

Chapter 320

(House Bill 934)

AN ACT concerning

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

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 the Task Force; providing for the duties of the Task Force; providing that a 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 the Governor and the General Assembly on or before certain dates; providing for the termination of this Act; and generally relating to the Task Force on the Use of Telehealth to Improve Maryland Health Care~~ declaring 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; requiring the Task Force to consist of certain advisory groups and undertake certain activities; and requiring the Commission, on or before certain dates, to submit certain reports of the Task Force to the Governor and certain legislative committees.

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

(a) ~~There is a Task Force on the Use of Telehealth to Improve Maryland Health Care.~~

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

(1) ~~one member of the Senate of Maryland, appointed by the President of the Senate;~~

(2) ~~one member of the House of Delegates, appointed by the Speaker of the House;~~

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

(4) ~~the Director of the Department of Health and Mental Hygiene's Office of Rural Health, or the Director's designee;~~

- ~~(5) the Director of Program Development for the Maryland Critical Care Network—University of Maryland Medical System, or the Director’s designee;~~
- ~~(6) the Executive Director of the Maryland Health Care Commission, or the Executive Director’s designee;~~
- ~~(7) the Executive Director of the Rural Health Association, or the Executive Director’s designee;~~
- ~~(8) the Executive Director of the Rural Maryland Council, or the Executive Director’s designee;~~
- ~~(9) the Executive Director of the Maryland Institute for Emergency Medical Services Systems, or the Executive Director’s designee; and~~
- ~~(10) the following members, appointed by the Governor:~~
- ~~(i) two representatives from the medical communities that serve medically underserved populations in the State or are located in provider shortage underserved areas across the State that include both rural and urban areas;~~
 - ~~(ii) two consumers or representatives of consumer advocate organizations;~~
 - ~~(iii) one representative from the State health information exchange;~~
 - ~~(iv) two representatives of the health insurance industry;~~
 - ~~(v) two representatives from roundtables established in the State to study telehealth;~~
 - ~~(vi) one representative from the State’s Telemedicine Task Force of 2011;~~
 - ~~(vii) one individual who provides home health care through telemedicine;~~
 - ~~(viii) one individual who provides care through a patient centered medical home;~~
 - ~~(ix) one individual who provides acute care through telemedicine;~~
 - ~~(x) one licensed psychiatrist;~~

- ~~(xi) one licensed provider of behavioral health services;~~
- ~~(xii) one representative of a hospital that is participating in telemedicine; and~~
- ~~(xiii) one representative of the Governor's Workforce Investment Board.~~

~~(c) The members appointed by the Presiding Officers of the General Assembly shall co chair the Task Force.~~

~~(d) The Maryland Health Care Commission shall provide staff for the Task Force.~~

~~(e) A member of the Task Force:~~

- ~~(1) may not receive compensation as a member of the Task Force; but~~
- ~~(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.~~

~~(f) The Task Force shall:~~

- ~~(1) identify opportunities to use telehealth to improve health status and health care delivery in the State, including an analysis of:

 - ~~(i) underserved populations and areas;~~
 - ~~(ii) applications for cost effective telehealth;~~
 - ~~(iii) innovative service models for diverse care settings to include chronic and acute care; and~~
 - ~~(iv) innovative payment models;~~~~
- ~~(2) assess factors related to telehealth, including an analysis of:

 - ~~(i) supportive uses of electronic health records and the health information exchange;~~
 - ~~(ii) multimedia uses of products and services for patient engagement, education, and outcomes;~~
 - ~~(iii) health professional productivity, resources, and shortages;~~
 - ~~(iv) emerging technology and standards for security; and~~~~

- ~~(v) public and private grant funding;~~
- ~~(3) collaborate with:~~
 - ~~(i) roundtables established to study telehealth uses in the State;~~
 - ~~(ii) the Rural Maryland Council; and~~
 - ~~(iii) any other organization that the co-chairs of the Task Force consider appropriate;~~
- ~~(4) review and consider any studies, reports, or other work completed by the roundtables;~~
- ~~(5) study any other topic that the Task Force finds necessary to make recommendations regarding the use of telehealth in the State; and~~
- ~~(6) make recommendations regarding the use of telehealth in the State, including recommendations for:~~
 - ~~(i) improving health care affordability, accessibility, and quality;~~
 - ~~(ii) developing a model for statewide telehealth infrastructure, service, and access;~~
 - ~~(iii) utilizing public and private grant funding;~~
 - ~~(iv) providing workforce training; and~~
 - ~~(v) improving public health.~~
- ~~(g) (1) On or before May 1, 2014, the Task Force shall provide an interim report on the status of the activities of the Task Force to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.~~
- ~~(2) On or before December 1, 2014, the Task Force shall provide a final report on its findings and recommendations to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.~~
- (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.

- (b) The Task Force shall:
- (1) consist of three existing advisory groups:
 - (i) the clinical advisory group;
 - (ii) the technology solutions and standards advisory group; and
 - (iii) the financial and business model advisory group;
 - (2) identify opportunities to use telehealth to improve health status and care delivery in the State that includes an analysis of:
 - (i) underserved population areas;
 - (ii) applications for cost-effective telehealth;
 - (iii) innovative service models for diverse care settings to include chronic and acute care; and
 - (iv) innovative payment models;
 - (3) assess factors related to telehealth that includes an analysis of:
 - (i) supportive uses of electronic health records and health information exchange;
 - (ii) multimedia uses of products and services for patient engagement, education, and outcomes;
 - (iii) health professional productivity, resources, and shortages;
 - (iv) emerging technology and standards for security; and
 - (v) public and private grant funding; ~~and~~
 - (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*
 - (5) study any other topic the Maryland Health Care Commission finds necessary to make recommendations regarding the use of telehealth in the State.

(c) The Maryland Health Care Commission shall submit to the Governor and, in accordance with § 2-1246 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee:

(1) on or before January 1, 2014, an interim report of the Task Force findings and recommendations; and

(2) on or before December 1, 2014, a final report of the Task Force findings and recommendations.

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 ~~1 year and 8 months~~ 2 ~~years~~ and, at the end of ~~May 31~~ June 30, 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, May 2, 2013.