

**SB0459/784734/1**

BY: Education, Health, and Environmental Affairs Committee

AMENDMENTS TO SENATE BILL 459

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Munson” and substitute “Munson, and Harris”; in line 13, after “recommendations;” insert “requiring the University of Maryland School of Medicine to develop a certain pilot program;”.

AMENDMENT NO. 2

On page 2, after line 23, insert:

“(11) one primary care physician who practices in a rural area, selected and appointed by the Maryland Chapter of the American Academy of Family Practitioners;”;

in lines 24, 26, and 29, strike “(11)”, “(12)”, and “(13)”, respectively, and substitute “(12)”, “(13)”, and “(16)”, respectively; in line 28, strike “and”; after line 28, insert:

“(14) one representative of a rural long-term care facility, selected and appointed by Lifespan;

(15) one representative from the Rural Maryland Council, selected and appointed by the Rural Maryland Council; and”.

AMENDMENT NO. 3

On page 3, in line 3, strike “Department of Health and Mental Hygiene” and substitute “University of Maryland School of Medicine”;

in line 19, strike “and” and substitute:

(Over)

“(6) make recommendations regarding collaborative approaches to support and enhance the Rural Residency Track Pilot Program developed by the University of Maryland School of Medicine in accordance with this Act; and”;

in line 20, strike “(6)” and substitute “(7)”; after line 26, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That, in order to encourage and accelerate the practice of primary care physicians in rural, underserved areas of the State, the University of Maryland School of Medicine shall develop a Rural Residency Track Pilot Program to place at least two Family and Community medical residents in a rural residency track. The pilot program shall:

(1) recognize the need to develop partnerships with rural hospitals, local providers, Federally Qualified Health Centers, and local health departments;

(2) use the telemedicine infrastructure to support resident training and patient care;

(3) in conjunction with Area Health Education Centers, seek to create a pipeline to attract more qualified students from rural areas to pursue healthcare careers; and

(4) identify resources and incentives needed to support the pilot program.”;

and in line 27, strike “2.” and substitute “3.”