

SENATE BILL 172

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EMERGENCY BILL
(PRE-FILED)

11r0702
CF HB 463

By: Senators Hayes, Beidle, Benson, Ellis, Feldman, Kramer, Lee, Sydnor, Waldstreicher, Washington, and ~~Young~~ Young, Augustine, Corderman, Eckardt, Edwards, Elfreth, Griffith, Guzzone, Hershey, Jennings, Kelley, King, Klausmeier, McCray, Peters, Rosapepe, Salling, and Zucker

Requested: September 24, 2020

Introduced and read first time: January 13, 2021

Assigned to: Budget and Taxation and Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 6, 2021

CHAPTER _____

1 AN ACT concerning

2 **Maryland Health Equity Resource Act**

3 FOR the purpose of establishing a Pathways to Health Equity Program in the Community
4 Health Resources Commission; providing for the purpose of the Program; requiring
5 the Program to provide grant funding for a certain purpose; requiring the
6 Commission to issue a certain request for proposals and establish certain criteria;
7 providing for the duration of certain grants; requiring the Commission to give certain
8 consideration to certain proposals; requiring certain staff support for the
9 Commission; requiring the Commission to report to the Governor and the General
10 Assembly on or before certain dates; establishing a Pathways to Health Equity Fund
11 in the Commission as a special, nonlapsing fund; specifying the purpose of the Fund;
12 requiring the Commission to administer the Fund; requiring the State Treasurer to
13 hold the Fund and the Comptroller to account for the Fund; specifying the contents
14 of the Fund; specifying the purpose for which the Fund may be used; altering the
15 purposes of the Maryland Health Benefit Exchange Fund; altering the purposes for
16 which the Maryland Health Benefit Exchange Fund may be used; requiring the
17 Governor to transfer and appropriate a certain amount to the Health Equity
18 Resource Community Reserve Fund in certain fiscal years; requiring the ~~Secretary~~
19 ~~of Health~~ Community Health Resources Commission to designate certain areas as
20 Health Equity Resource Communities in a certain manner; specifying the purpose of
21 establishing Health Equity Resource Communities; authorizing, beginning on a

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 certain date, the Secretary Commission to adopt certain regulations; requiring the
2 ~~Secretary to consult with the~~ Office of Minority Health and Health Disparities to
3 provide certain technical assistance in implementing certain provisions of this Act;
4 requiring any other unit in the Maryland Department of Health to provide certain
5 assistance at the request of the Commission in implementing certain provisions of
6 this Act; ~~requiring the Secretary to allocate staff and resources to carry out certain~~
7 ~~provisions of this Act;~~ requiring the Secretary Commission to establish a Health
8 Equity Resource Community Advisory Committee on or before a certain date;
9 establishing the duties of the Advisory Committee; providing for the composition,
10 ~~cochairs~~ chair, and meetings of the Advisory Committee; specifying the terms and
11 conditions for the removal of Advisory Committee members; prohibiting a member
12 of the Advisory Committee from receiving certain compensation, but authorizing the
13 reimbursement of certain expenses; authorizing the Commission to convene certain
14 working and advisory groups; authorizing federally qualified health centers,
15 nonprofit community-based organizations, nonprofit hospitals, institutions of higher
16 education, and local government agencies to apply to the Secretary Commission on
17 behalf of certain areas for designation as Health Equity Resource Communities;
18 establishing certain procedures and requirements in connection with the application
19 process; ~~authorizing~~ requiring an application to include certain elements; requiring
20 the application to allocate certain funding to cover certain costs for a certain
21 employee; authorizing nonprofit community-based organizations, nonprofit
22 hospitals, institutions of higher education, federally qualified health centers, and
23 local government agencies to contract with a historically black college or university
24 in the State to provide certain services under certain circumstances; requiring the
25 Secretary Commission to consider certain factors and prioritize certain applications
26 when designating areas as Health Equity Resource Communities; authorizing the
27 ~~Secretary Commission~~ to conduct certain outreach for a certain purpose; establishing
28 certain requirements for an employee to be designated as an evaluator; establishing
29 that the Secretary's Commission's decision to designate an area as a Health Equity
30 Resource Community is final; authorizing certain health care providers who practice
31 in Health Equity Resource Communities to receive certain ~~tax credits,~~ assistance,
32 and grants; authorizing certain nonprofit community-based organizations, nonprofit
33 hospitals, institutions of higher education, and local government agencies to receive
34 certain grants; establishing a Health Equity Resource Community Reserve Fund;
35 establishing the purpose and contents of the Fund; requiring the Secretary
36 Commission to administer the Fund; ~~requiring the Fund to provide certain money to~~
37 ~~the Maryland Department of Health to supplement and not supplant existing~~
38 ~~funding for certain programs;~~ requiring the State Treasurer to invest the money of
39 the Fund in a certain manner; requiring the interest earnings of the Fund to be
40 credited to the Fund; exempting the Fund from a certain provision of law requiring
41 interest earnings on State money to accrue to the General Fund of the State;
42 requiring certain nonprofit community-based organizations, nonprofit hospitals,
43 institutions of higher education, federally qualified health centers, and local
44 government agencies to submit certain reports; authorizing the Secretary
45 Commission to revoke a designation of an area as a Health Equity Resource
46 Community under certain circumstances; requiring the Secretary Commission to
47 submit certain reports; establishing that a designation of an area as a Health Equity

1 Resource Community has a term of a certain length and may be renewed in a certain
2 manner; ~~authorizing certain credits against the State income tax for certain health~~
3 ~~care providers and organizations under certain circumstances; authorizing certain~~
4 ~~nonprofit community-based organizations, nonprofit hospitals, institutions of higher~~
5 ~~education, and local government agencies to apply for certain tax credits under~~
6 ~~certain circumstances for certain health care providers; authorizing a health care~~
7 ~~practitioner or community-based organization to claim a certain refundable tax~~
8 ~~credit, under certain circumstances; establishing certain procedures and~~
9 ~~requirements for certifying certain tax credits; establishing a certain limit on the~~
10 ~~amount of certain tax credits allowed for a fiscal year; requiring the Secretary, in~~
11 ~~consultation with the Comptroller, to adopt certain regulations; altering the sales~~
12 ~~and use tax rate for the sale of certain alcoholic beverages; requiring a certain~~
13 ~~percentage of revenues generated from a certain tax to be credited to the Fund;~~
14 ~~defining certain terms; providing for the construction of certain provisions of this~~
15 ~~Act; making this Act an emergency measure; providing for the termination of certain~~
16 ~~provisions of this Act; and generally relating to health improvement and the~~
17 reduction of health disparities.

18 BY adding to

19 Article – Health – General

20 Section 19–2112; and 20–1401 through 20–1408 to be under the new subtitle

21 “Subtitle 14. Health Equity Resource Communities”

22 Annotated Code of Maryland

23 (2019 Replacement Volume and 2020 Supplement)

24 BY repealing and reenacting, without amendments,

25 Article – Insurance

26 Section 31–107(a)

27 Annotated Code of Maryland

28 (2017 Replacement Volume and 2020 Supplement)

29 BY repealing and reenacting, with amendments,

30 Article – Insurance

31 Section 31–107(b) and (f)

32 Annotated Code of Maryland

33 (2017 Replacement Volume and 2020 Supplement)

34 BY repealing and reenacting, without amendments,

35 Article – State Finance and Procurement

36 Section 6–226(a)(2)(i)

37 Annotated Code of Maryland

38 (2015 Replacement Volume and 2020 Supplement)

39 BY repealing and reenacting, with amendments,

40 Article – State Finance and Procurement

41 Section 6–226(a)(2)(ii)122. and 123.

42 Annotated Code of Maryland

1 (2015 Replacement Volume and 2020 Supplement)

2 BY adding to

3 Article – State Finance and Procurement

4 Section 6–226(a)(2)(ii)124.

5 Annotated Code of Maryland

6 (2015 Replacement Volume and 2020 Supplement)

7 ~~BY adding to~~

8 ~~Article – Tax – General~~

9 ~~Section 10–731~~

10 ~~Annotated Code of Maryland~~

11 ~~(2016 Replacement Volume and 2020 Supplement)~~

12 ~~BY repealing and reenacting, with amendments,~~

13 ~~Article – Tax – General~~

14 ~~Section 11–104(g)~~

15 ~~Annotated Code of Maryland~~

16 ~~(2016 Replacement Volume and 2020 Supplement)~~

17 Preamble

18 WHEREAS, Chapter 3 of 2012, the Maryland Health Improvement and Disparities
19 Reduction Act of 2012, established Health Enterprise Zones to target State resources to
20 reduce health disparities, improve health outcomes, and reduce health costs and hospital
21 admissions and readmissions in specific areas of the State; and

22 WHEREAS, The provisions of that Act abrogated June 30, 2017; and

23 WHEREAS, A 2018 study concluded that the net cost savings under that Act far
24 outweighed the initiative’s cost to the State and that implementing such an initiative would
25 be a viable way to reduce inpatient admissions and reduce health care costs; and

26 WHEREAS, The COVID–19 pandemic has made it clear that certain communities
27 lack the health care resources they need, leading to disturbing health disparities; now,
28 therefore,

