(3lr 2640)

### **ENROLLED BILL**

— Health and Government Operations/Finance —

Introduced by Delegates Lee, Conaway, Cullison, Dumais, Glenn, Gutierrez, A. Kelly, A. Miller, Mizeur, Nathan-Pulliam, B. Robinson, S. Robinson, and M. Washington M. Washington, Hammen, Pendergrass, Costa, Donoghue, Elliott, Frank, Hubbard, Kach, Kipke, Krebs, Morhaim, Murphy, Pena-Melnyk, Ready, Reznik, Tarrant, and V. Turner

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_M.

Speaker.

CHAPTER \_\_\_\_\_

### 1 AN ACT concerning

# Task Force on the Use of Telehealth to Improve Maryland Health Care Telemedicine Task Force – Maryland Health Care Commission

4 FOR the purpose of establishing the Task Force on the Use of Telehealth to Improve Maryland Health Care; providing for the membership, co-chairs, and staffing of  $\mathbf{5}$ the Task Force; providing for the duties of the Task Force; providing that a 6 7 member of the Task Force may not receive certain compensation but is entitled to certain reimbursement; requiring the Task Force to provide certain reports to 8 the Governor and the General Assembly on or before certain dates; providing for 9 the termination of this Act; and generally relating to the Task Force on the Use 10 of Telehealth to Improve Maryland Health Care declaring the intent of the 11

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.

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 $\mathbf{2}$ **HOUSE BILL 934** General Assembly that the Maryland Health Care Commission, in conjunction 1 with the Maryland Health Quality and Cost Council, continue to study the use  $\mathbf{2}$ 3 of telehealth throughout the State through the Telemedicine Task Force; 4 requiring the Task Force to consist of certain advisory groups and undertake certain activities; and requiring the Commission, on or before certain dates, to  $\mathbf{5}$ 6 submit certain reports of the Task Force to the Governor and certain legislative 7 committees. 8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 9 MARYLAND, That: There is a Task Force on the Use of Telehealth to Improve Maryland 10 <del>(a)</del> Health Care. 11 12<del>(b)</del> The Task Force consists of the following members: 13 (1)one member of the Senate of Maryland, appointed by the President 14of the Senate: one member of the House of Delegates, appointed by the Speaker of 15 $\left(\frac{2}{2}\right)$ the House: 16 (3)the Secretary of Health and Mental Hygiene, or the Secretary's 17 designee; 18 the Director of the Department of Health and Mental Hygiene's 19(4)Office of Rural Health, or the Director's designee: 20the Director of Program Development for the Maryland Critical 21<del>(5)</del> - University of Maryland Medical System, or the Director's designee; 22Care Network the Executive Director of the Maryland Health Care Commission, 23(6)24or the Executive Director's designee; the Executive Director of the Rural Health Association, or the 25(7)26Executive Director's designee; the Executive Director of the Rural Maryland Council, or the 27(8) 28Executive Director's designee: 29<del>(9)</del> the Executive Director of the Maryland Institute for Emergency Medical Services Systems, or the Executive Director's designee; and 30 31 (10)the following members, appointed by the Governor:

1			two representatives from the medical communities that
$\frac{2}{3}$			rved populations in the State or are located in provider
3	snortage underserve	<del>a are</del>	as across the State that include both rural and urban areas;
4	<del>(</del>	ii)	two consumers or representatives of consumer advocate
<b>5</b>	<del>organizations;</del>		
0	(	••••	
$\frac{6}{7}$	<del>exchange;</del>	<del>iii)</del>	one representative from the State health information
•	exenange,		
8	ŧ	<del>iv)</del>	<del>two representatives of the health insurance industry;</del>
0	(		two nonnegentatives from normaltables established in the
9 10	<del>t State to study telehe</del>	· ·	two representatives from roundtables established in the
10	Blate to blady terene	<del>,</del>	
11		<del>vi)</del>	one representative from the State's Telemedicine Task Force
12	<del>of 2011;</del>		
13	[	<del>vii)</del>	one individual who provides home health care through
13	telemedicine;	<del>V11/</del>	one murvituar who provides nome nearth care through
	,		
15			one individual who provides care through a
16	<del>patient-centered me</del>	dical	home;
17	<u>4</u>	ix)	one individual who provides acute care through
18	telemedicine;		one mairiadai (mo providos dedec care miolign
19	(	<del>x)</del>	<del>one licensed psychiatrist;</del>
20	<u>(</u>	<del>xi)</del>	one licensed provider of behavioral health services;
20	6	AIJ	one needbed provider of benavioral nearth services,
21	<del>(</del>	<del>xii)</del>	one representative of a hospital that is participating in
22	<del>telemedicine; and</del>		
23	(-		one representative of the Governor's Workforce Investment
$\frac{23}{24}$	<del>5</del> <del>Board.</del>	<del>XIII)</del>	one representative of the Governor's workforce investment
	Dourd		
25			<del>rs appointed by the Presiding Officers of the General</del>
26	Assembly shall co-cl	<del>hair t</del>	he Task Force.
27	(d) The Ma		nd Health Care Commission shall provide staff for the Task
28	Force.	arynar	in nearth care commission shan provide stan for the rask
29	<del>(e)</del> A-meml	<del>ber of</del>	the Task Force:
30	(1) ~~	<b>no</b> 17 <b>m</b>	at reasing componention as a member of the Teal Forces but
90	<del>(1)</del> #	<del>nay f</del> i	<del>ot receive compensation as a member of the Task Force; but</del>

