HOUSE BILL 1395

J1 8lr2729

By: **Delegates Tarrant, Pena–Melnyk, ~~and Riley~~ Riley, and Nathan–Pulliam**
Introduced and read first time: February 8, 2008
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 19, 2008

CHAPTER _____

AN ACT concerning

~~**Chronic Care and Prevention Partnership Act**~~
Department of Health and Mental Hygiene and Maryland Health Quality and Cost Council – Chronic Care Management Plan

FOR the purpose of requiring the Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council to study chronic care management and develop a certain chronic care management plan; requiring the chronic care management plan to include certain plans; requiring the Department and the Council to consult with certain persons in developing the chronic care management plan; authorizing the Council to accept certain funds; requiring the Department and the Council to submit the chronic care management plan to the Governor and the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to a chronic care management plan. ~~establishing the Chronic Care and Prevention Program in the State; requiring the Secretary of Health and Mental Hygiene to develop and implement the Program in consultation with a certain task force; requiring the Secretary to seek to obtain certain waivers; authorizing the Secretary to accept certain grants and donations; establishing the Chronic Care and Prevention Program Fund; establishing the Task Force on Chronic Care and Prevention; establishing the composition and duties of the Task Force; establishing the duties of certain regional chronic care and prevention partnerships; authorizing the Secretary to transfer certain funds to the partnerships; authorizing the Secretary to establish a certain advisory council; defining certain terms; and generally relating to the establishment of the Chronic Care and Prevention Program in the State.~~

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW**.
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

~~BY adding to~~
~~Article – Health – General~~
~~Section 13–2701 through 13–2708 to be under the new subtitle "Subtitle 27. State Chronic Care and Prevention Program"~~
~~Annotated Code of Maryland~~
~~(2005 Replacement Volume and 2007 Supplement)~~

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

(a) The Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council shall study chronic care management and develop a chronic care management plan to improve the quality and cost–effectiveness of care for individuals who have or are at risk for a chronic disease.

(b) The chronic care management plan shall include plans for:

(1) patient self–management, in collaboration with a health care team;

(2) incentives for provision of care consistent with evidence–based standards;

(3) ways to engage communities to fight physical inactivity and obesity;

(4) identification of information technology that supports care management;

(5) linkages between financing mechanisms and performance measures;

(6) disseminating scientifically sound, evidence–based information to health care providers regarding prevention and treatment of targeted chronic conditions;

(7) coordinating with appropriate chronic care resources to collect data and evaluate the clinical, social, and economic impact of chronic care and prevention activities in different regions of the State; and

(8) considering best practices across the public and private sectors, including existing initiatives in Maryland, such as the P3 Program, and the experiences of other states.

(c) In developing the chronic care management plan, the Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council shall consult with:

(1) physicians;

(2) pharmacists;

(3) hospitals;

(4) health insurance carriers, including managed care organizations;

(5) patient advocates;

(6) community mental health providers; and

(7) registered nurses.

(d) The Maryland Health Quality and Cost Council may accept funds from any source, including grants and donations, to cover costs associated with the study of chronic care management and development of the chronic care management plan.

(e) On or before December 1, 2009, the Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council shall submit the chronic care management plan to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly.

~~**Article – Health – General**~~

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

~~**13–2701.**~~

~~**(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**~~

~~**(B) "CHRONIC CARE AND PREVENTION PARTNERSHIP" MEANS A REGIONALLY BASED CONSORTIUM OF HEALTH CARE RESOURCES ESTABLISHED IN ACCORDANCE WITH THIS SUBTITLE FOR:**~~

~~**(1) PROMOTING THE HEALTH OF COMMUNITY RESIDENTS;**~~

~~**(2) PREVENTING CHRONIC CONDITIONS;**~~

~~**(3) DEVELOPING AND IMPLEMENTING ARRANGEMENTS FOR DELIVERING CARE FOR MANAGING CHRONIC CONDITIONS; AND**~~

~~**(4) DEVELOPING SIGNIFICANT PATIENT SELF–CARE EFFORTS AND SYSTEMIC SUPPORTS FOR THE PHYSICIAN–PATIENT RELATIONSHIP.**~~

