
By: **Senator Britt**

Introduced and read first time: February 21, 2005

Assigned to: Rules

Re-referred to: Education, Health, and Environmental Affairs, February 25, 2005

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 24, 2005

CHAPTER _____

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;

1 (4) a representative of the Maryland Insurance Administration, selected
2 by the Administration;

3 (5) a representative of the Department of Disabilities, appointed by the
4 Secretary of Disabilities;

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

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

8 (i) one health care provider with special expertise in autoimmune
9 disease;

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

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

14 (iv) one representative from a State university conducting research
15 on autoimmune disease;

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

18 (vi) one representative who is a consumer of autoimmune disease
19 services and has expertise in autoimmune disease affecting women of childbearing
20 age;

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

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

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

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

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

31 (c) The members of the Task Force shall elect the chair from among the
32 members of the Task Force.

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

- (e) A member of the Task Force:
- (1) may not receive compensation; but
 - (2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
- (f) The Task Force shall:
- (1) identify the costs of autoimmune disease that have been incurred by the State and study potential ways to reduce the costs;
 - (2) identify benefits to the citizens of the State of research and medical work conducted at the National Institutes of Health, the University of Maryland Medical Center, and the Johns Hopkins Hospital and Health System in Maryland on autoimmune disease and study ways to improve the benefits to the public and the professional health community;
 - (3) identify the services available in the State for people with autoimmune disease and the gap in services, including duplication and fragmentation;
 - (4) study the level of coordination or lack of coordination among State agencies, State health services, and private health services;
 - (5) identify the need for training on autoimmune disease for State and local health departments and explore collaboration with State universities and the National Institutes of Health to implement such training;
 - (6) identify ways for the local health departments to integrate the most advanced autoimmune disease diagnostic techniques and treatments into their health services;
 - (7) identify the need for a public awareness campaign on autoimmune disease in the State to encourage early diagnosis and treatment to lower the cost of autoimmune disease, and explore ways that such a campaign could be funded and implemented;
 - (8) identify ways to link autoimmune patients with health services in the State;
 - (9) identify collaborations with the business community and employers on the long-term and chronic effects of autoimmune disease and ways to assist employees affected by autoimmune disease;
 - (10) identify the special needs of women with autoimmune disease and ways to assist them;
 - (11) identify private and public funding resources to support future planning and implementation of the Task Force recommendations;

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

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

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

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