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

31 **Article – Health – General**

32 **19–2112.**

33 **(A) (1) THE COMMISSION SHALL ESTABLISH A PATHWAYS TO HEALTH**
34 **EQUITY PROGRAM.**

1 **(2) (I) THE PURPOSE OF THE PROGRAM IS TO PROVIDE THE**
2 **FOUNDATION AND GUIDANCE FOR A PERMANENT HEALTH EQUITY RESOURCE**
3 **COMMUNITY PROGRAM UNDER TITLE 20, SUBTITLE 14.**

4 **(II) CRISP SHALL PROVIDE TECHNICAL ASSISTANCE TO THE**
5 **COMMISSION BY MAINTAINING A DATA SET AND SUPPORTING PROGRAM**
6 **EVALUATION FOR THE PROGRAM.**

7 **(3) (I) THE PROGRAM SHALL PROVIDE GRANT FUNDING TO**
8 **REDUCE HEALTH DISPARITIES, IMPROVE HEALTH OUTCOMES, IMPROVE ACCESS TO**
9 **PRIMARY CARE, PROMOTE PRIMARY AND SECONDARY PREVENTION SERVICES, AND**
10 **REDUCE HEALTH CARE COSTS AND HOSPITAL ADMISSIONS AND READMISSIONS.**

11 **(II) THE COMMISSION SHALL ISSUE A REQUEST FOR**
12 **PROPOSALS FOR APPLICANTS WITH PROPOSALS FOR PROGRAMS THAT:**

13 **1. ADDRESS THE CRITERIA LISTED UNDER**
14 **SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND**

15 **2. DEMONSTRATE HOW THE PROPOSED PROGRAM**
16 **COULD BE SELF-SUSTAINABLE AS A HEALTH EQUITY RESOURCE COMMUNITY**
17 **UNDER TITLE 20, SUBTITLE 14 OF THIS ARTICLE.**

18 **(III) THE COMMISSION SHALL ESTABLISH THE CRITERIA TO**
19 **QUALIFY FOR GRANT FUNDING UNDER THIS SUBSECTION.**

20 **(IV) GRANTS AWARDED THROUGH THE PROGRAM SHALL BE FOR**
21 **2 YEARS.**

22 **(V) THE COMMISSION SHALL GIVE SPECIAL CONSIDERATION**
23 **TO PROPOSALS FROM AREAS PREVIOUSLY DESIGNATED AS A HEALTH ENTERPRISE**
24 **ZONE.**

25 **(4) ONE ADDITIONAL STAFF SHALL BE ADDED TO THE COMMISSION**
26 **TO PROVIDE STAFF SUPPORT FOR THE PROGRAM.**

27 **(5) (I) ON OR BEFORE DECEMBER 1, 2021, THE COMMISSION**
28 **SHALL ISSUE AN INTERIM REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH**
29 **§ 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE**
30 **GRANTS AWARDED UNDER PARAGRAPH (3) OF THIS SUBSECTION, INCLUDING:**

31 **1. A LIST AND SUMMARY OF THE GRANTS AWARDED;**

1 2. AN OVERVIEW OF KEY INTERVENTIONS IN THE
2 GRANTS AWARDED;

3 3. SPECIFIC HEALTH DISPARITIES THAT WILL BE
4 ADDRESSED BY THE GRANTS; AND

5 4. KEY MEASURES TO EVALUATE THE IMPACT OF EACH
6 GRANT.

7 (II) ON OR BEFORE JANUARY 1, 2023, THE COMMISSION SHALL
8 ISSUE A FINAL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF
9 THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON:

10 1. THE GRANTS AWARDED UNDER PARAGRAPH (3) OF
11 THIS SUBSECTION, INCLUDING A DESCRIPTION OF THE GRANTEE'S PROGRAM AND
12 ANY DATA RELATED TO COST SAVINGS ACHIEVED UNDER THE PROGRAM;

13 2. OPTIONS TO DEVELOP, SUSTAIN, AND ESTABLISH A
14 PERMANENT HEALTH EQUITY RESOURCE COMMUNITY PROGRAM IN THE
15 DEPARTMENT;

16 3. COST-EFFECTIVE WAYS TO MEASURE THE IMPACT OF
17 A HEALTH EQUITY RESOURCE COMMUNITY;

18 4. WORKFORCE AND RECRUITMENT STRATEGIES TO BE
19 USED BY A HEALTH EQUITY RESOURCE COMMUNITY; AND

20 5. ANY RECOMMENDATIONS, INCLUDING LEGISLATIVE
21 RECOMMENDATIONS, RELATED TO HEALTH EQUITY RESOURCE COMMUNITIES
22 ESTABLISHED UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE.

23 (B) (1) THERE IS A PATHWAYS TO HEALTH EQUITY FUND IN THE
24 COMMISSION.

25 (2) THE PURPOSE OF THE FUND IS TO IMPLEMENT THE
26 REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION THROUGH GRANT FUNDING
27 AND STAFF SUPPORT.

28 (3) THE COMMISSION SHALL ADMINISTER THE FUND.

29 (4) (I) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT
30 SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

1 (II) THE STATE TREASURER SHALL HOLD THE FUND
2 SEPARATELY, AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

3 (5) THE FUND CONSISTS OF:

4 (I) THE \$14,000,000 AUTHORIZED FOR THE COMMISSION
5 UNDER CHAPTER 39 OF THE ACTS OF THE GENERAL ASSEMBLY OF 2021; AND

6 (II) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED
7 FOR THE BENEFIT OF THE FUND.

8 (6) THE FUND SHALL BE SUBJECT TO AN AUDIT BY THE OFFICE OF
9 LEGISLATIVE AUDITS AS PROVIDED FOR IN § 2-1220 OF THE STATE GOVERNMENT
10 ARTICLE.

11 (7) THE FUND MAY BE USED ONLY TO IMPLEMENT THE
12 REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION AND TO EVALUATE THE
13 IMPACT OF GRANTS AWARDED UNDER THE PROGRAM.

14 (8) (I) MONEY EXPENDED FROM THE FUND TO IMPLEMENT THE
15 REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION AND TO EVALUATE THE
16 IMPACT OF GRANTS AWARDED UNDER THE PROGRAM IS NOT INTENDED TO
17 SUPLANT FUNDING THAT IS APPROPRIATED TO THE COMMISSION IN ACCORDANCE
18 WITH § 14-106(D)(2)(II) OF THE INSURANCE ARTICLE AND DEPOSITED IN THE
19 COMMUNITY HEALTH RESOURCES COMMISSION FUND FOR THE PURPOSES SET
20 FORTH UNDER § 19-2201 OF THIS TITLE.

21 (II) THE FUND MAY NOT BE COMMINGLED OR COMBINED WITH
22 THE COMMUNITY HEALTH RESOURCES COMMISSION FUND.

23 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
24 as follows:

25 Article – Health – General

26 SUBTITLE 14. HEALTH EQUITY RESOURCE COMMUNITIES.

27 20-1401.

28 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
29 INDICATED.

30 (B) “ADVISORY COMMITTEE” MEANS THE HEALTH EQUITY RESOURCE
31 COMMUNITY ADVISORY COMMITTEE.

1 **(C) “COMMISSION” MEANS THE COMMUNITY HEALTH RESOURCES**
 2 **COMMISSION.**

3 ~~**(D)**~~ **(D)** **“COMMUNITY HEALTH WORKER” HAS THE MEANING STATED IN §**
 4 **13-3701 OF THIS ARTICLE.**

5 ~~**(E)**~~ **(E)** **“FEDERALLY QUALIFIED HEALTH CENTER” HAS THE MEANING**
 6 **STATED IN § 24-1301 OF THIS ARTICLE.**

7 ~~**(F)**~~ **(F)** **“FUND” MEANS THE HEALTH EQUITY RESOURCE COMMUNITY**
 8 **RESERVE FUND ESTABLISHED UNDER § 20-1407 OF THIS SUBTITLE.**

9 ~~**(G)**~~ **(G)** **“HEALTH CARE PRACTITIONER” MEANS AN INDIVIDUAL OR,**
 10 **COLLECTIVELY, A GROUP OF INDIVIDUALS WORKING TOGETHER WITHIN THE SAME**
 11 **PRACTICE, EACH OF WHOM IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED**
 12 **BY LAW TO PROVIDE HEALTH CARE SERVICES UNDER THE HEALTH OCCUPATIONS**
 13 **ARTICLE.**

14 ~~**(H)**~~ **(H)** **“HEALTH DISPARITY” MEANS A PARTICULAR TYPE OF HEALTH**
 15 **DIFFERENCE, SUCH AS A DIFFERENCE IN RATES OF HYPERTENSION, HEART**
 16 **DISEASE, ASTHMA, DIABETES, SUBSTANCE ABUSE, MENTAL HEALTH DISORDERS,**
 17 **AND MATERNAL AND INFANT MORTALITY, THAT:**

18 **(1) IS CLOSELY LINKED WITH SOCIAL, ECONOMIC, OR**
 19 **ENVIRONMENTAL DISADVANTAGE; AND**

20 **(2) ADVERSELY AFFECTS GROUPS OF INDIVIDUALS WHO HAVE**
 21 **SYSTEMATICALLY EXPERIENCED GREATER OBSTACLES TO HEALTH CARE BASED ON**
 22 **THEIR:**

23 **(I) RACE OR ETHNICITY;**

24 **(II) RELIGION;**

25 **(III) SOCIOECONOMIC STATUS;**

26 **(IV) GENDER, GENDER IDENTITY, OR SEXUAL ORIENTATION;**

27 **(V) AGE;**

28 **(VI) MENTAL HEALTH STATUS;**

29 **(VII) COGNITIVE, SENSORY, OR PHYSICAL DISABILITY;**

1 (VIII) GEOGRAPHIC LOCATION; OR

2 (IX) OTHER CHARACTERISTIC HISTORICALLY LINKED TO
3 DISCRIMINATION OR EXCLUSION.

