EACH YEAR.**

12 **(E) THE SECRETARY MAY ACCEPT GRANTS AND DONATIONS TO FUND**
13 **THE PILOT PHASE OF THE PROGRAM.**

14 **(F) THE SECRETARY MAY APPLY FOR FEDERAL, STATE, AND**
15 **FOUNDATION GRANTS THAT MAY BE AVAILABLE FOR ANY PART OF THE**
16 **PROGRAM, INCLUDING FUNDING THAT IS DEDICATED TO A SPECIFIC REGION OF**
17 **THE STATE OR CHRONIC CONDITION.**

18 **(G) THE SECRETARY SHALL DEPOSIT ALL GRANTS AND DONATIONS**
19 **INTO THE CHRONIC CARE AND PREVENTION PROGRAM FUND ESTABLISHED**
20 **UNDER § 13-2703 OF THIS SUBTITLE.**

21 **13-2703.**

22 **(A) IN THIS SECTION, “FUND” MEANS THE CHRONIC CARE**
23 **PREVENTION PROGRAM FUND.**

24 **(B) THERE IS A CHRONIC CARE PREVENTION PROGRAM FUND.**

25 **(C) THE PURPOSE OF THE FUND IS TO COVER THE COSTS OF**
26 **FULFILLING THE STATUTORY DUTIES OF THE CHRONIC CARE PREVENTION**
27 **PROGRAM.**

28 **(D) A DESIGNEE OF THE SECRETARY SHALL ADMINISTER THE FUND.**

29 **(E) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT**
30 **SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

31 **(2) THE TREASURER SHALL HOLD THE FUND SEPARATELY AND**
32 **THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.**

1 **(F) THE FUND CONSISTS OF:**

2 **(1) REVENUE DISTRIBUTED TO THE FUND UNDER § 13-2702(G)**
3 **OF THIS SUBTITLE;**

4 **(2) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND;**

5 **(3) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED**
6 **FOR THE BENEFIT OF THE FUND; AND**

7 **(4) ANY INVESTMENT EARNINGS OF THE FUND.**

8 **(G) THE FUND MAY BE USED ONLY FOR THE COSTS OF FULFILLING THE**
9 **DUTIES OF THE CHRONIC CARE PREVENTION PROGRAM AS PROVIDED UNDER**
10 **THIS SUBTITLE.**

11 **(H) (1) THE TREASURER SHALL INVEST THE MONEY OF THE FUND IN**
12 **THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.**

13 **(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE PAID**
14 **INTO THE FUND.**

15 **(I) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN**
16 **ACCORDANCE WITH THE STATE BUDGET.**

17 **13-2704.**

18 **(A) THERE IS A TASK FORCE ON CHRONIC CARE AND PREVENTION.**

19 **(B) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS:**

20 **(1) TWO MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED**
21 **BY THE SPEAKER OF THE HOUSE;**

22 **(2) TWO MEMBERS OF THE SENATE OF MARYLAND, APPOINTED**
23 **BY THE PRESIDENT OF THE SENATE;**

24 **(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE;**

25 **(4) THE INSURANCE COMMISSIONER, OR THE INSURANCE**
26 **COMMISSIONER'S DESIGNEE;**

1 **(5) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE**
2 **SECRETARY'S DESIGNEE; AND**

3 **(6) EIGHT INDIVIDUALS APPOINTED BY THE GOVERNOR,**
4 **INCLUDING REPRESENTATIVES OF:**

5 **(I) THE MEDICAL AND CHIRURGICAL FACULTY;**

6 **(II) THE MARYLAND HOSPITAL ASSOCIATION;**

7 **(III) PRIVATE HEALTH INSURANCE CARRIERS WHO PROVIDE**
8 **SERVICES TO MEDICAID AND THE MARYLAND CHILDREN'S HEALTH PROGRAM**
9 **ENROLLEES;**

