

HOUSE BILL 747

J1

71r0019

By: **Chair, Health and Government Operations Committee (By Request – Departmental – Health and Mental Hygiene)**

Introduced and read first time: February 2, 2017

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 8, 2017

CHAPTER _____

1 AN ACT concerning

2 **Public Health – Cigarette Restitution Fund Programs – Modifications**

3 FOR the purpose of altering certain information measured by the Baseline Tobacco Study;
4 requiring a local health officer to identify a certain coalition and certain programs,
5 evaluate the effectiveness of certain programs, and develop a certain plan with the
6 assistance of a certain coalition before applying for certain grants; requiring a local
7 health officer, in consultation with a certain coalition, to update a certain plan;
8 requiring the local health officers of two or more counties to identify a certain
9 coalition under certain circumstances; repealing the requirement that a county or
10 statewide academic health center that receives funds under a certain grant dedicate
11 a certain percentage of the funds to cancer screening, diagnosis, and treatment;
12 requiring the Department of Health and Mental Hygiene, prior to each fiscal year,
13 to determine the percentage of funds to be allocated to cancer screening, diagnosis,
14 and treatment by a certain county or statewide academic health center; requiring
15 certain plans to include a list of certain members of a certain coalition, describe how
16 the plan will help to increase availability of and access to health care services for
17 underinsured individuals, and demonstrate that priority consideration was given to
18 certain persons that have demonstrated a commitment to providing certain services
19 to certain underinsured individuals; repealing a requirement that, in Montgomery
20 County and Prince George’s County, a certain coalition must develop a specific plan
21 under certain circumstances; repealing a requirement that, in Baltimore County, a
22 certain comprehensive plan must include a specific plan under certain
23 circumstances; repealing a requirement that certain statewide academic health
24 centers collaborate with a certain coalition to develop and implement a specific plan

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 under certain circumstances; requiring certain statewide academic health centers,
 2 in collaboration with the Baltimore City Health Department, to identify a certain
 3 coalition and to identify certain programs, evaluate the effectiveness of certain
 4 programs, and develop a certain plan with the assistance of a certain coalition before
 5 applying for a certain grant; repealing the requirement that a certain plan include a
 6 specific plan as to how certain hospitals will be used to achieve certain goals; altering
 7 a certain definition; defining a certain term; making stylistic changes; and generally
 8 relating to Cigarette Restitution Fund programs.

9 BY repealing and reenacting, without amendments,
 10 Article – Health – General
 11 Section 13–1003(c)(1) and 13–1115(a) and (d)
 12 Annotated Code of Maryland
 13 (2015 Replacement Volume and 2016 Supplement)

14 BY repealing and reenacting, with amendments,
 15 Article – Health – General
 16 Section 13–1003(c)(2)(i), (ii), and (vi), 13–1008, 13–1009, 13–1101, 13–1107,
 17 13–1109, 13–1110, 13–1114, and 13–1115~~(a) through (e)~~ (b), (c), and (e)
 18 Annotated Code of Maryland
 19 (2015 Replacement Volume and 2016 Supplement)

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

22 **Article – Health – General**

23 13–1003.

24 (c) (1) To initiate the Surveillance and Evaluation Component, the
 25 Department shall conduct a comprehensive statewide Baseline Tobacco Study as provided
 26 under this section.

27 (2) The Baseline Tobacco Study shall measure:

28 (i) The number and percentage of individuals [under the age of 18
 29 years] **ATTENDING MIDDLE SCHOOL OR HIGH SCHOOL** who smoke or otherwise use
 30 tobacco products, both statewide and in each county;

31 (ii) The number and percentage of minority individuals [under the
 32 age of 18 years] **ATTENDING MIDDLE SCHOOL OR HIGH SCHOOL** who smoke or otherwise
 33 use tobacco products, both statewide and in each county;

34 (vi) The number and percentage of households with individuals
 35 [under the age of 18 years] **ATTENDING MIDDLE SCHOOL OR HIGH SCHOOL** in which at
 36 least one household member who is at least 18 years old smokes tobacco products, both
 37 statewide and in each county;

1 13-1008.