4 ~~(H)~~ (I) "HEALTH EQUITY RESOURCE COMMUNITY" MEANS A
5 CONTIGUOUS GEOGRAPHIC AREA THAT:

6 (1) DEMONSTRATES MEASURABLE AND DOCUMENTED HEALTH
7 DISPARITIES AND POOR HEALTH OUTCOMES;

8 (2) IS SMALL ENOUGH TO ALLOW FOR THE INCENTIVES OFFERED
9 UNDER THIS SUBTITLE TO HAVE A SIGNIFICANT IMPACT ON IMPROVING HEALTH
10 OUTCOMES AND REDUCING HEALTH DISPARITIES, INCLUDING RACIAL, ETHNIC,
11 GEOGRAPHIC, AND DISABILITY RELATED HEALTH DISPARITIES;

12 (3) IS DESIGNATED BY THE ~~SECRETARY~~ COMMISSION IN
13 ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE; AND

14 (4) HAS A MINIMUM POPULATION OF 5,000 RESIDENTS.

15 ~~(H)~~ (J) "HOSPITAL" HAS THE MEANING STATED IN § 19-301 OF THIS
16 ARTICLE.

17 ~~(J)~~ (K) "INSTITUTION OF HIGHER EDUCATION" HAS THE MEANING
18 STATED IN § 10-101 OF THE EDUCATION ARTICLE.

19 20-1402.

20 (A) THE PURPOSE OF ESTABLISHING HEALTH EQUITY RESOURCE
21 COMMUNITIES IS TO TARGET STATE RESOURCES TO SPECIFIC AREAS OF THE STATE
22 TO:

23 (1) REDUCE HEALTH DISPARITIES;

24 (2) IMPROVE HEALTH OUTCOMES;

25 (3) IMPROVE ACCESS TO PRIMARY CARE;

26 (4) PROMOTE PRIMARY AND SECONDARY PREVENTION SERVICES;

27 AND

28 (5) REDUCE HEALTH CARE COSTS AND HOSPITAL ADMISSIONS AND
29 READMISSIONS.

1 (B) (1) ~~THE SECRETARY~~ COMMISSION MAY ADOPT REGULATIONS TO
 2 CARRY OUT THE PROVISIONS OF THIS SUBTITLE AND TO SPECIFY ELIGIBILITY
 3 CRITERIA AND APPLICATION, APPROVAL, AND MONITORING PROCESSES FOR THE
 4 RESOURCES ALLOCATED UNDER THIS SUBTITLE.

5 (2) (I) ~~THE SECRETARY SHALL CONSULT WITH THE~~ OFFICE OF
 6 MINORITY HEALTH AND HEALTH DISPARITIES SHALL PROVIDE TECHNICAL
 7 ASSISTANCE TO THE COMMISSION IN IMPLEMENTING THE PROVISIONS OF THIS
 8 SUBTITLE.

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

12 (C) ~~THE SECRETARY SHALL ALLOCATE STAFF AND RESOURCES AS~~
 13 ~~NECESSARY~~ TWO ADDITIONAL STAFF SHALL BE ADDED TO THE COMMISSION TO
 14 CARRY OUT THE PROVISIONS OF THIS SUBTITLE.

15 20-1403.

16 (A) (1) ON OR BEFORE ~~DECEMBER~~ JULY 1, 2021, THE ~~SECRETARY~~
 17 COMMISSION SHALL ESTABLISH A HEALTH EQUITY RESOURCE COMMUNITY
 18 ADVISORY COMMITTEE.

19 (2) THE DUTIES OF THE ADVISORY COMMITTEE INCLUDE:

20 (I) PROVIDING INITIAL AND ONGOING ASSISTANCE AND
 21 GUIDANCE REGARDING ~~ELIGIBILITY CRITERIA AND APPLICATION, APPROVAL, AND~~
 22 ~~MONITORING PROCESSES~~ PROGRAM EVALUATION AND DATA COLLECTION METRICS
 23 FOR HEALTH EQUITY RESOURCE COMMUNITIES AND HEALTH EQUITY RESEARCH
 24 PRACTITIONERS;

25 (II) ~~COORDINATING WITH THE SECRETARY AS TO~~ ASSISTING
 26 THE COMMISSION IN PREPARING THE REQUIRED ANNUAL REPORT DESCRIBED IN §
 27 20-1408(B) OF THIS SUBTITLE AND § 19-2112 OF THIS ARTICLE; AND

28 (III) PROPOSING STRATEGIES FOR TAX INCENTIVES AND LOAN
 29 REPAYMENTS TO ASSIST HEALTH EQUITY RESOURCE COMMUNITIES IN ACHIEVING
 30 THEIR MISSION; AND

31 (IV) PROVIDING GUIDANCE, AS DETERMINED BY THE
 32 COMMISSION, TO THE ~~SECRETARY~~ COMMISSION AS NECESSARY TO IMPLEMENT THE
 33 PROVISIONS OF THIS SUBTITLE.

1 (B) THE ADVISORY COMMITTEE CONSISTS OF:

2 (1) THE CHAIR OF THE COMMUNITY HEALTH RESOURCES
3 COMMISSION, OR THE CHAIR'S DESIGNEE;

4 (2) THE DIRECTOR OF THE OFFICE OF MINORITY HEALTH AND
5 HEALTH DISPARITIES, OR THE DIRECTOR'S DESIGNEE;

6 ~~(1)~~ (3) THREE MEMBERS APPOINTED BY THE GOVERNOR,
7 INCLUDING:

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

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

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

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

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

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

21 (I) ONE INDIVIDUAL WITH EXPERTISE IN HEALTH EQUITY; AND

22 (II) ONE INDIVIDUAL WHO IS A MEMBER OF THE GENERAL
23 PUBLIC RESIDING IN AN AREA THAT HAS BEEN OR MAY BE DESIGNATED A HEALTH
24 EQUITY RESOURCE COMMUNITY. ~~THE FOLLOWING MEMBERS, APPOINTED BY THE~~
25 ~~GOVERNOR:~~

26 ~~(I) ONE REPRESENTATIVE OF THE MARYLAND MEDICAL~~
27 ~~ASSISTANCE PROGRAM;~~

28 ~~(II) ONE REPRESENTATIVE OF THE OFFICE OF POPULATION~~
29 ~~HEALTH IMPROVEMENT;~~

1 ~~(III) ONE REPRESENTATIVE OF THE PREVENTION AND HEALTH~~
2 ~~PROMOTION ADMINISTRATION;~~

3 ~~(IV) ONE REPRESENTATIVE OF THE DEPARTMENT OF HUMAN~~
4 ~~SERVICES;~~

5 ~~(V) ONE REPRESENTATIVE OF THE DEPARTMENT OF~~
6 ~~TRANSPORTATION;~~

7 ~~(VI) ONE REPRESENTATIVE OF THE HEALTH SERVICES COST~~
8 ~~REVIEW COMMISSION; AND~~

9 ~~(VIII) ONE REPRESENTATIVE WHO IS A MEMBER OF THE GENERAL~~
10 ~~PUBLIC AND WHO RESIDES IN AN AREA WHICH HAS BEEN OR MAY BE DESIGNATED AS~~
11 ~~A HEALTH EQUITY RESOURCE COMMUNITY; AND~~

12 ~~(2) THE FOLLOWING MEMBERS, APPOINTED BY THE PRESIDENT OF~~
13 ~~THE SENATE:~~

14 ~~(I) ONE REPRESENTATIVE OF PHYSICIANS;~~

15 ~~(II) ONE REPRESENTATIVE OF NURSES;~~

16 ~~(III) ONE REPRESENTATIVE OF HOSPITALS;~~

17 ~~(IV) ONE REPRESENTATIVE OF DENTISTS;~~

18 ~~(V) ONE REPRESENTATIVE FROM THE BEHAVIORAL HEALTH~~
19 ~~COMMUNITY;~~

20 ~~(VI) ONE REPRESENTATIVE OF THE CHESAPEAKE REGIONAL~~
21 ~~INFORMATION SYSTEM FOR OUR PATIENTS;~~

22 ~~(VII) ONE REPRESENTATIVE OF ACCOUNTABLE HEALTH~~
23 ~~COMMUNITIES;~~

24 ~~(VIII) ONE REPRESENTATIVE OF A CARE TRANSFORMATION~~
25 ~~ORGANIZATION; AND~~

26 ~~(IX) ONE REPRESENTATIVE WHO IS A MEMBER OF THE GENERAL~~
27 ~~PUBLIC AND RESIDES IN AN AREA WHICH HAS BEEN OR MAY BE DESIGNATED AS A~~
28 ~~HEALTH EQUITY RESOURCE COMMUNITY; AND~~

