

HOUSE BILL 1582

O1, D4, J1

(8lr1985)

ENROLLED BILL

— Appropriations and Health and Government Operations/Finance —

Introduced by ~~Delegate Wilson~~ Delegates Wilson, Pendergrass, Bromwell, Angel, Rosenberg, Morgan, McDonough, Kelly, Saab, Miele, Morales, Pena-Melnyk, Hayes, Szeliga, Kipke, Sample-Hughes, K. Young, Barron, Metzgar, West, Hill, Cullison, Platt, and Krebs

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Human Services – Children ~~in Out of Home Placement~~ Receiving Child Welfare**
3 **Services – Centralized Comprehensive Health Care Monitoring Program**

4 FOR the purpose of establishing a State Medical Director for Children ~~in Out of Home~~
5 ~~Placement~~ Receiving Child Welfare Services in the Department of Human Services;
6 providing for the appointment of the State Medical Director; establishing certain
7 qualifications for the State Medical Director; establishing certain responsibilities of
8 the State Medical Director; requiring the State Medical Director and all personnel
9 ~~supervised by~~ under the direct supervision of the State Medical Director to have
10 access to certain confidential information and records, subject to a certain condition;
11 ~~requiring the State Medical Director to appoint Regional Medical Directors for~~
12 ~~Children in Out of Home Placement; establishing certain qualifications for~~

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.

Italics indicate opposite chamber/conference committee amendments.



~~Regional Medical Directors; establishing certain regions in the State and requiring that there be at least one Regional Medical Director in each region; establishing certain responsibilities of a Regional Medical Director; establishing that a Regional Medical Director and all personnel supervised by a Regional Medical Director shall have access to certain confidential information and records; requiring the State Medical Director and the Regional Medical Directors to establish a Centralized Comprehensive Health Care Monitoring Program *for certain children in out-of-home placement* in consultation with local departments of social services; requiring that the Program comply with a certain standard; declaring the intent of the General Assembly; requiring the Department to report to the General Assembly on or before a certain date; and generally relating to comprehensive health care monitoring for children in out-of-home placement.~~

BY adding to

Article – Human Services

Section 8-1101 through ~~8-1104~~ 8-1103 to be under the new subtitle “Subtitle 11.

~~Children in Out of Home Placement~~ Receiving Child Welfare Services – Centralized Comprehensive Health Care Monitoring Program”

Annotated Code of Maryland

(2007 Volume and 2017 Supplement)

Preamble

WHEREAS, Numerous studies have determined that children in foster care have more serious physical and mental health problems and risks than nearly any other population group in the nation; and

WHEREAS, Adverse childhood experiences, including experiencing child abuse and neglect, may have serious long-term, negative outcomes on physical and mental health without adequate intervention; and

WHEREAS, The State of Maryland has a legal and moral responsibility to provide appropriate health care services to meet the needs of children in foster care in the State; and

WHEREAS, The Department of Legislative Services has audited the foster care agencies of the Department of Human Services and found significant deficiencies in the record keeping and monitoring of the health of children in foster care; and

WHEREAS, Data from the Children’s Review Board for Children has revealed significant problems and difficulties in the identification of health problems, the provision of health care, and the monitoring of the health needs of foster children and the health care provided to them; and

WHEREAS, The Department of Human Services has no effective system for tracking the health care needs of, or services received by, children committed to its care through local departments of social services; and

1 WHEREAS, Child welfare agencies in other states have imported Medicaid data into
 2 their State Automated Child Welfare Information System databases, known in Maryland
 3 as the Maryland Children's Electronic Social Services Information Exchange; and

4 WHEREAS, Without evaluations by experts in child abuse, children with abusive
 5 injuries may be incorrectly diagnosed as having accidental injuries and children with
 6 accidental injuries may be incorrectly diagnosed as having abusive injuries; and

7 WHEREAS, The Baltimore City Department of Social Services has contracted for
 8 the operation of a centralized comprehensive health care monitoring program, the Making
 9 All the Children Healthy (MATCH) program, that serves all of the foster children in its
 10 custody; and