10 **(IV) A PATIENT ADVOCACY GROUP;**

11 **(V) PHYSICIANS WHO PROVIDE PRIMARY CARE TO**
12 **LOW-INCOME OR UNINSURED RESIDENTS OF THE STATE;**

13 **(VI) PHARMACISTS WHO SERVE PREDOMINANTLY**
14 **LOW-INCOME OR UNINSURED RESIDENTS OF THE STATE;**

15 **(VII) A LOCAL SCHOOL OF PUBLIC HEALTH; AND**

16 **(VIII) A PROFESSIONAL ORGANIZATION OF INDIVIDUALS WITH**
17 **EXPERTISE IN HEALTH INFORMATION TECHNOLOGY.**

18 **(C) (1) IN PERFORMING ITS DUTIES, THE TASK FORCE MAY CONSULT**
19 **WITH INDIVIDUALS AND ENTITIES THAT THE SECRETARY OF HEALTH AND**
20 **MENTAL HYGIENE DEEMS APPROPRIATE.**

21 **(2) THE TASK FORCE SHALL CONDUCT FORUMS THROUGHOUT**
22 **THE STATE WITH HEALTH CARE PROVIDERS, HEALTH CARE PROFESSIONAL**
23 **ORGANIZATIONS, COMMUNITY AND NONPROFIT GROUPS, CONSUMERS, PRIVATE**
24 **BUSINESSES, AND REPRESENTATIVES OF LOCAL SCHOOL SYSTEMS AND**
25 **GOVERNMENTS TO RECEIVE INPUT ON THE CHARGES TO THE TASK FORCE**
26 **UNDER SUBSECTION (E) OF THIS SECTION.**

27 **(D) (1) THE SECRETARY OF HEALTH AND MENTAL HYGIENE SHALL:**

28 **(I) CHAIR THE TASK FORCE;**

1 (II) ESTABLISH SUBCOMMITTEES AND APPOINT
2 SUBCOMMITTEE CHAIRS AS NECESSARY TO FACILITATE THE WORK OF THE TASK
3 FORCE; AND

4 (III) PROVIDE STAFF SUPPORT FOR THE TASK FORCE FROM
5 THE DEPARTMENT.

6 (2) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO
7 THE TASK FORCE SHALL REASONABLY REFLECT THE GEOGRAPHIC, RACIAL,
8 ETHNIC, CULTURAL, AND GENDER DIVERSITY OF THE STATE.

9 (3) IN PERFORMING ITS DUTIES, THE TASK FORCE SHALL INVITE
10 ALL INTERESTED GROUPS TO PRESENT TESTIMONY OR OTHER INFORMATION TO
11 THE TASK FORCE CONCERNING THE ISSUES TO BE STUDIED BY THE TASK
12 FORCE.

13 (E) THE TASK FORCE SHALL:

14 (1) DEVELOP RECOMMENDATIONS ON THE DEVELOPMENT AND
15 PILOTING OF A CHRONIC CARE AND PREVENTION PARTNERSHIP PROGRAM IN
16 THE STATE;

17 (2) RECOMMEND THE SIZE AND GEOGRAPHIC BOUNDARIES OF
18 REGIONS OF THE STATE TO SERVE AS TERRITORIES FOR THE CHRONIC CARE
19 AND PREVENTION PARTNERSHIPS SERVING THE STATE, INCLUDING ANY
20 COMBINATION OF COUNTIES, MUNICIPALITIES, HOSPITALS, OR ANY OTHER
21 ORGANIZATIONAL STRUCTURE THAT MAY PROVIDE AN AUTONOMOUS
22 COMMUNITY BASE FOR THE DEVELOPMENT AND DELIVERY OF CHRONIC CARE
23 AND PREVENTION SERVICES;

24 (3) PROPOSE ONE REGION TO SERVE AS A PILOT PROJECT FOR A
25 REGIONAL CHRONIC CARE AND PREVENTION PARTNERSHIP;

26 (4) IDENTIFY PHYSICIANS, CLINICS, HOSPITALS, AND INSURANCE
27 CARRIER PLANS THAT SERVE MEDICAID OR MARYLAND CHILDREN'S HEALTH
28 PROGRAM PATIENTS AND SOLICIT THEIR PARTICIPATION; AND

29 (5) RECOMMEND TO THE SECRETARY A PER BENEFICIARY FEE
30 STRUCTURE TO FUND A REGIONAL CHRONIC CARE AND PREVENTION
31 PARTNERSHIP.