1 ~~(3) THE FOLLOWING MEMBERS, APPOINTED BY THE SPEAKER OF THE~~
2 **HOUSE:**

3 ~~(I) ONE REPRESENTATIVE OF A STATEWIDE HEALTH CARE~~
4 ~~ADVOCACY COALITION;~~

5 ~~(II) ONE REPRESENTATIVE OF A STATEWIDE CONSUMER~~
6 ~~ADVOCACY GROUP;~~

7 ~~(III) ONE REPRESENTATIVE OF A STATEWIDE ADVOCACY~~
8 ~~ORGANIZATION FOR SENIORS;~~

9 ~~(IV) ONE REPRESENTATIVE OF A STATEWIDE ORGANIZATION~~
10 ~~FOR DIVERSE COMMUNITIES;~~

11 ~~(V) ONE REPRESENTATIVE OF A LABOR UNION;~~

12 ~~(VI) ONE REPRESENTATIVE OF AN AREA PREVIOUSLY~~
13 ~~DESIGNATED AS A HEALTH ENTERPRISE ZONE;~~

14 ~~(VII) ONE REPRESENTATIVE OF A STATEWIDE IMMIGRANT~~
15 ~~ADVOCACY GROUP; AND~~

16 ~~(VIII) ONE REPRESENTATIVE WHO IS A MEMBER OF THE GENERAL~~
17 ~~PUBLIC AND RESIDES IN AN AREA WHICH HAS BEEN OR MAY BE DESIGNATED AS A~~
18 ~~HEALTH EQUITY RESOURCE COMMUNITY.~~

19 **(C) (1) COLLECTIVELY, THE MEMBERS OF THE ADVISORY COMMITTEE**
20 **SHALL HAVE KNOWLEDGE OF THE FOLLOWING:**

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

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

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

27 **(IV) EFFECTIVE PREVENTION SERVICES;**

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

29 **(VI) CLINICAL ~~AND~~ HEALTH SERVICES RESEARCH; AND**

1 (VII) CONSUMER OR PATIENT PERSPECTIVES; AND

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

4 (2) TO THE EXTENT PRACTICABLE AND CONSISTENT WITH FEDERAL
5 AND STATE LAW, THE MEMBERSHIP OF THE ADVISORY COMMITTEE SHALL REFLECT
6 THE RACIAL, ETHNIC, GEOGRAPHIC, AND GENDER DIVERSITY OF THE STATE.

7 ~~(3) THE SECRETARY SHALL DESIGNATE THREE COCHAIRS FROM~~
8 ~~AMONG THE MEMBERS OF THE ADVISORY COMMITTEE.~~

9 (3) THE CHAIR OF THE MARYLAND COMMUNITY HEALTH
10 RESOURCES COMMISSION SHALL CHAIR THE ADVISORY COMMITTEE.

11 (D) (1) THE TERM OF A MEMBER OF THE ADVISORY COMMITTEE IS 4
12 YEARS.

13 (2) ~~THE SECRETARY~~ COMMISSION SHALL STAGGER THE TERMS OF
14 THE INITIAL APPOINTED MEMBERS.

15 (3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL
16 A SUCCESSOR IS APPOINTED AND QUALIFIES.

17 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
18 ONLY FOR THE REMAINDER OF THAT TERM AND UNTIL A SUCCESSOR IS APPOINTED
19 AND QUALIFIES.

20 (5) ~~THE SECRETARY~~ COMMISSION MAY REMOVE AN APPOINTED
21 MEMBER FOR INCOMPETENCE, MISCONDUCT, OR FAILURE TO PERFORM THE DUTIES
22 OF THE POSITION.

23 (E) A MEMBER OF THE ADVISORY COMMITTEE:

24 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
25 ADVISORY COMMITTEE; BUT

26 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
27 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

28 (F) THE ADVISORY COMMITTEE SHALL:

29 (1) ON OR BEFORE JANUARY 1, 2022, HOLD AN INITIAL MEETING;
30 AND

1 (2) MEET AT LEAST ONCE EVERY 6 MONTHS THEREAFTER.

2 ~~(G) THIS SECTION MAY NOT BE CONSTRUED TO PREVENT THE SECRETARY~~
3 ~~FROM CONVENING OTHER FORMAL OR INFORMAL WORKING OR ADVISORY GROUPS~~
4 ~~TO FACILITATE THE IMPLEMENTATION OF THIS SUBTITLE.~~

5 (G) THE COMMISSION MAY CONVENE WORKING OR ADVISORY GROUPS TO
6 FACILITATE THE IMPLEMENTATION OF THIS SUBTITLE THAT SHALL INCLUDE
7 INDIVIDUALS WHO RESIDE IN AN AREA THAT HAS BEEN OR MAY BE DESIGNATED AS
8 A HEALTH EQUITY RESOURCE COMMUNITY.

9 20-1404.

10 (A) FOR AN AREA TO RECEIVE A DESIGNATION AS A HEALTH EQUITY
11 RESOURCE COMMUNITY, A NONPROFIT COMMUNITY-BASED ORGANIZATION, A
12 NONPROFIT HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, A FEDERALLY
13 QUALIFIED HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY SHALL APPLY;

14 (1) APPLY TO THE SECRETARY COMMISSION ON BEHALF OF THE
15 AREA TO RECEIVE THE DESIGNATION; AND

16 (2) INCLUDE FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER
17 COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HEALTH OR WRAPAROUND
18 SUPPORT SERVICES WITHIN THE HEALTH EQUITY RESOURCE COMMUNITY.

19 (B) SUBJECT TO SUBSECTIONS (C) AND (E) OF THIS SECTION, THE
20 APPLICATION SHALL BE IN THE FORM AND MANNER AND CONTAIN THE
21 INFORMATION THAT THE SECRETARY COMMISSION REQUIRES.

22 (C) (1) THE APPLICATION SHALL CONTAIN AN EFFECTIVE AND
23 SUSTAINABLE PLAN TO REDUCE HEALTH DISPARITIES, REDUCE COSTS OR PRODUCE
24 SAVINGS TO THE HEALTH CARE SYSTEM, AND IMPROVE HEALTH OUTCOMES.

25 (2) THE APPLICATION SHALL INCLUDE:

26 (I) A DESCRIPTION OF HOW THE PLAN WILL EXPAND
27 FEDERALLY QUALIFIED HEALTH CENTERS' OR OTHER COMMUNITY-BASED
28 ORGANIZATIONS' CAPACITY TO PROVIDE HEALTH CARE SERVICES OR WRAPAROUND
29 SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH; AND

30 ~~(II)~~ (II) A DESCRIPTION OF HOW FUNDING AVAILABLE UNDER
31 THIS SUBTITLE WILL BE USED TO ADDRESS HEALTH DISPARITIES THROUGH
32 EVIDENCE-BASED, CROSS-SECTOR STRATEGIES THAT MAY INCLUDE:

- 1 1. BUILDING HEALTH CARE PROVIDER CAPACITY;
- 2 2. IMPROVING HEALTH SERVICES DELIVERY;
- 3 3. EFFECTUATING COMMUNITY IMPROVEMENTS;
- 4 4. CONDUCTING OUTREACH AND EDUCATION EFFORTS;
- 5 5. IMPLEMENTING SYSTEMIC STRATEGIES TO IMPROVE
- 6 COORDINATION AND COMMUNICATION ACROSS ORGANIZATIONS THAT PROVIDE
- 7 HEALTH CARE SERVICES;
- 8 6. SUPPORTING COMMUNITY LEADERSHIP
- 9 DEVELOPMENT EFFORTS;
- 10 7. FACILITATING POLICY INTERVENTIONS TO ADDRESS
- 11 UPSTREAM DETERMINANTS OF HEALTH; AND
- 12 8. IMPLEMENTING SCALABLE APPROACHES TO MEET
- 13 THE NONMEDICAL SOCIAL NEEDS OF POPULATIONS IDENTIFIED IN THE MOST
- 14 RECENT COMMUNITY HEALTH NEEDS ASSESSMENT, SUCH AS UNSTABLE HOUSING,
- 15 INADEQUATE FOOD, OR JOB DEVELOPMENT;~~AND~~

16 ~~(H) A PROPOSAL TO USE FUNDING AVAILABLE UNDER THIS~~
 17 ~~SUBTITLE TO PROVIDE FOR LOAN REPAYMENT INCENTIVES TO INDUCE HEALTH~~
 18 ~~CARE PRACTITIONERS TO PRACTICE IN THE AREA.~~

19 (D) THE APPLICATION MAY INCLUDE:

