

# HOUSE BILL 520

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CF SB 406

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By: Delegates Lierman, Jones, Bagnall, Boyce, Bridges, Charkoudian, Clippinger, Conaway, Ebersole, Feldmark, Glenn, Hettleman, Ivey, Jalisi, Korman, Krimm, Lafferty, Lehman, R. Lewis, McIntosh, Palakovich Carr, Sample-Hughes, Smith, Solomon, Valderrama, ~~and Wells~~ Wells, Brooks, Bartlett, Terrasa, Pendergrass, Pena-Melnyk, Barron, Bhandari, Carr, Charles, Cullison, Hill, Johnson, Kerr, Rosenberg, and K. Young

Introduced and read first time: February 4, 2019

Assigned to: Health and Government Operations and Appropriations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 12, 2019

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Prenatal and Infant Care Coordination – Grant Funding and Task Force**

3 FOR the purpose of requiring the Governor to include a certain amount of funding for the  
4 Maryland Prenatal and Infant Care Coordination Services Grant Program Fund in  
5 the annual budget beginning in a certain fiscal year; establishing the Task Force on  
6 Maryland Maternal and Child Health; providing for the composition, chair, and staff  
7 for the Task Force; prohibiting a member of the Task Force from receiving certain  
8 compensation, but authorizing the reimbursement of certain expenses; requiring the  
9 Task Force to study and make recommendations regarding certain matters;  
10 requiring the Task Force to report its findings and recommendations to the General  
11 Assembly on or before a certain date; providing for the effective dates of this Act;  
12 providing for the termination of certain provisions of this Act; and generally relating  
13 to prenatal and infant care coordination services.

14 BY repealing and reenacting, without amendments,  
15 Article – Health – General  
16 Section 24–1502(a)  
17 Annotated Code of Maryland  
18 (2015 Replacement Volume and 2018 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY repealing and reenacting, with amendments,  
2 Article – Health – General  
3 Section 24–1502(f)  
4 Annotated Code of Maryland  
5 (2015 Replacement Volume and 2018 Supplement)

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

8 **Article – Health – General**

9 24–1502.

10 (a) There is a Maryland Prenatal and Infant Care Coordination Services Grant  
11 Program Fund.

12 (f) **(1)** [Beginning in] **IN** fiscal year 2020 [and in each fiscal year thereafter],  
13 the Governor shall include in the annual budget \$50,000 for the Fund.

14 **(2) FOR FISCAL YEAR 2021 AND EACH FISCAL YEAR THEREAFTER,**  
15 **THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET ~~\$5,000,000~~ \$100,000 FOR**  
16 **THE FUND.**

17 SECTION 2. AND BE IT FURTHER ENACTED, That:

18 (a) There is a Task Force on Maryland Maternal and Child Health.

19 (b) The Task Force consists of the following members:

20 (1) one representative of the Maryland Department of Health, designated  
21 by the Secretary of Health;

22 (2) one representative of the Maryland Department of Human Services,  
23 designated by the Secretary of Human Services;

24 (3) one representative of the Maryland Medical Assistance Program,  
25 designated by the Secretary of Health;

26 (4) one representative of the Health Services Cost Review Commission,  
27 designated by the Executive Director of the Commission; and

28 (5) the following members, appointed by the Secretary of Health:

29 (i) one representative of Johns Hopkins Children’s Center;

1 (ii) one representative from a community-based organization  
2 focused on maternal and infant care support and currently partnered with Johns Hopkins  
3 Children's Center;

4 (iii) one representative of University of Maryland Children's  
5 Hospital;

6 (iv) one representative from a community-based organization  
7 focused on maternal and infant care support and currently partnered with University of  
8 Maryland Children's Hospital; ~~and~~

9 (v) three representatives of participants who qualify, are receiving  
10 or have received care coordination from targeted programs within the current care  
11 coordination system;

12 (vi) one representative of the Maryland Affiliate of the American  
13 College of Nurse Midwives;

14 (vii) one representative of the Maryland Chapter of the American  
15 Academy of Pediatrics;

16 (viii) one representative of the Maryland Association for the  
17 Treatment of Opioid Dependence; and

18 (ix) one physician specializing in neonatology, maternal fetal  
19 medicine, or pediatric cardiology from a hospital other than the Johns Hopkins Children's  
20 Center or the University of Maryland Children's Hospital.

21 (c) The Secretary of Health shall designate the chair of the Task Force.

22 (d) The Maryland Department of Health, Maryland Department of Human  
23 Services, and the Health Services Cost Review Commission jointly shall provide staff for  
24 the Task Force.

25 (e) A member of the Task Force:

26 (1) may not receive compensation as a member of the Task Force; but

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

29 (f) The Task Force shall study and make recommendations on:

30 (1) how the policies of the ~~Health Services Cost Review Commission~~  
31 Maryland Department of Health can be used to incentivize early intervention and  
32 prevention of key adverse health outcomes, such as asthma, adverse birth outcomes, sickle  
33 cell crisis, and mental health crises; ~~and~~

- 1           (2)    how State policies and payment mechanisms can:
- 2                   (i)     support community-based and school-based models of care;
- 3                   (ii)    ~~use the global budgets revenue system~~ encourage partnerships
- 4 under the all-payer model to improve child care;
- 5                   (iii)   assist in collaborations with public health care; and
- 6                   (iv)   use the Core Set of Children's Health Care Quality Measures for
- 7 Medicaid to monitor improvements; and
- 8           (3)    programs that the Maryland Medical Assistance Program should
- 9 implement.

10           (g)    On or before November 1, 2019, the Task Force shall report its findings and

11 recommendations to the General Assembly in accordance with § 2-1246 of the State

12 Government Article.

13           SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take

14 effect October 1, 2019.

15           SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section

16 3 of this Act, this Act shall take effect July 1, 2019. Section 2 of this Act shall remain

17 effective for a period of 1 year and, at the end of June 30, 2020, Section 2 of this Act, with

18 no further action required by the General Assembly, shall be abrogated and of no further

19 force and effect.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.