

SENATE BILL 776

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By: **Senator Pugh**

Introduced and read first time: February 1, 2013

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force on the Use of Telehealth to Improve Maryland Health Care**

3 FOR the purpose of establishing the Task Force on the Use of Telehealth to Improve
4 Maryland Health Care; providing for the membership, co–chairs, and staffing of
5 the Task Force; providing for the duties of the Task Force; providing that a
6 member of the Task Force may not receive certain compensation but is entitled
7 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.

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

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

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

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

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

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

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (5) the Director of Program Development for the Maryland Critical
2 Care Network – University of Maryland Medical System, or the Director’s designee;

3 (6) the Executive Director of the Maryland Health Care Commission,
4 or the Executive Director’s designee;

5 (7) the Executive Director of the Rural Health Association, or the
6 Executive Director’s designee;

7 (8) the Executive Director of the Rural Maryland Council, or the
8 Executive Director’s designee;

9 (9) the Executive Director of the Maryland Institute for Emergency
10 Medical Services Systems, or the Executive Director’s designee; and

11 (10) the following members, appointed by the Governor:

12 (i) two representatives from the medical communities that
13 serve medically underserved populations in the State or are located in provider
14 shortage underserved areas across the State that include both rural and urban areas;

15 (ii) two consumers or representatives of consumer advocate
16 organizations;

17 (iii) one representative from the State health information
18 exchange;

19 (iv) two representatives of the health insurance industry;

20 (v) two representatives from roundtables established in the
21 State to study telehealth;

22 (vi) one representative from the State’s Telemedicine Task Force
23 of 2011;

24 (vii) one individual who provides home health care through
25 telemedicine;

26 (viii) one individual who provides care through a
27 patient-centered medical home;

28 (ix) one individual who provides acute care through
29 telemedicine;

30 (x) one licensed psychiatrist;

31 (xi) one licensed provider of behavioral health services;

1 (xii) one representative of a hospital that is participating in
2 telemedicine; and

3 (xiii) one representative of the Governor's Workforce Investment
4 Board.

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

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

9 (e) A member of the Task Force:

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

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

13 (f) The Task Force shall:

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

16 (i) underserved populations and areas;

17 (ii) applications for cost-effective telehealth;

18 (iii) innovative service models for diverse care settings to include
19 chronic and acute care; and

20 (iv) innovative payment models;

21 (2) assess factors related to telehealth, including an analysis of:

22 (i) supportive uses of electronic health records and the health
23 information exchange;

24 (ii) multimedia uses of products and services for patient
25 engagement, education, and outcomes;

26 (iii) health professional productivity, resources, and shortages;

27 (iv) emerging technology and standards for security; and

28 (v) public and private grant funding;

1 (3) collaborate with:

2 (i) roundtables established to study telehealth uses in the
3 State;

4 (ii) the Rural Maryland Council; and

5 (iii) any other organization that the co-chairs of the Task Force
6 consider appropriate;

7 (4) review and consider any studies, reports, or other work completed
8 by the roundtables;

9 (5) study any other topic that the Task Force finds necessary to make
10 recommendations regarding the use of telehealth in the State; and

11 (6) make recommendations regarding the use of telehealth in the
12 State, including recommendations for:

13 (i) improving health care affordability, accessibility, and
14 quality;

15 (ii) developing a model for statewide telehealth infrastructure,
16 service, and access;

17 (iii) utilizing public and private grant funding;

18 (iv) providing workforce training; and

19 (v) improving public health.

20 (g) (1) On or before May 1, 2014, the Task Force shall provide an interim
21 report on the status of the activities of the Task Force to the Governor and, in
22 accordance with § 2-1246 of the State Government Article, the General Assembly.

23 (2) On or before December 1, 2014, the Task Force shall provide a final
24 report on its findings and recommendations to the Governor and, in accordance with §
25 2-1246 of the State Government Article, the General Assembly.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 October 1, 2013. It shall remain effective for a period of 1 year and 8 months and, at
28 the end of May 31, 2015, with no further action required by the General Assembly,
29 this Act shall be abrogated and of no further force and effect.