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§15–102.1.

(a) The General Assembly finds that it is a goal of this State to promote the development of a health care system that provides adequate and appropriate health care services to indigent and medically indigent individuals.

(b) The Department shall, to the extent permitted, subject to the limitations of the State budget:

(1) Provide a comprehensive system of quality health care services with an emphasis on prevention, education, individualized care, and appropriate case management;

(2) Develop a prenatal care program for Program recipients and encourage its utilization;

(3) Allocate State resources for the Program to provide a balanced system of health care services to the population served by the Program;

(4) Seek to coordinate the Program activities with other State programs and initiatives that are necessary to address the health care needs of the population served by the Program;

(5) Promote Program policies that facilitate access to and continuity of care by encouraging:

(i) Provider availability throughout the State;

(ii) Consumer education;

(iii) The development of ongoing relationships between Program recipients and primary health care providers; and

(iv) The regular review of the Program's regulations to determine whether the administrative requirements of those regulations are unnecessarily burdensome on Program providers;

(6) Ensure access to and the continuity of services provided by family planning providers that were family planning providers in the Program as of December 31, 2016, and were discontinued as recipients of federal funding under

federal law or regulation because of the scope of services offered by the provider or the scope of services for which the provider offered referrals, by:

(i) Reimbursing for the Program services provided; and

(ii) Establishing Program requirements for the family planning providers that:

1. Are similar to the requirements for other providers of the same services;

2. Do not prohibit a provider from offering a service if the service is within the scope of practice of the provider as established under the Health Occupations Article; and

3. Do not limit the scope of services for which a provider may offer referrals;

(7) Strongly urge health care providers to participate in the Program and thereby address the needs of Program recipients;

(8) Require health care providers who participate in the Program to provide access to Program recipients on a nondiscriminatory basis in accordance with State and federal law;

(9) Seek to provide appropriate levels of reimbursement for providers to encourage greater participation by providers in the Program;

(10) Promote individual responsibility for maintaining good health habits;

(11) Encourage the Program and Maryland's health care regulatory system to work to cooperatively promote the development of an appropriate mix of health care providers, limit cost increases for the delivery of health care to Program recipients, and ensure the delivery of quality health care to Program recipients;

(12) Encourage the development and utilization of cost–effective and preventive alternatives to the delivery of health care services to appropriate Program recipients in inpatient institutional settings;

(13) Encourage the appropriate executive agencies to coordinate the eligibility determination, policy, operations, and compliance components of the Program;

(14) Work with representatives of inpatient institutions, third party payors, and the appropriate State agencies to contain Program costs;

(15) Identify and seek to develop an optimal mix of State, federal, and privately financed health care services for Program recipients, within available resources through cooperative interagency efforts;

(16) Develop joint Legislative and Executive Branch strategies to persuade the federal government to reconsider those policies that discourage the delivery of cost–effective health care services to Program recipients;

(17) Evaluate departmental recommendations as to those persons whose financial need or health care needs are most acute;

(18) Establish mechanisms for aggressively pursuing recoveries against third parties permitted under current law and exploring additional methods for seeking to recover other money expended by the Program; and

(19) Take appropriate measures to assure the quality of health care services provided by managed care organizations.

(c) (1) The Department shall collaborate with the Office of the Comptroller or the Office of the State Treasurer to:

(i) Form a one–sentence statement advising that individuals who cannot afford health insurance may be eligible to enroll in a medical assistance program; and

(ii) Print the statement formed under item (i) of this paragraph:

1. On each State–issued tax refund check stub;

2. Once each pay quarter, on each State–issued employee paycheck stub; and

3. On each State–issued child support payment check stub.

(2) The statement shall include a telephone number or other contact information that an individual may use to receive more information on eligibility for medical assistance programs.

(3) The statement may be altered by the Department in collaboration with the Office of the Comptroller or the Office of the State Treasurer to:

(i) Provide the most current information;

(ii) Fit within the space constraints of the different types of checks listed in paragraph (1)(ii) of this subsection; or

(iii) Combine it with the statement required under § 15–304(c) of this title, if appropriate.

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