§ 19-2101. Definitions

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

(b) "Commission" means the Maryland Community Health Resources Commission.

(c)(1) "Community health resource" means a nonprofit or for profit health care center or program that offers the primary health care services required by the Commission under § 19-2109(a)(2) of this subtitle to an individual on a sliding scale fee schedule and without regard to an individual's ability to pay.

(2) "Community health resource" includes:

(i) A federally qualified health center;

(ii) A federally qualified health center "look-alike";

(iii) A community health center;

(iv) A migrant health center;

(v) A health care program for the homeless;

(vi) A primary care program for a public housing project;

(vii) A local nonprofit and community-owned health care program;

(viii) A school-based health center;

(ix) A teaching clinic;

(x) A wellmobile;

(xi) A health center controlled operating network;

(xii) A historic Maryland primary care provider;

(xiii) An outpatient mental health clinic; and

(xiv) Any other center or program identified by the Commission as a community health resource.

§ 19-2102. Establishment of Commission

(a) There is a Maryland Community Health Resources Commission.

(b) The Commission is an independent commission that operates within the Department.

(c) The purpose of the Commission is to increase access to health care through community health resources.

§ 19-2103. Members

(a)(1) The Commission consists of eleven members appointed by the Governor with the advice and consent of the Senate.

(2) Of the eleven members:

(i) One shall be a representative of a nonprofit health maintenance organization;

(ii) One shall be a representative of a nonprofit health service plan;

(iii) One shall be a representative of a Maryland hospital;

(iv) Four shall be individuals who:

1. Do not have any connection with the management or policy of a community health resource, nonprofit health service plan, or nonprofit health maintenance organization; and

2. Have a background or experience in health care;

(v) One shall be an individual who has a background or experience with an outpatient mental health clinic within the past 5 years; and

(vi) Three shall be individuals who have a background or experience with a community health resource within the past 5 years.

(3) At least two of the eleven members shall be health care professionals licensed in the State.

(b) To the extent practicable, when appointing members to the Commission, the Governor shall assure geographic balance and promote racial and gender diversity in the Commission's membership.

§ 19-2104. Chair; vice chair

From among the members of the Commission:

(1) The Governor shall appoint a chair; and

(2) The chair shall appoint a vice chair.

§ 19-2105. Executive Director

(a) With the approval of the Governor, the Commission shall appoint an Executive Director, who is the chief administrative officer of the Commission.

(b) The Executive Director serves at the pleasure of the Commission.

(c) Under the direction of the Commission, the Executive Director shall perform any duty or function that the Commission requires.

§ 19-2106. Meetings; staff

(a)(1) A majority of the full authorized membership of the Commission is a quorum.

(2) The Commission may not act on any matter unless at least six members in attendance concur.

(b) The Commission shall meet at least six times a year, at the times and places that it determines.

(c) A member of the Commission:

(1) May not receive compensation; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(d)(1) The Commission may employ a staff in accordance with the State budget.

(2) The Commission, in consultation with the Secretary, shall determine the appropriate job classifications and grades for all staff.

§ 19-2107. Powers and duties of Commission

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

(1) Adopt regulations to carry out the provisions of this subtitle;

(2) Create committees from among its members;

(3) Appoint advisory committees, which may include individuals and representatives of interested public or private organizations;

(4) Apply for and accept any funds, property, or services from any person or government agency;

(5) Make agreements with a grantor or payor of funds, property, or services, including an agreement to make any study, plan, demonstration, or project;

(6) Publish and give out any information that relates to expanding access to health care through community health resources that is considered desirable in the public interest; and

(7) Subject to the limitations of this subtitle, exercise any other power that is reasonably necessary to carry out the purposes of this subtitle.

(b) In addition to the duties set forth elsewhere in this subtitle, the Commission shall:

(1) Adopt rules and regulations that relate to its meetings, minutes, and transactions;

(2) Keep minutes of each meeting;

(3) Prepare annually a budget proposal that includes the estimated income of the Commission and proposed expenses for its administration and operation; and

(4) On or before October 1 of each year, submit to the Governor, to the Secretary, and, in accordance with § 2-1246 of the State Government Article, to the General Assembly an annual report on the operations and activities of the Commission during the preceding fiscal year.

§ 19-2108. Powers of Secretary

(a) The power of the Secretary over plans, proposals, and projects of units in the Department does not include the power to disapprove or modify any decision or determination that the Commission makes under authority specifically delegated by law to the Commission.

(b) The power of the Secretary to transfer by rule, regulation, or written directive any staff, functions, or funds of units in the Department does not apply to any staff, functions, or funds of the Commission.

