AMENDMENTS TO HOUSE BILL 463
(Third Reading File Bill)

AMENDMENT NO. 1
On page 1, in line 7, after “grants;” insert “requiring the Commission to give certain consideration to certain proposals;”; in line 13, after “used;” insert “altering the purposes of the Maryland Health Benefit Exchange Fund; altering the purposes for which the Maryland Health Benefit Exchange Fund may be used; requiring the Governor to transfer and appropriate a certain amount to the Health Equity Resource Community Reserve Fund in certain fiscal years;”; in the same line, strike the comma; in line 14, strike “on or before a certain date.”; in the same line, strike “Secretary of Health” and substitute “Community Health Resources Commission”; in line 17, strike the first “Secretary” and substitute “Commission”; strike beginning with “Secretary to” in line 17 down through “the” in line 18; in line 18, after “Disparities” insert “to provide certain technical assistance in implementing certain provisions of this Act; requiring any other unit in the Maryland Department of Health to provide certain assistance at the request of the Commission”; in line 20, strike “Secretary” and substitute “Commission”; in line 22, strike “purposes” and substitute “duties”; and in line 23, strike “chairs” and substitute “chair”.

On page 2, in line 1, strike “requiring the Secretary” and substitute “authorizing the Commission”; in lines 4, 9, 11, 28, and 30, in each instance, strike “Secretary” and substitute “Commission”; in line 7, after “elements;” insert “requiring the application to allocate certain funding to cover certain costs for a certain employee; authorizing nonprofit community-based organizations, nonprofit hospitals, institutions of higher education, federally qualified health centers, and local government agencies to contract (Over)
with a historically black college or university in the State to provide certain services under certain circumstances;”; in line 13, strike “Secretary’s” and substitute “Commission’s”; and in line 14, after “final,” insert “authorizing certain health care providers who practice in Health Equity Resource Communities to receive certain assistance and grants; authorizing certain nonprofit community–based organizations, nonprofit hospitals, institutions of higher education, and local government agencies to receive certain grants; establishing a Health Equity Resource Community Reserve Fund; establishing the purpose and contents of the Fund; requiring the Commission to administer the Fund; requiring the State Treasurer to invest the money of the Fund in a certain manner; requiring the interest earnings of the Fund to be credited to the Fund; exempting the Fund from a certain provision of law requiring interest earnings on State money to accrue to the General Fund of the State;”.

On page 3, in line 3, strike “20–1406” and substitute “20–1408”; and after line 6, insert:

“BY repealing and reenacting, without amendments,

Article - Insurance
Section 31-107(a)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,

Article - Insurance
Section 31-107(b) and (f)
Annotated Code of Maryland
(2017 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, without amendments,

Article - State Finance and Procurement
Section 6-226(a)(2)(i)
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)

BY repealing and reenacting, with amendments,
Article - State Finance and Procurement
Section 6-226(a)(2)(ii)122, and 123.
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)

BY adding to
Article - State Finance and Procurement
Section 6-226(a)(2)(ii)124.
Annotated Code of Maryland
(2015 Replacement Volume and 2020 Supplement)”.

AMENDMENT NO. 2
On page 4, in line 13, after “(2)” insert “(I)”;
in line 15, strike “IN THE DEPARTMENT” and substitute “UNDER TITLE 20, SUBTITLE 14.

(II) CRISP SHALL PROVIDE TECHNICAL ASSISTANCE TO THE COMMISSION BY MAINTAINING A DATA SET AND SUPPORTING PROGRAM EVALUATION FOR THE PROGRAM”;
in line 25, strike “SUSTAINABLE” and substitute “SELF–SUSTAINABLE”; after line 30, insert:

“(V) THE COMMISSION SHALL GIVE SPECIAL CONSIDERATION TO PROPOSALS FROM AREAS PREVIOUSLY DESIGNATED AS A HEALTH ENTERPRISE ZONE.”.

On page 5, in line 1, strike “JANUARY 1, 2022” and substitute “DECEMBER 1, 2021”.

