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By: **Senator Britt**

Introduced and read first time: February 21, 2005

Assigned to: Rules

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A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study the Impact of Autoimmune Disease in Maryland**

3 FOR the purpose of establishing the Task Force to Study the Impact of Autoimmune  
4 Disease in Maryland; providing for the membership, chair, and staff for the Task  
5 Force; providing that a member of the Task Force may receive certain  
6 reimbursement as provided in the State budget; providing for the duties of the  
7 Task Force; requiring the Task Force to submit certain reports to the Governor  
8 and the General Assembly on or before certain dates; providing for the  
9 termination of this Act; and generally relating to the Task Force to Study the  
10 Impact of Autoimmune Disease in Maryland.

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
12 MARYLAND, That:

13 (a) There is a Task Force to Study the Impact of Autoimmune Disease in  
14 Maryland.

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

16 (1) one member of the Senate of Maryland, appointed by the President of  
17 the Senate;

18 (2) one member of the House of Delegates, appointed by the Speaker of  
19 the House;

20 (3) a representative of the Department of Health and Mental Hygiene,  
21 appointed by the Secretary of Health and Mental Hygiene;

22 (4) a representative of the Maryland Insurance Administration, selected  
23 by the Administration;

24 (5) a representative of the Department of Disabilities, appointed by the  
25 Secretary of Disabilities;

26 (6) a representative of the Vital Statistics Administration, appointed by  
27 the Secretary of Health and Mental Hygiene; and

1 (7) the following members appointed by the Governor:

2 (i) one health care provider with special expertise in autoimmune  
3 disease;

4 (ii) one representative of a health care clinic that serves people with  
5 autoimmune disease;

6 (iii) one representative from a State hospital that serves people with  
7 autoimmune disease;

8 (iv) one representative from a State university conducting research  
9 on autoimmune disease;

10 (v) one representative who is a consumer of autoimmune disease  
11 services and has expertise in autoimmune disease affecting minorities;

12 (vi) one representative who is a consumer of autoimmune disease  
13 services and has expertise in autoimmune disease affecting women of childbearing  
14 age;

15 (vii) one representative who is a health care consumer and a family  
16 member or caretaker of an adult with an autoimmune disease;

17 (viii) one representative who is a health care consumer and a family  
18 member or caretaker of a child with an autoimmune disease;

19 (ix) one representative of a patient advocacy organization that  
20 represents people with a specific autoimmune disease;

21 (x) one representative of an advocacy organization that represents  
22 people with pain associated with autoimmune disease; and

23 (xi) one representative of an advocacy organization that represents  
24 people with mental health issues related to health problems.

25 (c) The members of the Task Force shall elect the chair from among the  
26 members of the Task Force.

27 (d) The Department of Health and Mental Hygiene shall provide staff for the  
28 Task Force.

29 (e) A member of the Task Force:

30 (1) may not receive compensation; but

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

33 (f) The Task Force shall:

1 (1) identify the costs of autoimmune disease that have been incurred by  
2 the State and study potential ways to reduce the costs;

3 (2) identify benefits to the citizens of the State of research and medical  
4 work conducted at the National Institutes of Health, the University of Maryland  
5 Medical Center, and the Johns Hopkins Hospital and Health System on autoimmune  
6 disease and study ways to improve the benefits to the public and the professional  
7 health community;

8 (3) identify the services available in the State for people with  
9 autoimmune disease and the gap in services, including duplication and  
10 fragmentation;

11 (4) study the level of coordination or lack of coordination among State  
12 agencies, State health services, and private health services;

13 (5) identify the need for training on autoimmune disease for State and  
14 local health departments and explore collaboration with State universities and the  
15 National Institutes of Health to implement such training;

16 (6) identify ways for the local health departments to integrate the most  
17 advanced autoimmune disease diagnostic techniques and treatments into their health  
18 services;

19 (7) identify the need for a public awareness campaign on autoimmune  
20 disease in the State to encourage early diagnosis and treatment to lower the cost of  
21 autoimmune disease, and explore ways that such a campaign could be funded and  
22 implemented;

23 (8) identify ways to link autoimmune patients with health services in the  
24 State;

25 (9) identify collaborations with the business community and employers  
26 on the long-term and chronic effects of autoimmune disease and ways to assist  
27 employees affected by autoimmune disease;

28 (10) identify the special needs of women with autoimmune disease and  
29 ways to assist them;

30 (11) identify private and public funding resources to support future  
31 planning and implementation of the Task Force recommendations;

32 (12) identify ways for the State to work collaboratively with existing  
33 private resources in the State, such as autoimmune disease patient groups,  
34 professional health associations, health maintenance organizations, hospitals, and  
35 the medical research and biotechnology research communities; and

36 (13) study other topics relating to autoimmune disease in the State.

1 (g) The Task Force shall report its findings and recommendations to the  
2 Governor and, in accordance with § 2-1246 of the State Government Article, the  
3 General Assembly, on or before December 1 of each year.

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take  
5 effect July 1, 2005. It shall remain effective for a period of 1 year and 6 months and,  
6 at the end of December 31, 2006, with no further action required by the General  
7 Assembly, this Act shall be abrogated and of no further force and effect.