

Chapter 324

(Senate Bill 798)

AN ACT concerning

Hospitals – Credentialing and Privileging Process – Telemedicine

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

BY repealing and reenacting, with amendments,

Article – Health – General

Section 19–319(e)

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

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

Article – Health – General

19–319.

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

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

2. “TELEMEDICINE” DOES NOT INCLUDE:

A. AN AUDIO–ONLY TELEPHONE CONVERSATION BETWEEN A PHYSICIAN AND A PATIENT;

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

C. A FACSIMILE TRANSMISSION BETWEEN A PHYSICIAN AND A PATIENT.

(III) “UNIFORM standard credentialing form” means:

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

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

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

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

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

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

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

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

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

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

1. Claims filed against the physician;
2. Data dealing with utilization, quality, and risk;
3. Clinical skills;

- 4. Adherence to hospital bylaws, policies, and procedures;
- 5. Compliance with continuing education requirements;
- 6. Mental and physical status; and
- 7. The results of the practitioner performance evaluation process under subsection (i) of this section.

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

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

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

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

1. APPROVED BY THE MEDICAL STAFF OF THE HOSPITAL; AND

2. RECOMMENDED BY THE MEDICAL STAFF OF THE HOSPITAL TO THE HOSPITAL'S GOVERNING BODY.

[(6)] (7) If a hospital fails to establish or maintain a credentialing process required under this subsection, the Secretary may impose the following penalties:

- (i) Delicensure of the hospital; or

(ii) \$500 per day for each day the violation continues.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013.

Approved by the Governor, May 2, 2013.