$\begin{array}{c} \mathrm{3lr}2679 \\ \mathrm{CF} \ \mathrm{HB} \ 934 \end{array}$

By: Senator Pugh Senators Pugh, Garagiola, Glassman, Kelley, Kittleman, Klausmeier, Mathias, Middleton, Pipkin, and Ramirez

Introduced and read first time: February 1, 2013

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 12, 2013

CHAPTER	

1 AN ACT concerning

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

- 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.
- 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.
 - (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;

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.



1 2	(3) designee;	the Secretary of Health and Mental Hygiene, or the Secretary's
3 4	(4) Office of Rural Hea	the Director of the Department of Health and Mental Hygiene's alth, or the Director's designee;
5 6 7		the Director of Program Development for the Maryland Critical ce President of Telemedicine – University of Maryland Medical ector's <u>Vice President's</u> designee;
8 9	(6) or the Executive D	the Executive Director of the Maryland Health Care Commission, irector's designee;
10 11	(7) Executive Director	the Executive Director of the Rural Health Association, or the 's designee;
12 13	(8) Executive Director	the Executive Director of the Rural Maryland Council, or the 's designee;
14 15	(9) Medical Services S	the Executive Director of the Maryland Institute for Emergency ystems, or the Executive Director's designee; and
16	(10)	the following members, appointed by the Governor:
17 18 19 20		(i) two representatives from the medical communities serve medically underserved populations in the State or are located ge underserved areas across the State that include both rural and
21 22	organizations;	(ii) two consumers or representatives of consumer advocate
23 24	exchange;	(iii) one representative from the State health information
25		(iv) two representatives of the health insurance industry;
26 27	State to study telel	(v) two representatives from roundtables established in the nealth;
28 29	of 2011;	(vi) one representative from the State's Telemedicine Task Force
30 31	telemedicine;	(vii) one individual who provides home health care through

$\frac{1}{2}$	patient–centered me	(viii) one edical hor		who	provides	care	thro	ugh a
3 4	telemedicine;	(ix) one	individual	who	provides	acute	care	through
5	((x) one	licensed psych	niatrist;				
6	((xi) one	licensed provi	der of be	havioral he	ealth serv	vices;	
7 8	telemedicine; and	(xii) one	representativ	ve of a	hospital tl	nat is p	articip	ating in
9 10	Board;	(xiii) one	representativ	e of the	Governor's	Workfo	rce Inv	restment
11 12	including one from a		representativ na rural area a					
13 14	and	(xv) one	representativ	e of the	Maryland	Chambeı	of Co	mmerce;
15	2	(xvi) one	representativ	e of the A	Arc of Mary	<u>land</u> .		
16 17	(c) The m		appointed by Task Force.	the Pro	esiding Of	fficers o	f the	General
18 19	(d) The Ma	aryland I	Health Care Co	ommissio	on shall pro	ovide sta	ff for t	he Task
20	(e) A mem	ber of the	e Task Force:					
21	(1) r	may not r	eceive compens	sation as	a member	of the Ta	ask For	ce; but
22 23	(2) i State Travel Regula		d to reimburs provided in the		_	s under	the S	Standard
24	(f) The Ta	sk Force	shall:					
25 26	(1) i	•	pportunities to le State, includ			improve	e healt	h status
27	((i) uno	lerserved popu	lations a	nd areas;			
28	((ii) app	olications for co	st-effect	ive telehea	lth;		

$\frac{1}{2}$	chronic and acute	(iii) care; a	innovative service models for diverse care settings to include $\frac{1}{2}$
3		(iv)	innovative payment models; and
4 5 6	result, in cost-eff program;	(v) ective	the types of telehealth services that are resulting, or would care and improved outcomes for patients in the Medicaid
7	(2)	asses	s factors related to telehealth, including an analysis of:
8 9	information excha	(i) nge;	supportive uses of electronic health records and the health
10 11	engagement, educa	(ii) ation, a	multimedia uses of products and services for patient and outcomes;
12		(iii)	health professional productivity, resources, and shortages;
13		(iv)	emerging technology and standards for security; and
14		(v)	public and private grant funding; and
15 16 17	the Insurance Arti		whether the term "telemedicine", as defined in § 15–139 of ould be amended to include a reference to a service, known as –visit", that:
18 19	management servi	<u>ce;</u>	1. includes an online medical evaluation and
20 21 22	connection and a sencounter; and	secured	2. is completed using a HIPAA-compliant online Web site or secured electronic mail address for each patient
23			3. creates a permanent record of each visit;
24	(3)	collab	porate with:
25 26	State;	(i)	roundtables established to study telehealth uses in the
27		(ii)	the Rural Maryland Council; and
28 29	consider appropria	(iii) ate;	any other organization that the co-chairs of the Task Force

$\frac{1}{2}$	(4) review and consider any studies, reports, or other work completed by the roundtables;
3 4	(5) study any other topic that the Task Force finds necessary to make recommendations regarding the use of telehealth in the State; and
5 6	(6) make recommendations regarding the use of telehealth in the State, including recommendations for:
7 8	(i) improving health care affordability, accessibility, and quality;
9 10	(ii) developing a model for statewide telehealth infrastructure, service, and access;
11	(iii) utilizing public and private grant funding;
12	(iv) providing workforce training; and
13	(v) improving public health.
14 15 16 17	(g) (1) On or before <u>May 1, 2014</u> <u>December 1, 2013</u> , 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.
18 19 20	(2) On or before December 1, $\frac{2014}{2015}$, the Task Force shall provide a final report on its findings and recommendations to the Governor and, in accordance with $\S 2-1246$ of the State Government Article, the General Assembly.
21 22 23 24	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October June 1, 2013. It shall remain effective for a period of 1 year and 8 months 3 years and, at the end of May 31, 2015 2016, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.