2 (a) (1) Subject to the other provisions of this section, a local health officer may
3 apply to the Department for a Local Public Health Tobacco Grant.

4 (2) The amount of the Local Public Health Tobacco Grant shall be
5 determined by the Department using the formula established under § 13-1007 of this
6 subtitle.

7 (b) Before applying for a Local Public Health Tobacco Grant, a local health officer
8 shall:

9 (1) Establish a Community Health Coalition, as provided under § 13-1010
10 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE DEPARTMENT;**
11 and

12 (2) With the assistance of the [Community Health Coalition] **COALITION**
13 **ESTABLISHED OR IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:**

14 (i) Identify all existing tobacco use prevention and cessation
15 programs in the county that are publicly funded;

16 (ii) Evaluate the effectiveness of the publicly funded programs
17 identified under item (i) of this paragraph; and

18 (iii) Develop a Comprehensive Plan for Tobacco Use Prevention and
19 Cessation that outlines a strategy for meeting the tobacco use prevention and cessation
20 goals and requirements established for the county under § 13-1007 of this subtitle.

21 (c) A Comprehensive Plan for Tobacco Use Prevention and Cessation shall:

22 (1) Include a list of the members of the [Community Health Coalition]
23 **COALITION ESTABLISHED OR IDENTIFIED UNDER SUBSECTION (B)(1) OF THIS**
24 **SECTION** and their organizational affiliations;

25 (2) Include an evaluation of any county program funded with a Local Public
26 Health Tobacco Grant in the prior year;

27 (3) Each year, after the first year of funding, demonstrate that progress
28 has been made toward meeting the tobacco use prevention and cessation goals established
29 for the county under § 13-1007 of this subtitle;

30 (4) Include a budget plan that provides specific levels of funding for each
31 initiative described in the Plan and an explanation as to how each initiative is expected to

1 help meet the tobacco use prevention and cessation goals and requirements established for
2 the county under § 13–1007 of this subtitle;

3 (5) Demonstrate that the county has met the base-year funding
4 requirement established under § 13–1011 of this subtitle;

5 (6) Each year, after the first year of funding, identify all persons who
6 received money under a Local Public Health Tobacco Grant in the prior year and state the
7 amount of money that was received by each person under the grant;

8 (7) Each year, after the first year of funding, state the amount of money
9 that was received by a county under a Local Public Health Tobacco Grant in the prior fiscal
10 year that remained unspent and unobligated at the end of that year;

11 (8) Describe how the Plan will help to reduce tobacco use among women,
12 minority individuals, and individuals under the age of 18 years, with particular emphasis
13 on how the Plan seeks to address the relevant findings and recommendations of the Task
14 Force Report;

15 (9) Describe how the Plan will help to increase availability of and access to
16 cessation programs for uninsured individuals and medically underserved populations, with
17 particular emphasis on how the Plan seeks to address the relevant findings and
18 recommendations of the Task Force Report;

19 (10) Allocate resources in a manner that is consistent with:

20 (i) The needs of different populations in the county, including
21 targeted minority populations, as identified in the Baseline Tobacco Study and annual
22 tobacco studies; and

23 (ii) The recommendations of the Centers for Disease Control and
24 Prevention regarding best practices for a comprehensive tobacco control program; and

25 (11) Contain any data or other information required by the Department.

26 (d) If a Comprehensive Plan for Tobacco Use Prevention and Cessation does not
27 allocate resources in a manner that is consistent with the recommendations of the Centers
28 for Disease Control and Prevention regarding best practices for a comprehensive tobacco
29 control program, the Plan shall:

30 (1) State the reason for not allocating resources in this manner; and

31 (2) Identify the extent to which other resources assist the county in
32 meeting this requirement.

1 (e) A local health officer who seeks to obtain a Local Public Health Tobacco Grant
2 shall apply to the Department by submitting a copy of the county's Comprehensive Plan for
3 Tobacco Use Prevention and Cessation for approval.

4 (f) Each year, a local health officer, in consultation with the [Community Health
5 Coalition] **COALITION ESTABLISHED OR IDENTIFIED UNDER SUBSECTION (B)(1) OF**
6 **THIS SECTION**, shall update the Comprehensive Plan for Tobacco Use Prevention and
7 Cessation.