(Over)
AMENDMENT NO. 3  

On page 7, after line 5, insert:

“(C) “COMMISSION” means the COMMUNITY HEALTH RESOURCES COMMISSION.

(D) “COMMUNITY HEALTH WORKER” has the meaning stated in § 13–3701 of this article.”;

in line 8, strike “(C)”, and substitute “(E)”; after line 9, insert:

“(F) “FUND” means the HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND established under § 20–1407 of this subtitle.

(G) “HEALTH CARE PRACTITIONER” means an individual or, collectively, a group of individuals working together within the same practice, each of whom is licensed, certified, or otherwise authorized by law to provide health care services under the HEALTH OCCUPATIONS ARTICLE.”;

in line 17, strike “(D)” and substitute “(I)”.

On page 8, in lines 7, 18, and 20, strike “(E)”, “(F)”, and “(G)”, respectively, and substitute “(I)”, “(J)”, and “(K)”, respectively; and in line 15, strike “SECRETARY” and substitute “COMMISSION”.

On page 9, in line 5, strike “BEGINNING JULY 1, 2023, THE SECRETARY” and substitute “THE COMMISSION”; in line 9, after “(2)”, insert “(I)”; in the same line, strike “SECRETARY SHALL CONSULT WITH THE”; in line 10, after “DISPARITIES”
insert “SHALL PROVIDE TECHNICAL ASSISTANCE TO THE COMMISSION”; after line 11, insert:

“(II) AT THE REQUEST OF THE COMMISSION, ANY OTHER UNIT IN THE DEPARTMENT SHALL PROVIDE TECHNICAL ASSISTANCE TO THE COMMISSION IN IMPLEMENTING THE PROVISIONS OF THIS SUBTITLE.

(C) TWO ADDITIONAL STAFF SHALL BE ADDED TO THE COMMISSION TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE.”;

in line 15, strike “SECRETARY” and substitute “COMMISSION”; in line 26, strike “PURPOSES” and substitute “DUTIES”; in the same line, strike “ARE TO” and substitute “INCLUDE”; in line 27, strike “PROVIDE” and substitute “PROVIDING INITIAL AND ONGOING”; in the same line, strike “TO THE COMMUNITY” and substitute “AND GUIDANCE REGARDING PROGRAM EVALUATION AND DATA COLLECTION METRICS FOR”; strike beginning with “RESOURCES” in line 28 down through “ARTICLE” in line 29 and substitute “EQUITY RESOURCE COMMUNITIES AND HEALTH EQUITY RESEARCH PRACTITIONERS”; strike beginning with “PROVIDE” in line 30 down through “SUBTITLE” in line 31 and substitute “ASSISTING THE COMMISSION IN PREPARING THE REQUIRED ANNUAL REPORT DESCRIBED IN § 20–1408(B) OF THIS SUBTITLE AND § 19–2112 OF THIS ARTICLE”.

On page 10, strike beginning with “PROVIDE” in line 1 down through “PRACTITIONERS” in line 4 and substitute “PROPOSING STRATEGIES FOR TAX INCENTIVES AND LOAN REPAYMENTS TO ASSIST HEALTH EQUITY RESOURCE COMMUNITIES IN ACHIEVING THEIR MISSION”; in line 5, strike “IDENTIFY LONG-TERM FUNDING STRATEGIES” and substitute “PROVIDING GUIDANCE, AS DETERMINED BY THE COMMISSION, TO THE COMMISSION AS NECESSARY”; in line 8, strike “CHAIR” and substitute “CHAIR”; in the same line, strike “MARYLAND”; in line 9, after “COMMISSION”, insert “OR THE CHAIR’S DESIGNEE”; strike beginning

(Over)
with “AN” in line 10 down through “ADMINISTRATION” in line 24 and substitute “THE DIRECTOR OF THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, OR THE DIRECTOR’S DESIGNEE;"

(3) THREE MEMBERS APPOINTED BY THE GOVERNOR, INCLUDING:

(I) ONE INDIVIDUAL REPRESENTING THE MARYLAND DEPARTMENT OF HEALTH; AND

(II) ONE INDIVIDUAL WITH EXPERTISE IN HEALTH CARE FINANCING;