~~(C) "CHRONIC CARE INFORMATION TECHNOLOGY SYSTEM" MEANS THE DEVELOPMENT OF INFORMATION TECHNOLOGY THAT MAY BE USED TO IMPROVE THE PROVISION OF MEDICAL CARE FOR A CHRONIC CONDITION, INCLUDING EVIDENCE OF IMPROVED CLINICAL, SOCIAL, AND ECONOMIC OUTCOMES.~~

~~(D) "CHRONIC CARE PLAN" MEANS A PLAN OF CARE BETWEEN AN INDIVIDUAL AND THE INDIVIDUAL'S PRINCIPLE HEALTH CARE PROVIDER THAT EMPHASIZES PREVENTION OF MEDICAL COMPLICATIONS THROUGH:~~

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

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

~~(3) COORDINATION OF HEALTH CARE PAID FOR UNDER THE ELIGIBLE INDIVIDUAL'S MEDICAID OR MARYLAND CHILDREN'S HEALTH PROGRAM.~~

~~(E) "CHRONIC CARE RESOURCES" MEANS HEALTH CARE PROVIDERS, ADVOCACY GROUPS, LOCAL HEALTH DEPARTMENTS, SCHOOLS OF PUBLIC HEALTH, HEALTH INSURANCE CARRIERS, AND INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH AND HEALTH CARE DELIVERY, FINANCE, AND RESEARCH.~~

~~(F) "CHRONIC CONDITION" MEANS AN ESTABLISHED CLINICAL CONDITION THAT IS EXPECTED TO LAST MORE THAN 1 YEAR AND REQUIRES ONGOING CLINICAL MANAGEMENT.~~

~~(G) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO IS:~~

~~(1) A RESIDENT OF THE STATE;~~

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

~~(3) PARTICIPATES IN A STATE HEALTH PROGRAM, INCLUDING MEDICAID OR THE STATE CHILDREN'S HEALTH INSURANCE PLAN.~~

~~(H) "HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL, PARTNERSHIP, CORPORATION, FACILITY, OR INSTITUTION LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES IN THE STATE.~~

~~(I) "MEDICAID" MEANS THE HEALTH INSURANCE FOR THE AGED ACT, TITLE XIX OF THE SOCIAL SECURITY AMENDMENTS OF 1965, AS AMENDED.~~

~~(J) "STATE CHRONIC CARE AND PREVENTION PROGRAM" MEANS THE STATE'S PLAN FOR DEVELOPING A REGIONALLY BASED FOUNDATION FOR CHRONIC DISEASE PREVENTION AND TREATMENT, INCLUDING:~~

~~(1) FORMING REGIONAL CHRONIC CARE AND PREVENTION PARTNERSHIPS;~~

~~(2) DEVELOPING OPTIONS FOR DIRECTING CHRONIC CARE RESOURCES TO THE PARTNERSHIPS;~~

~~(3) COMMUNITY OUTREACH AND EDUCATION; AND~~

~~(4) COORDINATING WITH CHRONIC CARE INFORMATION TECHNOLOGY SYSTEM INITIATIVES.~~

~~13–2702.~~

~~(A) THERE IS A CHRONIC CARE AND PREVENTION PROGRAM IN THE STATE.~~

~~(B) THE SECRETARY SHALL BE RESPONSIBLE FOR DEVELOPING, PILOTING, AND IMPLEMENTING THE CHRONIC CARE AND PREVENTION PROGRAM IN CONSULTATION WITH THE TASK FORCE ON CHRONIC CARE AND PREVENTION ESTABLISHED UNDER § 13–2704 OF THIS SUBTITLE AND IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.~~

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

~~(D) IF AUTHORIZED UNDER FEDERAL LAW, THE SECRETARY SHALL REQUIRE ELIGIBLE INDIVIDUALS TO RECERTIFY OR REAPPLY FOR MEDICAID, THE MARYLAND CHILDREN'S HEALTH PROGRAM, AND ANY OTHER STATE–FUNDED HEALTH PROGRAM NO MORE THAN ONCE EACH YEAR.~~

