

# SENATE BILL 1056

J3, J1

8lr1459

---

By: **Senators Hershey, Mathias, and Middleton**

Introduced and read first time: February 5, 2018

Assigned to: Finance

---

## A BILL ENTITLED

1 AN ACT concerning

2 **Rural Health Collaborative Pilot**

3 FOR the purpose of establishing the Rural Health Collaborative Pilot in the Maryland  
4 Department of Health; specifying the membership of the Collaborative; providing for  
5 the purposes of the Collaborative; establishing a Rural Health Collaborative  
6 Executive Committee; providing for the membership of the Executive Committee;  
7 establishing certain duties of the Executive Committee; requiring the Executive  
8 Committee, with the approval of the Secretary of Health, to appoint an Executive  
9 Director of the Collaborative; specifying that the Executive Director serves at the  
10 pleasure of the Executive Committee; requiring the Executive Committee to  
11 determine certain compensation for the Executive Director; specifying the role and  
12 duties of the Executive Director; authorizing the Executive Director to employ and  
13 retain certain staff; requiring the Executive Director to determine the classification,  
14 grade, and compensation of certain positions under certain circumstances;  
15 establishing certain powers and duties of the Collaborative; requiring the Governor  
16 to provide a certain appropriation in the State budget in certain fiscal years;  
17 requiring the Collaborative to direct the establishment of certain rural health  
18 complexes by assessing certain needs, identifying certain care delivery models, and  
19 convening certain systems, community organizations, and certain stakeholders for  
20 certain purposes; requiring the Secretary to approve a certain rural health complex  
21 under certain circumstances; requiring a certain rural health complex to relinquish  
22 a certain designation under certain circumstances; requiring the Collaborative, on  
23 or before a certain date, to report to the Governor and the General Assembly on  
24 certain standards and criteria; requiring the Collaborative, beginning on a certain  
25 date, to annually report to the Governor and General Assembly on certain activities  
26 in a certain region including certain information on certain rural health complexes;  
27 providing for the application of this Act; defining certain terms; and generally  
28 relating to the Rural Health Collaborative Pilot.

29 BY adding to

30 Article – Health – General

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 2–901 through 2–908 to be under the new subtitle “Subtitle 9. Rural Health  
2 Collaborative Pilot”  
3 Annotated Code of Maryland  
4 (2015 Replacement Volume and 2017 Supplement)

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

7 **Article – Health – General**

8 **SUBTITLE 9. RURAL HEALTH COLLABORATIVE PILOT.**

9 **2–901.**

10 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
11 INDICATED.

12 (B) “COLLABORATIVE” MEANS THE RURAL HEALTH COLLABORATIVE  
13 PILOT ESTABLISHED UNDER § 2–902 OF THIS SUBTITLE.

14 (C) “EXECUTIVE COMMITTEE” MEANS THE EXECUTIVE COMMITTEE OF THE  
15 RURAL HEALTH COLLABORATIVE PILOT.

16 (D) “MID–SHORE REGION” INCLUDES CAROLINE COUNTY, DORCHESTER  
17 COUNTY, KENT COUNTY, QUEEN ANNE’S COUNTY, AND TALBOT COUNTY.

18 (E) “PRIMARY CARE PROVIDER” INCLUDES A PRIMARY CARE PHYSICIAN, A  
19 PHYSICIAN ASSISTANT, AND A NURSE PRACTITIONER.

20 (F) “RURAL HEALTH COMPLEX” MEANS A COMMUNITY–BASED  
21 AMBULATORY CARE SETTING THAT INTEGRATES PRIMARY CARE AND OTHER  
22 HEALTH CARE SERVICES DETERMINED TO BE ESSENTIAL BY THE COLLABORATIVE  
23 WITH INPUT BY THE COMMUNITY, AND DETERMINED TO BE SUSTAINABLE BY THE  
24 COLLABORATIVE.

25 **2–902.**

26 (A) THERE IS A RURAL HEALTH COLLABORATIVE PILOT WITHIN THE  
27 MID–SHORE REGION.

28 (B) THE COLLABORATIVE IS AN INDEPENDENT UNIT IN THE DEPARTMENT.

