

# HOUSE BILL 747

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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

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## A BILL ENTITLED

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  
25 under certain circumstances; requiring certain statewide academic health centers,  
26 in collaboration with the Baltimore City Health Department, to identify a certain  
27 coalition and to identify certain programs, evaluate the effectiveness of certain  
28 programs, and develop a certain plan with the assistance of a certain coalition before  
29 applying for a certain grant; repealing the requirement that a certain plan include a  
30 specific plan as to how certain hospitals will be used to achieve certain goals; altering

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 a certain definition; defining a certain term; making stylistic changes; and generally  
2 relating to Cigarette Restitution Fund programs.

3 BY repealing and reenacting, without amendments,  
4 Article – Health – General  
5 Section 13–1003(c)(1)  
6 Annotated Code of Maryland  
7 (2015 Replacement Volume and 2016 Supplement)

8 BY repealing and reenacting, with amendments,  
9 Article – Health – General  
10 Section 13–1003(c)(2)(i), (ii), and (vi), 13–1008, 13–1009, 13–1101, 13–1107,  
11 13–1109, 13–1110, 13–1114, and 13–1115(a) through (e)  
12 Annotated Code of Maryland  
13 (2015 Replacement Volume and 2016 Supplement)

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

16 **Article – Health – General**

17 13–1003.

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

21 (2) The Baseline Tobacco Study shall measure:

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

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

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

32 13–1008.

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

1           (2) The amount of the Local Public Health Tobacco Grant shall be  
2 determined by the Department using the formula established under § 13–1007 of this  
3 subtitle.

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

6           (1) Establish a Community Health Coalition, as provided under § 13–1010  
7 of this subtitle, **OR IDENTIFY ANOTHER COALITION APPROVED BY THE DEPARTMENT;**  
8 and

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

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

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

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

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

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

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

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

27           (4) Include a budget plan that provides specific levels of funding for each  
28 initiative described in the Plan and an explanation as to how each initiative is expected to  
29 help meet the tobacco use prevention and cessation goals and requirements established for  
30 the county under § 13–1007 of this subtitle;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (g) (1) The Department may designate a person other than the head of a  
2 county health department to coordinate a county's tobacco use prevention and cessation  
3 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 tobacco use prevention and cessation initiatives that satisfy performance  
8 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 tobacco use prevention and  
15 cessation efforts, the Department may designate the Department as the entity that will  
16 coordinate the county's efforts.

17 13-1009.

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 Tobacco Grant.

20 (b) The amount of the Local Public Health Tobacco Grant that is distributed to a  
21 region under subsection (a) of this section shall be equal to the sum of the Local Public  
22 Health Tobacco Grants that otherwise would have been distributed to each county under §  
23 13-1007 of this subtitle.

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

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

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

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

32 (4) Otherwise satisfy the requirements of §§ 13-1006 through 13-1012 of  
33 this subtitle.

1 13–1101.

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

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

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

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

9 (e) “Cigarette Restitution Fund” means the fund that is established under §  
10 7–317 of the State Finance and Procurement Article.

11 (f) “Community Health Coalition” means a coalition established under §  
12 13–1109(c)(1) or § 13–1115(b)(1) of this subtitle.

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

16 (h) “County” includes Baltimore City.

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

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

20 (k) “Johns Hopkins Institutions” means the Johns Hopkins University and the  
21 Johns Hopkins Health System.

22 (l) “Local health officer” means:

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

24 (2) A person designated by the Department under [§ 13–1109(h)] §  
25 **13–1109(G)** or § 13–1115(f) of this subtitle.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

31 (cc) “Targeted cancer” means a cancer that is identified by the Department under  
32 § 13–1102(d) of this subtitle.

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

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

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

6 (1) Local hospitals, community clinics, physicians, and other health care  
7 providers; and

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

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

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

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

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

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

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

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

25 13–1107.

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

27 (b) The purpose of the Local Public Health Component is to maximize the  
28 effectiveness of anti–cancer initiatives in the State by empowering local health coalitions  
29 to develop and implement cancer prevention, education, screening, and treatment  
30 programs in coordination with the Department.



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

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

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

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

17 13–1109.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (10) 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 (11) Demonstrate that priority consideration was given to persons,  
6 including federally qualified health centers, that have demonstrated a commitment to  
7 providing cancer prevention, education, screening, and treatment services to uninsured  
8 **AND UNDERINSURED** individuals in the county and a proven ability to do so; and

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

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

17 (2) In addition to the requirements of subsection (d) of this section, in  
18 Baltimore County, the Comprehensive Plan for Cancer Prevention, Education, Screening,  
19 and Treatment shall include a specific plan as to how the major community hospital or  
20 hospitals that are included in the Community Health Coalition, as required under §  
21 13-1111 of this subtitle, will be used to achieve the goals established for the county under  
22 § 13-1108 of this subtitle as they relate to enhancing the capacity for cancer screening and  
23 treatment in the county.]

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

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

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

34 (i) The county health department is unwilling to coordinate these  
35 efforts;

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

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

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

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

12 13–1110.

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

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

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

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

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

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

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

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

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

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

3 13–1114.

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

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

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

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

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

14 [(d) (1) Subject to paragraph (2) of this subsection, the University of Maryland  
15 Medical Group and the Johns Hopkins Institutions, at the request of a Community Health  
16 Coalition in Montgomery County or Prince George’s County, as provided under §  
17 13–1109(e) of this subtitle, shall collaborate with the Community Health Coalition for the  
18 purpose of developing and implementing a specific plan as to how the expertise of the  
19 institution will be used to assist the Community Health Coalition in achieving the goals  
20 established for the county under § 13–1108 of this subtitle as they relate to enhancing the  
21 capacity for cancer screening and treatment at one or more major community hospitals in  
22 the county.

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

26 [(e) (D) The University of Maryland Medical Group and the Johns Hopkins  
27 Institutions shall coordinate their efforts with regard to initiatives that are funded with  
28 grants that are distributed under the Statewide Academic Health Center Component to  
29 maximize the benefits received from the use of these grant funds and to eliminate  
30 unnecessary duplication of efforts.

31 13–1115.

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

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

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

7           (ii) One-half of any money that is transferred from the Local Public  
8 Health Component to the Statewide Academic Health Center Component under §  
9 13–1108(c) of this subtitle.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (12) Demonstrate that priority consideration was given to persons,  
37 including federally qualified health centers, that have a demonstrated commitment to

1 providing cancer prevention, education, screening, and treatment services to uninsured  
2 **AND UNDERINSURED** individuals in the city and a proven ability to do so; **AND**

3 (13) [Include a specific plan as to how the major community hospital or  
4 hospitals that are included in the Community Health Coalition, as required under §  
5 13–1111 of this subtitle, will be used to achieve the goals established for Baltimore City  
6 under § 13–1108 of this subtitle as they relate to enhancing the capacity for cancer  
7 screening and treatment in the city; and

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

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

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

19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
20 1, 2017.