

**Department of Legislative Services**  
Maryland General Assembly  
2022 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 670 (Delegates Wilkins and Charles)  
Health and Government Operations

---

**Maryland Health Care Commission - Study on Expansion of Interstate  
Telehealth**

---

This bill requires the Maryland Health Care Commission (MHCC), in consultation with specified agencies and stakeholders, to study ways that interstate telehealth can be expanded to allow State residents to use telehealth to receive health services from out-of-state practitioners. By December 1, 2023, MHCC must submit a report on its findings and recommendations to specified committees of the General Assembly. **The bill takes effect July 1, 2022.**

---

**Fiscal Summary**

**State Effect:** The bill can likely be implemented with existing budgeted resources, as discussed below. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

---

**Analysis**

**Bill Summary:** The study must include (1) how to address insurance implications, including malpractice insurance; (2) the use of interstate health compacts; (3) how to alter licensure requirements and the impact an expansion would have on health practitioners located in Maryland; and (4) any other areas that MHCC considers relevant.

## **Current Law:**

### *Telehealth*

Under § 1-1001 of the Health Occupations Article, “telehealth” means a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner (an individual licensed, certified, or otherwise authorized by law to provide health care services under the article) to a patient at a different physical location than the health care practitioner. “Telehealth” includes synchronous and asynchronous interactions. “Telehealth” does not include the provision of health care services solely through audio-only calls, electronic mail messages, or facsimile transmissions.

Under § 15-103 of the Health-General Article, which governs the Medicaid program, “telehealth” means the delivery of medically necessary somatic, dental, or behavioral health services to a patient at an originating site by a distant site provider through the use of technology-assisted communication. “Telehealth” includes (1) synchronous and asynchronous interactions; (2) from July 1, 2021, through June 30, 2023, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and (3) remote patient monitoring services. “Telehealth” does not include the provision of health care services solely through an audio-only telephone conversation (with the exception of the temporary provision for fiscal 2022 and 2023), an email message, or a facsimile transmission.

Medicaid must (1) provide health care services appropriately delivered through telehealth to program recipients regardless of their location at the time telehealth services are provided and (2) allow a “distant site provider” to provide health care services to a recipient from any location at which the services may be appropriately delivered through telehealth. Telehealth services provided to Medicaid recipients must include counseling and treatment for substance use disorders and mental health conditions.

For purposes of private insurance, “telehealth” means the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service at a location other than the location of the patient. “Telehealth” does not include audio-only telephone calls, electronic mail messages, or facsimile transmissions. However, from July 1, 2021, through June 30, 2023, “telehealth” includes an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.

A carrier must reimburse for health care services appropriately delivered through telehealth regardless of the location of the patient at the time telehealth services are provided. A carrier may not exclude from coverage or deny coverage for a behavioral health care

service that is a covered benefit when provided in person solely because the behavioral health care service may also be provided through a covered telehealth benefit.

### *Health Occupations Licensure*

With specified exceptions, an individual must be licensed by the respective health occupations board before the individual may practice in the State. Licensure requirements vary by profession, but typically require, among other things, specified education and experience, passage of a national and/or State examination, and a criminal history records check.

Interstate licensure compacts are intended to facilitate the practice of specific professions with the goal of improving access to services and simplifying the process for obtaining licensure in multiple states. Five health occupations boards currently participate in national interstate licensure compacts: the State Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists; the State Board of Nursing; the State Board of Physical Therapy Examiners; the State Board of Physicians; and the State Board of Examiners of Psychologists. Legislation has been enacted in Maryland for two additional compacts that have not yet met the threshold of participating states (Licensed Professional Counselors and Occupational Therapy). Compact legislation is typically contingent upon the adoption of similar legislation in a certain number of other states.

### *Maryland Health Care Commission Telehealth Services Study*

Chapter 70 of 2021, among other things, requires MHCC, in consultation with specified entities, to submit a report by December 1, 2022, to the Senate Finance Committee and the House Health and Government Operations Committee on the impact of providing telehealth services. The report must include (1) specified analyses; (2) a study of the alignment of telehealth with new models of care; (3) an assessment of the efficiency and effectiveness of telehealth services and in-person visits (including a survey of health care providers); (4) an assessment of patient awareness of and satisfaction with telehealth coverage; (5) specified reviews of the appropriateness of telehealth across the continuum of care, inclusion of clinic hospital fees in telehealth reimbursement, and the use of telehealth to satisfy network access standards; and (6) study or analysis of any other issues identified by MHCC. MHCC must complete the report using research methods appropriate for the issues identified and available funding.

**State Expenditures:** MHCC advises it needs to procure an external contractor to complete the study and issue the report at a cost of between \$100,000 and \$150,000 in fiscal 2023. The Department of Legislative Services (DLS) advises that the requirements of the study are not particularly onerous and MHCC must consult with specified agencies and

stakeholders who will share in meeting the study requirements. Thus, DLS advises that MHCC can likely complete the study and issue the report within existing budgeted resources. To the extent that MHCC needs additional resources to implement the bill, special fund expenditures increase.

---

### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

**Fiscal Note History:** First Reader - February 8, 2022  
fnu2/jc

---

Analysis by: Amber R. Gundlach

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510