8 (g) (1) The Department may designate a person other than the head of a
9 county health department to coordinate a county's tobacco use prevention and cessation
10 efforts if:

11 (i) The county health department is unwilling to coordinate these
12 efforts;

13 (ii) The county health department has been unsuccessful in
14 implementing tobacco use prevention and cessation initiatives that satisfy performance
15 standards established by the Department; or

16 (iii) The county health department lacks sufficient staff or resources
17 to coordinate these efforts.

18 (2) Subject to paragraph (3) of this subsection, the Department shall
19 establish procedures for making a designation under this subsection.

20 (3) If the Department determines that it is necessary to designate a person
21 other than the local health officer to coordinate a county's tobacco use prevention and
22 cessation efforts, the Department may designate the Department as the entity that will
23 coordinate the county's efforts.

24 13-1009.

25 (a) The local health officers of two or more counties may join together as a region
26 to apply for a Local Public Health Tobacco Grant.

27 (b) The amount of the Local Public Health Tobacco Grant that is distributed to a
28 region under subsection (a) of this section shall be equal to the sum of the Local Public
29 Health Tobacco Grants that otherwise would have been distributed to each county under §
30 13-1007 of this subtitle.

31 (c) If the local health officers of two or more counties join together as a region to
32 apply for a Local Public Health Tobacco Grant, the local health officers shall act jointly to:

33 (1) Develop a Comprehensive Plan for Tobacco Use Prevention and
34 Cessation, as required under § 13-1008 of this subtitle;

1 (2) Establish a Community Health Coalition, as required under § 13–1008
2 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE DEPARTMENT;**

3 (3) Demonstrate that the base-year funding requirement of § 13–1011 of
4 this subtitle has been met; and

5 (4) Otherwise satisfy the requirements of §§ 13–1006 through 13–1012 of
6 this subtitle.

7 13–1101.

8 (a) In this subtitle the following words have the meanings indicated.

9 (b) “Administrative Component” means the component of the Program
10 established under § 13–1119 of this subtitle.

11 (c) “Baseline Cancer Study” means the study conducted under § 13–1103 of this
12 subtitle.

13 (d) “Cancer Research Plan” means a plan developed under § 13–1116 of this
14 subtitle.

15 (e) “Cigarette Restitution Fund” means the fund that is established under §
16 7–317 of the State Finance and Procurement Article.

17 (f) “Community Health Coalition” means a coalition established under §
18 13–1109(c)(1) or § 13–1115(b)(1) of this subtitle.

19 (g) “Comprehensive Plan for Cancer Prevention, Education, Screening, and
20 Treatment” means a plan developed under § 13–1109(c)(2) or § 13–1115(b)(2) of this
21 subtitle.

22 (h) “County” includes Baltimore City.

23 (i) “Education” means information provided to the public regarding the purpose
24 of, availability of, and access to screening programs.

25 (j) “Federally qualified health center” has the meaning stated in 42 U.S.C. § 254b.

26 (k) “Johns Hopkins Institutions” means the Johns Hopkins University and the
27 Johns Hopkins Health System.

28 (l) “Local health officer” means:

29 (1) The head of a county health department; or

1 (2) A person designated by the Department under [§ 13–1109(h)] §
2 **13–1109(G)** or § 13–1115(f) of this subtitle.

3 (m) “Local Public Health Cancer Grant” means a grant distributed by the
4 Department to a county under §§ 13–1107 through 13–1113 of this subtitle.

5 (n) “Local Public Health Component” means the component of the Program that
6 is established under § 13–1107 of this subtitle.

7 (o) “Maryland Cancer Registry” means the computerized data system, operated
8 by the [Community Public Health Administration in the] Department with the assistance
9 of the Maryland State Council on Cancer Control, that registers cases of cancer that are
10 diagnosed and treated in the State.

11 (p) “Maryland Technology Development Corporation” means the entity that is
12 established under Title 10, Subtitle 4 of the Economic Development Article.

13 (q) “Minority individual” means a woman or an individual of African American,
14 Hispanic, Native American, or Asian descent.