11 WHEREAS, One of the most important features of the MATCH program is the
 12 required hiring of a medical director to oversee the operations of the MATCH program and
 13 ensure the provision of timely quality health care to Baltimore foster children; and

14 WHEREAS, Health oversight programs in other states have improved the health
 15 care services and health care outcomes of foster youth, including better asthma outcomes
 16 than other Medicaid recipients; and

17 WHEREAS, Baltimore City is the only jurisdiction in the State with a program
 18 comparable to health oversight programs that serve foster children in other states and the
 19 only jurisdiction in the State with a medical director responsible for overseeing the
 20 provision of health care to foster children; now, therefore,

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

23 **Article – Human Services**

24 **SUBTITLE 11. CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD**
 25 **WELFARE SERVICES – CENTRALIZED COMPREHENSIVE HEALTH CARE**
 26 **MONITORING PROGRAM.**

27 **8-1101.**

28 **(A) THERE IS A STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING**
 29 **CHILD WELFARE SERVICES IN THE DEPARTMENT ~~FOR CHILDREN IN~~**
 30 **~~OUT-OF-HOME PLACEMENT~~.**

31 **(B) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND**
 32 **DEPARTMENT OF HEALTH, SHALL APPOINT THE STATE MEDICAL DIRECTOR FOR**
 33 **CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES.**

1 (C) THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME~~
2 ~~PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES SHALL:

3 (1) BE A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE;

4 (2) HAVE EXPERIENCE IN PROVIDING MEDICAL CARE TO CHILDREN;

5 AND

6 (3) BE KNOWLEDGEABLE ABOUT THE UNIQUE HEALTH NEEDS OF
7 CHILDREN IN OUT-OF-HOME PLACEMENT AND CHILDREN WHO ARE VICTIMS OF
8 CHILD ABUSE OR NEGLECT.

9 8-1102.

10 (A) THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME~~
11 ~~PLACEMENT~~ RECEIVING CHILD WELFARE SERVICES SHALL:

12 (1) COLLECT DATA ON THE TIMELINESS AND EFFECTIVENESS OF THE
13 PROVISION OR PROCUREMENT OF HEALTH CARE SERVICES FOR CHILDREN IN THE
14 CUSTODY OF THE LOCAL DEPARTMENTS;

15 (2) TRACK HEALTH OUTCOMES FOR CHILDREN IN OUT-OF-HOME
16 PLACEMENT USING THE MOST RECENT HEALTHCARE EFFECTIVENESS DATA AND
17 INFORMATION SET (HEDIS) MEASURES RELEVANT TO CHILDREN INCLUDING:

18 (I) IMMUNIZATION STATUS;

19 (II) LEAD SCREENING;

20 (III) MEDICAL MANAGEMENT OF ASTHMA;

21 (IV) FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD
22 MEDICATIONS;

23 (V) DEPRESSION SCREENING AND FOLLOW-UP FOR
24 ADOLESCENTS;

25 (VI) ANTIDEPRESSANT MEDICATION MANAGEMENT;

26 (VII) FOLLOW-UP AFTER AN EMERGENCY DEPARTMENT VISIT OR
27 HOSPITALIZATION FOR MENTAL ILLNESS;

28 (VIII) METABOLIC MONITORING AND USE OF FIRST-LINE
29 PSYCHOSOCIAL CARE FOR ADOLESCENTS ON ANTIPSYCHOTIC MEDICATIONS;

1 (IX) APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER
2 RESPIRATORY INFECTIONS; AND

3 (X) PROVISION OF COMPREHENSIVE DIABETES CARE;

4 (3) ASSESS THE COMPETENCY, INCLUDING THE CULTURAL
5 COMPETENCY, OF HEALTH CARE PROVIDERS WHO EVALUATE AND TREAT ABUSED
6 AND NEGLECTED CHILDREN IN THE CUSTODY OF A LOCAL DEPARTMENT;

