J3, J1 3lr3370 CF SB 977

By: Delegate Eckardt

Introduced and read first time: March 1, 2013 Assigned to: Rules and Executive Nominations

## A BILL ENTITLED

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## Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas

4 FOR the purpose of establishing the Task Force to Evaluate Regional Health Delivery 5 and Health Planning in Rural Areas; providing for the composition, cochairs, 6 and staffing of the Task Force; prohibiting a member of the Task Force from 7 receiving certain compensation, but authorizing the reimbursement of certain 8 expenses; requiring the Task Force to evaluate regional health delivery and 9 health planning in rural areas, with a certain emphasis, to include certain items in its evaluation, and to make certain recommendations; requiring the Task 10 Force to report its findings and recommendations to the Governor and certain 11 12legislative committees on or before a certain date; providing for the termination 13 of this Act; and generally relating to the Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas. 14

- 15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 16 MARYLAND, That:
- 17 (a) There is a Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas. 18
  - The Task Force consists of the following members: (b)
- 20 two members of the Senate of Maryland, both of whom shall 21represent a rural jurisdiction in the State, and one of whom shall be a member of the 22 minority party of the Senate, appointed by the President of the Senate;
- 23 two members of the House of Delegates, both of whom shall 24 represent a rural jurisdiction in the State, and one of whom shall be a member of the minority party of the House, appointed by the Speaker of the House; 25



$\frac{1}{2}$	designee;	(3)	the S	Secretary of Health and Mental Hygiene, or the Secretary's
3 4	or the Execu	(4) utive D		Executive Director of the Maryland Health Care Commission, r's designee;
5 6	Commission	(5) n, or th		Executive Director of the Health Services Cost Review cutive Director's designee;
7 8	Medical Ser	(6) evices S		Executive Director of the Maryland Institute for Emergency is, or the Executive Director's designee;
9 10	Maryland;	(7)	the	Executive Director of the Tri-County Council for Southern
11 12	Maryland;	(8)	the	Executive Director of the Tri-County Council for Western
13 14	Eastern Sho	(9) ore of N		Executive Director of the Tri-County Council for the Lower and;
15		(10)	the I	Executive Director of the Mid-Shore Regional Council;
16		(11)	the I	Executive Director of the Upper Shore Regional Council;
17 18 19 20	• .	Southe	om sha ern M	e health officers, one of whom shall be from an Eastern Shore all be from a Western Maryland county, and one of whom shall faryland county, appointed by the Secretary of Health and
21		(13)	the f	following members, appointed by the Governor:
22 23 24 25		whom	shal	six county commissioners or county council members, two of Eastern Shore, two of whom shall be from Western Maryland, I be from Southern Maryland, nominated by the Maryland
26 27	Maryland;		(ii)	one representative of the Medical Chirurgical Society of
28 29	and		(iii)	one representative of the Maryland Hospital Association;
30			(iv)	two representatives of the health insurance industry.

1 2 3	(c) The President of the Senate and the Speaker of the House shall appoint one member of the Senate of Maryland and one member of the House of Delegates, respectively, to cochair the Task Force.				
4 5	(d) The Department of Health and Mental Hygiene shall provide staff for the Task Force.				
6	(e) A member of the Task Force:				
7	(1) may not receive compensation as a member of the Task Force; but				
8 9	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.				
10	(f) The Task Force shall:				
11 12 13	(1) evaluate regional health delivery and health planning in rural areas, with a specific emphasis on large hospital systems acquiring or affiliating with smaller hospitals or hospital systems;				
14	(2) include in its evaluation:				
15 16	(i) the appropriateness of current designations of health planning regions for particular health services in rural areas;				
17 18 19	(ii) the adequacy of the health care workforce, particularly among physicians, nurses, behavioral health care providers, and allied health professionals, in rural areas;				
20 21	(iii) the barriers to accessibility of health care services, due to distance;				
22	(iv) the adequacy of transportation for health care services;				
23 24 25	(v) the effect of the increasing concentration of hospital and other services under large urban–based hospital systems on availability and accessibility of health care services; and				
26 27	(vi) the effect of changes in the health care delivery system on meeting the health care needs of rural areas; and				
28	(3) make recommendations for improvements.				
29 30	(g) On or before January 1, 2014, 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 Finance Committee and the House Health and

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Government Operations Committee.

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SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2013. It shall remain effective for a period of 1 year and, at the end of June 30, 2014, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.