## **SENATE BILL 406**

J1 1lr1704

By: Senator Pipkin

Introduced and read first time: February 4, 2011

Assigned to: Finance

## A BILL ENTITLED

AN ACT concerning

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## Task Force to Study the Use of Telemedicine in Medically Underserved 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

WHEREAS, Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health; and

WHEREAS, The federal Health Resources and Services Administration has determined that there are areas and populations throughout the country that have a demonstrable shortage of primary health care resources relative to the needs of the area or population and, therefore, are medically underserved; and

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



$\frac{1}{2}$	WHEREAS, Telemedicine has been promoted as a way to increase the health care resources in medically underserved populations or areas; and								
3 4 5 6 7	WHEREAS, The purpose of establishing a task force to study the use of telemedicine in medically underserved populations and areas is to determine how telemedicine can best be used to improve the efficiency and reduce the cost of health care and mitigate health disparities in underserved populations and areas of the State; now, therefore,								
8 9	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:								
10 11	(a) There is a Task Force to Study the Use of Telemedicine in Medically Underserved Populations and Areas.								
12	(b) The Task Force consists of the following members:								
13 14	(1) the Chair of the Senate Education, Health, and Environmental Affairs Committee, or the Chair's designee, who is a member of the Committee;								
15 16	(2) the Chair of the House Health and Government Operations Committee, or the Chair's designee, who is a member of the Committee;								
17 18	(3) the Secretary of Health and Mental Hygiene, or the Secretary's designee;								
19 20 21	(4) the Director of Program Development for the Maryland Critical Care Network – University of Maryland Medical System, or the Director's designee; and								
22	(5) the following members, appointed by the Governor:								
23 24 25 26	(i) two representatives from the medical communities that serve medically underserved populations in the State or are located in medically underserved areas of the State as designated by the federal Health Resources and Services Administration;								
27 28 29	(ii) two consumer members from medically underserved populations or areas of the State as designated by the federal Health Resources and Services Administration;								
30	(iii) two representatives from the health insurance industry; and								
31 32	(iv) one representative from round tables established to study telemedicine and medically underserved areas and populations in the State.								

- 1 When appointing members to the Task Force, the Governor shall consult (c) 2 with the members of the Senate of Maryland who represent the medically underserved 3 populations or areas described in subsection (b)(5) of this section. 4 (d) The Secretary of Health and Mental Hygiene shall designate the chair of 5 the Task Force. 6 (e) The Department of Health and Mental Hygiene shall provide staff for the 7 Task Force. 8 (f) A member of the Task Force: 9 (1) may not receive compensation as a member of the Task Force; but is entitled to reimbursement for expenses under the Standard 10 (2)11 State Travel Regulations, as provided in the State budget. 12 (g) The Task Force shall: study the impact of the changing physician supply and 13 demographics on the maldistribution of health care services in the State and the 14 increased demand for physicians in medically underserved populations and areas of 15 16 the State as designated by the federal Health Resources and Services Administration; 17 complete a cost-benefit analysis of the use of telemedicine in the 18 medically underserved populations or areas that includes an analysis of: 19 (i) the implementation and continued use of telemedicine; 20 the impact of the use of telemedicine on nonhealth related (ii) issues, such as the impact on the environment; and 2122 the feasibility and practicality of a unified credentialing system for physicians, physician assistants, and nurse practitioners: 23 24collaborate with roundtables established to study telemedicine and (3)25 medically underserved areas and populations in the State, the Rural Maryland 26 Council, and any other organization that either the Chair of the Senate Education, 27 Health and Environmental Affairs Committee or the Chair of the House Health and 28Government Operations Committee deems appropriate; 29 review and consider any studies, reports, or other work regarding telemedicine and medically underserved areas and populations of the State completed 30
  - (5) study any other topic that the Task Force finds necessary to make recommendations regarding the use of telemedicine in medically underserved populations or areas; and

by the roundtables:

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1	(6)	make	recommendations	regarding	the	use	of	telemedicine	in
2	medically underse	rved po	pulations or areas.						

- (h) On or before September 30, 2012, the Task Force shall report its findings and recommendations to the Governor and, in accordance with § 2–1246 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2011. It shall remain effective for a period of 1 year and, at the end of September 30, 2012, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.