

SB0776/866884/1

BY: Health and Government Operations Committee

AMENDMENTS TO SENATE BILL 776
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 2 in its entirety and substitute “Telemedicine Task Force – Maryland Health Care Commission”; and strike beginning with “establishing” in line 3 down through “Care” in line 10 and substitute “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”.

AMENDMENT NO. 2

On pages 1 through 5, strike beginning with “(a)” in line 13 on page 1 down through the period in line 20 on page 5 and substitute:

“(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

(Over)

(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;

(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.”.

On page 5, in line 22, strike “June” and substitute “July”; in the same line, strike “3” and substitute “2”; in line 23, strike “May 31” and substitute “June 30”; and in the same line, strike “2016” and substitute “2015”.