

**SB0234/757173/1**

BY: Finance Committee

AMENDMENTS TO SENATE BILL 234  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Rosapepe” and substitute “Rosapepe, and Jones-Rodwell”; in line 5, strike “requiring” and substitute “authorizing”; in line 6, strike “Department” and substitute “Secretary”; in line 7, after the semicolon insert “requiring the Secretary to consult with the Office of Minority Health and Health Disparities in implementing this Act;”; in line 9, strike “Commission” and substitute “Secretary”; in line 12, after the semicolon insert “requiring the Secretary to consider certain factors when designating areas as health enterprise zones and authorizing the Secretary to direct the Commission to conduct certain outreach efforts; requiring the Commission to report to certain committees of the General Assembly on certain information after certain applications are received by the Commission;”; in line 14, after “manner;” insert “requiring the Commission to provide funding in accordance with the designation of the Secretary of a Health Enterprise Zone;”; in line 16, after “benefits” insert “, including certain grants”; in line 18, after “grants;” insert “establishing a Health Enterprise Zone Reserve Fund;”; in the same line, strike “Department” and substitute “Secretary”; and strike beginning with “allowing” in line 21 down through “credits” in line 22 and substitute “allowing a refundable State income tax credit in certain circumstances for certain health care providers who practice in, and hire certain health care providers to practice in, a Health Enterprise Zone”.

On page 2, in line 4, after “study” insert “, develop certain regulations;”; and in line 13, strike “20-1406” and substitute “20-1407”.

AMENDMENT NO. 2

On page 3, in line 5, strike “rate, and” and substitute “rate; a”; in line 6, after “rate;” insert “and a White rate of completion of advance directives that is 2 times the Minority rate;”; and after line 6, insert:

(Over)

“WHEREAS, Health disparities exist in urban, suburban, and rural communities in the State; and

WHEREAS, Communities where significant health disparities exist also often face shortages in the primary health care workforce, including nurses; and”.

AMENDMENT NO. 3

On page 4, in lines 11 and 20, in each instance, after “DISPARITIES” insert “INCLUDING RACIAL, ETHNIC, AND GEOGRAPHIC HEALTH DISPARITIES”; and strike beginning with “LICENSED” in line 24 down through “PRACTITIONER” in line 28 and substitute “HEALTH CARE PRACTITIONER WHO IS LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHO PROVIDES:

(1) PRIMARY CARE, INCLUDING OBSTETRICS, GYNECOLOGICAL SERVICES, PEDIATRIC SERVICES, OR GERIATRIC SERVICES;

(2) BEHAVIORAL HEALTH SERVICES, INCLUDING MENTAL HEALTH OR ALCOHOL AND SUBSTANCE ABUSE SERVICES; OR

(3) DENTAL SERVICES”.

AMENDMENT NO. 4

On page 5, in line 3, after “HOSPITAL” insert “ADMISSIONS AND”; in line 5, after “(B)” insert “(1)”; in line 6, strike “SHALL” and substitute “MAY”; after line 8, insert:

“(2) THE SECRETARY SHALL CONSULT WITH THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES IN IMPLEMENTING THE PROVISIONS OF THIS SUBTITLE.”;

and in line 12, strike “COMMISSION” and substitute “SECRETARY”.

On page 5 in line 5, on page 7 in line 25, and on page 11 in line 23, in each instance, strike “DEPARTMENT” and substitute “SECRETARY”.

On page 6, in line 2, strike “AND”; after line 2, insert:

“(2) A PROPOSAL TO USE INNOVATIVE PUBLIC HEALTH STRATEGIES TO REDUCE HEALTH DISPARITIES IN THE AREA, SUCH AS THE USE OF COMMUNITY HEALTH WORKERS, HEALTH COACHES, REGISTERED DIETICIANS, OPTOMETRISTS, PEER LEARNING, AND COMMUNITY-BASED DISEASE MANAGEMENT ACTIVITIES, THAT COULD BE SUPPORTED BY GRANTS AWARDED UNDER THIS SUBTITLE; AND”;

in line 3, strike “(2)” and substitute “(3)”; in line 5, after “CARE,” insert “EXPAND ACCESS TO FRESH PRODUCE THROUGH GROCERY STORES AND FARMER’S MARKETS,”; in line 10, after “(B)” insert “(1)”; after line 11, insert:

“(2) THE SECRETARY SHALL CONSIDER GEOGRAPHIC DIVERSITY, AMONG OTHER FACTORS, WHEN DESIGNATING AREAS AS HEALTH ENTERPRISE ZONES AND MAY DIRECT THE COMMISSION TO CONDUCT OUTREACH EFFORTS TO FACILITATE A GEOGRAPHICALLY DIVERSE POOL OF APPLICANTS, INCLUDING PROMOTING APPLICATIONS FROM RURAL AREAS.