(4) THREE MEMBERS APPOINTED BY THE PRESIDENT OF THE SENATE, INCLUDING:

(I) ONE INDIVIDUAL WITH EXPERTISE IN THE SOCIAL DETERMINANTS OF HEALTH; AND

(II) ONE INDIVIDUAL WHO IS A MEMBER OF THE GENERAL PUBLIC RESIDING IN AN AREA THAT HAS BEEN OR MAY BE DESIGNATED A HEALTH EQUITY RESOURCE COMMUNITY; AND

(5) THREE MEMBERS APPOINTED BY THE SPEAKER OF THE HOUSE, INCLUDING:

(I) ONE INDIVIDUAL WITH EXPERTISE IN HEALTH EQUITY; AND
(II) ONE INDIVIDUAL WHO IS A MEMBER OF THE GENERAL PUBLIC RESIDING IN AN AREA THAT HAS BEEN OR MAY BE DESIGNATED A HEALTH EQUITY RESOURCE COMMUNITY”.

On page 12, strike beginning with “To” in line 23 down through “STATE” in line 25 and substitute “COLLECTIVELY, THE MEMBERS OF THE ADVISORY COMMITTEE SHALL HAVE KNOWLEDGE OF THE FOLLOWING:

(I) EXISTING OR POTENTIAL HEALTH DISPARITIES IN THE STATE;

(II) GROUPS OF RESIDENTS NEGATIVELY AFFECTED BY HEALTH DISPARITIES;

(III) SYSTEMS, POLICIES, AND METHODS LIKELY TO IMPROVE HEALTH OUTCOMES AND REDUCE HEALTH DISPARITIES;

(IV) EFFECTIVE PREVENTION SERVICES;

(V) HEALTH CARE COSTS, TRENDS, AND DRIVERS;

(VI) CLINICAL HEALTH SERVICES RESEARCH; AND

(VII) CONSUMER OR PATIENT PERSPECTIVES; AND

(VII) INNOVATIVE WAYS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH THROUGH THE USE OF COMMUNITY HEALTH WORKERS”.

On page 13, strike beginning with “(I)” in line 1 down through “OF” in line 5 and substitute “TO THE EXTENT PRACTICABLE AND CONSISTENT WITH FEDERAL AND (Over)

(3) THE CHAIR OF THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION SHALL CHAIR;

after line 7, insert:

“(2) THE COMMISSION SHALL STAGGER THE TERMS OF THE INITIAL APPOINTED MEMBERS.”;

in lines 10, 12, and 15, strike “(2)”, “(3)”, and “(4)”, respectively, and substitute “(3)”, “(4)”, and “(5)”, respectively; in line 15, strike “SECRETARY” and substitute “COMMISSION”; in line 24, strike “AUGUST 1, 2021” and substitute “JANUARY 1, 2022”; and in line 26, strike “4” and substitute “6”.

On page 14, in line 1, strike “SECRETARY SHALL” and substitute “COMMISSION MAY”; in line 7, strike “A FEDERALLY QUALIFIED HEALTH CENTER,”; in line 9, after “EDUCATION,” insert “A FEDERALLY QUALIFIED HEALTH CENTER,”; in lines 10 and 17, in each instance, strike “SECRETARY” and substitute “COMMISSION”; in line 15, strike “SUBSECTION (C)” and substitute “SUBSECTIONS (C) AND (E)”; in line 26, strike “THAT MAY BE”.

