Chapter 35

(House Bill 497)

AN ACT concerning

Rural Health Collaborative Pilot Repeal and Mid Shore Health Improvement Coalition Funding

FOR the purpose of repealing the provisions of law establishing and governing the Rural Health Collaborative Pilot; requiring the Governor to provide an appropriation in the State budget in certain fiscal years to fund the operations of the Mid Shore Health Improvement Coalition; and generally relating to the Rural Health Collaborative Pilot and the Mid Shore Health Improvement Coalition.

BY repealing
Article – Health – General
Section 2–901 through 2–908 and the subtitle "Subtitle 9. Rural Health Collaborative Pilot"
Annotated Code of Maryland
(2019 Replacement Volume and 2022 Supplement)

BY adding to
Article – Health – General
Section 24–2201 to be under the new subtitle "Subtitle 22. Mid Shore Health Improvement Coalition Funding"
Annotated Code of Maryland
(2019 Replacement Volume and 2022 Supplement)

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

Article – Health – General

[Subtitle 9. Rural Health Collaborative Pilot.**]**

[2–901.

(a) In this subtitle the following words have the meanings indicated.

(b) "Collaborative" means the Rural Health Collaborative Pilot established under § 2–902 of this subtitle.

(c) "Executive Committee" means the Executive Committee of the Rural Health Collaborative Pilot.

(d) "Mid–shore region" includes Caroline County, Dorchester County, Kent County, Queen Anne's County, and Talbot County.

(e) "Primary care provider" includes a primary care physician, a physician assistant, and a nurse practitioner.

(f) "Rural Health Complex" means a community–based ambulatory care setting or inpatient care setting that integrates primary care and other health care services determined to be essential by the Collaborative with input by the community, and determined to be sustainable by the Collaborative.**]**

[2–902.

(a) There is a Rural Health Collaborative Pilot within the mid–shore region.

(b) The Collaborative is an independent unit in the Department.

(c) The Collaborative shall have a minimum of 29 members but may not exceed 35 members.

(d) The Collaborative shall include the following members:

(1) The Executive Committee; and

(2) The following members appointed by the Secretary:

(i) One representative from a local department of social services in the mid–shore region;

(ii) One representative from a local management board in the mid–shore region;

(iii) One representative from a department of emergency services in the mid–shore region;

(iv) One representative from a local agency on aging in the mid–shore region;

(v) One representative from a local board of education in the mid–shore region;

(vi) One health care consumer from each county in the mid–shore region;

(vii) One health care provider from each county in the mid–shore region; and

(viii) Two representatives from primary transportation providers in the mid–shore region.

(e) The purposes of the Collaborative are to:

(1) Lead a regional partnership in building a rural health system that enhances access to and utilization of health care services designed to meet the triple aim of:

(i) Providing health care;

(ii) Alignment with the State's Medicare waiver; and

(iii) Improving population health;

(2) Mediate disputes between stakeholders;

(3) Assist in collaboration among health care service providers in the mid–shore region;

(4) Increase the awareness among county officials and residents regarding the health status, health needs, and available resources in the mid–shore region; and

(5) Enhance rural economic development in the mid–shore region.**]**

[2–903.

This subtitle does not affect the authority of the Secretary, the Maryland Health Care Commission, or the Health Services Cost Review Commission to regulate a health care facility, a health care institution, a health care service, or a health care program under this article.**]**

[2–904.

(a) There is a Rural Health Care Collaborative Executive Committee.

(b) The Executive Committee consists of the following members:

(1) The health officers from Caroline County, Dorchester County, Kent County, Queen Anne's County, and Talbot County;

(2) The Chief Executive Officer of:

(i) University of Maryland Shore Regional Health; and

(ii) The Anne Arundel Medical Center;

(3) The Chief Executive Officer of a federally qualified health center that serves the mid–shore region; and

(4) The following members appointed by the Secretary:

(i) One primary care provider who practices in the mid–shore region;

(ii) One specialty care physician who practices in the mid–shore region;

(iii) One behavioral health provider who practices in the mid–shore region; and

(iv) One health care consumer residing in the mid–shore region.