	4			HOUSE BILL 934
$1 \\ 2$	State Trave	<del>(2)</del> el Regu		ntitled to reimbursement for expenses under the Standard 3, as provided in the State budget.
3	<del>(f)</del>	The '	<del>Task F</del>	orce shall:
4 5	and health	<del>(1)</del> <del>care d</del>		ify opportunities to use telehealth to improve health status in the State, including an analysis of:
6			<del>(i)</del>	underserved populations and areas;
7			<del>(ii)</del>	applications for cost-effective telehealth;
$\frac{8}{9}$	<del>chronic and</del>	Loguto	<del>(iii)</del>	innovative service models for diverse care settings to include
	<del>chronic and</del>	<del>l acute</del>	, ,,	
10			<del>(iv)</del>	innovative payment models;
11		<del>(2)</del>	assee	<del>is factors related to telehealth, including an analysis of:</del>
12 13	informatior	<del>ı excha</del>	<del>(i)</del> <del>unge;</del>	supportive uses of electronic health records and the health
$\begin{array}{c} 14 \\ 15 \end{array}$	engagemen	<del>t, educ</del>	<del>(ii)</del> <del>ation,</del>	<del>multimedia uses of products and services for patient</del> <del>and outcomes;</del>
16			<del>(iii)</del>	health professional productivity, resources, and shortages;
17			<del>(iv)</del>	emerging technology and standards for security; and
18			<del>(v)</del>	public and private grant funding;
19		<del>(3)</del>	<del>colla</del> l	<del>oorate with:</del>
$\begin{array}{c} 20\\ 21 \end{array}$	<del>State;</del>		<del>(i)</del>	<del>roundtables established to study telehealth uses in the</del>
22			<del>(ii)</del>	the Rural Maryland Council; and
$\frac{23}{24}$	<del>consider ap</del>	<del>propri</del>	<del>(iii)</del> ate;	any other organization that the co-chairs of the Task Force
$\frac{25}{26}$	<del>by the roun</del>	<del>(4)</del>	<del>revie</del>	<del>w and consider any studies, reports, or other work completed</del>
27 28	recommend	<del>(5)</del> lations		<del>y any other topic that the Task Force finds necessary to make</del> <del>ling the use of telehealth in the State; and</del>

1 2	<del>(6)</del> <del>State, including re</del>		- recommendations regarding the use of telehealth in the endations for:			
$\frac{3}{4}$	<del>quality;</del>	<del>(i)</del>	improving health care affordability, accessibility, and			
$5\\6$	<del>service, and access</del>	<del>(ii)</del> ;	developing a model for statewide telehealth infrastructure,			
7		<del>(iii)</del>	utilizing public and private grant funding;			
8		<del>(iv)</del>	providing workforce training; and			
9		<del>(v)</del>	improving public health.			
$10 \\ 11 \\ 12$	—	<del>tus of</del>	• before May 1, 2014, the Task Force shall provide an interim the activities of the Task Force to the Governor and, in 6 of the State Government Article, the General Assembly.			
$13 \\ 14 \\ 15$	4 report on its findings and recommendations to the Governor and, in accordance with §					
16 17 18 19	(a) It is the intent of the General Assembly that the Maryland Health Care Commission, in conjunction with the Maryland Health Quality and Cost Council, continue to study the use of telehealth throughout the State through the Telemedicine Task Force.					
20	<u>(b)</u> <u>The T</u>	<u>'ask Fo</u>	orce shall:			
21	<u>(1)</u>	<u>consis</u>	st of three existing advisory groups:			
22		<u>(i)</u>	the clinical advisory group;			
23		<u>(ii)</u>	the technology solutions and standards advisory group; and			
24		<u>(iii)</u>	the financial and business model advisory group;			
$\begin{array}{c} 25\\ 26 \end{array}$	(2) and care delivery in		ify opportunities to use telehealth to improve health status State that includes an analysis of:			
27		<u>(i)</u>	underserved population areas;			
28		<u>(ii)</u>	applications for cost-effective telehealth;			
29 30	chronic and acute o	<u>(iii)</u> care; a	<u>innovative service models for diverse care settings to include</u> <u>nd</u>			

1		<u>(iv)</u>	innovative payment models;		
2	<u>(3)</u>	asses	s factors related to telehealth that includes an analysis of:		
$\frac{3}{4}$	information excha	<u>(i)</u> inge;	supportive uses of electronic health records and health		
5 6	<u>engagement, educ</u>	<u>(ii)</u> ation,	<u>multimedia uses of products and services for patient</u> and outcomes;		
7		<u>(iii)</u>	<u>health professional productivity, resources, and shortages:</u>		
8		<u>(iv)</u>	emerging technology and standards for security; and		
9		<u>(v)</u>	public and private grant funding; <del>and</del>		
$10 \\ 11 \\ 12$	(4) identify strategies for telehealth deployment in rural areas of the State to increase access to health care and meet any increased demand for health care due to the implementation of the Patient Protection and Affordable Care Act; and				
$\begin{array}{c} 13 \\ 14 \end{array}$	<u>(5)</u> necessary to make		y any other topic the Maryland Health Care Commission finds amendations regarding the use of telehealth in the State.		
$15 \\ 16 \\ 17$	(c) <u>The Maryland Health Care Commission shall submit to the Governor</u> and, in accordance with § 2–1246 of the State Government Article, the Senate Finance <u>Committee and the House Health and Government Operations Committee:</u>				
18 19	(1) findings and recor		<u>before January 1, 2014, an interim report of the Task Force</u> ations; and		
$\begin{array}{c} 20\\ 21 \end{array}$	(2) findings and recor	-	<u>c before December 1, 2014, a final report of the Task Force</u> ations.		
$22 \\ 23 \\ 24 \\ 25$	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October July 1, 2013. It shall remain effective for a period of $\frac{1 \text{ year and 8 months } 2}{\text{ years}}$ and, at the end of $\frac{\text{May 31}}{\text{ June 30}}$ , 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.				

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