15 (r) “Outreach efforts” means activities that are related to encouraging individuals
16 to seek screening services.

17 (s) “Prevention” means activities relating to early detection, screening, and risk
18 factor reduction.

19 (t) “Program” means the Cancer Prevention, Education, Screening, and
20 Treatment Program that is established under § 13–1102 of this subtitle.

21 (u) “Screening” includes screening, early detection, identification, diagnosis, and
22 outreach efforts associated with screening and early detection programs.

23 (v) “Statewide Academic Health Center” means the University of Maryland
24 Medical Group or the Johns Hopkins Institutions.

25 (w) “Statewide Academic Health Center Cancer Research Grant” means a grant
26 that is distributed under § 13–1116 of this subtitle.

27 (x) “Statewide Academic Health Center Component” means the component
28 established under § 13–1114 of this subtitle.

29 (y) “Statewide Academic Health Center Public Health Grant” means a grant that
30 is distributed under § 13–1115 of this subtitle.

31 (z) “Statewide Academic Health Center Tobacco–Related Diseases Research
32 Grant” means a grant that is distributed under § 13–1017 of this title.

1 (aa) “Statewide Public Health Component” means the component of the Program
2 that is established under § 13–1106 of this subtitle.

3 (bb) “Surveillance and Evaluation Component” means the component of the
4 Program that is established under § 13–1103 of this subtitle.

5 (cc) “Targeted cancer” means a cancer that is identified by the Department under
6 § 13–1102(d) of this subtitle.

7 (dd) “Task Force Report” means the report entitled “Report of the Governor’s Task
8 Force to Conquer Cancer” that was issued in December 1999.

9 (ee) “Tobacco–related diseases” means cardiovascular disease, chronic pulmonary
10 disease, peripheral vascular disease, stroke, and infant mortality due to low birth weight.

11 (ff) “Treatment” includes appropriate access to:

12 (1) Local hospitals, community clinics, physicians, and other health care
13 providers; and

14 (2) Clinical trials, transportation, case management, hospice care, and
15 cancer support groups.

16 **(GG) “UNDERINSURED INDIVIDUAL” MEANS AN INDIVIDUAL:**

17 **(1) FOR WHOM THE APPROPRIATE TREATMENT IS NOT ADEQUATELY**
18 **COVERED BY PRIVATE HEALTH INSURANCE, MEDICAID, MEDICARE, OR THE**
19 **MARYLAND CHILDREN’S HEALTH PROGRAM DUE TO OUT-OF-POCKET COSTS,**
20 **INCLUDING REQUIRED COPAYMENTS, COINSURANCE, OR DEDUCTIBLES; AND**

21 **(2) WHO THE DEPARTMENT DETERMINES DOES NOT HAVE THE**
22 **FINANCIAL MEANS TO PAY FOR APPROPRIATE TREATMENT.**

23 **[(gg)] (HH) “Uninsured individual” means an individual:**

24 (1) For whom the appropriate treatment is not covered by private health
25 insurance, Medicaid, Medicare, or the Maryland Children’s Health Program; and

26 (2) Who the Department determines does not have the financial means to
27 pay for appropriate treatment.

28 **[(hh)] (II) “University of Maryland Medical Group” means the University of**
29 **Maryland Medical System Corporation, the University of Maryland Medical School, and**
30 **the University of Maryland, Baltimore Campus.**

31 13–1107.

1 (a) There is a Local Public Health Component in the Program.

2 (b) The purpose of the Local Public Health Component is to maximize the
3 effectiveness of anti-cancer initiatives in the State by empowering local health coalitions
4 to develop and implement cancer prevention, education, screening, and treatment
5 programs in coordination with the Department.

6 (c) Subject to §§ 13–1108 through 13–1113 of this subtitle, the Department may
7 distribute grants to counties for cancer prevention, education, screening, and treatment
8 programs.

9 (d) (1) Except as provided under paragraph (2) of this subsection, the
10 Department may not spend any funds that are allocated to the Local Public Health
11 Component in the State budget until after the Baseline Cancer Study has been completed.

