

~~(1) A PLAN FOR TRANSITIONING RESPONSIBILITY FOR ANY ONGOING DUTIES OF THE COMMISSION UNDER THIS SUBTITLE TO THE DEPARTMENT; AND~~

~~(2) RECOMMENDATIONS FOR LEGISLATIVE CHANGES.~~

TO FACILITATE ITS WORK, THE COMMISSION SHALL ESTABLISH STANDING COMMITTEES, INCLUDING:

(1) THE COMMITTEE ON CAPITAL AND OPERATIONAL FUNDING;

(2) THE COMMITTEE ON HOSPITAL AND COMMUNITY HEALTH RESOURCES RELATIONS;

(3) THE COMMITTEE ON SCHOOL-BASED COMMUNITY HEALTH CENTER EXPANSION; AND

(4) THE COMMITTEE ON DATA INFORMATION SYSTEMS.

19-2111.

(A) THE COMMISSION, IN COLLABORATION WITH COMMUNITY HEALTH RESOURCES AND LOCAL HEALTH DEPARTMENTS, SHALL DEVELOP A SPECIALTY CARE NETWORK FOR INDIVIDUALS:

(1) WITH FAMILY INCOME THAT DOES NOT EXCEED 200% OF THE FEDERAL POVERTY LEVEL; AND

(2) WHO ARE REFERRED THROUGH A COMMUNITY HEALTH RESOURCE.

(B) THE SPECIALTY CARE NETWORK SHALL:

(1) CONSIST OF HEALTH CARE PRACTITIONERS WHO AGREE TO PROVIDE CARE TO INDIVIDUALS REFERRED THROUGH A COMMUNITY HEALTH RESOURCE FOR A DISCOUNTED FEE ESTABLISHED BY THE COMMISSION; AND

(2) INCLUDE HEALTH CARE PRACTITIONERS WHO HISTORICALLY HAVE SERVED THE UNINSURED.

(C) INDIVIDUALS RECEIVING HEALTH CARE THROUGH THE SPECIALTY CARE NETWORK SHALL PAY FOR SPECIALTY CARE ACCORDING TO A SLIDING FEE SCALE DEVELOPED BY THE COMMISSION.

(D) IN ADDITION TO PATIENT FEES, OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS SHALL BE SUBSIDIZED BY FUNDS PROVIDED FROM:

(1) GENERAL FUNDS; AND

(2) MONEY COLLECTED FROM A NONPROFIT HEALTH MAINTENANCE ORGANIZATION IN ACCORDANCE WITH § 6-121(B)(3) OF THE INSURANCE ARTICLE.

(E) SUBJECT TO AVAILABLE FUNDING, THE COMMISSION SHALL PROVIDE SUBSIDIES TO COMMUNITY HEALTH RESOURCES FOR OFFICE-BASED SPECIALTY CARE VISITS, DIAGNOSTIC TESTING, AND LABORATORY TESTS.