

***Md. HEALTH-GENERAL Code Ann. § 20-1001 (2012)
through § 20-1007 (2012)***

Annotated Code of Maryland
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HEALTH - GENERAL
TITLE 20. MISCELLANEOUS HEALTH PROVISIONS
SUBTITLE 10. OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES

§ 20-1001. Definitions

- (a) In general. -- In this subtitle the following words have the meanings indicated.
- (b) Director. -- "Director" means the Director of the Office of Minority Health and Health Disparities.
- (c) Minority person. -- "Minority person" includes African Americans, Hispanics, Asian and Pacific Islanders, and American Indians statewide.
- (d) Office. -- "Office" means the Maryland Office of Minority Health and Health Disparities established under § 20-1002 of this subtitle.

HISTORY: 2004, chs. 319, 443; 2008, ch. 675.

§ 20-1002. Office established

There is an Office of Minority Health and Health Disparities in the Department.

HISTORY: 2004, chs. 319, 443.

§ 20-1003. Director

The Director shall report to the Secretary.

HISTORY: 2004, chs. 319, 443.

§ 20-1004. Duties of Office

The Office shall:

- (1) Be an advocate for the improvement of minority health care by working with the Department on its own, or in partnership with other public and private entities to establish appropriate forums, programs, or initiatives designed to educate the public regarding minority health and health disparities issues, with an emphasis on preventive health and healthy lifestyles;

(2) Assist the Secretary in identifying, coordinating, and establishing priorities for programs, services, and resources that the State should provide for minority health and health disparities issues;

(3) Collect, classify, and analyze relevant research information and data collected or compiled by:

(i) The Department;

(ii) The Department in collaboration with others; and

(iii) Other public and private entities;

(4) Research innovative methods and obtain resources to improve existing data systems to ensure that the health information that is collected includes specific race and ethnicity identifiers;

(5) Serve as a clearinghouse and resource library for information about minority health and health disparities data, strategies, services, and programs that address minority health and health disparities issues;

(6) Develop a strategic plan to improve public services and programs targeting minorities;

(7) Obtain funding and, contingent upon funding, provide grants to community-based organizations and historically black colleges and universities to conduct special research, demonstration, and evaluation projects for targeted at-risk racial and ethnic minority populations and to support ongoing community-based programs that are designed to reduce or eliminate racial and ethnic health disparities in the State;

(8) Develop criteria for the awarding of grants for programs that are designed to improve minority health care;

(9) Review existing laws and regulations to ensure that they facilitate the provision of adequate health care to the minorities of this State;

(10) Recommend to the Secretary any additions or changes to existing laws and regulations designed to facilitate the adequate provision of health care to minorities in this State;

(11) Identify and review health promotion and disease prevention strategies relating to the leading health causes of death and disability among minority populations;

(12) Develop and implement model public and private partnerships in racial and ethnic minority communities for health awareness campaigns and to improve the access, acceptability, and use of public health services;

(13) Develop recommendations for the most effective means of providing outreach to racial and ethnic minority communities throughout the State to ensure their maximum participation in publicly funded health benefits programs;

(14) Develop a statewide plan for increasing the number of racial and ethnic minority health care professionals which includes recommendations for the financing mechanisms and recruitment strategies necessary to carry out the plan;

(15) Work collaboratively with universities and colleges of medicine, nursing, pharmacy, and dentistry in this State and other health care professional training programs to develop courses with cultural competency, sensitivity, and health literacy, that are designed to address the problem of racial and ethnic disparities in health care access, utilization, treatment decisions, quality, and outcomes;

(16) Work collaboratively with the Maryland Health Care Disparities Initiative, the Morgan-Hopkins Center for Health Disparities Solutions, the University of Maryland Disparity Project, the Monumental City Medical Society, faculty and researchers at historically black colleges and universities, and other existing alliances or plans, to reduce or eliminate racial and ethnic disparities in the State;

(17) Seek to establish a statewide alliance with community-based agencies and organizations, historically black colleges and universities, health care facilities, health care provider organizations, managed care organizations, and pharmaceutical manufacturers to promote the objectives of the Office;

(18) Evaluate multicultural or racial and ethnic minority health programs in other states to assess their efficacy and potential for replication in this State and make recommendations regarding the adoption of such programs, as appropriate;

(19) Apply for and accept any grant of money from the federal government, private foundations, or other sources which may be available for programs related to minority health and health disparities;

(20) Serve as the designated State agency for receipt of federal funds specifically designated for minority health and health disparities programs;

(21) Work collaboratively with the Office of Minority Affairs as the Office determines necessary; and

(22) In collaboration with the Maryland Health Care Commission, publish annually on the Department's website and provide in writing on request a "Health Care Disparities Policy Report Card" that includes:

(i) An analysis of racial and ethnic variations in insurance coverage for low-income, nonelderly individuals;

(ii) The racial and ethnic composition of the physician population compared to the racial and ethnic composition of the State's population; and

(iii) The racial and ethnic disparities in morbidity and mortality rates for cardiovascular disease, cancer, diabetes, HIV/AIDS, infant mortality, asthma, and other diseases identified by the Maryland Health Care Commission.

HISTORY: 2004, chs. 319, 443; 2006, chs. 44, 450; 2008, ch. 675.

§ 20-1005. Duties of Director

Subject to the limitations of any law that governs the activities of other units of the Executive Branch of State government, the Director shall:

- (1) Promote health and the prevention of disease among members of minority groups;
- (2) Distribute grants from available federal and special funds to community-based health groups to be used to promote health and the prevention of disease among members of minority groups; and
- (3) Fund projects which are innovative, culturally sensitive, and specific in their approach toward reduction of the incidence and severity of those diseases or conditions which are responsible for excess morbidity and mortality in minority populations.

HISTORY: 2004, chs. 319, 443

§ 20-1006. Reports

(a) In general. -- On or before the 15th day of each regular session of the General Assembly, the Department shall submit an annual report on the Office of Minority Health and Health Disparities to the Governor and, subject to § 2-1246 of the State Government Article, to the General Assembly.

(b) Contents. -- The report shall include the projects and services developed and funded by the Office and the health care problems that the grant funds are intended to ameliorate.

(c) Recommendations. -- The report may include any recommendations for administrative or legislative action that it deems appropriate.

HISTORY: 2004, chs. 319, 443; 2005, ch. 25, § 1.

§ 20-1007. Funding

It is the intent of the General Assembly that the Office be funded from federal and special funding sources.

HISTORY: 2004, chs. 319, 443.