12 (2) Before the Baseline Cancer Study is completed, the Department may
13 distribute a planning grant of not more than \$10,000 to each local health department other
14 than the Baltimore City Health Department.

15 (e) [A county or statewide academic health center that receives funds under a
16 local public health cancer grant shall dedicate at least 60% of the funds to cancer screening,
17 diagnosis, and treatment] **PRIOR TO EACH FISCAL YEAR, THE DEPARTMENT SHALL**
18 **DETERMINE THE PERCENTAGE OF FUNDS THAT SHALL BE ALLOCATED TO CANCER**
19 **SCREENING, DIAGNOSIS, AND TREATMENT BY A COUNTY OR STATEWIDE ACADEMIC**
20 **HEALTH CENTER THAT RECEIVES FUNDS UNDER A LOCAL PUBLIC HEALTH**
21 **CANCER GRANT.**

22 13–1109.

23 (a) Except as provided in § 13–1115(f) of this subtitle, this section does not apply
24 to Baltimore City.

25 (b) (1) Subject to the other provisions of this section, a local health officer may
26 apply to the Department for a Local Public Health Cancer Grant.

27 (2) The amount of a Local Public Health Cancer Grant shall be determined
28 by the Department using the formula that is established under § 13–1108 of this subtitle.

29 (c) Before applying for a Local Public Health Cancer Grant, a local health officer
30 shall:

31 (1) Establish a Community Health Coalition, as provided under § 13–1111
32 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE DEPARTMENT;**
33 and

1 (2) With the assistance of the [Community Health Coalition] **COALITION**
2 **ESTABLISHED OR IDENTIFIED UNDER ITEM (1) OF THIS SUBSECTION:**

3 (i) Identify all existing cancer prevention, education, screening, and
4 treatment programs that relate to targeted cancers in the county that are publicly funded;

5 (ii) Evaluate the effectiveness of the publicly funded programs
6 identified under item (i) of this paragraph; and

7 (iii) Develop a Comprehensive Plan for Cancer Prevention,
8 Education, Screening, and Treatment that outlines a strategy for meeting the cancer
9 prevention, education, screening, and treatment goals and requirements established for the
10 county under § 13–1108 of this subtitle.

11 (d) A Comprehensive Plan for Cancer Prevention, Education, Screening, and
12 Treatment shall:

13 (1) Include a list of the members of the [Community Health Coalition]
14 **COALITION ESTABLISHED OR IDENTIFIED UNDER SUBSECTION (C)(1) OF THIS**
15 **SECTION** and their organizational affiliations;

16 (2) Include the evaluation of any program funded with a Local Public
17 Health Cancer Grant in the prior year;

18 (3) Each year, after the first year of funding, demonstrate that progress
19 has been made toward meeting the cancer prevention, education, screening, and treatment
20 goals established for the county under § 13–1108 of this subtitle;

21 (4) Include a budget plan that provides specific levels of funding for each
22 initiative described in the Plan and an explanation as to how each initiative is expected to
23 help meet the cancer prevention, education, screening, and treatment goals and
24 requirements established for the county under § 13–1108 of this subtitle;

25 (5) Demonstrate that the county has met the base-year funding
26 requirement established under § 13–1112 of this subtitle;

27 (6) Demonstrate that any early detection or screening program that is or
28 will be funded under a Local Public Health Cancer Grant provides necessary treatment or
29 linkages to necessary treatment for uninsured individuals who are diagnosed with a
30 targeted or non-targeted cancer as a result of the screening process;

31 (7) Each year, after the first year of funding, identify all persons who
32 received money under a Local Public Health Cancer Grant in the prior year and state the
33 amount of money that was received by each person under the Grant;

1 (8) Each year, after the first year of funding, state the amount of money
2 that was received by a county under a Local Public Health Cancer Grant in the prior fiscal
3 year that remained unspent and unobligated at the end of that year;

4 (9) Describe how the Plan will help to eliminate the greater incidence of
5 and higher morbidity rates for cancer in minority populations and rural areas, with
6 particular emphasis on how the Plan seeks to address the relevant findings and
7 recommendations of the Task Force Report;

8 (10) Describe how the Plan will help to increase availability of and access to
9 health care services for uninsured **AND UNDERINSURED** individuals and medically
10 underserved populations, with particular emphasis on how the Plan seeks to address the
11 relevant findings and recommendations of the Task Force Report;

12 (11) Demonstrate that priority consideration was given to persons,
13 including federally qualified health centers, that have demonstrated a commitment to
14 providing cancer prevention, education, screening, and treatment services to uninsured
15 **AND UNDERINSURED** individuals in the county and a proven ability to do so; and

16 (12) Contain any data or other information required by the Department.

