

Chapter 366

(Senate Bill 242)

AN ACT concerning

Maryland Medical Assistance Program – Telemedicine – Modifications

FOR the purpose of requiring the Department of Health and Mental Hygiene, under certain circumstances, to include primary care providers in the types of health care providers eligible to receive reimbursement for health care services that are delivered through telemedicine and provided to Maryland Medical Assistance Program recipients; ~~prohibiting~~ authorizing the Department ~~from requiring~~ to require a health care provider to ~~comply with administrative requirements for reimbursement for health care services that are delivered through telemedicine that are not required for reimbursement for health care services that are delivered in person~~ submit a certain form to the Department; requiring the Department, in consultation with the Maryland Health Care Commission, to provide an opportunity for stakeholders to participate in the development of certain regulations; requiring the Department to submit a draft of the regulations to certain legislative committees and provide a certain period of time for review and comment submit a certain report to certain committees of the General Assembly on or before a certain date; and generally relating to Maryland Medical Assistance Program reimbursement for health care services that are delivered through telemedicine.

BY repealing and reenacting, with amendments,

Article – Health – General
 Section 15–105.2
 Annotated Code of Maryland
 (2015 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:

Article – Health – General

15–105.2.

(a) The Program shall reimburse health care providers in accordance with the requirements of Title 19, Subtitle 1, Part IV of this article.

(b) (1) (i) In this subsection the following words have the meanings indicated.

(ii) “Health care provider” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the

ordinary course of business or practice of a profession or in an approved education or training program.

(iii) 1. “Telemedicine” means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology:

A. By a health care provider to deliver a health care service that is within the scope of practice of the health care provider at a site other than the site at which the patient is located; and

B. That enables the patient to see and interact with the health care provider at the time the health care service is provided to the patient.

2. “Telemedicine” does not include:

A. An audio-only telephone conversation between a health care provider and a patient;

B. An electronic mail message between a health care provider and a patient; or

C. A facsimile transmission between a health care provider and a patient.

(2) To the extent authorized by federal law or regulation, the provisions of § 15–139(c) through (f) of the Insurance Article relating to coverage of and reimbursement for health care services delivered through telemedicine shall apply to the Program and managed care organizations in the same manner they apply to carriers.

(3) Subject to the limitations of the State budget and to the extent authorized by federal law or regulation, the Department may authorize coverage of and reimbursement for health care services that are delivered through store and forward technology or remote patient monitoring.

(4) **(I)** The Department may specify by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection.

(II) IF THE DEPARTMENT SPECIFIES BY REGULATION THE TYPES OF HEALTH CARE PROVIDERS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS SUBSECTION, THE TYPES OF HEALTH CARE PROVIDERS SPECIFIED SHALL INCLUDE PRIMARY CARE PROVIDERS.

~~(5) THE DEPARTMENT MAY NOT REQUIRE A HEALTH CARE PROVIDER TO COMPLY WITH ADMINISTRATIVE REQUIREMENTS, INCLUDING APPROVAL OF A PROVIDER ADDENDUM, FOR REIMBURSEMENT FOR HEALTH CARE SERVICES THAT ARE DELIVERED THROUGH TELEMEDICINE THAT ARE NOT REQUIRED FOR REIMBURSEMENT FOR HEALTH CARE SERVICES THAT ARE DELIVERED IN PERSON REQUIRE A HEALTH CARE PROVIDER TO SUBMIT A REGISTRATION FORM TO THE DEPARTMENT THAT INCLUDES INFORMATION REQUIRED FOR THE PROCESSING OF CLAIMS FOR REIMBURSEMENT FOR HEALTH CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS SUBSECTION.~~

~~[(5)] (6) (H)~~ The Department shall adopt regulations to carry out this subsection.

~~(H) THE DEPARTMENT SHALL:~~

~~1. PROVIDE AN OPPORTUNITY FOR STAKEHOLDERS TO PARTICIPATE IN THE DEVELOPMENT OF THE REGULATIONS; AND~~

~~2. A. SUBMIT A DRAFT OF THE REGULATIONS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE; AND~~

~~B. PROVIDE THE COMMITTEES WITH A 30 DAY PERIOD FOR REVIEW AND COMMENT.~~

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before October 1, 2016, the Department of Health and Mental Hygiene, in consultation with the Maryland Health Care Commission, shall submit a report, in accordance with § 2-1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee:

(1) assessing the telehealth policies of select Medicaid programs in other states, including reimbursement for telehealth services provided in a home setting; and

(2) detailing planned enhancements to the Maryland Medicaid telehealth program.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October~~ June 1, 2016.

Approved by the Governor, May 10, 2016.