On page 15, after line 15, insert:

“(D) THE APPLICATION MAY INCLUDE:

(1) A PROPOSAL TO USE FUNDING AVAILABLE UNDER THIS SUBTITLE TO PROVIDE FOR LOAN REPAYMENT INCENTIVES TO INDUCE HEALTH CARE PRACTITIONERS TO PRACTICE IN THE AREA;
(2) A PROPOSAL TO USE INNOVATIVE PUBLIC HEALTH STRATEGIES TO REDUCE HEALTH DISPARITIES IN THE AREA THAT MAY BE SUPPORTED BY GRANTS AWARDED UNDER THIS SUBTITLE, SUCH AS THE USE OF COMMUNITY HEALTH WORKERS, COMMUNITY HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS, INSTITUTIONS OF HIGHER EDUCATION, AND COMMUNITY–BASED DISEASE MANAGEMENT ACTIVITIES; AND

(3) A PROPOSAL TO USE OTHER INCENTIVES OR MECHANISMS TO ADDRESS HEALTH DISPARITIES THAT FOCUS ON WAYS TO EXPAND ACCESS TO CARE, EXPAND ACCESS TO NONMEDICAL INTERVENTIONS THAT PROMOTE IMPROVED HEALTH OUTCOMES, PROMOTE HIRING, AND REDUCE COSTS TO THE HEALTH CARE SYSTEM.

(E) THE APPLICATION SUBMITTED IN ACCORDANCE WITH THIS SECTION SHALL ALLOCATE SUFFICIENT FUNDING TO COVER SALARY AND BENEFIT COSTS FOR THE EVALUATOR REQUIRED UNDER § 20–1406 OF THIS SUBTITLE.”.

On page 16, in line 2, strike “BEGINNING JULY 1, 2023, THE SECRETARY SHALL” and substitute “ON OR BEFORE OCTOBER 1, 2022, THE COMMISSION SHALL ISSUE A REQUEST FOR PROPOSALS TO”; in lines 5, 13, and 18, in each instance, strike “SECRETARY” and substitute “COMMISSION”; in line 23, strike “SUSTAINABILITY” and substitute “SELF–SUSTAINABILITY”; in line 25, after “WITH” insert “THE STATE HEALTH IMPROVEMENT PROCESS AND”; and in line 30, strike “AND”.

On page 17, in lines 1, 24, 26, and 28, in each instance, strike “SECRETARY” and substitute “COMMISSION”; in line 3, after “OUTCOMES” insert “; AND”
(7) A previous designation as a Health Enterprise Zone or inclusion of areas previously included in a Health Enterprise Zone;

strike beginning with “FEDERALLY” in line 5 down through “A” in line 6; in line 7, after “EDUCATION,” insert “A FEDERALLY QUALIFIED HEALTH CENTER,”; strike beginning with “SECRETARY” in line 16 down through “COMMITTEE” in line 17 and substitute “COMMISSION”; in line 21, strike “SECRETARY AND THE HEALTH EQUITY RESOURCE ADVISORY COMMITTEE” and substitute “COMMISSION”; in line 23, strike “20–1406(B)” and substitute “20–1408(B)”; in line 24, after “(D)” insert “NOTWITHSTANDING THE REQUIREMENT TO HIRE A FULL–TIME EMPLOYEE TO SERVE AS AN EVALUATOR UNDER SUBSECTION (C) OF THIS SECTION, A NONPROFIT COMMUNITY–BASED ORGANIZATION, A NONPROFIT HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, A FEDERALLY QUALIFIED HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY MAY CONTRACT WITH A HISTORICALLY BLACK COLLEGE OR UNIVERSITY IN THE STATE TO PROVIDE EVALUATOR SERVICES.

(E);

in line 26, strike “(E)” and substitute “(F)”; and after line 28, insert:

“20–1406.

(A) Health care practitioners and community health workers that practice in a Health Equity Resource Community may receive loan repayment assistance, as provided for in the application for designation for the Health Equity Resource Community and approved by the Commission under this subtitle.
(B) (1) A HEALTH CARE PRACTITIONER OR COMMUNITY HEALTH WORKER MAY APPLY TO THE COMMISSION FOR A GRANT TO DEFRAY THE COSTS OF CAPITAL OR LEASEHOLD IMPROVEMENTS TO, OR MEDICAL OR DENTAL EQUIPMENT TO BE USED IN, A HEALTH EQUITY RESOURCE COMMUNITY.