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

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

~~(G) THE SECRETARY SHALL DEPOSIT ALL GRANTS AND DONATIONS INTO THE CHRONIC CARE AND PREVENTION PROGRAM FUND ESTABLISHED UNDER § 13–2703 OF THIS SUBTITLE.~~

~~13–2703.~~

~~(A) IN THIS SECTION, "FUND" MEANS THE CHRONIC CARE PREVENTION PROGRAM FUND.~~

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

~~(C) THE PURPOSE OF THE FUND IS TO COVER THE COSTS OF FULFILLING THE STATUTORY DUTIES OF THE CHRONIC CARE PREVENTION PROGRAM.~~

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

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

~~(2) THE TREASURER SHALL HOLD THE FUND SEPARATELY AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.~~

~~(F) THE FUND CONSISTS OF:~~

~~(1) REVENUE DISTRIBUTED TO THE FUND UNDER § 13–2702(G) OF THIS SUBTITLE;~~

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

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

~~(4) ANY INVESTMENT EARNINGS OF THE FUND.~~

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

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

~~(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE PAID INTO THE FUND.~~

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

~~13–2704.~~

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

~~(B) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS:~~

~~(1) TWO MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;~~

~~(2) TWO MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;~~

~~(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE;~~

~~(4) THE INSURANCE COMMISSIONER, OR THE INSURANCE COMMISSIONER'S DESIGNEE;~~

~~(5) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE SECRETARY'S DESIGNEE; AND~~

~~(6) EIGHT INDIVIDUALS APPOINTED BY THE GOVERNOR, INCLUDING REPRESENTATIVES OF:~~

~~(I) THE MEDICAL AND CHIRURGICAL FACULTY;~~

~~(II) THE MARYLAND HOSPITAL ASSOCIATION;~~

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

~~(IV) A PATIENT ADVOCACY GROUP;~~

~~(V) PHYSICIANS WHO PROVIDE PRIMARY CARE TO LOW–INCOME OR UNINSURED RESIDENTS OF THE STATE;~~

~~(VI) PHARMACISTS WHO SERVE PREDOMINANTLY LOW–INCOME OR UNINSURED RESIDENTS OF THE STATE;~~

~~(VII) A LOCAL SCHOOL OF PUBLIC HEALTH; AND~~

~~(VIII) A PROFESSIONAL ORGANIZATION OF INDIVIDUALS WITH EXPERTISE IN HEALTH INFORMATION TECHNOLOGY.~~

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

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

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

~~(I) CHAIR THE TASK FORCE;~~

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

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

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

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

~~(E) THE TASK FORCE SHALL:~~

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

~~(2) RECOMMEND THE SIZE AND GEOGRAPHIC BOUNDARIES OF REGIONS OF THE STATE TO SERVE AS TERRITORIES FOR THE CHRONIC CARE AND PREVENTION PARTNERSHIPS SERVING THE STATE, INCLUDING ANY COMBINATION OF COUNTIES, MUNICIPALITIES, HOSPITALS, OR ANY OTHER ORGANIZATIONAL STRUCTURE THAT MAY PROVIDE AN AUTONOMOUS~~

~~COMMUNITY BASE FOR THE DEVELOPMENT AND DELIVERY OF CHRONIC CARE AND PREVENTION SERVICES;~~

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

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

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

~~(F) THE TASK FORCE SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, SUBJECT TO § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON OR BEFORE JUNE 1, 2009.~~

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

~~13–2705.~~

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

~~(B) A REGIONAL CHRONIC CARE AND PREVENTION PARTNERSHIP SHALL:~~

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

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

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

~~(III) AVAILABILITY OF SCIENTIFICALLY SOUND, EVIDENCE–BASED INFORMATION TO MANAGE THE CARE OF A CHRONIC CONDITION; AND~~