7 (4) (I) PERIODICALLY ASSESS THE SUPPLY AND DIVERSITY OF
8 HEALTH CARE SERVICES THAT EVALUATE AND TREAT CHILDREN IN OUT-OF-HOME
9 PLACEMENT, IDENTIFY SHORTFALLS, IF ANY, AND REPORT THEM TO THE RELEVANT
10 LOCAL DEPARTMENT, THE DEPARTMENT, AND THE MARYLAND DEPARTMENT OF
11 HEALTH; AND

12 (II) WORK WITH STATE AND LOCAL HEALTH AND CHILD
13 WELFARE OFFICIALS, PROVIDER AGENCIES, AND ADVOCATES TO EXPAND THE
14 SUPPLY AND DIVERSITY OF HEALTH CARE SERVICES; ~~AND~~

15 (5) WORK WITH STATE AND LOCAL HEALTH AND CHILD WELFARE
16 OFFICIALS, PROVIDER AGENCIES, AND ADVOCATES TO IDENTIFY SYSTEMIC
17 PROBLEMS AFFECTING HEALTH CARE FOR CHILDREN IN OUT-OF-HOME
18 PLACEMENT AND DEVELOP SOLUTIONS; AND

19 (6) USING PRACTICE GUIDELINES DEVELOPED BY ~~CHILD ABUSE~~
20 ~~MEDICAL PROVIDERS (MARYLAND CHAMP), THE AMERICAN ACADEMY OF~~
21 ~~PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE~~
22 ~~BEST-PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED~~
23 ~~CHILD ABUSE OR NEGLECT.~~

24 (B) (1) THE SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
25 STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE
26 SERVICES AND ALL PERSONNEL SUPERVISED BY UNDER THE DIRECT SUPERVISION
27 OF THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE
28 SERVICES SHALL HAVE ACCESS TO ALL CONFIDENTIAL INFORMATION AND RECORDS
29 AVAILABLE TO, OR IN THE POSSESSION OF, A LOCAL DEPARTMENT.

30 (2) IF WRITTEN CONSENT IS REQUIRED BY LAW, THE STATE MEDICAL
31 DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES AND PERSONNEL
32 UNDER THE DIRECT SUPERVISION OF THE STATE MEDICAL DIRECTOR FOR
33 CHILDREN RECEIVING CHILD WELFARE SERVICES MAY HAVE ACCESS TO THE
34 INFORMATION OR RECORDS ONLY AFTER THE LOCAL DEPARTMENT HAS OBTAINED
35 WRITTEN CONSENT UNDER § 1-212 OF THIS ARTICLE.

1 **(C) (1) THE STATE MEDICAL DIRECTOR FOR CHILDREN**
 2 ~~IN OUT-OF-HOME PLACEMENT RECEIVING CHILD WELFARE SERVICES~~ SHALL
 3 REPORT ANNUALLY TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246
 4 OF THE STATE GOVERNMENT ARTICLE, ON THE CURRENT STATUS OF HEALTH CARE
 5 SERVICES FOR CHILDREN IN OUT-OF-HOME PLACEMENT IN THE STATE.

6 **(2) A REPORT MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION**
 7 **SHALL BE MADE AVAILABLE TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE.**

8 **8-1103.**

9 ~~**(A) THE STATE MEDICAL DIRECTOR FOR CHILDREN IN**~~
 10 ~~**OUT-OF-HOME PLACEMENT SHALL APPOINT REGIONAL MEDICAL DIRECTORS FOR**~~
 11 ~~**CHILDREN IN OUT-OF-HOME PLACEMENT.**~~

12 ~~**(B) A REGIONAL MEDICAL DIRECTOR SHALL BE:**~~

13 ~~**(1) A PHYSICIAN LICENSED TO PRACTICE IN THE STATE OR AN**~~
 14 ~~**ADVANCED PRACTICE REGISTERED NURSE; AND**~~

15 ~~**(2) EXPERIENCED IN PROVIDING MEDICAL CARE TO CHILDREN AND**~~
 16 ~~**KNOWLEDGEABLE ABOUT THE UNIQUE HEALTH NEEDS OF CHILDREN IN**~~
 17 ~~**OUT-OF-HOME PLACEMENT AND CHILDREN WHO MAY BE VICTIMS OF CHILD ABUSE**~~
 18 ~~**OR NEGLECT.**~~