20 (1) ~~A PLAN TO USE TAX CREDITS AVAILABLE UNDER THIS SUBTITLE~~
 21 ~~AND § 10-731 OF THE TAX — GENERAL ARTICLE AND OTHER RESOURCES TO~~
 22 ~~ENCOURAGE HEALTH CARE PRACTITIONERS AND COMMUNITY HEALTH WORKERS TO~~
 23 ~~ESTABLISH OR EXPAND HEALTH CARE PRACTICES IN THE AREA. A PROPOSAL TO USE~~
 24 FUNDING AVAILABLE UNDER THIS SUBTITLE TO PROVIDE FOR LOAN REPAYMENT
 25 INCENTIVES TO INDUCE HEALTH CARE PRACTITIONERS TO PRACTICE IN THE AREA;

26 (2) A PROPOSAL TO USE INNOVATIVE PUBLIC HEALTH STRATEGIES
 27 TO REDUCE HEALTH DISPARITIES IN THE AREA THAT MAY BE SUPPORTED BY
 28 GRANTS AWARDED UNDER THIS SUBTITLE, SUCH AS THE USE OF COMMUNITY
 29 HEALTH WORKERS, COMMUNITY HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH
 30 CENTERS, INSTITUTIONS OF HIGHER EDUCATION, AND COMMUNITY-BASED DISEASE
 31 MANAGEMENT ACTIVITIES; AND

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

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

9 **20-1405.**

10 **(A) (1) ~~THE SECRETARY SHALL~~ ON OR BEFORE OCTOBER 1, 2022, THE**
11 **COMMISSION SHALL ISSUE A REQUEST FOR PROPOSALS TO DESIGNATE AREAS AS**
12 **HEALTH EQUITY RESOURCE COMMUNITIES IN ACCORDANCE WITH THIS SUBTITLE.**

13 **(2) ~~THE SECRETARY~~ COMMISSION:**

14 **(I) SHALL CONSIDER GEOGRAPHIC DIVERSITY, AMONG OTHER**
15 **FACTORS, WHEN DESIGNATING AREAS AS HEALTH EQUITY RESOURCE**
16 **COMMUNITIES; AND**

17 **(II) MAY CONDUCT OUTREACH EFFORTS TO FACILITATE A**
18 **GEOGRAPHICALLY DIVERSE POOL OF APPLICANTS, INCLUDING EFFORTS TO**
19 **FACILITATE SUBMISSION OF APPLICATIONS FROM RURAL AREAS.**

20 **(3) AFTER RECEIVING ALL APPLICATIONS SUBMITTED TO THE**
21 **~~SECRETARY COMMISSION, THE SECRETARY COMMISSION~~ SHALL REPORT TO THE**
22 **SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT**
23 **OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1257 OF THE STATE**
24 **GOVERNMENT ARTICLE, ON THE NAMES OF APPLICANTS AND GEOGRAPHIC AREAS**
25 **IN WHICH APPLICANTS ARE LOCATED.**

26 **(B) ~~THE SECRETARY COMMISSION~~ SHALL GIVE PRIORITY TO APPLICATIONS**
27 **THAT DEMONSTRATE:**

28 **(1) SUPPORT FROM AND PARTICIPATION OF KEY STAKEHOLDERS IN**
29 **THE PUBLIC AND PRIVATE SECTORS, INCLUDING RESIDENTS OF THE AREA AND**
30 **LOCAL GOVERNMENT;**

31 **(2) A PLAN FOR LONG-TERM FUNDING AND ~~SUSTAINABILITY~~**
32 **SELF-SUSTAINABILITY;**

33 **(3) INCLUSION OF SUPPORTING FUNDS FROM THE PRIVATE SECTOR;**

1 (4) INTEGRATION WITH THE STATE HEALTH IMPROVEMENT
2 PROCESS AND THE GOALS SET OUT IN THE STRATEGIC PLAN OF THE LOCAL HEALTH
3 IMPROVEMENT COALITION;

4 (5) A PLAN FOR EVALUATION OF THE IMPACT OF DESIGNATION OF
5 THE PROPOSED AREA AS A HEALTH EQUITY RESOURCE COMMUNITY AND
6 STRATEGIES FOR QUALITY IMPROVEMENT; ~~AND~~

7 (6) OTHER FACTORS THAT THE ~~SECRETARY~~ COMMISSION
8 DETERMINE ARE APPROPRIATE TO DEMONSTRATE A COMMITMENT TO REDUCE
9 HEALTH DISPARITIES AND IMPROVE HEALTH OUTCOMES; AND

10 (7) A PREVIOUS DESIGNATION AS A HEALTH ENTERPRISE ZONE OR
11 INCLUSION OF AREAS PREVIOUSLY INCLUDED IN A HEALTH ENTERPRISE ZONE.

12 (C) (1) AN APPLICATION FOR DESIGNATION OF AN AREA AS A HEALTH
13 EQUITY RESOURCE COMMUNITY SUBMITTED BY A NONPROFIT COMMUNITY-BASED
14 ORGANIZATION, A NONPROFIT HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION,
15 A FEDERALLY QUALIFIED HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY
16 SHALL PROVIDE FOR THE EMPLOYMENT AND SUPERVISION OF EMPLOYMENT OF
17 ONE FULL-TIME EMPLOYEE TO SERVE AS AN EVALUATOR OF THE OPERATION,
18 IMPACT, AND EFFECTIVENESS OF THE HEALTH EQUITY RESOURCE COMMUNITY
19 DESIGNATED UNDER THIS SUBTITLE.

20 (2) TO BE DESIGNATED AS AN EVALUATOR UNDER THIS SUBSECTION,
21 THE EMPLOYEE MUST DEMONSTRATE EXPERIENCE IN METHODS OF QUALITATIVE
22 AND QUANTITATIVE RESEARCH METHODOLOGY.

23 (3) AN EMPLOYEE DESIGNATED AS AN EVALUATOR UNDER THIS
24 SUBSECTION SHALL COORDINATE WITH THE ~~SECRETARY AND THE ADVISORY~~
25 ~~COMMITTEE~~ COMMISSION TO:

26 (I) MONITOR THE OPERATION, EFFECTIVENESS, AND IMPACT
27 OF THE HEALTH EQUITY RESOURCE COMMUNITY; AND

28 (II) PROVIDE DATA, STATISTICS, AND ANALYSIS TO THE
29 ~~SECRETARY AND THE HEALTH EQUITY RESOURCE ADVISORY COMMITTEE~~
30 COMMISSION THAT SHALL ADDRESS THE REPORTING ELEMENTS SPECIFIED UNDER
31 § 20-1408(B) OF THIS SUBTITLE.

32 (D) NOTWITHSTANDING THE REQUIREMENT TO HIRE A FULL-TIME
33 EMPLOYEE TO SERVE AS AN EVALUATOR UNDER SUBSECTION (C) OF THIS SECTION,
34 A NONPROFIT COMMUNITY-BASED ORGANIZATION, A NONPROFIT HOSPITAL, AN

1 INSTITUTION OF HIGHER EDUCATION, A FEDERALLY QUALIFIED HEALTH CENTER,
2 OR A LOCAL GOVERNMENT AGENCY MAY CONTRACT WITH A HISTORICALLY BLACK
3 COLLEGE OR UNIVERSITY IN THE STATE TO PROVIDE EVALUATOR SERVICES.

4 (E) THE DECISION OF THE ~~SECRETARY~~ COMMISSION TO DESIGNATE AN
5 AREA AS A HEALTH EQUITY RESOURCE COMMUNITY SHALL BE A FINAL DECISION.

6 ~~(E)~~ (F) A DESIGNATION BY THE ~~SECRETARY~~ COMMISSION OF AN AREA AS
7 A HEALTH EQUITY RESOURCE COMMUNITY SHALL HAVE A TERM OF 5 YEARS AND
8 MAY BE RENEWED IN ACCORDANCE WITH AN APPLICATION APPROVED BY THE
9 ~~SECRETARY~~ COMMISSION.

10 20-1406.

11 (A) HEALTH CARE PRACTITIONERS AND COMMUNITY HEALTH WORKERS
12 THAT PRACTICE IN A HEALTH EQUITY RESOURCE COMMUNITY MAY RECEIVE:

13 ~~(1) TAX CREDITS AGAINST THE STATE INCOME TAX AS PROVIDED~~
14 ~~UNDER § 10-731 OF THE TAX GENERAL ARTICLE; AND~~

15 ~~(2) LOAN~~ LOAN REPAYMENT ASSISTANCE, AS PROVIDED FOR IN THE
16 APPLICATION FOR DESIGNATION FOR THE HEALTH EQUITY RESOURCE
17 COMMUNITY AND APPROVED BY THE ~~SECRETARY~~ COMMISSION UNDER THIS
18 SUBTITLE.

19 (B) (1) A HEALTH CARE PRACTITIONER OR COMMUNITY HEALTH
20 WORKER MAY APPLY TO THE ~~SECRETARY~~ COMMISSION FOR A GRANT TO DEFRAY
21 THE COSTS OF CAPITAL OR LEASEHOLD IMPROVEMENTS TO, OR MEDICAL OR
22 DENTAL EQUIPMENT TO BE USED IN, A HEALTH EQUITY RESOURCE COMMUNITY.

