HOUSE BILL 1319

J1, J3, J2

9lr1083 CF 9lr3271

By: **Eastern Shore Delegation** Introduced and read first time: February 17, 2009

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

$\mathbf{2}$

Family Medicine Rural Health Commission

3 FOR the purpose of creating the Family Medicine Rural Health Commission; 4 providing for the composition and staffing of the Commission; providing that a 5 member of the Commission may not receive compensation but may be 6 reimbursed for certain expenses; specifying the duties of the Commission; 7 authorizing the Commission to seek, accept, and expend certain funds and seek, 8 accept, and use certain services; specifying the terms of the initial members of 9 the Commission; requiring the Commission to report to the Governor and the 10 General Assembly on or before certain dates; providing for the termination of this Act: and generally relating to the creation of the Family Medicine Rural 11 Health Commission. 12

13 BY adding to

- 14 Article Education
- 15 Section 24–701 to be under the new subtitle "Subtitle 7. Family Medicine Rural
 16 Health Commission"
- 17 Annotated Code of Maryland
- 18 (2008 Replacement Volume)

19	SECTION	1.	BE	\mathbf{IT}	ENACTED	BY	THE	GENERAL	ASSEMBLY	OF
20	MARYLAND, Tha	at th	ne La	ws o	f Maryland re	ead a	s follov	vs:		

- Article Education
 SUBTITLE 7. FAMILY MEDICINE RURAL HEALTH COMMISSION.
- 23 **24–701.**
- 24 (A) THERE IS A FAMILY MEDICINE RURAL HEALTH COMMISSION.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



	2 HOUSE BILL 1319							
1	(B) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:							
$2 \\ 3$	(1) A MEMBER OF THE SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE;							
4 5	(2) A MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;							
6 7	(3) THE SECRETARY OF HIGHER EDUCATION, OR THE SECRETARY'S DESIGNEE;							
8 9	(4) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE SUPERINTENDENT'S DESIGNEE;							
10 11	(5) THE CHIEF EXECUTIVE OFFICER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM; AND							
$\begin{array}{c} 12\\ 13 \end{array}$	(6) THE FOLLOWING EIGHT MEMBERS, APPOINTED BY THE GOVERNOR:							
14 15	(I) A REPRESENTATIVE OF THE REGIONAL HEALTHCARE COMMITTEE OF THE TRI-COUNTY COUNCIL;							
16 17	(II) A REPRESENTATIVE OF THE MARYLAND AREA HEALTH EDUCATION CENTERS;							
18 19	(III) A REPRESENTATIVE OF THE MARYLAND STATE OFFICE OF RURAL HEALTH;							
$\begin{array}{c} 20\\ 21 \end{array}$	(IV) A REPRESENTATIVE OF THE MARYLAND ASSOCIATION OF COUNTY HEALTH OFFICERS;							
22 23	(V) A REPRESENTATIVE OF THE MARYLAND RURAL HEALTH ASSOCIATION;							
$\begin{array}{c} 24 \\ 25 \end{array}$	(VI) A REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;							
26 27	(VII) A LICENSED PHYSICIAN WHO PRACTICES MEDICINE IN A RURAL PART OF THE STATE; AND							
28 29	(VIII) A REPRESENTATIVE OF A RURAL HOSPITAL IN THE STATE.							

1 (C) (1) THE TERM OF A MEMBER OF THE COMMISSION APPOINTED BY 2 THE GOVERNOR IS 3 YEARS.

3 (2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY
 4 THE TERMS PROVIDED FOR MEMBERS OF THE COMMISSION ON OCTOBER 1,
 5 2009.

6 (3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE 7 UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

8 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN 9 SHALL SERVE FOR THE REST OF THE TERM OR UNTIL A SUCCESSOR IS 10 APPOINTED AND QUALIFIES.

11(D)THE GOVERNOR SHALL APPOINT A SUCCESSOR IN THE EVENT OF A12VACANCY ON THE COMMISSION.

(E) FROM AMONG ITS MEMBERS, THE COMMISSION SHALL ELECT A
 CHAIR, VICE CHAIR, AND ANY OTHER OFFICERS NECESSARY TO CARRY OUT ITS
 FUNCTIONS.

16(F) THE MARYLAND HIGHER EDUCATION COMMISSION SHALL17PROVIDE STAFF FOR THE COMMISSION USING EXISTING RESOURCES.