19 ~~**(C) THERE SHALL BE AT LEAST ONE REGIONAL MEDICAL DIRECTOR FOR**~~
 20 ~~**THE FOLLOWING REGIONS:**~~

21 ~~**(1) BALTIMORE CITY;**~~

22 ~~**(2) CENTRAL REGION (ANNE ARUNDEL, CARROLL, FREDERICK, AND**~~
 23 ~~**HOWARD COUNTIES);**~~

24 ~~**(3) EAST REGION (CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S,**~~
 25 ~~**SOMERSET, TALBOT, WICOMICO, AND WORCESTER COUNTIES);**~~

26 ~~**(4) MONTGOMERY COUNTY;**~~

27 ~~**(5) NORTH REGION (BALTIMORE, CECIL, AND HARFORD COUNTIES);**~~

28 ~~**(6) PRINCE GEORGE'S COUNTY;**~~

29 ~~**(7) SOUTH REGION (CALVERT, CHARLES, AND ST. MARY'S**~~
 30 ~~**COUNTIES); AND**~~

1 ~~(8) WEST REGION (ALLEGANY, GARRETT, AND WASHINGTON~~
2 ~~COUNTIES).~~

3 ~~(D) A REGIONAL MEDICAL DIRECTOR SHALL:~~

4 ~~(1) REVIEW MEDICAL RECORDS AND OTHER DATA CONCERNING~~
5 ~~CHILDREN IN OUT OF HOME PLACEMENT IN THE REGION AND COMMUNICATE WITH~~
6 ~~LOCAL HEALTH CARE PROVIDERS TO:~~

7 ~~(I) EVALUATE THE NEED FOR ASSESSMENTS, SCREENINGS,~~
8 ~~EVALUATIONS, TESTS, AND EXAMINATIONS; AND~~

9 ~~(H) ENSURE THAT REPORTS OF ANY ASSESSMENTS,~~
10 ~~SCREENINGS, EVALUATIONS, TESTS, OR EXAMINATIONS ARE DISTRIBUTED TO~~
11 ~~CAREGIVERS, PARENTS, GUARDIANS, ATTORNEYS, COURT APPOINTED SPECIAL~~
12 ~~ADVOCATES, JUVENILE COURTS, AND OTHER PARTIES AS REQUIRED OR~~
13 ~~APPROPRIATE;~~

14 ~~(2) ENSURE THAT A LOCAL DEPARTMENT MAINTAINS CURRENT AND~~
15 ~~COMPLETE HEALTH RECORDS FOR ALL CHILDREN IN OUT OF HOME PLACEMENT,~~
16 ~~INCLUDING CURRENT AND COMPLETE HEALTH PASSPORTS, AND THAT RECORDS~~
17 ~~ARE PROVIDED EXPEDITENTLY TO A CHILD'S CAREGIVER;~~

18 ~~(3) ENSURE THAT COMPREHENSIVE, CURRENT HEALTH PLANS ARE~~
19 ~~MAINTAINED IN A CHILD'S CASE RECORDS AND AVAILABLE TO THE CHILD'S~~
20 ~~CAREGIVERS;~~

21 ~~(4) ENSURE THAT:~~

22 ~~(I) HEALTH CARE APPOINTMENTS FOR A CHILD IN~~
23 ~~OUT OF HOME PLACEMENT ARE SCHEDULED EXPEDITIOUSLY;~~

24 ~~(H) CAREGIVERS ARE QUICKLY NOTIFIED AND REMINDED OF~~
25 ~~SCHEDULED HEALTH CARE APPOINTMENTS;~~

26 ~~(III) TRANSPORTATION ARRANGEMENTS FOR HEALTH CARE~~
27 ~~APPOINTMENTS ARE MADE IN A TIMELY MANNER;~~

28 ~~(IV) HEALTH CARE APPOINTMENTS WERE KEPT; AND~~

29 ~~(V) ANY FOLLOW-UP HEALTH CARE APPOINTMENTS ARE~~
30 ~~SCHEDULED;~~

~~(5) USING PRACTICE GUIDELINES DEVELOPED BY CHILD ABUSE MEDICAL PROVIDERS (MARYLAND CHAMP), THE AMERICAN ACADEMY OF PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE BEST PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED CHILD ABUSE OR NEGLECT; AND~~

