

SENATE BILL 406

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By: ~~Senator Pipkin~~ Senators Pipkin, Astle, Garagiola, Glassman, Kittleman, Klausmeier, Mathias, Middleton, Muse, and Pugh

Introduced and read first time: February 4, 2011

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 26, 2011

CHAPTER _____

1 AN ACT concerning

2 **Task Force to Study the Use of Telemedicine in Medically Underserved**
3 **Populations and Areas**

4 FOR the purpose of establishing the Task Force to Study the Use of Telemedicine in
5 Medically Underserved Populations and Areas; providing for the membership
6 and staffing of the Task Force; requiring the Governor, when making certain
7 appointments, to consult with certain members of the Senate of Maryland;
8 providing for the designation of the chair of the Task Force; prohibiting a
9 member of the Task Force from receiving compensation; authorizing a member
10 of the Task Force to receive certain reimbursement; specifying the duties of the
11 Task Force; requiring the Task Force to make ~~a certain report~~ certain reports to
12 the Governor and certain committees of the General Assembly on or before ~~a~~
13 ~~certain date~~ certain dates; providing for the termination of this Act; and
14 generally relating to the Task Force to Study the Use of Telemedicine in
15 Medically Underserved Populations and Areas.

16 Preamble

17 WHEREAS, Telemedicine is the use of medical information exchanged from one
18 site to another via electronic communications to improve a patient's health; and

19 WHEREAS, The federal Health Resources and Services Administration has
20 determined that there are areas and populations throughout the country that have a

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 demonstrable shortage of primary health care resources relative to the needs of the
2 area or population and, therefore, are medically underserved; and

3 WHEREAS, The federal Health Resources and Services Administration has
4 designated portions of Maryland as being medically underserved areas or containing
5 medically underserved populations; and

6 WHEREAS, Telemedicine has been promoted as a way to increase the health
7 care resources in medically underserved populations or areas; and

8 WHEREAS, The purpose of establishing a task force to study the use of
9 telemedicine in medically underserved populations and areas is to determine how
10 telemedicine can best be used to improve the efficiency and reduce the cost of health
11 care and mitigate health disparities in underserved populations and areas of the
12 State; now, therefore,

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
14 MARYLAND, That:

15 (a) There is a Task Force to Study the Use of Telemedicine in Medically
16 Underserved Populations and Areas.

17 (b) The Task Force consists of the following members:

18 (1) the Chair of the Senate Education, Health, and Environmental
19 Affairs Committee, or the Chair's designee, who is a member of the Committee;

20 (2) the Chair of the Senate Finance Committee, or the Chair's
21 designee, who is a member of the Committee;

22 ~~(3)~~ (3) the Chair of the House Health and Government Operations
23 Committee, or the Chair's designee, who is a member of the Committee;

24 (4) a member of the House Health and Government Operations
25 Committee, designated by the Chair of the Committee;

26 ~~(5)~~ (5) the Secretary of Health and Mental Hygiene, or the Secretary's
27 designee;

28 ~~(6)~~ (6) the Director of Program Development for the Maryland Critical
29 Care Network – University of Maryland Medical System, or the Director's designee;
30 and

31 ~~(7)~~ (7) the following members, appointed by the Governor:

32 (i) two representatives from the medical communities that
33 serve medically underserved populations in the State or are located in medically

1 underserved areas of the State as designated by the federal Health Resources and
2 Services Administration;

3 (ii) two consumer members from medically underserved
4 populations or areas of the State as designated by the federal Health Resources and
5 Services Administration;

6 (iii) two representatives from the health insurance industry; ~~and~~

7 (iv) one representative from roundtables established to study
8 telemedicine and medically underserved areas and populations in the State;

9 (v) an individual who provides home health care through the
10 use of telemedicine;

11 (vi) a psychiatrist;

12 (vii) a behavioral health provider;

13 (viii) a representative from a hospital participating in a
14 telemedicine pilot; and

15 (ix) a representative of the Governor's Workforce Investment
16 Board.

17 (c) When appointing members to the Task Force, the Governor shall consult
18 with the members of the Senate of Maryland who represent the medically underserved
19 populations or areas described in subsection (b)(5) of this section.

20 (d) The Secretary of Health and Mental Hygiene shall designate the chair of
21 the Task Force.

22 (e) The Department of Health and Mental Hygiene shall provide staff for the
23 Task Force.

24 (f) A member of the Task Force:

25 (1) may not receive compensation as a member of the Task Force; but

26 (2) is entitled to reimbursement for expenses under the Standard
27 State Travel Regulations, as provided in the State budget.

28 (g) The Task Force shall:

29 (1) study the impact of the changing physician supply and
30 demographics on the maldistribution of health care services in the State and the

1 increased demand for physicians in medically underserved populations and areas of
2 the State as designated by the federal Health Resources and Services Administration;

3 (2) complete a cost–benefit analysis of the use of telemedicine in the
4 medically underserved populations or areas that includes an analysis of:

5 (i) the implementation and continued use of telemedicine;

6 (ii) the impact of the use of telemedicine on nonhealth related
7 issues, such as the impact on the environment; and

8 (iii) the feasibility and practicality of a unified credentialing
9 system for physicians, physician assistants, and nurse practitioners;

10 (3) examine challenges to obtaining reimbursement for telemedicine
11 services;

12 ~~(3)~~ (4) collaborate with roundtables established to study telemedicine and
13 medically underserved areas and populations in the State, the Rural Maryland
14 Council, and any other organization that either the Chair of the Senate Education,
15 Health, and Environmental Affairs Committee or the Chair of the House Health and
16 Government Operations Committee deems appropriate;

17 ~~(4)~~ (5) review and consider any studies, reports, or other work regarding
18 telemedicine and medically underserved areas and populations of the State completed
19 by the roundtables;

20 ~~(5)~~ (6) study any other topic that the Task Force finds necessary to make
21 recommendations regarding the use of telemedicine in medically underserved
22 populations or areas; and

23 ~~(6)~~ (7) make recommendations regarding the use of telemedicine in
24 medically underserved populations or areas.

25 (h) (1) On or before December 31, 2011, the Task Force shall submit an
26 interim report of its findings and recommendations to the Governor and, in accordance
27 with § 2–1246 of the State Government Article, the Senate Education, Health, and
28 Environmental Affairs Committee, the Senate Finance Committee, and the House
29 Health and Government Operations Committee.

30 (2) On or before September 30, 2012, the Task Force shall submit a
31 final report of its findings and recommendations to the Governor and, in accordance
32 with § 2–1246 of the State Government Article, the Senate Education, Health, and
33 Environmental Affairs Committee, the Senate Finance Committee, and the House
34 Health and Government Operations Committee.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 ~~October~~ June 1, 2011. It shall remain effective for a period of 1 year and 4 months and,
3 at the end of September 30, 2012, with no further action required by the General
4 Assembly, this Act shall be abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.