By: Delegate Nathan-Pulliam Delegates Nathan-Pulliam, Benson, Costa, Kullen, Mandel, Murray, Oaks, and V. Turner

Introduced and read first time: February 10, 2006
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 8, 2006

CHAPTER_____

1 AN ACT concerning

Department of Health and Mental Hygiene - Cultural Competency and Health Outcomes - Pilot Program

For the purpose of requiring the Family Health Administration in the Department of Health and Mental Hygiene, in consultation with the Office of Minority Health and Health Disparities and selected community-based entities, to implement a pilot program that addresses the cultural competency training of certain health care providers and certain health outcomes; requiring the pilot program to be implemented in a certain hospital system; requiring the hospital system that implements the pilot program to make a certain report to certain committees on or before a certain date; requiring that certain health indicators be tracked in the pilot program; defining a certain term; providing for the termination of this Act; and generally relating to the Department of Health and Mental Hygiene and a pilot program on cultural competency and health outcomes.

BY adding to Article - Health - General Section 20-1101 to be under the new subtitle "Subtitle 11. Cultural Competency Pilot Program"

Annotated Code of Maryland (2005 Replacement Volume and 2005 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
SUBTITLE 11. CULTURAL COMPETENCY PILOT PROGRAM.

(A) IN THIS SUBSECTION, "CULTURAL COMPETENCY" MEANS A SET OF ACADEMIC, CLINICAL, AND PERSONAL SKILLS THAT ALLOW HEALTH CARE PROVIDERS TO INCREASE THEIR UNDERSTANDING AND APPRECIATION OF CULTURAL DIFFERENCES AMONG GROUPS.

(B) BY OCTOBER 1, 2007, THE FAMILY HEALTH ADMINISTRATION, IN CONSULTATION WITH THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, SHALL PROVIDE TECHNICAL ASSISTANCE TO QUALIFIED AND SELECTED COMMUNITY-BASED ENTITIES, SHALL IMPLEMENT FOR A PILOT PROGRAM THAT ADDRESSES:

(1) CULTURAL COMPETENCY TRAINING OF HEALTH CARE PROVIDERS, WITH AN EMPHASIS ON COMMUNITY-BASED PROVIDERS; AND

(2) HEALTH OUTCOMES AND COMMUNITY-BASED MODELS FOR TARGETING HEALTH OUTCOMES AS DETERMINED BY TRACKING INDICATORS RELATING TO THE SPECIFIC HEALTH CARE NEEDS OF THE POPULATIONS IN THE AREAS DESCRIBED IN SUBSECTION (D) OF THIS SECTION.

(C) AT LEAST TWO OF THE FOLLOWING INDICATORS SHALL BE TRACKED IN THE PILOT PROGRAM SHALL INCLUDE:

(1) IMPROVEMENT IN BODY MASS INDEX AND HEMOGLOBIN A1C LEVELS FOR INDIVIDUALS WITH DIABETES;

(2) IMPROVEMENT IN BLOOD PRESSURE, HYPERTENSION, AND CHOLESTEROL LEVELS FOR INDIVIDUALS WITH CARDIAC DISEASE; AND

(3) INCREASED CANCER SCREENING FOR PROSTATE, BREAST, AND CERVICAL CANCER;

(4) INCREASED CANCER SCREENING FOR BREAST CANCER; OR

(5) INCREASED CANCER SCREENING FOR CERVICAL CANCER.

(D) THE PILOT PROGRAM SHALL BE IMPLEMENTED IN A STATE-BASED COMMUNITY TEACHING HOSPITAL SYSTEM THAT:

(1) ELECTS TO IMPLEMENT THE PILOT PROGRAM;

(2) IS NOT A SUBSIDIARY OF A SYSTEM THAT OPERATES AN ACADEMIC MEDICAL INSTITUTION;
SERVES A MEDICALLY UNDERSERVED AREA, A HEALTH PROFESSIONAL SHORTAGE AREA, AND A MEDICALLY UNDERSERVED POPULATION, AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES;

OPERATES AN ACCREDITED MEDICAL RESIDENCY TRAINING PROGRAM IN AT LEAST FOUR DISCIPLINES AND ENROLLS NO FEWER THAN 100 STUDENTS;

ENGAGES IN FORMAL RELATIONSHIPS WITH HEALTH CARE PROFESSIONAL AND ALLIED HEALTH TRAINING PROGRAMS;

IS ENGAGED IN A FORMAL RELATIONSHIP WITH COMMUNITY-BASED ENTITIES THAT HAVE DEMONSTRATED CULTURAL COMPETENCY; AND

DEMONSTRATES THE CAPACITY TO SEEK A PUBLIC-PRIVATE PARTNERSHIP AND FUNDING TO IMPLEMENT THE PILOT PROGRAM; AND

AGREES TO COLLECT OUTCOME MEASURES ON THE INDICATORS TRACKED IN THE PILOT PROGRAM TO COMPARE THE HEALTH STATUS OF INDIVIDUALS ON ENTRY INTO THE PROGRAM AND ON COMPLETION OF THE PROGRAM.

BY OCTOBER 1, 2009, THE HOSPITAL SYSTEM THAT IMPLEMENTS THE PILOT PROGRAM REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL REPORT IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE TO THE SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE ON THE PILOT PROGRAM.

THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE OUTCOME MEASURES ON THE INDICATORS LISTED UNDER SUBSECTION (C) OF THIS SECTION FOR THE INDIVIDUALS WHO PARTICIPATED IN THE PILOT PROGRAM THAT COMPARE THE HEALTH STATUS OF THE INDIVIDUALS ON ENTRY INTO THE PROGRAM AND ON COMPLETION OF THE PROGRAM.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2006. It shall remain effective for a period of 3 years and 3 months and, at the end of December 31, 2009, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.