~~(6) ENSURE THAT CHILDREN IN OUT OF HOME PLACEMENT RECEIVE APPROPRIATE AND PROPER HEALTH CARE, INCLUDING:~~

~~(I) LOCATING A MEDICAL HOME FOR EACH CHILD TO PROVIDE CONSISTENT AND APPROPRIATE HEALTH CARE SERVICES;~~

~~(II) ENSURING THAT A CHILD IN OUT OF HOME PLACEMENT RECEIVES APPROPRIATE MENTAL HEALTH TREATMENT INCLUDING ENSURING THAT UNNECESSARY PSYCHOTROPIC MEDICATIONS ARE NOT PRESCRIBED OR ADMINISTERED;~~

~~(III) IDENTIFYING APPROPRIATE SPECIALISTS WHEN NEEDED;~~

~~(IV) ADDRESSING HEALTH EMERGENCIES;~~

~~(V) PROVIDING ADVICE REGARDING CONSENT FOR MEDICAL TREATMENT TO A LOCAL DEPARTMENT;~~

~~(VI) ENSURING THAT ALL CHILDREN HAVE CURRENT ELIGIBILITY FOR AND ACCESS TO THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND OTHER PUBLIC BENEFITS AND SERVICES, SUCH AS DISABILITY CARE AND SUPPORT;~~

~~(VII) ENSURING THAT ALL AGE APPROPRIATE PERIODIC ASSESSMENTS, SCREENINGS, EVALUATIONS, TESTS, AND EXAMINATIONS ARE CONDUCTED AT THE APPROPRIATE TIME AS RECOMMENDED OR REQUIRED;~~

~~(VIII) ENSURING THAT ALL CHILDREN UNDER THE AGE OF 4 YEARS HAVE PROMPT ASSESSMENTS FOR LEARNING, LANGUAGE, MOTOR, AND OTHER DEVELOPMENTAL DELAYS OR CONCERNS AND THAT THESE CHILDREN ARE PROMPTLY REFERRED FOR SERVICES AS NEEDED;~~

~~(IX) ENSURING THAT HEALTH ISSUES ARE DISCUSSED AT FAMILY INVOLVEMENT MEETINGS;~~

~~(X) ADDRESSING THE SPECIFIC HEALTH CARE NEEDS OF ADOLESCENTS, INCLUDING FAMILY PLANNING, OBSTETRICS AND GYNECOLOGICAL~~

~~CARE, BIRTH CONTROL, SUBSTANCE ABUSE, PRENATAL CARE, CHILDBIRTH,
POSTPARTUM CARE, AND ISSUES OF SEXUAL ORIENTATION AND GENDER IDENTITY;~~

~~(XI) MONITORING MEDICATION MANAGEMENT;~~

~~(XII) ASSISTING LOCAL DEPARTMENTS IN FINDING
APPROPRIATE, LEAST RESTRICTIVE, NONINSTITUTIONALIZED CARE, PLACEMENTS,
AND SUPPORTIVE SERVICES FOR CHILDREN IN OUT-OF-HOME PLACEMENT;~~

~~(XIII) MONITORING AND ASSESSING THE PROVISION OF MENTAL
HEALTH OR BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN GROUP CARE
PLACEMENTS;~~

~~(XIV) DIRECTING PLACEMENT AGENCIES AS NECESSARY AND AS
REQUIRED BY APPLICABLE LAW OR REGULATIONS TO ADDRESS THE SPECIFIC
HEALTH CARE NEEDS OF CHILDREN PLACED IN THEIR CARE; AND~~