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

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

27 (II) PROVIDE HEALTH CARE FROM THAT FACILITY.

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

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

4 (C) (1) A NONPROFIT COMMUNITY-BASED ORGANIZATION, A NONPROFIT
5 HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, A FEDERALLY QUALIFIED
6 HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY THAT RECEIVES APPROVAL OF
7 AN APPLICATION SUBMITTED UNDER § 20-1403 OF THIS SUBTITLE MAY SUBMIT AN
8 APPLICATION, ON ITS OWN BEHALF, TO RECEIVE GRANTS FOR CAPITAL OR
9 LEASEHOLD IMPROVEMENTS, AS DETERMINED BY THE ~~SECRETARY~~ COMMISSION,
10 FOR THE PURPOSES DESCRIBED UNDER SUBSECTION (B)(3)(II) OF THIS SECTION.

11 (2) SUBJECT TO § 20-1408(A)(2) OF THIS SUBTITLE, THE TERM OF
12 ANY GRANT AWARDED TO A NONPROFIT COMMUNITY-BASED ORGANIZATION, A
13 NONPROFIT HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, A FEDERALLY
14 QUALIFIED HEALTH CENTER, OR A LOCAL GOVERNMENT AGENCY FOR CAPITAL OR
15 LEASEHOLD IMPROVEMENTS UNDER THIS SUBSECTION SHALL HAVE A TERM OF 5
16 YEARS, AND MAY BE RENEWED IN ACCORDANCE WITH AN APPLICATION APPROVED
17 BY THE ~~SECRETARY~~ COMMISSION.

18 20-1407.

19 (A) THERE IS A HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND.

20 (B) THE PURPOSE OF THE FUND IS TO:

21 (1) SUPPORT AREAS DESIGNATED BY THE ~~SECRETARY~~ COMMISSION
22 AS HEALTH EQUITY RESOURCE COMMUNITIES BY PROVIDING GRANTS ~~OR TAX~~
23 ~~CREDITS~~ TO COMMUNITY-BASED ORGANIZATIONS, NONPROFIT HOSPITALS,
24 INSTITUTIONS OF HIGHER EDUCATION, FEDERALLY QUALIFIED HEALTH CENTERS,
25 LOCAL GOVERNMENT AGENCIES, HEALTH CARE PRACTITIONERS, AND COMMUNITY
26 HEALTH WORKERS TO FACILITATE REDUCTION OF HEALTH DISPARITIES, IMPROVE
27 HEALTH OUTCOMES, PROVIDE DRUG TREATMENT AND REHABILITATION, AND
28 REDUCE HEALTH COSTS AND HOSPITAL ADMISSIONS AND READMISSIONS IN
29 SPECIFIC AREAS OF THE STATE; AND

30 (2) PROVIDE FUNDING ~~TO THE DEPARTMENT~~ TO SUPPLEMENT AND
31 NOT SUPPLANT EXISTING FUNDING FOR BEHAVIORAL HEALTH PROGRAMS THAT
32 PROVIDE PREVENTION, RECOVERY SUPPORT, AND HARM REDUCTION SERVICES FOR
33 INDIVIDUALS WITH SUBSTANCE USE AND MENTAL HEALTH DISORDERS.

34 (C) THE ~~SECRETARY~~ COMMISSION SHALL ADMINISTER THE FUND.

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

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

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

8 (E) THE FUND CONSISTS OF:

9 (1) ~~10% OF THE INCOME GENERATED FROM ALCOHOLIC BEVERAGE~~
10 ~~TAX REVENUE UNDER § 11-104(C) OF THE TAX GENERAL ARTICLE;~~

11 ~~(2) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND IN~~
12 ~~ACCORDANCE WITH § 31-107 OF THE INSURANCE ARTICLE;~~

13 ~~(3) (2) INTEREST EARNINGS OF THE FUND; AND~~

14 ~~(4) (3) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED~~
15 ~~FOR THE BENEFIT OF THE FUND.~~

16 (F) ~~THE FUND ANNUALLY SHALL PROVIDE MONEY TO THE DEPARTMENT TO~~
17 ~~SUPPLEMENT AND NOT SUPPLANT EXISTING FUNDING FOR BEHAVIORAL HEALTH~~
18 ~~PROGRAMS THAT PROVIDE PREVENTION, RECOVERY SUPPORT, AND HARM~~
19 ~~REDUCTION SERVICES FOR INDIVIDUALS WITH SUBSTANCE USE AND MENTAL~~
20 ~~HEALTH DISORDERS IN THE FOLLOWING AMOUNTS:~~

21 ~~(1) \$1,000,000 FOR FISCAL YEAR 2022; AND~~

22 ~~(2) \$2,000,000 FOR EACH FISCAL YEAR THEREAFTER.~~

23 ~~(G) EXCEPT AS PROVIDED IN SUBSECTION (F) OF THIS SECTION, THE~~
24 ~~FUND MAY BE USED ONLY TO PROVIDE FUNDING TO THE SECRETARY COMMISSION~~
25 ~~FOR THE SUPPORT OF AREAS DESIGNATED AS HEALTH EQUITY RESOURCE~~
26 ~~COMMUNITIES BY PROVIDING GRANTS OR TAX CREDITS TO COMMUNITY-BASED~~
27 ~~ORGANIZATIONS, NONPROFIT HOSPITALS, INSTITUTIONS OF HIGHER EDUCATION,~~
28 ~~LOCAL GOVERNMENT AGENCIES, HEALTH CARE PRACTITIONERS, FEDERALLY~~
29 ~~QUALIFIED HEALTH CENTERS, COMMUNITY HEALTH WORKERS, AND INSTITUTIONS~~
30 ~~OF HIGHER EDUCATION TO REDUCE HEALTH DISPARITIES, IMPROVE HEALTH~~
31 ~~OUTCOMES, PROVIDE ADDICTION AND MENTAL HEALTH SERVICES, AND REDUCE~~
32 ~~HEALTH COSTS AND HOSPITAL ADMISSIONS AND READMISSIONS.~~

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

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

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

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

12 20-1408.

13 (A) (1) ~~ON OR BEFORE SEPTEMBER 15 EACH YEAR, EACH EACH~~
14 NONPROFIT COMMUNITY-BASED ORGANIZATION, NONPROFIT HOSPITAL,
15 INSTITUTION OF HIGHER EDUCATION, FEDERALLY QUALIFIED HEALTH CENTER, OR
16 LOCAL GOVERNMENT AGENCY THAT HAS SUBMITTED A SUCCESSFUL APPLICATION
17 FOR DESIGNATION OF AN AREA AS A HEALTH EQUITY RESOURCE COMMUNITY
18 UNDER § 20-1403 OF THIS SUBTITLE SHALL SUBMIT TO THE ~~SECRETARY~~
19 COMMISSION A REPORT THAT INCLUDES:

20 (I) A DESCRIPTION OF PROGRESS MADE TOWARD THE
21 OBJECTIVES SET FORTH IN THE APPLICATION; ~~AND~~

22 (II) A DESCRIPTION OF OBJECTIVES TO BE MET DURING THE
23 IMMEDIATELY FOLLOWING YEAR; AND

24 (III) ANY OTHER INFORMATION AS REQUESTED BY THE
25 COMMISSION.

26 (2) THE REPORTING REQUIRED UNDER PARAGRAPH (1) OF THIS
27 SUBSECTION SHALL BE SUBMITTED PERIODICALLY IN ACCORDANCE WITH A
28 SCHEDULE DETERMINED BY THE COMMISSION.

29 ~~(2)~~ (3) THE ~~SECRETARY~~ COMMISSION MAY REVOKE A
30 DESIGNATION OF AN AREA AS A HEALTH EQUITY RESOURCE COMMUNITY IF THE
31 NONPROFIT COMMUNITY-BASED ORGANIZATION, NONPROFIT HOSPITAL,
32 INSTITUTION OF HIGHER EDUCATION, FEDERALLY QUALIFIED HEALTH CENTER, OR
33 LOCAL GOVERNMENT AGENCY THAT HAS SUBMITTED A SUCCESSFUL APPLICATION
34 FOR DESIGNATION OF AN AREA AS A HEALTH EQUITY RESOURCE COMMUNITY FAILS

1 TO MEET THE OBJECTIVES PROVIDED TO THE ~~SECRETARY~~ COMMISSION UNDER
2 SUBSECTION (A)(1) OF THIS SECTION FOR A GIVEN YEAR.

3 (B) (1) ON OR BEFORE DECEMBER 15 EACH YEAR, THE ~~SECRETARY~~
4 COMMISSION SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH §
5 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY A REPORT
6 THAT INCLUDES:

7 (I) THE NUMBER AND TYPES OF INCENTIVES GRANTED IN EACH
8 HEALTH EQUITY RESOURCE COMMUNITY;

9 (II) EVIDENCE OF THE IMPACT OF THE ~~TAX AND~~ LOAN
10 REPAYMENT INCENTIVES IN ATTRACTING HEALTH CARE PRACTITIONERS AND
11 COMMUNITY HEALTH WORKERS TO HEALTH EQUITY RESOURCE COMMUNITIES;

12 (III) EVIDENCE OF THE IMPACT OF THE INCENTIVES OFFERED IN
13 HEALTH EQUITY RESOURCE COMMUNITIES IN REDUCING HEALTH DISPARITIES
14 AND IMPROVING HEALTH OUTCOMES; AND

15 (IV) EVIDENCE OF THE PROGRESS IN REDUCING HEALTH COSTS
16 AND HOSPITAL ADMISSIONS AND READMISSIONS IN HEALTH EQUITY RESOURCE
17 COMMUNITIES.

