

HOUSE BILL 1042

J3, J2

3lr0526
CF SB 798

By: **Delegates Smigiel, Lee, and McDermott**
Introduced and read first time: February 8, 2013
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 17, 2013

CHAPTER _____

1 AN ACT concerning

2 **Hospitals – Credentialing and Privileging Process – Telemedicine**

3 FOR the purpose of authorizing a hospital, in its credentialing and privileging process
4 for a physician who provides medical services to patients at the hospital only
5 through telemedicine from certain locations, to rely on certain credentialing and
6 privileging decisions under certain circumstances; defining a certain term; and
7 generally relating to hospital credentialing and privileging processes for
8 physicians providing services through telemedicine.

9 BY repealing and reenacting, with amendments,
10 Article – Health – General
11 Section 19–319(e)
12 Annotated Code of Maryland
13 (2009 Replacement Volume and 2012 Supplement)

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

16 **Article – Health – General**

17 19–319.

18 (e) (1) **(I)** In this subsection[, “uniform] **THE FOLLOWING WORDS**
19 **HAVE THE MEANINGS INDICATED.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 **(II) 1. “TELEMEDICINE” MEANS THE USE OF**
2 **INTERACTIVE AUDIO, VIDEO, OR OTHER TELECOMMUNICATIONS OR**
3 **ELECTRONIC TECHNOLOGY BY A PHYSICIAN IN THE PRACTICE OF MEDICINE**
4 **OUTSIDE THE PHYSICAL PRESENCE OF THE PATIENT.**

5 **2. “TELEMEDICINE” DOES NOT INCLUDE:**

6 **A. AN AUDIO-ONLY TELEPHONE CONVERSATION**
7 **BETWEEN A PHYSICIAN AND A PATIENT;**

8 **B. AN ELECTRONIC MAIL MESSAGE BETWEEN A**
9 **PHYSICIAN AND A PATIENT; OR**

10 **C. A FACSIMILE TRANSMISSION BETWEEN A**
11 **PHYSICIAN AND A PATIENT.**

12 **(III) “UNIFORM standard credentialing form” means:**

13 **[(i)] 1.** The form designated by the Secretary through
14 regulation for credentialing physicians who seek to be employed by or have staff
15 privileges at a hospital; or

16 **[(ii)] 2.** The uniform credentialing form that the Insurance
17 Commissioner designates under § 15–112.1 of the Insurance Article.

18 (2) As a condition of licensure, each hospital shall:

19 (i) Establish a credentialing process for the physicians who are
20 employed by or who have staff privileges at the hospital; and

21 (ii) Use the uniform standard credentialing form as the initial
22 application of a physician seeking to be credentialed.

23 (3) Use of the uniform standard credentialing form does not preclude a
24 hospital from requiring supplemental or additional information as part of the
25 hospital’s credentialing process.

26 (4) The Secretary shall, by regulation and in consultation with
27 hospitals, physicians, interested community and advocacy groups, and representatives
28 of the Maryland Defense Bar and Plaintiffs’ Bar, establish minimum standards for a
29 credentialing process which shall include:

30 (i) A formal written appointment process documenting the
31 physician’s education, clinical expertise, licensure history, insurance history, medical
32 history, claims history, and professional experience.

1 (ii) A requirement that an initial appointment to staff not be
2 complete until the physician has successfully completed a probationary period.

3 (iii) A formal, written reappointment process to be conducted at
4 least every 2 years. The reappointment process shall document the physician's pattern
5 of performance by analyzing:

- 6 1. Claims filed against the physician;
- 7 2. Data dealing with utilization, quality, and risk;
- 8 3. Clinical skills;
- 9 4. Adherence to hospital bylaws, policies, and
10 procedures;
- 11 5. Compliance with continuing education requirements;
- 12 6. Mental and physical status; and
- 13 7. The results of the practitioner performance evaluation
14 process under subsection (i) of this section.

15 (5) If requested by the Department, a hospital shall provide
16 documentation that, prior to employing or granting privileges to a physician, the
17 hospital has complied with the requirements of this subsection and that, prior to
18 renewing employment or privileges, the hospital has complied with the requirements
19 of this subsection.

20 **(6) NOTWITHSTANDING ANY OTHER PROVISION OF THIS**
21 **SUBSECTION, IN ITS CREDENTIALING AND PRIVILEGING PROCESS FOR A**
22 **PHYSICIAN WHO PROVIDES MEDICAL SERVICES TO PATIENTS AT THE HOSPITAL**
23 **ONLY THROUGH TELEMEDICINE FROM A DISTANT-SITE HOSPITAL OR**
24 **DISTANT-SITE TELEMEDICINE ENTITY, A HOSPITAL MAY RELY ON THE**
25 **CREDENTIALING AND PRIVILEGING DECISIONS MADE FOR THE PHYSICIAN BY**
26 **THE DISTANT-SITE HOSPITAL OR DISTANT-SITE TELEMEDICINE ENTITY, AS**
27 **AUTHORIZED UNDER 42 C.F.R. PART 482, IF:**

28 **(I) THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES**
29 **THROUGH TELEMEDICINE HOLDS A LICENSE TO PRACTICE MEDICINE IN THE**
30 **STATE ISSUED UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE; AND**

31 **(II) THE CREDENTIALING AND PRIVILEGING DECISIONS**
32 **WITH RESPECT TO THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES**
33 **THROUGH TELEMEDICINE ARE:**