(2) TO QUALIFY FOR A GRANT UNDER PARAGRAPH (1) OF THIS SUBSECTION, A HEALTH CARE PRACTITIONER OR A COMMUNITY HEALTH WORKER SHALL:

(I) OWN OR LEASE THE HEALTH CARE FACILITY; AND

(II) PROVIDE HEALTH CARE FROM THAT FACILITY.

(3) (I) A GRANT TO DEFRAY THE COST OF MEDICAL OR DENTAL EQUIPMENT MAY NOT EXCEED THE LESSER OF $25,000 OR 50% OF THE COST OF THE EQUIPMENT.

(II) GRANTS FOR CAPITAL OR LEASEHOLD IMPROVEMENTS SHALL BE FOR THE PURPOSES OF IMPROVING OR EXPANDING THE DELIVERY OF HEALTH CARE IN THE HEALTH EQUITY RESOURCE COMMUNITY.

(C) (1) A NONPROFIT COMMUNITY–BASED ORGANIZATION, A NONPROFIT HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, A FEDERALLY QUALIFIED HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY THAT RECEIVES APPROVAL OF AN APPLICATION SUBMITTED UNDER § 20–1403 OF THIS SUBTITLE MAY SUBMIT AN APPLICATION, ON ITS OWN BEHALF, TO RECEIVE GRANTS FOR CAPITAL OR LEASEHOLD IMPROVEMENTS, AS DETERMINED BY THE COMMISSION, FOR THE PURPOSES DESCRIBED UNDER SUBSECTION (B)(3)(II) OF THIS SECTION.
(2) Subject to § 20–1408(A)(2) of this subtitle, the term of any grant awarded to a nonprofit community–based organization, a nonprofit hospital, an institution of higher education, a federally qualified health center, or a local government agency for capital or leasehold improvements shall have a term of 5 years, and may be renewed in accordance with an application approved by the Commission.

20–1407.

(A) There is a Health Equity Resource Community Reserve Fund.

(B) The purpose of the Fund is to:

(1) Support areas designated by the Commission as Health Equity Resource Communities by providing grants to community–based organizations, nonprofit hospitals, institutions of higher education, federally qualified health centers, local government agencies, health care practitioners, and community health workers to facilitate reduction of health disparities, improve health outcomes, provide drug treatment and rehabilitation, and reduce health costs and hospital admissions and readmissions in specific areas of the State; and

(2) Provide funding to supplement and not supplant existing funding for behavioral health programs that provide prevention, recovery support, and harm reduction services for individuals with substance use and mental health disorders.
(C) THE COMMISSION SHALL ADMINISTER THE FUND.

(D) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7–302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(2) ANY UNSPENT PORTION OF THE FUND MAY NOT BE TRANSFERRED OR REVERT TO THE GENERAL FUND BUT SHALL REMAIN IN THE FUND TO BE USED FOR THE PURPOSES SPECIFIED IN THIS SUBTITLE.

(3) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

(E) THE FUND CONSISTS OF:

(1) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND IN ACCORDANCE WITH § 31–107 OF THE INSURANCE ARTICLE;

(2) INTEREST EARNINGS OF THE FUND; AND

(3) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR THE BENEFIT OF THE FUND.

(F) THE FUND MAY BE USED ONLY TO PROVIDE FUNDING TO THE COMMISSION FOR THE SUPPORT OF AREAS DESIGNATED AS HEALTH EQUITY RESOURCE COMMUNITIES BY PROVIDING GRANTS TO COMMUNITY-BASED ORGANIZATIONS, NONPROFIT HOSPITALS, INSTITUTIONS OF HIGHER EDUCATION, LOCAL GOVERNMENT AGENCIES, HEALTH CARE PRACTITIONERS, FEDERALLY QUALIFIED HEALTH CENTERS, COMMUNITY HEALTH WORKERS, AND

(Over)
INSTITUTIONS OF HIGHER EDUCATION TO REDUCE HEALTH DISPARITIES, IMPROVE HEALTH OUTCOMES, PROVIDE ADDICTION AND MENTAL HEALTH SERVICES, AND REDUCE HEALTH COSTS AND HOSPITAL ADMISSIONS AND READMISSIONS.