17 [(e) (1) In addition to the requirements of subsection (d) of this section, in
18 Montgomery and Prince George's counties, the Community Health Coalition, acting jointly
19 and in consultation with the Statewide Academic Health Centers, shall develop a specific
20 plan as to how the expertise of the Statewide Academic Health Centers will be used to
21 assist the Community Health Coalition in achieving the goals established for the county
22 under § 13-1108 of this subtitle as they relate to enhancing the capacity for cancer
23 screening and treatment at one or more major community hospitals in the county.

24 (2) In addition to the requirements of subsection (d) of this section, in
25 Baltimore County, the Comprehensive Plan for Cancer Prevention, Education, Screening,
26 and Treatment shall include a specific plan as to how the major community hospital or
27 hospitals that are included in the Community Health Coalition, as required under §
28 13-1111 of this subtitle, will be used to achieve the goals established for the county under
29 § 13-1108 of this subtitle as they relate to enhancing the capacity for cancer screening and
30 treatment in the county.]

31 [(f) (E) A local health officer who seeks to obtain a Local Public Health Cancer
32 Grant shall apply to the Department by submitting a copy of the county's Comprehensive
33 Plan for Cancer Prevention, Education, Screening, and Treatment for approval.

34 [(g) (F) Each year, a local health officer, in consultation with the [Community
35 Health Coalition] **COALITION ESTABLISHED OR IDENTIFIED UNDER SUBSECTION
36 (C)(1) OF THIS SECTION**, shall update the Comprehensive Plan for Cancer Prevention,
37 Education, Screening, and Treatment.

1 **[(h)] (G)** (1) The Department may designate a person other than the head of
2 a county health department to coordinate a county's cancer prevention, education,
3 screening, and treatment efforts if:

4 (i) The county health department is unwilling to coordinate these
5 efforts;

6 (ii) The county health department has been unsuccessful in
7 implementing cancer prevention, education, screening, and treatment initiatives that
8 satisfy performance standards established by the Department; or

9 (iii) The county health department lacks sufficient staff or resources
10 to coordinate these efforts.

11 (2) Subject to paragraph (3) of this subsection, the Department shall
12 establish procedures for making a designation under this subsection.

13 (3) If the Department determines that it is necessary to designate a person
14 other than the local health officer to coordinate a county's cancer prevention, education,
15 screening, and treatment efforts, the Department may designate the Department as the
16 entity that will coordinate the county's efforts.

17 13–1110.

18 (a) The local health officers of two or more counties may join together as a region
19 to apply for a Local Public Health Cancer Grant.

20 (b) The Department may require that two or more counties join together as a
21 region to apply for a Local Public Health Cancer Grant if the Department determines that:

22 (1) It would be cost-effective to fund cancer prevention, education,
23 screening, and treatment programs for targeted cancers on a regional basis; and

24 (2) It would serve the public health interests of the counties to fund cancer
25 prevention, education, screening, and treatment programs for targeted cancers on a
26 regional basis.

27 (c) The amount of a Local Public Health Cancer Grant that is distributed to a
28 region under this section shall be equal to the sum of the Local Public Health Cancer Grants
29 that otherwise would have been distributed to each county under the formula established
30 under § 13–1108 of this subtitle.

31 (d) If the local health officers of two or more counties choose to join together as a
32 region to apply for a Local Public Health Cancer Grant or are required to do so by the
33 Department, the local health officers shall act jointly to:

1 (1) Develop a Comprehensive Plan for Cancer Prevention, Education,
2 Screening, and Treatment, as required under § 13–1109(c) of this subtitle;

3 (2) Establish a Community Health Coalition, as provided under § 13–1111
4 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE DEPARTMENT;**

5 (3) Demonstrate that the base-year funding requirement established
6 under § 13–1112 of this subtitle has been met; and

7 (4) Otherwise satisfy the requirements of §§ 13–1107 through 13–1113 of
8 this subtitle.