~~(IV) PUBLIC INPUT INTO THE SELECTION PROCESS;~~

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

~~(I) COMMUNITY HEALTH CENTERS;~~

~~(II) PRIMARY CARE PHYSICIAN PRACTICES;~~

~~(III) HOSPITALS;~~

~~(IV) PROVIDERS OF CONTRACTED SERVICES;~~

~~(V) PHARMACIES;~~

~~(VI) SCHOOL–BASED HEALTH CLINICS;~~

~~(VII) SOCIAL WORKERS OR LICENSED PRACTICAL NURSES UTILIZED BY THE PARTNERSHIP TO SUPPORT CHRONIC CARE PLANS ENTERED INTO BY PHYSICIANS AND PATIENTS; AND~~

~~(VIII) ANY OTHER MECHANISM SUPPORTED BY THE PARTNERSHIP AND PARTICIPATING PROVIDERS;~~

~~(3) DEVELOP A MECHANISM FOR HEALTH CARE PROVIDERS TO PARTICIPATE AND MAKE A CHRONIC CARE PLAN AVAILABLE TO THEIR PATIENTS;~~

~~(4) IDENTIFY AND DISSEMINATE SCIENTIFICALLY SOUND, EVIDENCE–BASED INFORMATION TO HEALTH CARE PROVIDERS REGARDING PREVENTION AND TREATMENT OF TARGETED CHRONIC CONDITIONS;~~

~~(5) ASSIST IN THE IMPLEMENTATION OF PREVENTION AND PUBLIC OUTREACH PROGRAMS FOR CHRONIC CONDITIONS;~~

~~(6) RECOMMEND INCENTIVES FOR HEALTH INSURANCE CARRIERS AND HEALTH CARE PROVIDERS THAT PARTICIPATE IN MEDICAID AND THE MARYLAND CHILDREN'S HEALTH PROGRAM TO USE THE PROGRAM FOR ENROLLEES AND PATIENTS WITH A TARGETED CHRONIC CONDITION;~~

~~(7) RECOMMEND AND EVALUATE HEALTH INFORMATION TECHNOLOGY OPTIONS FOR ENHANCING THE ACCURACY AND EFFICIENCY OF COMMUNICATION NECESSARY TO THE DELIVERY OF CHRONIC CARE, INCLUDING PRODUCING HEALTH INFORMATION LITERATURE IN MULTIPLE LANGUAGES AND AT THE APPROPRIATE READING LEVEL; AND~~

~~(8) COORDINATE WITH APPROPRIATE CHRONIC CARE RESOURCES TO DEVELOP AND IMPLEMENT A SYSTEM FOR THE COLLECTION OF DATA AND EVALUATION OF THE CLINICAL, SOCIAL, AND ECONOMIC IMPACT OF THE CHRONIC CARE AND PREVENTION ACTIVITIES INSTITUTED IN THE REGION.~~

~~(C) THE DIRECTORS OF THE PILOT PROJECTS SHALL REPORT TO THE SECRETARY EVERY 2 YEARS ON THEIR ACTIVITIES, INCLUDING THE:~~

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

~~(2) SUCCESS OF PATIENT EMPOWERMENT APPROACHES; AND~~

~~(3) RESULTS OF THE CLINICAL, SOCIAL, AND ECONOMIC OUTCOMES OF THE PROGRAM.~~

~~13–2706.~~

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

~~(B) A PARTNERSHIP WHO RECEIVES FUNDS FROM THE SECRETARY IS ACCOUNTABLE FOR THE FUNDS.~~

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

~~(1) THE RECOMMENDATIONS OF THE TASK FORCE; AND~~

~~(2) THE AVAILABILITY OF A PHYSICIAN LEADER TO:~~

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

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

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

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

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

~~(1) MEDICAID AND THE MARYLAND CHILDREN'S HEALTH PROGRAM EXPENDITURES; AND~~

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

~~13–2707.~~

~~(A) THE SECRETARY SHALL ESTABLISH AN ADVISORY COUNCIL.~~

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

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

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

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

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

~~13–2708.~~

~~(A) FUNDS FOR THE START–UP COSTS OF THE PROGRAM SHALL BE AS PROVIDED FOR IN THE ANNUAL BUDGET OF THE DEPARTMENT.~~

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

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2008. It shall remain effective for a period of 2 years and, at the end of May 31, 2010, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.