(G) (1) THE STATE TREASURER SHALL INVEST THE MONEY OF THE FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

(2) ANY INTEREST EARNINGS OF THE FUND SHALL BE CREDITED TO THE FUND.

(H) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN ACCORDANCE WITH THE STATE BUDGET.

(I) MONEY EXPENDED FROM THE FUND TO SUPPORT AREAS DESIGNATED BY THE COMMISSION AS HEALTH EQUITY RESOURCE COMMUNITIES UNDER THIS SUBTITLE IS SUPPLEMENTAL TO AND NOT INTENDED TO SUPPLANT FUNDING THAT OTHERWISE WOULD BE APPROPRIATED FOR THOSE PURPOSES.

On page 20, in line 25, strike “20–1406.” and substitute “20–1408.”; strike beginning with “ON” in line 26 down through “EACH” in line 27 and substitute “EACH”; in line 31, strike “SECRETARY” and substitute “COMMISSION”; and in line 34, strike “AND”.

On page 21, in line 2, after “YEAR” insert “; AND

(III) ANY OTHER INFORMATION AS REQUESTED BY THE COMMISSION.
(2) The reporting required under paragraph (1) of this subsection shall be periodically in accordance with a schedule determined by the Commission; 

in line 3, strike “(2)” and substitute “(3)”; in lines 3, 9, and 12, in each instance, strike “SECRETARY” and substitute “COMMISSION”; in line 11, strike “BEGINNING IN 2024.”; in line 17, after “(II)” insert “EVIDENCE OF THE IMPACT OF THE LOAN REPAYMENT INCENTIVES IN ATTRACTING HEALTH CARE PRACTITIONERS AND COMMUNITY HEALTH WORKERS TO HEALTH EQUITY RESOURCE COMMUNITIES; 

(III)”;

and in line 23, strike “(III)” and substitute “(IV)”.

On page 22, after line 2, insert:

“Article – Insurance

31–107.

(a) There is a Maryland Health Benefit Exchange Fund.

(b) (1) The purpose of the Fund is to:

(i) provide funding for the operation and administration of the Exchange in carrying out the purposes of the Exchange under this subtitle; [and]

(ii) provide funding for the establishment and operation of the State Reinsurance Program authorized under this subtitle; AND

(Over)
(III) PROVIDE FUNDING FOR THE ESTABLISHMENT AND OPERATION OF HEALTH EQUITY RESOURCE COMMUNITIES UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE.

(2) The operation and administration of the Exchange and the State Reinsurance Program may include functions delegated by the Exchange to a third party under law or by contract.

(f) (1) The Fund may be used only:

[(1)] (I) for the operation and administration of the Exchange in carrying out the purposes authorized under this subtitle; [and]

[(2)] (II) for the establishment and operation of the State Reinsurance Program; AND

(III) FOR APPROPRIATIONS TO THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND UNDER § 20–1407 OF THE HEALTH – GENERAL ARTICLE.

(2) IN EACH OF FISCAL YEARS 2023 THROUGH 2025, THE GOVERNOR SHALL:

(I) TRANSFER $15,000,000 TO THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND; AND

(II) INCLUDE THE FUNDS TRANSFERRED IN ACCORDANCE WITH ITEM (I) OF THIS PARAGRAPH IN THE ANNUAL BUDGET BILL AS AN APPROPRIATION TO THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND UNDER § 20–1407 OF THE HEALTH – GENERAL ARTICLE.
Article – State Finance and Procurement

6–226.

(a) (2) (i) Notwithstanding any other provision of law, and unless inconsistent with a federal law, grant agreement, or other federal requirement or with the terms of a gift or settlement agreement, net interest on all State money allocated by the State Treasurer under this section to special funds or accounts, and otherwise entitled to receive interest earnings, as accounted for by the Comptroller, shall accrue to the General Fund of the State.

(ii) The provisions of subparagraph (i) of this paragraph do not apply to the following funds:

122. the Racing and Community Development Financing Fund; [and]

123. the Racing and Community Development Facilities Fund; AND

124. THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND.”.