~~(XV) INTERVENING WHEN NECESSARY TO ENSURE SOUND
DECISION MAKING BY THE LOCAL DEPARTMENT ON HEALTH ISSUES FOR A CHILD IN
THE CUSTODY OF THE LOCAL DEPARTMENT.~~

~~(E) A REGIONAL MEDICAL DIRECTOR AND ALL PERSONNEL SUPERVISED
BY THE REGIONAL MEDICAL DIRECTOR SHALL HAVE ACCESS TO ALL CONFIDENTIAL
INFORMATION AND RECORDS AVAILABLE TO, OR IN THE POSSESSION OF, THE LOCAL
DEPARTMENT.~~

~~§ 1104.~~

(A) THE STATE MEDICAL DIRECTOR FOR CHILDREN ~~IN OUT-OF-HOME
PLACEMENT RECEIVING CHILD WELFARE SERVICES AND THE REGIONAL MEDICAL
DIRECTORS FOR CHILDREN IN OUT-OF-HOME PLACEMENT~~, IN CONSULTATION
WITH THE LOCAL DEPARTMENTS, SHALL DEVELOP A CENTRALIZED
COMPREHENSIVE HEALTH CARE MONITORING PROGRAM FOR CHILDREN IN
OUT-OF-HOME PLACEMENT THAT WILL ENSURE THE REPLICATION OF
CENTRALIZED HEALTH CARE COORDINATION AND MONITORING OF SERVICES
ACROSS ~~REGIONS~~ THE STATE.

(B) THE PROGRAM SHALL COMPLY WITH THE STANDARD OF EXCELLENCE
FOR HEALTH CARE SERVICES FOR CHILDREN IN OUT-OF-HOME CARE PUBLISHED
BY THE CHILD WELFARE LEAGUE OF AMERICA.

(C) THE PROGRAM SHALL PROVIDE THE SAME LEVEL OF SERVICES FOR
MENTAL HEALTH, BEHAVIORAL HEALTH, DISABILITY-RELATED HEALTH ISSUES,
PHYSICAL HEALTH, AND DENTAL HEALTH.

1 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
 2 Assembly that the Department of Human Services:

3 (1) establish a centralized data portal for ~~medical data for children~~
 4 ~~receiving child welfare services by integrating into the Maryland Total Human Services~~
 5 ~~Information Network, also known as MD THINK, health care information~~ in partnership
 6 with the Chesapeake Regional Information System for the purpose of providing the
 7 Department access to integrated health information on children in out-of-home placement
 8 from:

9 (i) the Chesapeake Regional Information Systems for Our Patients,
 10 also known as CRISP;

11 (ii) Immunet; and

12 (iii) Medicaid databases; and

13 (2) create an electronic health passport for children ~~receiving child welfare~~
 14 ~~services~~ in out-of-home placement.

15 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1, 2019,
 16 the Department of Human Services, in consultation with the Maryland Department of
 17 Health, the Maryland Chapter of the Academy of Pediatrics, the Citizens Review Board for
 18 Children, Maryland Legal Aid, Advocates for Children and Youth, the Mental Health
 19 Association of Maryland, the Maryland Dental Action Coalition, and other interested
 20 stakeholders, shall report to the General Assembly, in accordance with § 2-1246 of the State
 21 Government Article, on:

22 (1) the number of children ~~receiving child welfare services~~ in out-of-home
 23 placement identified by managed care organizations and provided additional levels of case
 24 management;

25 (2) barriers and challenges that prevent children ~~receiving child welfare~~
 26 ~~services~~ in out-of-home placement from receiving optimal health care services;

27 (3) the benefits and challenges of implementing regional health care
 28 monitoring programs;

29 (4) the feasibility of linking a centralized data portal for medical data for
 30 children ~~receiving child welfare services~~ in out-of-home placement with clinical
 31 practice-based electronic health records used by federally qualified health centers, medical
 32 practices designated as patient-centered medical homes, and primary care medical
 33 practices with 10 or more care providers; and

34 (5) any other recommendations to improve the delivery of health care
 35 services to children ~~receiving child welfare services~~ in out-of-home placement.

1 SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 2018.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.