18 (2) THE REPORT DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION
19 SHALL INCLUDE DATA DISAGGREGATED BY THE FOLLOWING:

20 (I) RACE;

21 (II) ETHNICITY;

22 (III) PRIMARY LANGUAGE;

23 (IV) GENDER;

24 (V) SOCIOECONOMIC STATUS; AND

25 (VI) ZIP CODE.

26 Article – Insurance

27 31-107.

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

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

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

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

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

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

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

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

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

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

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

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

23 **(II) INCLUDE THE FUNDS TRANSFERRED IN ACCORDANCE WITH**
24 **ITEM (I) OF THIS PARAGRAPH IN THE ANNUAL BUDGET BILL AS AN APPROPRIATION**
25 **TO THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE FUND UNDER §**
26 **20–1407 OF THE HEALTH – GENERAL ARTICLE.**

27 **Article – State Finance and Procurement**

28 6–226.

29 (a) (2) (i) Notwithstanding any other provision of law, and unless
30 inconsistent with a federal law, grant agreement, or other federal requirement or with the
31 terms of a gift or settlement agreement, net interest on all State money allocated by the

1 State Treasurer under this section to special funds or accounts, and otherwise entitled to
 2 receive interest earnings, as accounted for by the Comptroller, shall accrue to the General
 3 Fund of the State.

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

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

8 123. the Racing and Community Development Facilities Fund;
 9 AND

10 124. THE HEALTH EQUITY RESOURCE COMMUNITY
 11 RESERVE FUND.

12 ~~Article Tax General~~

13 ~~10-731.~~

14 (A) (1) ~~IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS~~
 15 ~~INDICATED.~~

16 (2) ~~“COMMUNITY-BASED ORGANIZATION” MEANS A PUBLIC OR~~
 17 ~~PRIVATE ORGANIZATION THAT IS REPRESENTATIVE OF A COMMUNITY OR~~
 18 ~~SIGNIFICANT SEGMENTS OF A COMMUNITY AND PROVIDES EDUCATIONAL, HEALTH,~~
 19 ~~OR SOCIAL SERVICES TO INDIVIDUALS IN THE COMMUNITY.~~

20 (3) ~~“COMMUNITY HEALTH WORKER” HAS THE MEANING STATED IN §~~
 21 ~~13-3701 OF THE HEALTH GENERAL ARTICLE.~~

22 (4) ~~“DEPARTMENT” MEANS THE MARYLAND DEPARTMENT OF~~
 23 ~~HEALTH.~~

24 (5) ~~“FUND” MEANS THE HEALTH EQUITY RESOURCE COMMUNITY~~
 25 ~~RESERVE FUND ESTABLISHED UNDER § 20-1407 OF THE HEALTH GENERAL~~
 26 ~~ARTICLE.~~

27 (6) ~~“HEALTH CARE PRACTITIONER” HAS THE MEANING STATED IN §~~
 28 ~~20-1401 OF THE HEALTH GENERAL ARTICLE.~~

29 (7) ~~“HEALTH EQUITY RESOURCE COMMUNITY” HAS THE MEANING~~
 30 ~~STATED IN § 20-1401 OF THE HEALTH GENERAL ARTICLE.~~

1 ~~(8) "INSTITUTION OF HIGHER EDUCATION" HAS THE MEANING~~
2 ~~STATED IN § 10-101 OF THE EDUCATION ARTICLE.~~

3 ~~(9) "QUALIFIED EMPLOYEE" MEANS A HEALTH CARE PRACTITIONER,~~
4 ~~A COMMUNITY HEALTH WORKER, AN INDIVIDUAL DESIGNATED AS AN EVALUATOR~~
5 ~~UNDER § 20-1405 OF THE HEALTH GENERAL ARTICLE, OR ANY OTHER~~
6 ~~INDIVIDUAL WHO:~~

7 ~~(I) PROVIDES DIRECT SUPPORT TO A HEALTH CARE~~
8 ~~PRACTITIONER OR A COMMUNITY HEALTH WORKER; AND~~

9 ~~(II) EXPANDS ACCESS TO SERVICES IN A HEALTH EQUITY~~
10 ~~RESOURCE COMMUNITY.~~

11 ~~(10) (I) "QUALIFIED POSITION" MEANS A QUALIFIED EMPLOYEE~~
12 ~~POSITION THAT:~~

13 ~~1. PAYS AT LEAST 150% OF THE FEDERAL MINIMUM~~
14 ~~WAGE;~~

15 ~~2. IS FULL-TIME AND OF INDEFINITE DURATION;~~

16 ~~3. IS LOCATED IN A HEALTH EQUITY RESOURCE~~
17 ~~COMMUNITY;~~

18 ~~4. IS NEWLY CREATED AS A RESULT OF THE~~
19 ~~ESTABLISHMENT OF, OR EXPANSION OF SERVICES IN, A HEALTH EQUITY RESOURCE~~
20 ~~COMMUNITY; AND~~

21 ~~5. IS FILLED.~~

22 ~~(II) "QUALIFIED POSITION" DOES NOT INCLUDE A POSITION~~
23 ~~THAT IS FILLED FOR A PERIOD OF LESS THAN 12 MONTHS.~~

24 ~~(11) "SECRETARY" MEANS THE SECRETARY OF HEALTH.~~

25 ~~(B) A HEALTH CARE PRACTITIONER OR A COMMUNITY HEALTH WORKER~~
26 ~~WHO PRACTICES HEALTH CARE IN A HEALTH EQUITY RESOURCE COMMUNITY~~
27 ~~DESIGNATED UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH GENERAL ARTICLE~~
28 ~~MAY SUBMIT TO THE SECRETARY A REQUEST FOR CERTIFICATION OF ELIGIBILITY~~
29 ~~FOR INCOME TAX CREDITS ESTABLISHED UNDER SUBSECTION (D) OF THIS SECTION~~
30 ~~IN ACCORDANCE WITH AN APPROVED APPLICATION FOR DESIGNATION OF AN AREA~~
31 ~~AS A HEALTH EQUITY RESOURCE COMMUNITY IF THE INDIVIDUAL:~~

1 ~~(1) DEMONSTRATES COMPETENCY IN CULTURAL, LINGUISTIC, AND~~
2 ~~HEALTH LITERACY IN A MANNER DETERMINED BY THE SECRETARY;~~

3 ~~(2) ACCEPTS AND PROVIDES CARE FOR PATIENTS ENROLLED IN THE~~
4 ~~MARYLAND MEDICAL ASSISTANCE PROGRAM AND FOR UNINSURED PATIENTS;~~

5 ~~(3) UNDERGOES TRAINING IN ANTI-RACISM AND CULTURAL~~
6 ~~COMPETENCE THROUGH A PROGRAM APPROVED BY THE SECRETARY; AND~~

7 ~~(4) MEETS ANY OTHER CRITERIA ESTABLISHED BY THE SECRETARY.~~

8 ~~(C) A NONPROFIT COMMUNITY-BASED ORGANIZATION, A NONPROFIT~~
9 ~~HOSPITAL, AN INSTITUTION OF HIGHER EDUCATION, OR A LOCAL GOVERNMENT~~
10 ~~AGENCY THAT SUBMITS AN APPLICATION TO THE SECRETARY TO ESTABLISH A~~
11 ~~HEALTH EQUITY RESOURCE COMMUNITY MAY SUBMIT TO THE SECRETARY A~~
12 ~~REQUEST FOR CERTIFICATION OF ELIGIBILITY FOR INCOME TAX CREDITS~~
13 ~~ESTABLISHED UNDER SUBSECTION (D) OF THIS SECTION IN ACCORDANCE WITH THE~~
14 ~~APPLICATION FOR DESIGNATION OF AN AREA AS A HEALTH EQUITY RESOURCE~~
15 ~~COMMUNITY ON BEHALF OF A HEALTH CARE PRACTITIONER OR A COMMUNITY~~
16 ~~HEALTH WORKER WHO:~~