§ 19-2109. Duties of Commission

(a) In addition to the duties set forth elsewhere in this subtitle, the Commission shall, to the extent budgeted resources permit:

(1) Establish by regulation the criteria to qualify as a community health resource under this subtitle;

(2) Establish by regulation the services that a community health resource shall provide to qualify as a community health resource under this subtitle; and

(3) Require community health resources to submit a plan to the Commission on how the community health resource will provide or arrange to provide mental health services;

(4) Identify and seek federal and State funding for the expansion of community health resources;

(5) Establish by regulation the criteria for community health resources to qualify for operating grants and procedures for applying for operating grants;

(6) Administer operating grant fund programs for qualifying community health resources;

(7) Taking into consideration regional disparities in income and the cost of medical services, establish guidelines for sliding scale fee payments at community health resources that are not federally qualified health centers, for individuals whose family income is between 100% and 200% of the federal poverty guidelines;

(8) Identify programs and policies to encourage specialist providers to serve individuals referred from community health resources;

(9) Identify programs and policies to encourage hospitals and community health resources to partner to increase access to health care services;

(10) Establish a reverse referral pilot program under which a hospital will identify and assist patients in accessing health care services through a community health resource;

(11) Work with community health resources, hospital systems, and others to develop a unified information and data management system for use by all community health resources that is integrated with the local hospital systems to track the treatment of individual patients and that provides real-time indicators of available resources;

(12) Work in cooperation with clinical education and training programs, area health education centers, and telemedicine centers to enhance access to quality primary and specialty health care for individuals in rural and underserved areas referred by community health resources;

(13) Evaluate the feasibility of developing a capital grant program for community health resources that are not federally qualified health centers;

(14) Develop an outreach program to educate and inform individuals of the availability of community health resources and assist individuals under 200% of the federal poverty level who do not have health insurance to access health care services through community health resources;

(15) Study school-based health center funding and access issues including:

(i) Reimbursement of school-based health centers by managed care organizations, insurers, nonprofit health service plans, and health maintenance organizations; and
(ii) Methods to expand school-based health centers to provide primary care services;

(16) Study access and reimbursement issues regarding the provision of dental services;

(17) Evaluate the feasibility of extending liability protection under the Maryland Tort Claims Act[1] to health care practitioners who contract directly with a community health resource that is also a Maryland qualified health center or a school-based health center; and

(18) Establish criteria and mechanisms to pay for office-based specialty care visits, diagnostic testing, and laboratory tests for uninsured individuals with family income that does not exceed 200% of the federal poverty guidelines who are referred through community health resources.

(b) The reverse referral pilot program established under subsection (a)(10) of this section shall include at least one hospital and one community health resource from a rural, urban, and suburban area of this State.

(c) The Commission, in developing and implementing the outreach program established under subsection (a)(14) of this section, shall consult and coordinate with the Motor Vehicle Administration, workforce investment boards, local departments of social services, local health departments, Medbank Inc., the Comptroller, the Maryland Health Care Commission, hospitals, community health resources, and physicians to provide outreach and consumer information.

(d) The Commission, in conducting the school-based health center study required under subsection (a)(15) of this section, shall:

(1) Solicit input from and consult with local governments that operate school-based health centers, the State Department of Education, the Maryland Insurance Commissioner, representatives from school-based health centers, providers, and insurers; and

(2) Identify the following:

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[1] State Government § 12-101 et seq.

(i) A fee schedule for individuals accessing a school-based community health center;

(ii) Reimbursement rates to be paid by managed care organizations and insurers, nonprofit health services plans, and health maintenance organizations to the school-based community health center;

(iii) Insurance payments owed to school-based community health centers and how much of the payments should be collected to offset any State subsidy;

(iv) Barriers to the reimbursement of licensed health care providers who provide services at school-based health centers, including nurse practitioners and physician assistants;

(v) A system of registering individuals who receive health care services from a school-based community health center that requires an individual to pay premiums and sliding scale fees; and

(vi) Security measures to be used by school-based community health centers.

(e) The Commission, in conducting the dental services study required under subsection (a)(16) of this section, shall select input from and consult with community health resources that provide dental services, managed care organizations, the University of Maryland School of Dentistry, and dental service providers.

§ 19-2110. Standing committees

To facilitate its work, the Commission shall establish standing committees, including:

(1) The Committee on Capital and Operational Funding;

(2) The Committee on Hospital and Community Health Resources Relations;

(3) The Committee on School-based Community Health Clinic Center Expansion; and

(4) The Committee on Data Information Systems.

§ 19-2111. Specialty care network

(a) The Commission, in collaboration with community health resources and local health departments, shall develop a specialty care network for individuals:

(1) With family income that does not exceed 200% of the federal poverty level; and

(2) Who are referred through a community health resource.