29 (C) THE COLLABORATIVE SHALL HAVE A MINIMUM OF 29 MEMBERS BUT  
30 MAY NOT EXCEED 35 MEMBERS.

1           **(D) THE COLLABORATIVE SHALL INCLUDE THE FOLLOWING MEMBERS:**

2                   **(1) THE EXECUTIVE COMMITTEE; AND**

3                   **(2) THE FOLLOWING MEMBERS APPOINTED BY THE SECRETARY:**

4                           **(I) ONE REPRESENTATIVE FROM A LOCAL DEPARTMENT OF**  
5 **SOCIAL SERVICES IN THE MID-SHORE REGION;**

6                           **(II) ONE REPRESENTATIVE FROM A LOCAL MANAGEMENT**  
7 **BOARD IN THE MID-SHORE REGION;**

8                           **(III) ONE REPRESENTATIVE FROM A DEPARTMENT OF**  
9 **EMERGENCY SERVICES IN THE MID-SHORE REGION;**

10                          **(IV) ONE REPRESENTATIVE FROM A LOCAL AGENCY ON AGING IN**  
11 **THE MID-SHORE REGION;**

12                          **(V) ONE REPRESENTATIVE FROM A LOCAL BOARD OF**  
13 **EDUCATION IN THE MID-SHORE REGION;**

14                          **(VI) ONE HEALTH CARE CONSUMER FROM EACH COUNTY IN THE**  
15 **MID-SHORE REGION;**

16                          **(VII) ONE HEALTH CARE PROVIDER FROM EACH COUNTY IN THE**  
17 **MID-SHORE REGION; AND**

18                          **(VIII) TWO REPRESENTATIVES FROM PRIMARY TRANSPORTATION**  
19 **PROVIDERS IN THE MID-SHORE REGION.**

20           **(E) THE PURPOSES OF THE COLLABORATIVE ARE TO:**

21                   **(1) LEAD A REGIONAL PARTNERSHIP IN BUILDING A RURAL HEALTH**  
22 **SYSTEM THAT ENHANCES ACCESS TO AND UTILIZATION OF HEALTH CARE SERVICES**  
23 **DESIGNED TO MEET THE TRIPLE AIM OF:**

24                           **(I) PROVIDING HEALTH CARE;**

25                           **(II) ALIGNMENT WITH THE STATE'S MEDICARE WAIVER; AND**

26                           **(III) IMPROVING POPULATION HEALTH;**

1           **(2) MEDIATE DISPUTES BETWEEN STAKEHOLDERS;**

2           **(3) ASSIST IN COLLABORATION AMONG HEALTH CARE SERVICE**  
3 **PROVIDERS IN THE MID-SHORE REGION;**

4           **(4) INCREASE THE AWARENESS AMONG COUNTY OFFICIALS AND**  
5 **RESIDENTS REGARDING THE HEALTH STATUS, HEALTH NEEDS, AND AVAILABLE**  
6 **RESOURCES IN THE MID-SHORE REGION; AND**

7           **(5) ENHANCE RURAL ECONOMIC DEVELOPMENT IN THE MID-SHORE**  
8 **REGION.**

9 **2-903.**

10           **THIS SUBTITLE DOES NOT AFFECT THE AUTHORITY OF THE SECRETARY, THE**  
11 **MARYLAND HEALTH CARE COMMISSION, OR THE HEALTH SERVICES COST REVIEW**  
12 **COMMISSION TO REGULATE A HEALTH CARE FACILITY, A HEALTH CARE**  
13 **INSTITUTION, A HEALTH CARE SERVICE, OR A HEALTH CARE PROGRAM UNDER THIS**  
14 **ARTICLE.**

15 **2-904.**

16           **(A) THERE IS A RURAL HEALTH CARE COLLABORATIVE EXECUTIVE**  
17 **COMMITTEE.**

18           **(B) THE EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING MEMBERS:**

19           **(1) THE HEALTH OFFICERS FROM CAROLINE COUNTY, DORCHESTER**  
20 **COUNTY, KENT COUNTY, QUEEN ANNE'S COUNTY, AND TALBOT COUNTY;**

