19 - 2109.

- (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) (I) IDENTIFY ESTABLISH BY REGULATION THE SERVICES THAT A COMMUNITY HEALTH RESOURCE SHALL PROVIDE TO QUALIFY AS A COMMUNITY HEALTH RESOURCE, WHICH MAY INCLUDE THE PROVISION OF FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRIC CARE, LABORATORY SERVICES, PHARMACY SERVICES, AND OBSTETRIC AND GYNECOLOGY SERVICES UNDER THIS SUBTITLE; AND
- (H) (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;
- (3) (4) IDENTIFY AND SEEK FEDERAL AND STATE FUNDING FOR THE EXPANSION OF COMMUNITY HEALTH RESOURCES;
- (4) ADMINISTER OPERATING AND CAPITAL GRANT FUND PROGRAMS FOR QUALIFYING COMMUNITY HEALTH RESOURCES;
- (5) ESTABLISH BY REGULATION THE CRITERIA FOR COMMUNITY HEALTH RESOURCES TO QUALIFY FOR CAPITAL AND OPERATING GRANTS AND PROCEDURES FOR APPLYING FOR CAPITAL AND OPERATING GRANTS:
- (6) ASSIST INDIVIDUALS UNDER 300% OF THE FEDERAL POVERTY LEVEL WHO DO NOT HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE THROUGH 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 BY INDIVIDUALS SERVED BY COMMUNITY HEALTH RESOURCES WHO ARE AT COMMUNITY HEALTH RESOURCES THAT ARE NOT FEDERALLY QUALIFIED HEALTH CENTERS, FOR INDIVIDUALS WHOSE FAMILY INCOME IS BETWEEN 100% AND 300% 200% OF THE FEDERAL POVERTY LEVEL GUIDELINES;
- (8) IDENTIFY AND PROVIDE ASSISTANCE, INCLUDING TECHNICAL ASSISTANCE, TO ENABLE COMMUNITY HEALTH RESOURCES TO RECEIVE FEDERAL OR STATE DESIGNATIONS FOR WHICH THE RESOURCE MAY BE ELICIBLE:
- (9) WORK IN CONJUNCTION WITH THE OFFICE OF PRIMARY CARE IN THE IDENTIFICATION OF THE STATE'S HEALTH-PROFESSIONAL SHORTAGE AREAS, MEDICALLY UNDERSERVED AREAS, AND MEDICALLY UNDERSERVED POPULATIONS;
- (10) (I) IDENTIFY METHODS TO INCREASE THE REIMBURSEMENT RATES PAID BY PUBLIC AND PRIVATE INSURERS TO HEALTH CARE PROVIDERS WHO PROVIDE SERVICES THROUGH COMMUNITY HEALTH RESOURCES; AND