“(3) AFTER RECEIVING ALL APPLICATIONS SUBMITTED TO THE COMMISSION, THE COMMISSION SHALL REPORT, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS

(Over)

**COMMITTEE ON THE NAMES OF APPLICANTS AND GEOGRAPHIC AREAS IN WHICH APPLICANTS ARE LOCATED.**;

in line 16, after “FROM” insert “**AND PARTICIPATION OF**”; in line 17, after “INCLUDING” insert “**RESIDENTS OF THE AREA AND**”; and in line 21, strike “THE SUPPORT” and substitute “**INTEGRATION WITH THE STATE HEALTH IMPROVEMENT PROCESS AND THE GOALS SET OUT IN THE STRATEGIC PLAN**”.

**AMENDMENT NO. 5**

On page 7 in line 30 and on page 8 in lines 1 and 4, in each instance, strike “ANY EVIDENCE” and substitute “**EVIDENCE**”.

On page 7 in line 30 and on page 8 in line 1, in each instance, strike “SUCCESS” and substitute “**IMPACT**”.

On page 8, in line 4, strike “SUCCESS” and substitute “**PROGRESS**”; and in line 5, after “HOSPITAL” insert “**ADMISSIONS AND**”.

**AMENDMENT NO. 6**

On page 4, after line 13, insert:

**“(D) ‘FUND’ MEANS THE HEALTH ENTERPRISE ZONE RESERVE FUND ESTABLISHED UNDER § 20-1406 OF THIS SUBTITLE.”;**

and in lines 14 and 24, strike “(D)” and “(E)”, respectively, and substitute “**(E)**” and “**(F)**”, respectively.

On page 7, after line 22, insert:

**“(C) (1) A HEALTH ENTERPRISE ZONE PRACTITIONER MAY APPLY TO THE SECRETARY FOR A GRANT TO DEFRAY THE COSTS OF CAPITAL OR**

LEASEHOLD IMPROVEMENTS TO, OR MEDICAL OR DENTAL EQUIPMENT TO BE USED IN, A HEALTH ENTERPRISE ZONE.

(2) TO QUALIFY FOR A GRANT UNDER PARAGRAPH (1) OF THIS SUBSECTION, A HEALTH ENTERPRISE ZONE PRACTITIONER SHALL:

(I) OWN OR LEASE THE HEALTH CARE FACILITY; AND

(II) PROVIDE HEALTH CARE FROM THAT FACILITY.

(3) (I) A GRANT TO DEFRAY THE COST OF MEDICAL OR DENTAL EQUIPMENT MAY NOT EXCEED THE LESSER OF \$25,000 OR 50% OF THE COST OF THE EQUIPMENT.

(II) GRANTS FOR CAPITAL OR LEASEHOLD IMPROVEMENTS SHALL BE FOR THE PURPOSES OF IMPROVING OR EXPANDING THE DELIVERY OF HEALTH CARE IN THE HEALTH ENTERPRISE ZONE.”;

and after line 23, insert:

“(A) THERE IS A HEALTH ENTERPRISE ZONE RESERVE FUND.

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

(C) (1) THE STATE 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 CREDITED TO THE GENERAL FUND OF THE STATE.

(Over)

**(D) THE MONEY IN THE FUND SHALL BE USED FOR:**

**(1) ANY ACTIVITY AUTHORIZED UNDER THIS SUBTITLE; AND**

**(2) THE STATE INCOME TAX CREDIT AUTHORIZED UNDER § 10-731 OF THE TAX – GENERAL ARTICLE.**

**(E) THE COMMISSION SHALL ADMINISTER THE FUND AND PROVIDE FUNDING IN ACCORDANCE WITH THE DESIGNATION BY THE SECRETARY OF A HEALTH ENTERPRISE ZONE UNDER THIS SUBTITLE.**

**20-1407.”.**

On page 8, after line 11, insert:

**“(3) “FUND” MEANS THE HEALTH ENTERPRISE ZONE RESERVE FUND ESTABLISHED UNDER § 20-1406 OF THE HEALTH – GENERAL ARTICLE.”;**

in lines 12 and 14, strike “(3)” and “(4)”, respectively, and substitute “(4)” and “(5)”, respectively; after line 15, insert:

**“(6) “QUALIFIED EMPLOYEE” MEANS A HEALTH ENTERPRISE ZONE PRACTITIONER, COMMUNITY HEALTH WORKER, OR INTERPRETER WHO:**

**(I) PROVIDES DIRECT SUPPORT TO A HEALTH ENTERPRISE ZONE PRACTITIONER; AND**

**(II) EXPANDS ACCESS TO SERVICES IN A HEALTH ENTERPRISE ZONE.**

(7) (i) “QUALIFIED POSITION” MEANS A QUALIFIED EMPLOYEE POSITION THAT:

1. PAYS AT LEAST 150% OF THE FEDERAL MINIMUM WAGE;

2. IS FULL TIME AND OF INDEFINITE DURATION;

3. IS LOCATED IN A HEALTH ENTERPRISE ZONE;

4. IS NEWLY CREATED AS A RESULT OF THE ESTABLISHMENT OF, OR EXPANSION OF SERVICES IN, A HEALTH ENTERPRISE ZONE; AND

5. IS FILLED.

(ii) “QUALIFIED POSITION” DOES NOT INCLUDE A POSITION THAT IS FILLED FOR A PERIOD OF LESS THAN 12 MONTHS.”;

in line 28, strike “MAY SUBMIT” and substitute “THAT SUBMITS”; and strike beginning with “REQUESTING” in line 30 down through “BY” in line 31 and substitute “MAY ALSO SUBMIT TO THE DEPARTMENT A REQUEST FOR CERTIFICATION OF ELIGIBILITY FOR CERTAIN INCOME TAX CREDITS ON BEHALF OF A”.

On page 9, in line 1, strike “PRACTITIONERS” and substitute “PRACTITIONER”; strike beginning with “IF” in line 5 down through “YEAR” in line 18 and substitute:

“(1) IF THE DEPARTMENT APPROVES A REQUEST FOR CERTIFICATION SUBMITTED UNDER THIS SECTION, A HEALTH ENTERPRISE ZONE PRACTITIONER MAY CLAIM A CREDIT AGAINST THE STATE INCOME TAX IN AN AMOUNT EQUAL TO 100% OF THE AMOUNT OF THE STATE INCOME TAX EXPECTED TO BE DUE FROM THE HEALTH ENTERPRISE ZONE PRACTITIONER FROM INCOME TO BE DERIVED FROM PRACTICE IN THE HEALTH ENTERPRISE ZONE, AS CERTIFIED BY THE DEPARTMENT FOR THE TAXABLE YEAR.

(2) (I) IN ADDITION TO THE STATE INCOME TAX CREDIT PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION, A HEALTH ENTERPRISE ZONE PRACTITIONER MAY CLAIM A REFUNDABLE CREDIT OF \$10,000 AGAINST THE STATE INCOME TAX FOR HIRING FOR A QUALIFIED POSITION IN THE HEALTH ENTERPRISE ZONE, AS CERTIFIED BY THE DEPARTMENT FOR THE TAXABLE YEAR.

(II) TO BE ELIGIBLE FOR THE CREDIT PROVIDED UNDER THIS PARAGRAPH, A HEALTH ENTERPRISE ZONE PRACTITIONER MAY CREATE ONE OR MORE QUALIFIED POSITIONS DURING ANY 24-MONTH PERIOD.

(III) THE CREDIT EARNED UNDER THIS PARAGRAPH SHALL BE TAKEN OVER A 24-MONTH PERIOD, WITH ONE-HALF FOR THE CREDIT AMOUNT ALLOWED EACH YEAR BEGINNING WITH THE FIRST TAXABLE YEAR IN WHICH THE CREDIT IS CERTIFIED.

(IV) IF THE QUALIFIED POSITION IS FILLED FOR A PERIOD OF LESS THAN 24 MONTHS, THE TAX CREDIT SHALL BE RECAPTURED AS FOLLOWS:

1. THE TAX CREDIT SHALL BE RECOMPUTED AND REDUCED ON A PRORATED BASIS, BASED ON THE PERIOD OF TIME THE



POSITION WAS FILLED, AS DETERMINED BY THE DEPARTMENT AND REPORTED TO THE COMPTROLLER; AND

2. THE HEALTH ENTERPRISE ZONE PRACTITIONER WHO RECEIVED THE TAX CREDIT SHALL REPAY ANY AMOUNT OF THE CREDIT THAT MAY HAVE ALREADY BEEN REFUNDED TO THE PRACTITIONER THAT EXCEEDS THE AMOUNT RECOMPUTED BY THE DEPARTMENT IN ACCORDANCE WITH ITEM 1 OF THIS SUBPARAGRAPH.