32 (F) THE TASK FORCE SHALL REPORT ITS FINDINGS AND
33 RECOMMENDATIONS TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE

1 **STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON OR BEFORE JUNE**
2 **1, 2009.**

3 (G) **A MEMBER OF THE TASK FORCE MAY NOT RECEIVE COMPENSATION**
4 **AS A MEMBER OF THE TASK FORCE BUT IS ENTITLED TO REIMBURSEMENT FOR**
5 **EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED**
6 **IN THE STATE BUDGET.**

7 **13-2705.**

8 (A) **A REGIONAL CHRONIC CARE AND PREVENTION PARTNERSHIP**
9 **SHALL DEVELOP, IMPLEMENT, AND ADMINISTER ITS REGION'S PLAN FOR**
10 **CHRONIC CARE AND PREVENTION, INCLUDING ADMINISTRATIVE STRUCTURES**
11 **FOR ENTERING INTO CONTRACTS, MANAGING FUNDS, DEVELOPING PUBLIC**
12 **EDUCATION AND OUTREACH PROGRAMS, AND ARRANGING TO PROVIDE AND**
13 **EVALUATE CHRONIC CARE AND PREVENTION MANAGEMENT SERVICES.**

14 (B) **A REGIONAL CHRONIC CARE AND PREVENTION PARTNERSHIP**
15 **SHALL:**

16 (1) **SELECT, IN CONSULTATION WITH THE SECRETARY, THE**
17 **CHRONIC CONDITIONS FOR WHICH CHRONIC CARE AND PREVENTION SERVICES**
18 **WILL BE PROVIDED WITHIN THE REGION WITH CONSIDERATION GIVEN TO THE:**

19 (I) **PREVALENCE OF CHRONIC CONDITIONS IN THE REGION**
20 **AND THE FACTORS THAT MAY LEAD TO THE DEVELOPMENT OF THE CONDITIONS;**

21 (II) **PREPARTNERSHIP FISCAL IMPACT TO THE STATE**
22 **HEALTH CARE PROGRAMS PROVIDING CARE FOR ELIGIBLE INDIVIDUALS;**

23 (III) **AVAILABILITY OF SCIENTIFICALLY SOUND,**
24 **EVIDENCE-BASED INFORMATION TO MANAGE THE CARE OF A CHRONIC**
25 **CONDITION; AND**

26 (IV) **PUBLIC INPUT INTO THE SELECTION PROCESS;**

27 (2) **DETERMINE HOW TO IMPLEMENT CHRONIC CARE AND**
28 **PREVENTION SERVICES ON A REGIONAL BASIS, INCLUDING ARRANGEMENTS**
29 **WITH:**

