

~~(2) (II) COVER THE ACTUAL DOCUMENTED DIRECT COSTS OF FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE COMMISSION IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE;~~

~~(3) (III) PROVIDE OPERATING GRANTS TOTALING \$10,000,000 BEGINNING IN FISCAL YEAR 2006, WITH INFLATIONARY ADJUSTMENTS IN SUBSEQUENT YEARS, TO QUALIFYING COMMUNITY HEALTH RESOURCES; AND~~

(IV) PROVIDE FUNDING FOR THE DEVELOPMENT, SUPPORT, AND MONITORING OF A UNIFIED DATA INFORMATION SYSTEM AMONG PRIMARY AND SPECIALTY CARE PROVIDERS, HOSPITALS, AND OTHER PROVIDERS OF SERVICES TO COMMUNITY HEALTH RESOURCE MEMBERS.

(2) THE FUNDING FOR A UNIFIED DATA INFORMATION SYSTEM UNDER PARAGRAPH (1)(IV) OF THIS SUBSECTION SHALL BE LIMITED TO:

(I) \$500,000 IN FISCAL YEAR 2006; AND

(II) \$1,700,000 IN FISCAL YEAR 2007 AND ANNUALLY THEREAFTER

(F) THE COMMISSION SHALL ADOPT REGULATIONS THAT:

(1) ESTABLISH THE CRITERIA FOR A COMMUNITY HEALTH RESOURCE TO QUALIFY FOR A GRANT;

(2) ESTABLISH THE PROCEDURES FOR DISBURSING GRANTS TO QUALIFYING COMMUNITY HEALTH RESOURCES;

(3) DEVELOP A FORMULA FOR DISBURSING GRANTS TO QUALIFYING COMMUNITY HEALTH RESOURCES; AND

(4) ESTABLISH CRITERIA AND MECHANISMS FOR FUNDING A UNIFIED DATA INFORMATION SYSTEM.

(G) IN DEVELOPING REGULATIONS UNDER SUBSECTION (F)(1) OF THIS SECTION, THE COMMISSION SHALL:

(1) CONSIDER GEOGRAPHIC BALANCE; AND

(2) GIVE PRIORITY TO COMMUNITY HEALTH RESOURCES THAT:

(I) IN ADDITION TO NORMAL BUSINESS HOURS, HAVE EVENING AND WEEKEND HOURS OF OPERATION;

(II) HAVE PARTNERED WITH A HOSPITAL TO ESTABLISH A REVERSE REFERRAL PROGRAM AT THE HOSPITAL;

(III) REDUCE THE USE OF THE HOSPITAL EMERGENCY DEPARTMENT FOR NONEMERGENCY SERVICES;

(IV) ASSIST PATIENTS IN ESTABLISHING A MEDICAL HOME WITH A COMMUNITY HEALTH RESOURCE;