(3) (i) TO BE CERTIFIED AS ELIGIBLE FOR THE CREDITS PROVIDED UNDER THIS SECTION, A HEALTH ENTERPRISE ZONE PRACTITIONER MAY APPLY FOR CERTIFICATION THROUGH THE NONPROFIT COMMUNITY-BASED ORGANIZATION OR LOCAL GOVERNMENT THAT SUBMITS AN APPROVED PROPOSAL UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE.

(ii) 1. ELIGIBILITY FOR THE CERTIFICATION FOR THE CREDITS PROVIDED UNDER THIS SECTION IS LIMITED BY AVAILABILITY OF BUDGETED FUNDS FOR THAT PURPOSE, AS DETERMINED BY THE DEPARTMENT.

2. CERTIFICATES OF ELIGIBILITY SHALL BE SUBJECT TO APPROVAL BY THE DEPARTMENT ON A FIRST-COME, FIRST-SERVED BASIS, AS DETERMINED BY THE DEPARTMENT IN ITS SOLE DISCRETION”;

in lines 19, 23, and 26, strike “(F)”, “(G)”, and “(H)”, respectively, and substitute “(E)”, “(F)”, and “(G)”, respectively; and in line 22, after “PRACTITIONER” insert “, FOR EACH TAXABLE YEAR”.

AMENDMENT NO. 7

(Over)

On page 8, in line 24, after “PROGRAM” insert “AND FOR UNINSURED PATIENTS”.

On page 10, after line 25, insert:

“(III) IN IMPLEMENTING PARAGRAPH (3)(II) AND (III) OF THIS SUBSECTION, THE COMMISSION SHALL CONSULT WITH APPROPRIATE STAKEHOLDERS, INCLUDING AT LEAST ONE REPRESENTATIVE OF A CARRIER THAT DOES BUSINESS PREDOMINANTLY IN THE STATE AND A CARRIER THAT DOES BUSINESS IN THE STATE AND NATIONALLY, TO DETERMINE NATIONAL STANDARDS FOR EVALUATING THE EFFECTIVENESS OF CARRIERS IN ADDRESSING HEALTH DISPARITIES AND TO FULFILL THE PURPOSES OF PARAGRAPH (3)(II) AND (III) OF THIS SUBSECTION IN A MANNER THAT CAN BE EASILY REPLICATED IN OTHER STATES.”.

On page 11, in line 15, strike beginning with the comma through “REGULATION”; and strike beginning with “INCLUDES” in line 18 down through “COURSES” in line 19 and substitute “OFFERS A PROGRAM”.

AMENDMENT NO. 8

On page 11, after line 28, insert:

“(2) In coordination with the evaluation of the Maryland Patient Centered Medical Home, develop recommendations for criteria and standards to measure the impact of the Maryland Patient Centered Medical Home on eliminating disparities in health care outcomes;”;

in line 29, strike “(2)” and substitute “(3)”; and in line 30, after “feasible” insert “and recommendations for criteria and standards to measure the impact of the Maryland Patient Centered Medical Home on eliminating disparities in health care outcomes”.

On page 12, in line 1, strike “(3)” and substitute “(4)”; in line 5, after “That” insert “;

(1)”;

in the same line, strike “the” and substitute “The”; in line 7, strike “(1)” and substitute “(i)”; in line 10, strike the second “and” and substitute:

“(ii) Assess the feasibility of and develop recommendations for criteria and standards establishing multicultural health care equity and assessment programs for the Maryland Patient Centered Medical Home program and other health care settings; and

(iii) Recommend criteria for health care providers in the State to receive continuing education in multicultural health care, including cultural competency and health literacy training.

(2) The workgroup established under this section may include representatives from:

(i) The Maryland Health Care Commission;

(ii) The Maryland Office of Minority Health and Health Disparities;

(iii) Academic centers of health literacy and academic centers for health disparities research;

(iv) The Department of Health and Mental Hygiene;

(v) Health Occupations Boards in the State;

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- (vi) A wide range of health care professionals and providers;
- (vii) Experts on health disparities and health literacy;
- (viii) Accreditation entities, including the National Committee for Quality Assurance and URAC;
- (ix) Members of the Maryland Patient Centered Medical Home Program Learning Collaborative; and
- (x) The Maryland Advisory Council on Mental Hygiene/Cultural Competence Advisory Group.

(3) The academic centers of health literacy and the academic centers for health disparities research shall assist the Maryland Health Care Commission and the Department of Health and Mental Hygiene in staffing and leading the workgroup.”;

in line 11, strike “(2) Submit” and substitute “(4) The workgroup shall submit”; strike beginning with “Governor” in line 11 down through “Assembly” in line 12 and substitute “Maryland Quality and Cost Council”; and in line 12, strike “January” and substitute “December”.