21           **(2) THE CHIEF EXECUTIVE OFFICER OF:**

22                   **(I) UNIVERSITY OF MARYLAND SHORE REGIONAL HEALTH;**

23 **AND**

24                   **(II) THE ANNE ARUNDEL MEDICAL CENTER;**

25           **(3) THE CHIEF EXECUTIVE OFFICER OF A FEDERALLY QUALIFIED**  
26 **HEALTH CENTER THAT SERVES THE MID-SHORE REGION; AND**

27           **(4) THE FOLLOWING MEMBERS APPOINTED BY THE SECRETARY:**

28                   **(I) ONE PRIMARY CARE PROVIDER WHO PRACTICES IN THE**

1 MID-SHORE REGION;

2 (II) ONE SPECIALTY CARE PHYSICIAN WHO PRACTICES IN THE  
3 MID-SHORE REGION;

4 (III) ONE BEHAVIORAL HEALTH PROVIDER WHO PRACTICES IN  
5 THE MID-SHORE REGION; AND

6 (IV) ONE HEALTH CARE CONSUMER RESIDING IN THE  
7 MID-SHORE REGION.

8 (C) THE EXECUTIVE COMMITTEE SHALL:

9 (1) PROVIDE GENERAL DIRECTION TO THE COLLABORATIVE; AND

10 (2) MAKE OPERATING DECISIONS ON PROJECTS APPROVED BY THE  
11 COLLABORATIVE.

12 2-905.

13 (A) (1) WITH THE APPROVAL OF THE SECRETARY, THE EXECUTIVE  
14 COMMITTEE SHALL APPOINT AN EXECUTIVE DIRECTOR OF THE COLLABORATIVE.

15 (2) THE EXECUTIVE DIRECTOR SHALL SERVE AT THE PLEASURE OF  
16 THE EXECUTIVE COMMITTEE.

17 (3) IN ACCORDANCE WITH THE STATE BUDGET, THE EXECUTIVE  
18 COMMITTEE SHALL DETERMINE THE APPROPRIATE COMPENSATION FOR THE  
19 EXECUTIVE DIRECTOR.

20 (B) UNDER THE DIRECTION OF THE EXECUTIVE COMMITTEE, THE  
21 EXECUTIVE DIRECTOR SHALL:

22 (1) BE THE CHIEF ADMINISTRATIVE OFFICER OF THE  
23 COLLABORATIVE;

24 (2) DIRECT, ADMINISTER, AND MANAGE THE OPERATIONS OF THE  
25 COLLABORATIVE; AND

26 (3) PERFORM ALL DUTIES NECESSARY TO COMPLY WITH AND CARRY  
27 OUT THE PROVISIONS OF THIS SUBTITLE.

28 (C) IN ACCORDANCE WITH THE STATE BUDGET, THE EXECUTIVE DIRECTOR

1 MAY EMPLOY AND RETAIN A STAFF FOR THE COLLABORATIVE.

2 (D) THE EXECUTIVE DIRECTOR SHALL DETERMINE THE CLASSIFICATION,  
3 GRADE, AND COMPENSATION OF THOSE POSITIONS DESIGNATED UNDER  
4 SUBSECTION (C) OF THIS SECTION:

5 (1) IN CONSULTATION WITH THE SECRETARY OF BUDGET AND  
6 MANAGEMENT;

7 (2) WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE; AND

8 (3) IN ACCORDANCE WITH THE STATE PAY PLAN.

9 **2-906.**

10 (A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS  
11 SUBTITLE, THE COLLABORATIVE MAY:

12 (1) ADOPT BYLAWS, RULES, AND POLICIES;

13 (2) ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE;

14 (3) MAINTAIN AN OFFICE AT THE PLACE DESIGNATED BY THE  
15 COLLABORATIVE;

16 (4) APPLY FOR AND RECEIVE GRANTS, CONTRACTS, OR OTHER  
17 PUBLIC OR PRIVATE FUNDING;

18 (5) ISSUE AND AWARD CONTRACTS AND GRANTS; AND

19 (6) DO ALL THINGS NECESSARY OR CONVENIENT TO CARRY OUT THE  
20 POWERS GRANTED BY THIS SUBTITLE.

