

SENATE BILL 841

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CF HB 1279

By: **Senator Middleton**

Introduced and read first time: February 11, 2008

Assigned to: Rules

Re-referred to: Finance, February 18, 2008

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 20, 2008

CHAPTER _____

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

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.



1 (2005 Replacement Volume and 2007 Supplement)

2 BY repealing

3 Article – Health – General

4 Section 19–2110

5 Annotated Code of Maryland

6 (2005 Replacement Volume and 2007 Supplement)

7 BY repealing and reenacting, with amendments,

8 Chapter 280 of the Acts of the General Assembly of 2005, as amended by

9 Chapter 333 of the Acts of the General Assembly of 2001

10 Section 14

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

13 **Article – Health – General**

14 19–2102.

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

16 (b) The Commission is an independent commission that operates within the
17 Department.

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

20 19–2103.

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

23 (2) Of the eleven members:

24 (i) One shall be a representative of a nonprofit health
25 maintenance organization;

26 (ii) One shall be a representative of a nonprofit health service
27 plan;

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

29 (iv) Four shall be individuals who:

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

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

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

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

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

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

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

17 ~~(D)~~ (C) (1) ON OR AFTER JULY 1, 2009, THE TERM OF A MEMBER IS
18 4 YEARS.

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

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

23 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN
24 SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS
25 APPOINTED AND QUALIFIES.

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

29 (6) THE GOVERNOR MAY REMOVE A MEMBER FOR NEGLECT OF
30 DUTY, INCOMPETENCE, OR MISCONDUCT.

31 19-2106.

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

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

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

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

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

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

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

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

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

20 19–2109.

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

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

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

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

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

- 1 (5) Establish by regulation the criteria for community health
2 resources to qualify for operating grants and procedures for applying for operating
3 grants;
- 4 (6) Administer operating grant fund programs for qualifying
5 community health resources;
- 6 (7) Taking into consideration regional disparities in income and the
7 cost of medical services, establish guidelines for sliding scale fee payments at
8 community health resources that are not federally qualified health centers, for
9 individuals whose family income is between 100% and 200% of the federal poverty
10 guidelines;
- 11 (8) Identify **AND IMPLEMENT** programs and policies to encourage
12 specialist providers to serve individuals referred from community health resources;
- 13 (9) Identify **AND IMPLEMENT** programs and policies to encourage
14 hospitals and community health resources to partner to increase access to health care
15 services;
- 16 (10) Establish a reverse referral pilot program under which a hospital
17 will identify and assist patients in accessing health care services through a community
18 health resource;
- 19 (11) Work with community health resources, hospital systems, and
20 others to develop a unified information and data management system for use by all
21 community health resources that is integrated with the local hospital systems to track
22 the treatment of individual patients and that provides real-time indicators of
23 available resources;
- 24 (12) Work in cooperation with clinical education and training programs,
25 area health education centers, and telemedicine centers to enhance access to quality
26 primary and specialty health care for individuals in rural and underserved areas
27 referred by community health resources;
- 28 (13) Evaluate the feasibility of developing a capital grant program for
29 community health resources that are not federally qualified health centers;
- 30 (14) Develop an outreach program to educate and inform individuals of
31 the availability of community health resources and assist individuals under 200% of
32 the federal poverty level who do not have health insurance to access health care
33 services through community health resources;
- 34 (15) Study school-based health center funding and access issues
35 including:

1 (i) Reimbursement of school-based health centers by managed
2 care organizations, insurers, nonprofit health service plans, and health maintenance
3 organizations; and

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

6 (16) Study access and reimbursement issues regarding the provision of
7 dental services;

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

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

16 [19–2110.

17 To facilitate its work, the Commission shall establish standing committees,
18 including:

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

20 (2) The Committee on Hospital and Community Health Resources
21 Relations;

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

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

25 19–2201.

26 (f) The Commission shall adopt regulations that:

27 (1) Establish the criteria for a community health resource to qualify
28 for a grant;

29 (2) Establish the procedures for disbursing grants to qualifying
30 community health resources;

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

1 (4) Establish criteria and mechanisms for funding a unified data
2 information system; AND

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

7 ~~(h) (1) Grants awarded to a community health resource under this section~~
8 ~~may be used:~~

9 ~~[(1)] (I) To provide operational assistance to a community health~~
10 ~~resource; and~~

11 ~~[(2)] (H) For any other purpose the Commission determines is~~
12 ~~appropriate to assist a community health resource.~~

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

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

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

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

29 (1) three members in 2010;

30 (2) three members in 2011;

31 (3) three members in 2012; and

32 (4) two members in 2013.

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

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.