

# HOUSE BILL 886

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CF SB 242

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By: **Delegate West**

Introduced and read first time: February 10, 2016

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Telemedicine – Modifications**

3 FOR the purpose of requiring the Department of Health and Mental Hygiene, under certain  
4 circumstances, to include primary care providers in the types of health care providers  
5 eligible to receive reimbursement for health care services that are delivered through  
6 telemedicine and provided to Maryland Medical Assistance Program recipients;  
7 prohibiting the Department from requiring a health care provider to comply with  
8 administrative requirements for reimbursement for health care services that are  
9 delivered through telemedicine that are not required for reimbursement for health  
10 care services that are delivered in person; requiring the Department to provide an  
11 opportunity for stakeholders to participate in the development of certain regulations;  
12 requiring the Department to submit a draft of the regulations to certain legislative  
13 committees and provide a certain period of time for review and comment; and  
14 generally relating to Maryland Medical Assistance Program reimbursement for  
15 health care services that are delivered through telemedicine.

16 BY repealing and reenacting, with amendments,  
17 Article – Health – General  
18 Section 15–105.2  
19 Annotated Code of Maryland  
20 (2015 Replacement Volume)

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

23 **Article – Health – General**

24 15–105.2.

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

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 (ii) "Health care provider" means a person who is licensed, certified,  
4 or otherwise authorized under the Health Occupations Article to provide health care in the  
5 ordinary course of business or practice of a profession or in an approved education or  
6 training program.

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

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

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

15 2. "Telemedicine" does not include:

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

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

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

22 (2) To the extent authorized by federal law or regulation, the provisions of  
23 § 15-139(c) through (f) of the Insurance Article relating to coverage of and reimbursement  
24 for health care services delivered through telemedicine shall apply to the Program and  
25 managed care organizations in the same manner they apply to carriers.

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

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

33 (II) IF THE DEPARTMENT SPECIFIES BY REGULATION THE  
34 TYPES OF HEALTH CARE PROVIDERS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR

1 HEALTH CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS  
2 SUBSECTION, THE TYPES OF HEALTH CARE PROVIDERS SPECIFIED SHALL INCLUDE  
3 PRIMARY CARE PROVIDERS.

4 (5) THE DEPARTMENT MAY NOT REQUIRE A HEALTH CARE PROVIDER  
5 TO COMPLY WITH ADMINISTRATIVE REQUIREMENTS, INCLUDING APPROVAL OF A  
6 PROVIDER ADDENDUM, FOR REIMBURSEMENT FOR HEALTH CARE SERVICES THAT  
7 ARE DELIVERED THROUGH TELEMEDICINE THAT ARE NOT REQUIRED FOR  
8 REIMBURSEMENT FOR HEALTH CARE SERVICES THAT ARE DELIVERED IN PERSON.

9 [(5)] (6) (I) The Department shall adopt regulations to carry out this  
10 subsection.

11 (II) THE DEPARTMENT SHALL:

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

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

17 B. PROVIDE THE COMMITTEES WITH A 30-DAY PERIOD  
18 FOR REVIEW AND COMMENT.

19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
20 October 1, 2016.