SENATE BILL 744

C3 1lr1629

By: Senators Pugh and Montgomery

Introduced and read first time: February 4, 2011

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

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Health Insurance - Coverage for Telemedicine Services

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and 4 health maintenance organizations to provide coverage for certain telemedicine 5 services in a certain manner; prohibiting certain insurers, nonprofit health 6 service plans, and health maintenance organizations from excluding from 7 coverage a certain telemedicine service for certain reasons; requiring certain 8 insurers, nonprofit health service plans, and health maintenance organizations 9 to reimburse health care providers for a telemedicine service in a certain manner; prohibiting certain insurers, nonprofit health service plans, and health 10 11 maintenance organizations from requiring a certain deductible, copayment, 12 coinsurance amount, annual dollar maximum, or lifetime dollar maximum; 13 authorizing certain insurers, nonprofit health service plans, and health 14 maintenance organizations to undertake utilization review to determine the 15 appropriateness of a telemedicine service under certain circumstances; 16 providing that a certain decision constitutes a certain adverse decision under 17 certain circumstances; making certain provisions of this Act applicable to 18 health maintenance organizations; defining a certain term; providing for the application of this Act; and generally relating to health insurance and 19 telemedicine services. 20

21 BY adding to

22 Article – Insurance

23 Section 15–138

24 Annotated Code of Maryland

25 (2006 Replacement Volume and 2010 Supplement)

26 BY adding to

27 Article – Health – General

28 Section 19–706(kkkk)

29 Annotated Code of Maryland



	SENATE BILL 144
1	(2009 Replacement Volume and 2010 Supplement)
2 3	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
4	Article - Insurance
5	15–138.
6 7 8 9 10 11	(A) (1) IN THIS SECTION, "TELEMEDICINE SERVICE" MEANS THE USE OF INTERACTIVE AUDIO, VIDEO, OR OTHER TELECOMMUNICATIONS TECHNOLOGY BY A LICENSED HEALTH CARE PROVIDER TO DELIVER A HEALTH CARE SERVICE WITHIN THE SCOPE OF PRACTICE OF THE HEALTH CARE PROVIDER AT A SITE OTHER THAN THE SITE AT WHICH THE PATIENT IS LOCATED.
12	(2) "TELEMEDICINE SERVICE" DOES NOT INCLUDE:
13 14	(I) AN AUDIO-ONLY TELEPHONE CONVERSATION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT;
15 16	(II) AN ELECTRONIC MAIL MESSAGE BETWEEN A HEALTH CARE PROVIDER AND A PATIENT; OR
17 18	(III) A FACSIMILE TRANSMISSION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT.
19	(B) THIS SECTION APPLIES TO:
20 21 22 23	(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
24 25 26	(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
27	(C) AN ENTITY SUBJECT TO THIS SECTION:

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28 **(1)** SHALL PROVIDE COVERAGE FOR A TELEMEDICINE SERVICE IN 29 THE SAME MANNER THAT THE ENTITY WOULD PROVIDE COVERAGE FOR A 30 HEALTH CARE SERVICE THAT IS NOT A TELEMEDICINE SERVICE; AND

- 1 (2) MAY NOT EXCLUDE FROM COVERAGE A TELEMEDICINE 2 SERVICE SOLELY BECAUSE IT IS PROVIDED THROUGH TELEMEDICINE AND IS 3 NOT PROVIDED THROUGH AN IN-PERSON CONSULTATION OR CONTACT 4 BETWEEN A HEALTH CARE PROVIDER AND A PATIENT.
 - (D) AN ENTITY SUBJECT TO THIS SECTION:
- 6 (1) SHALL REIMBURSE A HEALTH CARE PROVIDER FOR A
 7 TELEMEDICINE SERVICE ON THE SAME BASIS THAT THE ENTITY WOULD
 8 REIMBURSE FOR COVERAGE OF THE SAME HEALTH CARE SERVICE PROVIDED
 9 THROUGH AN IN-PERSON CONSULTATION OR CONTACT; AND
- 10 **(2)** MAY NOT REQUIRE A DEDUCTIBLE, COPAYMENT, 11 COINSURANCE AMOUNT, ANNUAL DOLLAR MAXIMUM, OR LIFETIME DOLLAR 12 MAXIMUM FOR A TELEMEDICINE SERVICE THAT IS NOT IMPOSED ON THE SAME 13 HEALTH CARE SERVICE PROVIDED THROUGH AN IN-PERSON CONSULTATION OR 14 CONTACT.
- 15 **(E)** AN ENTITY SUBJECT TO THIS SECTION MAY UNDERTAKE 16 UTILIZATION REVIEW TO DETERMINE THE APPROPRIATENESS OF A 17 TELEMEDICINE SERVICE IF THE REVIEW IS CONDUCTED IN THE SAME MANNER 18 AS IT IS FOR A HEALTH CARE SERVICE THAT IS NOT A TELEMEDICINE SERVICE.
- (F) A DECISION BY AN ENTITY SUBJECT TO THIS SECTION NOT TO PROVIDE COVERAGE FOR A TELEMEDICINE SERVICE IN ACCORDANCE WITH THIS SECTION CONSTITUTES AN ADVERSE DECISION, AS DEFINED IN § 15–10A–01 OF THIS TITLE, IF THE DECISION IS BASED ON A FINDING THAT THE SERVICE IS NOT MEDICALLY NECESSARY, APPROPRIATE, OR EFFICIENT.
- 24 Article Health General
- 25 19–706.

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- 26 (KKKK) THE PROVISIONS OF § 15–138 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2011.
- 31 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 32 October 1, 2011.