

HOUSE BILL 1582

O1, D4, J1

8lr1985

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

Introduced and read first time: February 9, 2018

Assigned to: Appropriations and Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 13, 2018

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 the State Medical Director to have access to certain confidential
10 information and records; ~~requiring the State Medical Director to appoint Regional~~
11 Medical Directors for Children in Out of Home Placement; establishing certain
12 qualifications for Regional Medical Directors; establishing certain regions in the
13 State and requiring that there be at least one Regional Medical Director in each
14 region; establishing certain responsibilities of a Regional Medical Director;
15 establishing that a Regional Medical Director and all personnel supervised by a
16 Regional Medical Director shall have access to certain confidential information and
17 records; requiring the State Medical Director and the Regional Medical Directors
18 to establish a Centralized Comprehensive Health Care Monitoring Program in
19 consultation with local departments of social services; requiring that the Program
20 comply with a certain standard; declaring the intent of the General Assembly;
21 requiring the Department to report to the General Assembly on or before a certain

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 date; and generally relating to comprehensive health care monitoring for children in
2 out-of-home placement.

3 BY adding to

4 Article – Human Services

5 Section 8–1101 through ~~8–1104~~ 8–1103 to be under the new subtitle “Subtitle 11.
6 Children in Out of Home Placement Receiving Child Welfare
7 Services – Centralized Comprehensive Health Care Monitoring Program”
8 Annotated Code of Maryland
9 (2007 Volume and 2017 Supplement)

10 Preamble

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

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

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

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

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

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

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

33 WHEREAS, Without evaluations by experts in child abuse, children with abusive
34 injuries may be incorrectly diagnosed as having accidental injuries and children with
35 accidental injuries may be incorrectly diagnosed as having abusive injuries; and

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

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

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

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

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

17 **Article – Human Services**

18 **SUBTITLE 11. CHILDREN ~~IN OUT-OF-HOME PLACEMENT~~ RECEIVING CHILD**
 19 **WELFARE SERVICES – CENTRALIZED COMPREHENSIVE HEALTH CARE**
 20 **MONITORING PROGRAM.**

21 **8-1101.**

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

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

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

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

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

32 **AND**

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

4 **8-1102.**

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

7 **(1) COLLECT DATA ON THE TIMELINESS AND EFFECTIVENESS OF THE**
8 **PROVISION OR PROCUREMENT OF HEALTH CARE SERVICES FOR CHILDREN IN THE**
9 **CUSTODY OF THE LOCAL DEPARTMENTS;**

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

13 **(I) IMMUNIZATION STATUS;**

14 **(II) LEAD SCREENING;**

15 **(III) MEDICAL MANAGEMENT OF ASTHMA;**

16 **(IV) FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD**
17 **MEDICATIONS;**

18 **(V) DEPRESSION SCREENING AND FOLLOW-UP FOR**
19 **ADOLESCENTS;**

20 **(VI) ANTIDEPRESSANT MEDICATION MANAGEMENT;**

21 **(VII) FOLLOW-UP AFTER AN EMERGENCY DEPARTMENT VISIT OR**
22 **HOSPITALIZATION FOR MENTAL ILLNESS;**

23 **(VIII) METABOLIC MONITORING AND USE OF FIRST-LINE**
24 **PSYCHOSOCIAL CARE FOR ADOLESCENTS ON ANTIPSYCHOTIC MEDICATIONS;**

25 **(IX) APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER**
26 **RESPIRATORY INFECTIONS; AND**

27 **(X) PROVISION OF COMPREHENSIVE DIABETES CARE;**

28 **(3) ASSESS THE COMPETENCY, INCLUDING THE CULTURAL**
29 **COMPETENCY, OF HEALTH CARE PROVIDERS WHO EVALUATE AND TREAT ABUSED**
30 **AND NEGLECTED CHILDREN IN THE CUSTODY OF A LOCAL DEPARTMENT;**

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

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

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

13 (6) USING PRACTICE GUIDELINES DEVELOPED BY CHILD ABUSE
14 MEDICAL PROVIDERS (MARYLAND CHAMP), THE AMERICAN ACADEMY OF
15 PEDIATRICS, THE HELPER SOCIETY, AND OTHER EXPERT ORGANIZATIONS, ENSURE
16 BEST-PRACTICE MEDICAL REVIEW AND EVALUATION OF CASES OF SUSPECTED
17 CHILD ABUSE OR NEGLECT.