9 13–1114.

10 (a) There is a Statewide Academic Health Center Component in the Program.

11 (b) The purpose of the Statewide Academic Health Center Component is to
12 maximize the effectiveness of the Program by involving the University of Maryland Medical
13 Group and the Johns Hopkins Institutions in the implementation of the Program.

14 (c) Subject to §§ 13–1115 and 13–1116 of this subtitle, the Department may
15 implement the Statewide Academic Health Center Component by distributing:

16 (1) Statewide Academic Health Center Public Health Grants, as provided
17 under § 13–1115 of this subtitle; and

18 (2) Statewide Academic Health Center Cancer Research Grants, as
19 provided under § 13–1116 of this subtitle.

20 [(d) (1) Subject to paragraph (2) of this subsection, the University of Maryland
21 Medical Group and the Johns Hopkins Institutions, at the request of a Community Health
22 Coalition in Montgomery County or Prince George’s County, as provided under §
23 13–1109(e) of this subtitle, shall collaborate with the Community Health Coalition for the
24 purpose of developing and implementing a specific plan as to how the expertise of the
25 institution will be used to assist the Community Health Coalition in achieving the goals
26 established for the county under § 13–1108 of this subtitle as they relate to enhancing the
27 capacity for cancer screening and treatment at one or more major community hospitals in
28 the county.

29 (2) Paragraph (1) of this subsection does not apply with respect to the
30 implementation of a plan unless funds are specifically allocated in the State budget for this
31 purpose.]

32 [(e) (D) The University of Maryland Medical Group and the Johns Hopkins
33 Institutions shall coordinate their efforts with regard to initiatives that are funded with
34 grants that are distributed under the Statewide Academic Health Center Component to

1 maximize the benefits received from the use of these grant funds and to eliminate
2 unnecessary duplication of efforts.

3 13–1115.

4 (a) (1) Subject to the other provisions of this section, the University of
5 Maryland Medical Group and the Johns Hopkins Institutions may each apply for a
6 Statewide Academic Health Center Public Health Grant.

7 (2) For fiscal year 2007 and any subsequent fiscal year, the amount of each
8 Statewide Academic Health Center Public Health Grant that is distributed to the
9 University of Maryland Medical Group or the Johns Hopkins Institutions, respectively,
10 shall be equal to the sum of:

11 (i) At least 9.5% of the total local public health component money
12 distributed under § 13–1108(b) of this subtitle; and

13 (ii) One-half of any money that is transferred from the Local Public
14 Health Component to the Statewide Academic Health Center Component under §
15 13–1108(c) of this subtitle.

16 (b) Before applying for a Statewide Academic Health Center Public Health Grant,
17 the University of Maryland Medical Group and the Johns Hopkins Institutions, acting
18 jointly in collaboration with the Baltimore City Health Department, shall:

19 (1) Establish a Baltimore City Community Health Coalition, as provided
20 under § 13–1111 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE**
21 **DEPARTMENT** that reflects the demographics of Baltimore City and includes
22 representatives of community-based groups, including minority and medically
23 underserved populations, that, taken together, are familiar with all of the different
24 communities and cultures in Baltimore City; and

25 (2) With the assistance of the [Baltimore City Community Health
26 Coalition] **COALITION ESTABLISHED OR IDENTIFIED UNDER ITEM (1) OF THIS**
27 **SUBSECTION:**

28 (i) Identify all existing cancer prevention, education, screening, and
29 treatment programs that relate to targeted cancers in Baltimore City that are publicly
30 funded;

31 (ii) Evaluate the effectiveness of the publicly funded programs
32 identified under item (i) of this paragraph; and

33 (iii) Develop a Comprehensive Plan for Cancer Prevention,
34 Education, Screening, and Treatment that outlines a strategy for meeting the cancer
35 prevention, education, screening, and treatment goals and requirements established for
36 Baltimore City under § 13–1108 of this subtitle.