30 (I) **COMMUNITY HEALTH CENTERS;**

31 (II) **PRIMARY CARE PHYSICIAN PRACTICES;**

- 1 (III) HOSPITALS;
- 2 (IV) PROVIDERS OF CONTRACTED SERVICES;
- 3 (V) PHARMACIES;
- 4 (VI) SCHOOL-BASED HEALTH CLINICS;
- 5 (VII) SOCIAL WORKERS OR LICENSED PRACTICAL NURSES
6 UTILIZED BY THE PARTNERSHIP TO SUPPORT CHRONIC CARE PLANS ENTERED
7 INTO BY PHYSICIANS AND PATIENTS; AND
- 8 (VIII) ANY OTHER MECHANISM SUPPORTED BY THE
9 PARTNERSHIP AND PARTICIPATING PROVIDERS;
- 10 (3) DEVELOP A MECHANISM FOR HEALTH CARE PROVIDERS TO
11 PARTICIPATE AND MAKE A CHRONIC CARE PLAN AVAILABLE TO THEIR
12 PATIENTS;
- 13 (4) IDENTIFY AND DISSEMINATE SCIENTIFICALLY SOUND,
14 EVIDENCE-BASED INFORMATION TO HEALTH CARE PROVIDERS REGARDING
15 PREVENTION AND TREATMENT OF TARGETED CHRONIC CONDITIONS;
- 16 (5) ASSIST IN THE IMPLEMENTATION OF PREVENTION AND
17 PUBLIC OUTREACH PROGRAMS FOR CHRONIC CONDITIONS;
- 18 (6) RECOMMEND INCENTIVES FOR HEALTH INSURANCE
19 CARRIERS AND HEALTH CARE PROVIDERS THAT PARTICIPATE IN MEDICAID AND
20 THE MARYLAND CHILDREN'S HEALTH PROGRAM TO USE THE PROGRAM FOR
21 ENROLLEES AND PATIENTS WITH A TARGETED CHRONIC CONDITION;
- 22 (7) RECOMMEND AND EVALUATE HEALTH INFORMATION
23 TECHNOLOGY OPTIONS FOR ENHANCING THE ACCURACY AND EFFICIENCY OF
24 COMMUNICATION NECESSARY TO THE DELIVERY OF CHRONIC CARE, INCLUDING
25 PRODUCING HEALTH INFORMATION LITERATURE IN MULTIPLE LANGUAGES AND
26 AT THE APPROPRIATE READING LEVEL; AND
- 27 (8) COORDINATE WITH APPROPRIATE CHRONIC CARE
28 RESOURCES TO DEVELOP AND IMPLEMENT A SYSTEM FOR THE COLLECTION OF
29 DATA AND EVALUATION OF THE CLINICAL, SOCIAL, AND ECONOMIC IMPACT OF
30 THE CHRONIC CARE AND PREVENTION ACTIVITIES INSTITUTED IN THE REGION.
- 31 (C) THE DIRECTORS OF THE PILOT PROJECTS SHALL REPORT TO THE
32 SECRETARY EVERY 2 YEARS ON THEIR ACTIVITIES, INCLUDING THE:

1 **(1) PERCENTAGE OF HEALTH CARE PROVIDERS WHO ARE**
2 **PARTICIPATING;**

3 **(2) SUCCESS OF PATIENT EMPOWERMENT APPROACHES; AND**

4 **(3) RESULTS OF THE CLINICAL, SOCIAL, AND ECONOMIC**
5 **OUTCOMES OF THE PROGRAM.**

6 **13-2706.**

7 **(A) THE SECRETARY SHALL AUTHORIZE THE TRANSFER OF FUNDS TO A**
8 **CHRONIC CARE AND PREVENTION PARTNERSHIP.**

9 **(B) A PARTNERSHIP WHO RECEIVES FUNDS FROM THE SECRETARY IS**
10 **ACCOUNTABLE FOR THE FUNDS.**

11 **(C) WHEN SELECTING A REGION FOR THE ESTABLISHMENT OF A**
12 **CHRONIC CARE PREVENTION PARTNERSHIP, THE SECRETARY SHALL CONSIDER:**

13 **(1) THE RECOMMENDATIONS OF THE TASK FORCE; AND**

14 **(2) THE AVAILABILITY OF A PHYSICIAN LEADER TO:**

15 **(I) BE A MEDICAL DIRECTOR OF THE PARTNERSHIP; AND**

16 **(II) DEVELOP RELATIONSHIPS WITH APPROPRIATE**
17 **CHRONIC CARE RESOURCES FOR ADMINISTERING THE PARTNERSHIP AND**
18 **OVERSEEING THE EXPENDITURE OF FUNDS.**