(b) The specialty care network shall:

(1) Consist of health care practitioners who agree to provide care to individuals referred through a community health resource for a discounted fee established by the Commission; and

(2) Include health care practitioners who historically have served the uninsured.

(c) Individuals receiving health care through the specialty care network shall pay for specialty care according to a sliding fee scale developed by the Commission.

(d) In addition to patient fees, office-based specialty care visits, diagnostic testing, and laboratory tests shall be subsidized by funds provided from:

(1) General funds; and

(2) Money collected from a nonprofit health maintenance organization in accordance with § 6-121(b)(3) of the Insurance Article.

(e) Subject to available funding, the Commission shall provide subsidies to community health resources for office-based specialty care visits, diagnostic testing, and laboratory tests.

§ 19-2201. Community Health Resources Commission Fund

(a) In this section, "Fund" means the Community Health Resources Commission Fund.

(b) There is a Community Health Resources Commission Fund.

(c)(1) The Fund is a special, nonlapsing fund that is not subject to § 7-302 of the State Finance and Procurement Article.

(2) The Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.

(d) The Fund consists of:

(1) Money collected from a nonprofit health service plan in accordance with § 14-106.1 of the Insurance Article;

(2) Interest earned on investments;

(3) Money donated to the Fund;

(4) Money awarded to the Fund through grants; and

(5) Any other money from any other source accepted for the benefit of the Fund.

(e)(1) The Fund may be used only to:

(i) Cover the administrative costs of the Commission;

(ii) Cover the actual documented direct costs of fulfilling the statutory and regulatory duties of the Commission in accordance with the provisions of this subtitle;

(iii) Provide operating grants to qualifying community health resources; and

(iv) Provide funding for the development, support, and monitoring of a unified data information system among primary and specialty care providers, hospitals, and other providers of services to community health resource members.

(2) The funding for a unified data information system under paragraph (1)(iv) of this subsection shall be limited to:

(i) $500,000 in fiscal year 2006; and

(ii) $1,700,000 in fiscal year 2007 and annually thereafter.

(f) The Commission shall adopt regulations that:

(1) Establish the criteria for a community health resource to qualify for a grant;

(2) Establish the procedures for disbursing grants to qualifying community health resources;

(3) Develop a formula for disbursing grants to qualifying community health resources; and

(4) Establish criteria and mechanisms for funding a unified data information system.

(g) In developing regulations under subsection (f)(1) of this section, the Commission shall:

(1) Consider geographic balance; and

(2) Give priority to community health resources that:

(i) In addition to normal business hours, have evening and weekend hours of operation;

(ii) Have partnered with a hospital to establish a reverse referral program at the hospital;

(iii) Reduce the use of the hospital emergency department for nonemergency services;

(iv) Assist patients in establishing a medical home with a community health resource;

(v) Coordinate and integrate the delivery of primary and specialty care services;

(vi) Promote the integration of mental and somatic health with federally qualified health centers or other somatic care providers;

(vii) Fund medication management or therapy services for uninsured individuals up to 200% of the federal poverty level who meet medical necessity criteria but who are ineligible for the public mental health system;

(viii) Provide a clinical home for individuals who access hospital emergency departments for mental health services; and

(ix) Support the implementation of evidence-based clinical practices.

(h) Grants awarded to a community health resource under this section may be used:

(1) To provide operational assistance to a community health resource; and

(2) For any other purpose the Commission determines is appropriate to assist a community health resource.

(i)(1) The Treasurer shall invest the money in the Fund in the same manner as other State money may be invested.

(2) Any investment earnings of the Fund shall be retained to the credit of the Fund.

(j) The Fund shall be subject to an audit by the Office of Legislative Audits as provided for in § 2-1220 of the State Government Article.

Added by Acts 2005, c. 280, § 3 (19-2101-2110) & § 4 (19-2201). eff. July 1, 2005.
MD Code, Health - General, § 19-2201, MD HEALTH GEN § 19-2201 *et seq.*
ABROGATION: Acts 2005, c. 280, § 3, is abrogated effective at the end of June 30, 2010, under the terms of § 14 of that Act.

HISTORICAL AND STATUTORY NOTES
2005 Legislation
Acts 2005, c. 280, § 14, provides:

"SECTION 14. AND BE IT FURTHER ENACTED, That, subject to Section 13 of this Act, this Act shall take effect July 1, 2005. Section 3 of this Act shall remain effective for a period of 5 years and, at the end of June 30, 2010, with no further action required by the General Assembly, Section 3 of this Act shall be abrogated and of no further force and effect. Section 5 of this Act shall remain effective for a period of 1 year and, at the end of June 30, 2006, with no further action required by the General Assembly, Section 5 of this Act shall be abrogated and of no

further force and effect."