1 (c) The Baltimore City Comprehensive Plan for Cancer Prevention, Education,
2 Screening, and Treatment shall:

3 (1) Include a list of the members of the [Baltimore City Community Health
4 Coalition] **COALITION ESTABLISHED OR IDENTIFIED UNDER SUBSECTION (B)(1) OF**
5 **THIS SECTION** and their organizational affiliations;

6 (2) Include the evaluation of any program funded with a Statewide
7 Academic Health Center Public Health Grant in the prior year;

8 (3) Each year, after the first year of funding, demonstrate that progress
9 has been made toward meeting the cancer prevention, education, screening, and treatment
10 goals established for Baltimore City under § 13–1108 of this subtitle;

11 (4) Include a budget plan that provides specific levels of funding for each
12 initiative described in the Plan and an explanation as to how each initiative is expected to
13 help meet the cancer prevention, education, screening, and treatment goals and
14 requirements established for Baltimore City under § 13–1108 of this subtitle;

15 (5) Demonstrate that Baltimore City has met the base-year funding
16 requirement established under subsection (h) of this section;

17 (6) Demonstrate that any early detection or screening program that is or
18 will be funded under a Statewide Academic Health Center Public Health Grant provides
19 necessary treatment or linkages to necessary treatment for uninsured individuals who are
20 diagnosed with a targeted and non-targeted cancer as a result of the screening process;

21 (7) State that the Statewide Academic Health Center Public Health Grant
22 will not be used to supplant any existing funding at the University of Maryland Medical
23 Group or the Johns Hopkins Institutions for any cancer prevention, education, screening,
24 or treatment programs that relate to targeted cancers;

25 (8) Each year, after the first year of funding, identify all persons who
26 received money under the Statewide Academic Health Center Public Health Grant in the
27 prior year and state the amount of money that was received by each person under the
28 Grant;

29 (9) Each year, after the first year of funding, state the amount of money
30 that was received by the University of Maryland Medical Group and the Johns Hopkins
31 Institutions under a Statewide Academic Health Center Public Health Grant in the prior
32 fiscal year that remained unspent and unobligated at the end of that year;

33 (10) Describe how the Plan will help to eliminate the greater incidence of
34 and higher morbidity rates for cancer in minority populations, with particular emphasis on
35 how the Plan seeks to address the relevant findings and recommendations of the Task Force
36 Report;

1 (11) Describe how the Plan will help to increase availability of and access to
 2 health care services for uninsured **AND UNDERINSURED** individuals and medically
 3 underserved populations, with particular emphasis on how the Plan seeks to address the
 4 relevant findings and recommendations of the Task Force Report;

5 (12) Demonstrate that priority consideration was given to persons,
 6 including federally qualified health centers, that have a demonstrated commitment to
 7 providing cancer prevention, education, screening, and treatment services to uninsured
 8 **AND UNDERINSURED** individuals in the city and a proven ability to do so; **AND**

9 (13) [Include a specific plan as to how the major community hospital or
 10 hospitals that are included in the Community Health Coalition, as required under §
 11 13–1111 of this subtitle, will be used to achieve the goals established for Baltimore City
 12 under § 13–1108 of this subtitle as they relate to enhancing the capacity for cancer
 13 screening and treatment in the city; and

14 (14)] Contain any data or other information required by the Department.

15 (d) To apply for a Statewide Academic Health Center Public Health Grant, the
 16 University of Maryland Medical Group and the Johns Hopkins Institutions shall submit to
 17 the Department a copy of Baltimore City’s Comprehensive Plan for Cancer Prevention,
 18 Education, Screening, and Treatment for approval.

19 (e) Each year, the University of Maryland Medical Group and the Johns Hopkins
 20 Institutions, acting jointly in collaboration with the Baltimore City Health Department, in
 21 consultation with the [Baltimore City Community Health Coalition] **COALITION**
 22 **ESTABLISHED OR IDENTIFIED UNDER SUBSECTION (B)(1) OF THIS SECTION**, shall
 23 update the Comprehensive Plan for Cancer Prevention, Education, Screening, and
 24 Treatment.

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
 26 1, 2017.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.