

~~COURSE THAT ADDRESSES HEALTH CARE SERVICES DISPARITIES OF MINORITY POPULATIONS AT LEAST ONCE EACH YEAR.~~

~~(B) THE CONTINUING MEDICAL EDUCATION COURSE REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, SHALL COMPLY WITH THE CRITERIA AND GUIDELINES SET FORTH BY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AND MONUMENTAL CITY MEDICAL SOCIETY'S STEERING COMMITTEES PROGRAM ADDRESSING HEALTH CARE SERVICES DISPARITIES OF MINORITY POPULATIONS.~~

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That:

(a) The Department of Health and Mental Hygiene, in consultation with the Mental Hygiene Administration, the Alcohol and Drug Abuse Administration, the AIDS Administration, and the Advisory Council on Heart Disease and Stroke, shall submit a report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee on or before September 30, 2004, in accordance with § 2-1246 of the State Government Article, on recommendations and implementation plans for closing gaps in health services delivery and financial access to health services based on race, poverty, gender, and ethnicity.

(b) The report shall include:

(1) cultural competency and, sensitivity, and health literacy guidelines based on race, poverty, gender, and ethnicity for health care providers participating in State-funded programs;

(2) standards for screening, diagnosing, and referring to a mental health care provider, a patient with a mental health condition to determine if the patient has a co-occurring chronic illness;

(3) guidelines for the screening, diagnosing, and referring to the appropriate health care provider of patients diagnosed with HIV/AIDS;

(4) identification of existing cardiovascular disease prevention and treatment programs that have demonstrated success in the education, prevention, and treatment of cardiovascular disease with quantifiable standards; ~~and~~

(5) identification of existing cancer prevention and treatment programs that have demonstrated success in the education, prevention, and treatment of cancer with quantifiable standards; and

(6) identification of existing diabetes programs that have demonstrated success in the education, prevention, and treatment of diabetes with quantifiable standards.

SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2003. Section 2 of this Act shall remain effective for a period of 5 years and, at the end of September 30, 2008, with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect.