

Department of Legislative Services
 Maryland General Assembly
 2008 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 841

(Senator Middleton)

Finance

Health and Government Operations

Maryland Community Health Resources Commission - Modifications

This bill • alters membership, quorum, member compensation, staffing, and standing committee provisions relating to the Maryland Community Health Resources Commission; • modifies the duties of the commission; and • extends the commission’s termination date from June 30, 2010 to June 30, 2015.

The bill takes effect July 1, 2008.

Fiscal Summary

State Effect: Special fund expenditures for the commission could increase by \$20,250 in FY 2009 to provide commission member compensation. The FY 2009 budget includes \$20,250 for this purpose. Future years reflect inflation. No effect on revenues.

(in dollars)	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	20,250	20,700	21,100	21,500	21,900
Net Effect	(\$20,250)	(\$20,700)	(\$21,100)	(\$21,500)	(\$21,900)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: Minimal to none.

Analysis

Bill Summary:

Commission Membership: On or after July 1, 2009, the term of a member is four years. Terms are staggered and a member may not serve more than two consecutive terms, with the exception of a member appointed prior to July 1, 2009, who may serve one additional four-year term. The Governor is authorized to remove a member for neglect of duty, incompetence, or misconduct.

Quorum Requirements: The decision of the commission must be by a majority of the quorum present and voting.

Compensation of Members: Commission members are entitled to receive compensation in accordance with the State budget.

Staffing Requirements: Staff hired after June 30, 2005 are in the executive service or management service or are special appointments in the State Personnel Management System.

Standing Committees: The requirement that the commission establish standing committees is repealed.

Duties of the Commission: The commission is required, to the extent budgeted resources permit, to *implement* programs and policies to encourage (1) specialist providers to serve individuals referred from community health resources; and (2) hospitals and community health resources to partner to increase access to health care services. The commission must adopt regulations in consultation with the Secretary of Health and Mental Hygiene, to implement a program to provide subsidies to community health resources for office based specialty care visits, diagnostic testing, and laboratory tests.

Current Law: Chapter 280 of 2005 established the commission to increase access to health care for lower-income individuals and to provide resources to community health resources around the State. A “community health resource” may be a federally qualified health center, a community health center, a health care program for the homeless, or other community-based health care program that provides health services for lower-income, uninsured individuals.

The commission must • administer grant programs that help community health resources expand; • develop an outreach program to educate and inform individuals of the availability of community health resources; and • assist lower-income, uninsured

individuals with accessing health care services through community health resources. The commission must also establish a specialty care network for eligible lower-income individuals.

Special fund income from the Community Health Resources Commission Fund, a nonlapsing fund, is used to award grants each year. Money from the fund covers administrative costs for the commission as well as costs associated with maintaining a unified data information system among community health resource centers. The commission is required to maintain this system and funding is limited to \$1.7 million in fiscal 2007 and thereafter.

Background: The fiscal 2009 budget for the commission is \$9.8 million, including \$7.5 million for operating grants to community health resources. Although the bill requires the commission to implement certain programs and policies within budgeted limits, particularly regarding access to specialty care, the commission does not plan to move forward on those projects for several years when funding may become available.

State Expenditures: Special fund expenditures for the commission could increase by \$20,250 in fiscal 2009 to provide compensation to commission members. While funding for compensation was included in the fiscal 2008 budget, the commission lacks the statutory authority to provide the compensation. The commission's fiscal 2009 budget again includes \$20,250 for commission member compensation.

Future years reflect 2.0% inflation.

Additional Information

Prior Introductions: None.

Cross File: HB 1279 (Delegate V. Turner, *et al.*) – Health and Government Operations.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

Fiscal Note History: First Reader - March 3, 2008
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