17 ~~(1) IS PRACTICING OR SEEKING TO PRACTICE IN A HEALTH EQUITY~~
18 ~~RESOURCE COMMUNITY; AND~~

19 ~~(2) SATISFIES THE REQUIREMENTS OF SUBSECTION (B) OF THIS~~
20 ~~SECTION.~~

21 ~~(D) (1) IF THE SECRETARY APPROVES A REQUEST FOR CERTIFICATION~~
22 ~~SUBMITTED UNDER SUBSECTION (B) OR (C) OF THIS SECTION, A HEALTH CARE~~
23 ~~PRACTITIONER OR A COMMUNITY HEALTH WORKER MAY CLAIM A CREDIT AGAINST~~
24 ~~THE STATE INCOME TAX IN AN AMOUNT EQUAL TO 100% OF THE AMOUNT OF THE~~
25 ~~STATE INCOME TAX EXPECTED TO BE DUE FROM THE HEALTH CARE PRACTITIONER~~
26 ~~OR COMMUNITY HEALTH WORKER FROM INCOME DERIVED FROM PRACTICE IN THE~~
27 ~~HEALTH EQUITY RESOURCE COMMUNITY, AS CERTIFIED BY THE SECRETARY FOR~~
28 ~~THE TAXABLE YEAR.~~

29 ~~(2) (i) IN ADDITION TO THE STATE INCOME TAX CREDIT PROVIDED~~
30 ~~UNDER PARAGRAPH (1) OF THIS SUBSECTION, A HEALTH CARE PRACTITIONER OR A~~
31 ~~COMMUNITY-BASED ORGANIZATION MAY CLAIM A REFUNDABLE CREDIT OF \$10,000~~
32 ~~AGAINST THE STATE INCOME TAX FOR HIRING FOR A QUALIFIED POSITION IN THE~~
33 ~~HEALTH EQUITY RESOURCE COMMUNITY, AS CERTIFIED BY THE SECRETARY FOR~~
34 ~~THE TAXABLE YEAR.~~

~~(H) TO BE ELIGIBLE FOR THE CREDIT PROVIDED UNDER THIS PARAGRAPH, A HEALTH CARE PRACTITIONER OR A COMMUNITY-BASED ORGANIZATION MAY CREATE ONE OR MORE QUALIFIED POSITIONS DURING ANY 24-MONTH PERIOD.~~

~~(III) THE CREDIT EARNED UNDER THIS PARAGRAPH SHALL BE TAKEN OVER A 24-MONTH PERIOD, WITH 50% OF THE CREDIT AMOUNT ALLOWED EACH YEAR BEGINNING WITH THE FIRST TAXABLE YEAR IN WHICH THE CREDIT IS CERTIFIED.~~

~~(IV) IF THE QUALIFIED POSITION IS FILLED FOR A PERIOD OF LESS THAN 24 MONTHS, THE CREDIT SHALL BE RECAPTURED AS FOLLOWS:~~

~~1. THE CREDIT SHALL BE RECOMPUTED AND REDUCED ON A PRORATED BASIS, BASED ON THE PERIOD OF TIME THE POSITION WAS FILLED, AS DETERMINED BY THE DEPARTMENT AND REPORTED TO THE COMPTROLLER; AND~~

~~2. THE HEALTH CARE PRACTITIONER OR COMMUNITY-BASED ORGANIZATION WHICH RECEIVED THE CREDIT SHALL REPAY ANY AMOUNT OF THE CREDIT THAT MAY HAVE ALREADY BEEN REFUNDED TO THE HEALTH CARE PRACTITIONER OR COMMUNITY-BASED ORGANIZATION THAT EXCEEDS THE AMOUNT RECOMPUTED BY THE SECRETARY IN ACCORDANCE WITH ITEM 1 OF THIS SUBPARAGRAPH.~~

~~(3) TO BE CERTIFIED AS ELIGIBLE FOR THE CREDITS ESTABLISHED UNDER THIS SUBSECTION, A HEALTH CARE PRACTITIONER, COMMUNITY HEALTH WORKER, OR COMMUNITY-BASED ORGANIZATION MAY APPLY FOR CERTIFICATION THROUGH THE NONPROFIT COMMUNITY-BASED ORGANIZATION, NONPROFIT HOSPITAL, INSTITUTION OF HIGHER EDUCATION, OR LOCAL GOVERNMENT THAT RECEIVES APPROVAL FROM THE SECRETARY TO ESTABLISH A HEALTH EQUITY RESOURCE COMMUNITY.~~

~~(4) (i) ELIGIBILITY FOR THE CREDITS PROVIDED UNDER THIS SUBSECTION IS LIMITED BY AVAILABILITY OF BUDGETED FUNDS FOR THAT PURPOSE, AS DETERMINED BY THE SECRETARY.~~

~~(ii) CERTIFICATES OF ELIGIBILITY SHALL BE SUBJECT TO APPROVAL BY THE SECRETARY ON A FIRST-COME, FIRST-SERVED BASIS, AS DETERMINED BY THE SECRETARY IN THE SECRETARY'S SOLE DISCRETION.~~

~~(E) THE SECRETARY SHALL CERTIFY TO THE COMPTROLLER THE APPLICABILITY OF THE CREDITS PROVIDED UNDER THIS SECTION FOR EACH HEALTH CARE PRACTITIONER, COMMUNITY HEALTH WORKER, OR COMMUNITY-BASED ORGANIZATION AND THE AMOUNT OF EACH CREDIT ASSIGNED~~

~~1 TO A HEALTH CARE PRACTITIONER, COMMUNITY HEALTH WORKER, OR
2 COMMUNITY-BASED ORGANIZATION, FOR EACH TAXABLE YEAR.~~

~~3 (F) THE CREDITS ALLOWED UNDER THIS SECTION FOR A FISCAL YEAR MAY
4 NOT EXCEED THE AMOUNT PROVIDED FOR IN THE STATE BUDGET FOR THAT FISCAL
5 YEAR.~~

~~6 (G) THE SECRETARY, IN CONSULTATION WITH THE COMPTROLLER, SHALL
7 ADOPT REGULATIONS TO IMPLEMENT THE TAX CREDIT UNDER THIS SECTION.~~

~~8 11-104.~~

~~9 (g) (1) (i) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE
10 MEANINGS INDICATED.~~

~~11 (ii) "ALCOHOLIC BEVERAGE" HAS THE MEANING STATED IN §
12 1-101 OF THE ALCOHOLIC BEVERAGES ARTICLE.~~

~~13 (iii) "OFF-SALE RETAILERS" MEANS RETAIL SELLERS AND
14 OTHER ENTITIES HOLDING A STATE OR LOCAL LICENSE TO SELL PACKAGED
15 ALCOHOLIC BEVERAGES FOR OFF-SITE CONSUMPTION.~~

~~16 (iv) "ON-SALE RETAILERS" MEANS RESTAURANTS, BARS,
17 BREWERIES, WINERIES, DISTILLERIES, AND OTHER ENTITIES HOLDING A STATE OR
18 LOCAL LICENSE TO MANUFACTURE OR SELL ALCOHOLIC BEVERAGES:~~

~~19 1. FOR CONSUMPTION ON-SITE; OR~~

~~20 2. TO SELL ALCOHOLIC BEVERAGES ON-SITE AS
21 CARRY-OUT PRODUCTS FOR CONSUMPTION OFF-SITE.~~

~~22 (2) The sales and use tax rate for the sale of an alcoholic beverage[, as
23 defined in § 5-101 of this article,] is:~~

~~24 [(1) 0% of the charge for the alcoholic beverage; and]~~

~~25 (i) 1. FOR SALES OF ALCOHOLIC BEVERAGES BY OFF-SALE
26 RETAILERS AFTER OCTOBER 1, 2021, 10% OF THE CHARGE FOR THE ALCOHOLIC
27 BEVERAGE;~~

~~28 2. FOR SALES OF ALCOHOLIC BEVERAGES BY ON-SALE
29 RETAILERS BETWEEN OCTOBER 1, 2021, AND SEPTEMBER 30, 2023, INCLUSIVE, 9%
30 OF THE CHARGE FOR THE ALCOHOLIC BEVERAGE; AND~~

1 ~~3. FOR SALES OF ALCOHOLIC BEVERAGES BY ON-SALE~~
 2 ~~RETAILERS AFTER OCTOBER 1, 2023, 10% OF THE CHARGE FOR THE ALCOHOLIC~~
 3 ~~BEVERAGE; AND~~

4 ~~[(2)] (H) 6% of a charge that is made in connection with the sale of an~~
 5 ~~alcoholic beverage and is stated as a separate item of the consideration and made known~~
 6 ~~to the buyer at the time of sale for:~~

7 ~~[(i)] 1. any labor or service rendered;~~

8 ~~[(ii)] 2. any material used; or~~

9 ~~[(iii)] 3. any property sold.~~

10 ~~(3) 10% OF THE REVENUES GENERATED UNDER THIS SUBSECTION~~
 11 ~~SHALL BE CREDITED TO THE HEALTH EQUITY RESOURCE COMMUNITY RESERVE~~
 12 ~~FUND ESTABLISHED UNDER § 20-1407 OF THE HEALTH GENERAL ARTICLE.~~

13 ~~SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect~~
 14 ~~October 1, 2021.~~

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency
 16 measure, is necessary for the immediate preservation of the public health or safety, has
 17 been passed by a ye and nay vote supported by three-fifths of all the members elected to
 18 each of the two Houses of the General Assembly, and shall take effect from the date it is
 19 enacted. Section 1 of this Act shall remain effective through June 30, 2023, and, at the end
 20 of June 30, 2023, Section 1 of this Act, with no further action required by the General
 21 Assembly, shall be abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.