

CHAPTER 182

(Senate Bill 459)

AN ACT concerning

Task Force to Review Physician Shortages in Rural Areas

FOR the purpose of creating a Task Force to Review Physician Shortages in Rural Areas; providing for the composition, cochair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving compensation but authorizing members to be reimbursed for certain expenses; requiring the Task Force to study the recruitment and retention of certain physicians in certain rural areas, the funding of certain programs, certain academic recruitment programs, certain federal and State programs relating to physician distribution, and certain financial and tax incentives for physicians who practice in certain rural areas; requiring the Task Force to make certain recommendations; requiring the Task Force to report to the Governor and to certain committees of the General Assembly regarding certain findings and recommendations; requiring the University of Maryland School of Medicine to develop a certain pilot program; providing for the termination of this Act; and generally relating to the Task Force to Review Physician Shortages in Rural Areas.

Preamble

WHEREAS, Rural health care delivery is an important component of developing statewide health care delivery; and

WHEREAS, Based on a recent report by the Maryland Hospital Association there exists an extreme lack of coverage in rural areas of the State; and

WHEREAS, Although residents in rural areas comprise one-quarter of the United States population, they do not have the same level of access to basic primary health care services that is available to other Americans; and

WHEREAS, Health care delivery in rural communities is further complicated by poverty, inadequate transportation, large geographical distances, an aging population base, and economic decline; now, therefore,

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

(a) There is a Task Force to Review Physician Shortages in Rural Areas of the State.

- (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 Chair of the State Board of Physicians, or the Chair's designee;
 - (5) the Secretary of Higher Education, or the Secretary's designee;
 - (6) the Chancellor of the University System of Maryland, or the Chancellor's designee;
 - (7) the Dean of the University of Maryland School of Medicine, or the Dean's designee;
 - (8) the President of Johns Hopkins University, or the President's designee;
 - (9) one representative from a community college, selected and appointed by the Maryland Association of Community Colleges;
 - (10) one representative from MedChi, selected and appointed by MedChi;
 - (11) one primary care physician who practices in a rural area, selected and appointed by the Maryland Chapter of the American Academy of Family Practitioners;
 - ~~(11)~~ (12) one representative of the Maryland Hospital Association, selected and appointed by the Maryland Hospital Association;
 - ~~(12)~~ (13) three representatives of rural hospitals that serve southern Maryland, western Maryland, or the Eastern Shore of Maryland, selected and appointed by the Maryland Hospital Association; ~~and~~
 - (14) one representative of a rural long-term care facility, selected and appointed by Lifespan;
 - (15) one representative from the Rural Maryland Council, selected and appointed by the Rural Maryland Council; ~~and~~

~~(13)~~ (16) one representative from the Maryland Rural Health Association, selected and appointed by the Maryland Rural Health Association; and

(17) one pediatrician who practices in a rural area, selected and appointed by the Maryland Chapter of the American Academy of Pediatrics.

(c) The member appointed by the President of the Senate and the member appointed by the Speaker of the House shall serve as cochairs of the Task Force.

(d) ~~The Department of Health and Mental Hygiene~~ University of Maryland School of Medicine 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) study the recruitment and retention of primary care physicians in rural areas of the State;

(2) study the funding of programs to encourage physician practice in rural areas;

(3) study new academic physician recruitment programs to enroll and encourage students interested in rural life and practice;

(4) study federal and State programs to equalize physician distribution across geographic areas;

(5) study financial and tax incentives for physicians who practice in rural underserved areas; ~~and~~

(6) make recommendations regarding collaborative approaches to support and enhance the Rural Residency Track Pilot Program developed by the University of Maryland School of Medicine in accordance with this Act; and

~~(6)~~ (7) make recommendations regarding what should be done to encourage more primary care physicians to practice in rural areas of the State.

(g) On or before December 1, 2008, the Task Force shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the

House Health and Government Operations Committee, the Senate Education, Health, and Environmental Affairs Committee, and the Senate Finance Committee regarding its findings and recommendations.

SECTION 2. AND BE IT FURTHER ENACTED, That, in order to encourage and accelerate the practice of primary care physicians in rural, underserved areas of the State, the University of Maryland School of Medicine shall develop a Rural Residency Track Pilot Program to place at least two Family and Community medical residents in a rural residency track. The pilot program shall:

(1) recognize the need to develop partnerships with rural hospitals, local providers, Federally Qualified Health Centers, and local health departments;

(2) use the telemedicine infrastructure to support resident training and patient care;

(3) in conjunction with Area Health Education Centers, seek to create a pipeline to attract more qualified students from rural areas to pursue healthcare careers; and

(4) identify resources and incentives needed to support the pilot program.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2008. It shall remain effective for a period of 1 year and 1 month and, at the end of June 30, 2009, 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, April 24, 2008.