18 (G) **A MEMBER OF THE COMMISSION:**

19(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE20COMMISSION; BUT

21(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE22STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE23BUDGET.

(H) THE COMMISSION SHALL MEET AT LEAST FOUR TIMES EACH YEAR
 AND MAY HOLD ADDITIONAL MEETINGS AT THE DISCRETION OF THE CHAIR OR
 AT THE REQUEST OF A MAJORITY OF THE MEMBERS.

27 (I) THE COMMISSION SHALL:

28 (1) PERFORM AN EVALUATION OF THE CURRENT STATE OF 29 MEDICAL EDUCATION IN THE STATE;

30(2)ANALYZE EXISTING DATA REGARDING CURRENT AND FUTURE31PHYSICIAN SUPPLY SHORTAGES IN THE STATE AND THE RELATIONSHIP OF

9 10 HIGHER EDUCATION COMMISSION TO ESTABLISH A PROGRAM THAT WOULD 11 ELIMINATE PHYSICIAN SHORTAGES IN THE STATE;

- 12**RECOMMEND EDUCATIONAL INITIATIVES THAT WOULD** 13 **PRODUCE RURAL FAMILY PHYSICIANS;**
- 14 STUDY OTHER SUCCESSFUL PROGRAMS, INCLUDING THE **UNIVERSITY OF ALABAMA RURAL HEALTH LEADERS PIPELINE PROGRAM;** 15
- 16 **DESIGN A COLLABORATIVE MEDICAL EDUCATION PROGRAM** 17AT A RURAL CAMPUS THAT WOULD ESTABLISH A PIPELINE FOR RURAL MEDICAL 18 SCHOLARS WHO CHOOSE TO PRACTICE MEDICINE IN RURAL COMMUNITIES IN 19 THE STATE;

20 FOR **COLLABORATIVE** 21AGREEMENTS BETWEEN RURAL HOSPITALS AFFILIATED WITH THE UNIVERSITY 22OF MARYLAND MEDICAL SCHOOL HEALTH SYSTEM AND OTHER RURAL 23HOSPITALS AND LONG-TERM CARE FACILITIES THAT ARE NOT AFFILIATED WITH 24THE SYSTEM BUT HAVE THE CAPACITY TO PROVIDE INTERNSHIP AND 25**RESIDENCY SUPPORT;**

26(10) DESIGN COLLABORATIVE EDUCATION PROGRAMS FOR RURAL 27MEDICAL SCHOLARS WHO WISH TO PURSUE OTHER MEDICAL PROFESSIONS, 28INCLUDING PHARMACISTS, PHYSICAL THERAPISTS, PHYSICIAN ASSISTANTS, 29 AND NURSE PRACTITIONERS; AND

30 (11) **Design mentorship programs for secondary school** 31STUDENTS FOR THE PREPARATION OF THESE STUDENTS TO ENTER MEDICAL 32SCHOOL OR PURSUE OTHER MEDICAL PROFESSIONS.

- SHORTAGES OVER TIME AND IDENTIFY THE RESOURCES THAT ARE NECESSARY TO ACHIEVE THAT CAPACITY;
- 2 **STATE:** 3 (3) **EVALUATE THE CAPACITY NECESSARY TO OFFSET PHYSICIAN**

THESE SHORTAGES TO THE CURRENT MEDICAL EDUCATION SYSTEM IN THE

1

4

5

6

 $\mathbf{7}$

8

33

(J)

HOUSE BILL 1319

1(1) SEEK, ACCEPT, AND EXPEND FUNDS FROM ANY SOURCE,2INCLUDING DONATIONS, STATE APPROPRIATIONS, AND FEDERAL GRANTS; AND

3 (2) SEEK, ACCEPT, AND USE SERVICES FROM INDIVIDUALS,
 4 CORPORATIONS, AND GOVERNMENT ENTITIES.

5 (K) ON OR BEFORE JANUARY 1 OF EACH YEAR, THE COMMISSION 6 SHALL REPORT TO THE GOVERNOR, AND THE GENERAL ASSEMBLY, IN 7 ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, ON THE 8 IMPLEMENTATION OF THIS SUBTITLE.

9 SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial 10 members of the Family Medicine Rural Health Commission shall expire as follows:

- 11 (1) two members in 2010; and
- 12 (2) three members in 2011.

13 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 14 October 1, 2009. It shall remain effective for a period of 6 years and, at the end of 15 September 30, 2015, with no further action required by the General Assembly, this Act 16 shall be abrogated and of no further force and effect.