19 **(D) A MEDICAL DIRECTOR OF A PARTNERSHIP SHALL WORK WITH THE**
20 **MEDICAL DIRECTORS OF OTHER PARTNERSHIPS TO HELP ENSURE THAT THE**
21 **PROGRAM ACHIEVES ITS PURPOSE.**

22 **(E) THE SECRETARY SHALL INCREASE AS PRACTICABLE THE NUMBER**
23 **OF PARTNERSHIPS THROUGHOUT THE STATE TO EXPAND THE IMPACT OF THE**
24 **PROGRAM ON A STATEWIDE BASIS.**

25 **(F) THE SECRETARY MAY ENTER INTO A CONTRACT FOR AN**
26 **EVALUATION OF THE IMPACT OF THE PROGRAM ON:**

27 **(1) MEDICAID AND THE MARYLAND CHILDREN'S HEALTH**
28 **PROGRAM EXPENDITURES; AND**

1 **(2) THE PREVALENCE AND SERIOUSNESS OF THE TARGETED**
2 **CHRONIC CONDITIONS IN VARIOUS REGIONS OF THE STATE.**

3 **13-2707.**

4 **(A) THE SECRETARY SHALL ESTABLISH AN ADVISORY COUNCIL.**

5 **(B) THE ADVISORY COUNCIL CONSISTS OF THE MEDICAL DIRECTORS OF**
6 **EACH CHRONIC CARE AND PREVENTION PARTNERSHIP.**

7 **(C) THE PURPOSE OF THE ADVISORY COUNCIL IS TO ENABLE THE**
8 **MEDICAL DIRECTORS TO EXCHANGE INFORMATION REGARDING THE**
9 **DEVELOPMENT OF EACH PARTNERSHIP AND THE CLINICAL, SOCIAL, AND**
10 **ECONOMIC OUTCOMES OF THE PROGRAM.**

11 **(D) THE ADVISORY COUNCIL SHALL RECOMMEND TO THE SECRETARY**
12 **ANY PROPOSALS FOR CHANGES TO THE PROGRAM, PROGRAM RESEARCH, AND**
13 **ANY STATEWIDE INITIATIVES THAT WOULD BE BENEFICIAL TO THE CHRONIC**
14 **CARE AND PREVENTION PARTNERSHIPS.**

15 **(E) (1) THE ADVISORY COUNCIL SHALL CONSIDER THE FEASIBILITY**
16 **OF APPLYING THE PATIENT EMPOWERMENT AND CASE MANAGEMENT SERVICES**
17 **TO PATIENTS NOT ELIGIBLE FOR MEDICAID OR THE MARYLAND CHILDREN'S**
18 **HEALTH PROGRAM.**

19 **(2) IF THE ADVISORY COUNCIL CONCLUDES THAT CHRONIC CARE**
20 **PLANS WOULD BE BENEFICIAL TO PATIENTS NOT ENROLLED IN MEDICAID OR**
21 **THE MARYLAND CHILDREN'S HEALTH PROGRAM, IT SHALL PROPOSE A PER**
22 **ENROLLEE FEE TO BE PAID TO THE PROGRAM BY OR ON BEHALF OF A PATIENT**
23 **WHO ELECTS TO ENTER INTO A CHRONIC CARE PLAN SERVING THE REGION**
24 **WHERE THE PATIENT RESIDES OR RECEIVES HEALTH CARE.**

25 **13-2708.**

26 **(A) FUNDS FOR THE START-UP COSTS OF THE PROGRAM SHALL BE AS**
27 **PROVIDED FOR IN THE ANNUAL BUDGET OF THE DEPARTMENT.**

28 **(B) THE SECRETARY SHALL EVALUATE ANY OPTIONS TO UTILIZE**
29 **WAIVERS TO PAY THE PER MEMBER PER MONTH CASE MANAGEMENT FEES FROM**
30 **MEDICAID AND THE MARYLAND CHILDREN'S HEALTH PROGRAM, AS**
31 **APPROPRIATE.**

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
33 June 1, 2008.