

~~(1) develop appropriate statements of vision, mission, key goals, key objectives, and key performance indicators and report these statements in a discrete part of the State budget submission, which shall also provide data for key performance indicators; and~~

~~(2) report annually, subject to § 2-1246 of the State Government Article, to the General Assembly no later than October 1 on:~~

~~(i) total funds expended, by program and subdivision, in the prior fiscal year from the Fund established under this section; and~~

~~(ii) the specific outcomes or public benefits resulting from that expenditure.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

~~Article Health General~~

~~SUBTITLE 6. MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM.
15-601.~~

~~(A) THERE IS A MARYLAND MEDICARE PLUS CHOICE INSURANCE SUBSIDY PROGRAM IN THE DEPARTMENT TO BE PROVIDED FOR THOSE INDIVIDUALS WHO:~~

~~(1) ARE CITIZENS OF MARYLAND AND AT LEAST 65 YEARS OF AGE;~~

~~(2) ARE ELIGIBLE FOR MEDICARE PLUS CHOICE AS DEFINED BY TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED;~~

~~(3) HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN THEIR COUNTY OR HAVE NO ACCESS TO MEDICARE PLUS CHOICE IN AN AREA DESIGNATED AS MEDICALLY UNDERSERVED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES;~~

~~(4) PAY THE PREMIUM FOR MEDICARE PART "B" AS DETERMINED BY TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED; AND~~

~~(5) PAY THE PREMIUM AND DEDUCTIBLES FOR A MEDICARE PLUS CHOICE MANAGED CARE PROGRAM.~~

~~(B) THE PROGRAM SHALL BE FUNDED AS PROVIDED IN THE STATE BUDGET WITH MONEY FROM THE CIGARETTE RESTITUTION FUND.~~

~~15-602.~~

~~THE FIRST MANAGED CARE PROVIDER TO ESTABLISH A MEDICARE PLUS CHOICE MANAGED CARE INSURANCE PROGRAM IN A COUNTY OR MEDICALLY UNDERSERVED AREA PORTION OF A COUNTY THAT HAS NO MEDICARE PLUS CHOICE MANAGED CARE PROGRAM FOR EITHER CURRENT ELIGIBLE MEDICARE BENEFICIARIES OR NEW MEDICARE BENEFICIARIES SHALL BE PAID A \$30 SUBSIDY BY THE DEPARTMENT PER ENROLLEE PER MONTH IF:~~