18 (B) THE STATE MEDICAL DIRECTOR FOR CHILDREN RECEIVING CHILD
19 WELFARE SERVICES AND ALL PERSONNEL SUPERVISED BY THE STATE MEDICAL
20 DIRECTOR FOR CHILDREN RECEIVING CHILD WELFARE SERVICES SHALL HAVE
21 ACCESS TO ALL CONFIDENTIAL INFORMATION AND RECORDS AVAILABLE TO, OR IN
22 THE POSSESSION OF, A LOCAL DEPARTMENT.

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

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

30 8-1103.

31 (A) ~~THE STATE MEDICAL DIRECTOR FOR CHILDREN IN~~
32 ~~OUT-OF-HOME PLACEMENT SHALL APPOINT REGIONAL MEDICAL DIRECTORS FOR~~
33 ~~CHILDREN IN OUT-OF-HOME PLACEMENT.~~

34 (B) ~~A REGIONAL MEDICAL DIRECTOR SHALL BE:~~

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

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

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

~~(1) BALTIMORE CITY;~~

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

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

~~(4) MONTGOMERY COUNTY;~~

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

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

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

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

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

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

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

~~(II) ENSURE THAT REPORTS OF ANY ASSESSMENTS,
SCREENINGS, EVALUATIONS, TESTS, OR EXAMINATIONS ARE DISTRIBUTED TO
CAREGIVERS, PARENTS, GUARDIANS, ATTORNEYS, COURT APPOINTED SPECIAL~~

1 ~~ADVOCATES, JUVENILE COURTS, AND OTHER PARTIES AS REQUIRED OR~~
2 ~~APPROPRIATE;~~

3 ~~(2) ENSURE THAT A LOCAL DEPARTMENT MAINTAINS CURRENT AND~~
4 ~~COMPLETE HEALTH RECORDS FOR ALL CHILDREN IN OUT OF HOME PLACEMENT,~~
5 ~~INCLUDING CURRENT AND COMPLETE HEALTH PASSPORTS, AND THAT RECORDS~~
6 ~~ARE PROVIDED EXPEDIENTLY TO A CHILD'S CAREGIVER;~~

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

10 ~~(4) ENSURE THAT:~~

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

13 ~~(II) CAREGIVERS ARE QUICKLY NOTIFIED AND REMINDED OF~~
14 ~~SCHEDULED HEALTH CARE APPOINTMENTS;~~

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

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

18 ~~(V) ANY FOLLOW UP HEALTH CARE APPOINTMENTS ARE~~
19 ~~SCHEDULED;~~

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

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

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

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

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

2 ~~(IV) ADDRESSING HEALTH EMERGENCIES;~~

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

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

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

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

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

18 ~~(X) ADDRESSING THE SPECIFIC HEALTH CARE NEEDS OF~~
19 ~~ADOLESCENTS, INCLUDING FAMILY PLANNING, OBSTETRICS AND GYNECOLOGICAL~~
20 ~~CARE, BIRTH CONTROL, SUBSTANCE ABUSE, PRENATAL CARE, CHILDBIRTH,~~
21 ~~POSTPARTUM CARE, AND ISSUES OF SEXUAL ORIENTATION AND GENDER IDENTITY;~~

22 ~~(XI) MONITORING MEDICATION MANAGEMENT;~~

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

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

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

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

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

8 ~~§ 1104.~~

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

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

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

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

24 (1) establish a centralized data portal for medical data for children
25 receiving child welfare services by integrating into the Maryland Total Human Services
26 Information Network, also known as MD THINK, health care information from:

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

29 (ii) Immunet; and

30 (iii) Medicaid databases; and

31 (2) create an electronic health passport for children receiving child welfare
32 services.

1 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before October 1, 2019,
 2 the Department of Human Services, in consultation with the Maryland Department of
 3 Health, shall report to the General Assembly, in accordance with § 2-1246 of the State
 4 Government Article, on:

5 (1) the number of children receiving child welfare services identified by
 6 managed care organizations and provided additional levels of case management;

7 (2) barriers and challenges that prevent children receiving child welfare
 8 services from receiving optimal health care services;

9 (3) the benefits and challenges of implementing regional health care
 10 monitoring programs;

11 (4) the feasibility of linking a centralized data portal for medical data for
 12 children receiving child welfare services with clinical practice-based electronic health
 13 records used by federally qualified health centers, medical practices designated as
 14 patient-centered medical homes, and primary care medical practices with 10 or more care
 15 providers; and

16 (5) any other recommendations to improve the delivery of health care
 17 services to children receiving child welfare services.

18 SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
 19 October 1, 2018.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.