(c) The Executive Committee shall:

(1) Provide general direction to the Collaborative; and

(2) Make operating decisions on projects approved by the Collaborative.**]**

[2–905.

(a) (1) With the approval of the Secretary, the Executive Committee shall appoint an Executive Director of the Collaborative.

(2) The Executive Director shall serve at the pleasure of the Executive Committee.

(3) In accordance with the State budget, the Executive Committee shall determine the appropriate compensation for the Executive Director.

(b) Under the direction of the Executive Committee, the Executive Director shall:

(1) Be the chief administrative officer of the Collaborative;

(2) Direct, administer, and manage the operations of the Collaborative; and

(3) Perform all duties necessary to comply with and carry out the provisions of this subtitle.

(c) In accordance with the State budget, the Executive Director may employ and retain a staff for the Collaborative.

(d) The Executive Director shall determine the classification, grade, and compensation of those positions designated under subsection (c) of this section:

(1) In consultation with the Secretary of Budget and Management;

(2) With the approval of the Executive Committee; and

(3) In accordance with the State pay plan.**]**

[2–906.

(a) In addition to the powers set forth elsewhere in this subtitle, the Collaborative may:

(1) Adopt bylaws, rules, and policies;

(2) Adopt regulations to carry out this subtitle;

(3) Maintain an office at the place designated by the Collaborative;

(4) Apply for and receive grants, contracts, or other public or private funding;

(5) Issue and award contracts and grants; and

(6) Do all things necessary or convenient to carry out the powers granted by this subtitle.

(b) To carry out the purposes of this subtitle, the Collaborative may create and consult with ad hoc advisory committees.**]**

[2–907.

For fiscal year 2019 and for each fiscal year thereafter, the Governor shall provide an appropriation in the State budget adequate to fully fund the operations of the Collaborative.**]**

[2–908.

(a) (1) The Collaborative shall direct the establishment of Rural Health Complexes by:

(i) Assessing the needs of communities in the mid–shore region that lack access to essential community–based primary care, behavioral health, specialty care, or dental care services;

(ii) Identifying care delivery models that have the potential to reduce deficits in care; and

(iii) Convening health and hospital systems, community organizations, and local stakeholders to build consensus on the appropriate scale of a Rural Health Complex.

(2) (i) The Secretary shall approve a Rural Health Complex:

1. Recommended by the Collaborative by a majority of a quorum of the Collaborative present and voting;

2. That meets the standards and criteria established by the Collaborative for a Rural Health Complex; and

3. If the Rural Health Complex demonstrates that it meets the standards and criteria established by the Collaborative.

(ii) A complex that fails to meet the standards and criteria established by the Collaborative shall relinquish its designation as a complex.

(3) On or before December 1, 2020, the Collaborative shall report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on the standards and criteria that a community must meet to establish a Rural Health Complex before the Collaborative approves a Rural Health Complex.

(b) On or before December 1, 2021, and December 1 each year thereafter, the Collaborative shall report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on its activities regarding health care delivery in the mid–shore region, including:

(1) The number of Rural Health Complexes approved;

(2) The effect that each Rural Health Complex had on the health status of the overall population and the vulnerable population in its community; and

(3) The effect that Rural Health Complexes have had on the available community–based health care resources in communities where complexes have been established.**]**

SUBTITLE 22. MID SHORE HEALTH IMPROVEMENT COALITION FUNDING.

24–2201.

FOR FISCAL YEAR 2024, AND FOR EACH FISCAL YEAR THEREAFTER, THE GOVERNOR SHALL PROVIDE AN APPROPRIATION IN THE STATE BUDGET TO FUND THE OPERATIONS OF THE MID SHORE HEALTH IMPROVEMENT COALITION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2023.

Approved by the Governor, April 11, 2023.