

HOUSE BILL 16

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(PRE-FILED)

By: **Delegate Smigiel**

Requested: November 18, 2010

Introduced and read first time: January 12, 2011

Assigned to: Health and Government Operations

A BILL ENTITLED

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 to the Governor
12 and certain committees of the General Assembly on or before a certain date;
13 providing for the termination of this Act; and generally relating to the Task
14 Force to Study the Use of Telemedicine in Medically Underserved Populations
15 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
21 demonstrable shortage of primary health care resources relative to the needs of the
22 area or population and, therefore, are medically underserved; and

23 WHEREAS, The federal Health Resources and Services Administration has
24 designated portions of Maryland as being medically underserved areas or containing
25 medically underserved populations; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Telemedicine has been promoted as a way to increase the health
2 care resources in medically underserved populations or areas; now, therefore,

3 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
4 MARYLAND, That:

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

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

8 (1) the Chair of the Senate Education, Health, and Environmental
9 Affairs Committee, or the Chair's designee;

10 (2) the Chair of the House Health and Government Operations
11 Committee, or the Chair's designee;

12 (3) the Secretary of Health and Mental Hygiene, or the Secretary's
13 designee;

14 (4) the Director of Program Development for the Maryland Critical
15 Care Network – University of Maryland Medical System, or the Director's designee;
16 and

17 (5) the following members, appointed by the Governor:

18 (i) four representatives from the medical communities that
19 serve medically underserved populations in the State or are located in medically
20 underserved areas of the State as designated by the federal Health Resources and
21 Services Administration; and

22 (ii) four consumer members from medically underserved
23 populations or areas of the State as designated by the federal Health Resources and
24 Services Administration.

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

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

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

32 (f) A member of the Task Force:

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

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

3 (g) The Task Force shall:

4 (1) study the impact of the changing physician supply and
5 demographics on the maldistribution of health care services in the State and the
6 increased demand for physicians in medically underserved populations and areas of
7 the State as designated by the federal Health Resources and Services Administration;

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

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

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

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

15 (3) study any other topic that the Task Force finds necessary to make
16 recommendations regarding the use of telemedicine in medically underserved
17 populations or areas; and

18 (4) make recommendations regarding the use of telemedicine in the
19 medically underserved populations or areas.

20 (h) On or before September 30, 2012, the Task Force shall report its findings
21 and recommendations to the Governor and, in accordance with § 2–1246 of the State
22 Government Article, the Senate Education, Health, and Environmental Affairs
23 Committee and the House Health and Government Operations Committee.

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