

(10) ESTABLISH A REVERSE REFERRAL PILOT PROGRAM UNDER WHICH A HOSPITAL WILL IDENTIFY AND ASSIST PATIENTS IN ACCESSING HEALTH CARE SERVICES THROUGH A COMMUNITY HEALTH RESOURCE;

(11) ~~EVALUATE THE FEASIBILITY OF DEVELOPING~~ WORK WITH COMMUNITY HEALTH RESOURCES, HOSPITAL SYSTEMS, AND OTHERS TO DEVELOP A UNIFIED INFORMATION AND DATA MANAGEMENT SYSTEM FOR USE BY ALL COMMUNITY HEALTH RESOURCES THAT IS INTEGRATED WITH THE LOCAL HOSPITAL SYSTEMS TO TRACK THE TREATMENT OF INDIVIDUAL PATIENTS AND THAT PROVIDES REAL-TIME INDICATORS OF AVAILABLE RESOURCES;

(12) ~~IDENTIFY AND PROVIDE ASSISTANCE, INCLUDING TECHNICAL ASSISTANCE, TO ENABLE COMMUNITY HEALTH RESOURCES TO RECEIVE FEDERAL OR STATE DESIGNATIONS FOR WHICH THE RESOURCE MAY BE ELIGIBLE;~~

(13) ~~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;~~

(12) WORK IN COOPERATION WITH CLINICAL EDUCATION AND TRAINING PROGRAMS, AREA HEALTH EDUCATION CENTERS, AND TELEMEDICINE CENTERS TO ENHANCE ACCESS TO QUALITY PRIMARY AND SPECIALTY HEALTH CARE FOR INDIVIDUALS IN RURAL AND UNDERSERVED AREAS REFERRED BY COMMUNITY HEALTH RESOURCES;

(13) EVALUATE THE FEASIBILITY OF DEVELOPING A CAPITAL GRANT PROGRAM FOR COMMUNITY HEALTH RESOURCES THAT ARE NOT FEDERALLY QUALIFIED HEALTH CENTERS;

(14) DEVELOP AN OUTREACH PROGRAM TO EDUCATE AND INFORM INDIVIDUALS OF THE AVAILABILITY OF COMMUNITY HEALTH RESOURCES AND ASSIST INDIVIDUALS UNDER 200% OF THE FEDERAL POVERTY LEVEL WHO DO NOT HAVE HEALTH INSURANCE TO ACCESS HEALTH CARE SERVICES THROUGH COMMUNITY HEALTH RESOURCES;

(15) STUDY SCHOOL-BASED ~~CLINIC~~ HEALTH CENTER FUNDING AND ACCESS ISSUES INCLUDING ~~BUT NOT LIMITED TO:~~

(I) REIMBURSEMENT OF SCHOOL-BASED HEALTH CENTERS BY MANAGED CARE ORGANIZATIONS, ~~COMMERCIAL~~ INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS; AND

(II) METHODS TO EXPAND SCHOOL-BASED HEALTH CENTERS TO PROVIDE PRIMARY CARE SERVICES;

(16) STUDY ACCESS AND REIMBURSEMENT ISSUES REGARDING THE PROVISION OF DENTAL SERVICES; ~~AND~~

(17) EVALUATE THE FEASIBILITY OF EXTENDING LIABILITY PROTECTION UNDER THE MARYLAND TORT CLAIMS ACT TO HEALTH CARE PRACTITIONERS WHO