21 (B) TO CARRY OUT THE PURPOSES OF THIS SUBTITLE, THE  
22 COLLABORATIVE MAY CREATE AND CONSULT WITH AD HOC ADVISORY COMMITTEES.

23 **2-907.**

24 FOR FISCAL YEAR 2019 AND FOR EACH FISCAL YEAR THEREAFTER, THE  
25 GOVERNOR SHALL PROVIDE AN APPROPRIATION IN THE STATE BUDGET ADEQUATE  
26 TO FULLY FUND THE OPERATIONS OF THE COLLABORATIVE.

27 **2-908.**

1           **(A) (1) THE COLLABORATIVE SHALL DIRECT THE ESTABLISHMENT OF**  
2 **RURAL HEALTH COMPLEXES BY:**

3                   **(I) ASSESSING THE NEEDS OF COMMUNITIES IN THE**  
4 **MID-SHORE REGION THAT LACK ACCESS TO ESSENTIAL COMMUNITY-BASED**  
5 **PRIMARY CARE, BEHAVIORAL HEALTH, SPECIALTY CARE, OR DENTAL CARE**  
6 **SERVICES;**

7                   **(II) IDENTIFYING CARE DELIVERY MODELS THAT HAVE THE**  
8 **POTENTIAL TO REDUCE DEFICITS IN CARE; AND**

9                   **(III) CONVENING HEALTH AND HOSPITAL SYSTEMS, COMMUNITY**  
10 **ORGANIZATIONS, AND LOCAL STAKEHOLDERS TO BUILD CONSENSUS ON THE**  
11 **APPROPRIATE SCALE OF A RURAL HEALTH COMPLEX.**

12           **(2) (I) THE SECRETARY SHALL APPROVE A RURAL HEALTH**  
13 **COMPLEX:**

14                   **1. RECOMMENDED BY THE COLLABORATIVE BY A**  
15 **MAJORITY OF A QUORUM OF THE COLLABORATIVE PRESENT AND VOTING;**

16                   **2. THAT MEETS THE STANDARDS AND CRITERIA**  
17 **ESTABLISHED BY THE COLLABORATIVE FOR A RURAL HEALTH COMPLEX; AND**

18                   **3. IF THE RURAL HEALTH COMPLEX DEMONSTRATES**  
19 **THAT IT MEETS THE STANDARDS AND CRITERIA ESTABLISHED BY THE**  
20 **COLLABORATIVE.**

21                   **(II) A COMPLEX THAT FAILS TO MEET THE STANDARDS AND**  
22 **CRITERIA ESTABLISHED BY THE COLLABORATIVE SHALL RELINQUISH ITS**  
23 **DESIGNATION AS A COMPLEX.**

24           **(3) ON OR BEFORE DECEMBER 1, 2020, THE COLLABORATIVE SHALL**  
25 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE**  
26 **GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE STANDARDS AND**  
27 **CRITERIA THAT A COMMUNITY MUST MEET TO ESTABLISH A RURAL HEALTH**  
28 **COMPLEX BEFORE THE COLLABORATIVE APPROVES A RURAL HEALTH COMPLEX.**

29           **(B) ON OR BEFORE DECEMBER 1, 2021, AND DECEMBER 1 EACH YEAR**  
30 **THEREAFTER, THE COLLABORATIVE SHALL REPORT TO THE GOVERNOR AND, IN**  
31 **ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL**  
32 **ASSEMBLY ON ITS ACTIVITIES REGARDING HEALTH CARE DELIVERY IN THE**

1 MID-SHORE REGION, INCLUDING:

2           (1) THE NUMBER OF RURAL HEALTH COMPLEXES APPROVED;

3           (2) THE EFFECT THAT EACH RURAL HEALTH COMPLEX HAD ON THE  
4 HEALTH STATUS OF THE OVERALL POPULATION AND THE VULNERABLE  
5 POPULATION IN ITS COMMUNITY; AND

6           (3) THE EFFECT THAT RURAL HEALTH COMPLEXES HAVE HAD ON THE  
7 AVAILABLE COMMUNITY-BASED HEALTH CARE RESOURCES IN COMMUNITIES  
8 WHERE COMPLEXES HAVE BEEN ESTABLISHED.

9           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
10 1, 2018.