J3, J2	3lr2218 CF HB 1042
By: Senators Middleton, Astle, Colburn, Montgomery, and Pugh Pugh, Garagio <u>Muse, Pipkin, and Ramirez</u> Introduced and read first time: February 1, 2013 Assigned to: Finance	
Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 12, 2013	
CHAPTER	
AN ACT concerning	

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- 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 $\mathbf{5}$ 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.

Hospitals - Credentialing and Privileging Process - Telemedicine

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

14	SECTION	1.	\mathbf{BE}	IT	ENACTED	BY	THE	GENERAL	ASSEMBLY	OF
15	MARYLAND, Tha	it th	le La	ws o	f Maryland re	ead a	s follow	vs:		

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Article - Health - General

17 19 - 319.

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.



In this subsection[, "uniform] THE FOLLOWING WORDS 1 (e) (1)**(I)** $\mathbf{2}$ HAVE THE MEANINGS INDICATED. **"TELEMEDICINE"** 3 **(II)** 1. MEANS THE USE OF 4 AUDIO, VIDEO, **INTERACTIVE** OR **OTHER TELECOMMUNICATIONS** OR $\mathbf{5}$ ELECTRONIC TECHNOLOGY BY A PHYSICIAN IN THE PRACTICE OF MEDICINE 6 OUTSIDE THE PHYSICAL PRESENCE OF THE PATIENT. 2. "TELEMEDICINE" DOES NOT INCLUDE: 78 A. AN AUDIO-ONLY TELEPHONE CONVERSATION BETWEEN A PHYSICIAN AND A PATIENT; 9 10 В. AN ELECTRONIC MAIL MESSAGE BETWEEN A 11 PHYSICIAN AND A PATIENT; OR 12**C**. FACSIMILE Α TRANSMISSION **BETWEEN** Α 13 PHYSICIAN AND A PATIENT. 14(III) **"UNIFORM** standard credentialing form" means: 15[(i)] The form designated by the Secretary through 1. regulation for credentialing physicians who seek to be employed by or have staff 16privileges at a hospital; or 1718 (ii) **2**. The uniform credentialing form that the Insurance Commissioner designates under § 15–112.1 of the Insurance Article. 1920(2)As a condition of licensure, each hospital shall: 21(i) Establish a credentialing process for the physicians who are employed by or who have staff privileges at the hospital; and 2223Use the uniform standard credentialing form as the initial (ii) 24application of a physician seeking to be credentialed. 25Use of the uniform standard credentialing form does not preclude a (3)26hospital from requiring supplemental or additional information as part of the 27hospital's credentialing process. 28The Secretary shall, by regulation and in consultation with (4)29hospitals, physicians, interested community and advocacy groups, and representatives of the Maryland Defense Bar and Plaintiffs' Bar, establish minimum standards for a 30 31 credentialing process which shall include:

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$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(i) A formal written appointment process documenting the physician's education, clinical expertise, licensure history, insurance history, medical history, claims history, and professional experience.				
$\frac{4}{5}$	(ii) A requirement that an initial appointment to staff not be complete until the physician has successfully completed a probationary period.				
6 7 8	least every 2 years. The reappointment process shall document the physician's pattern				
9	1. Claims filed against the physician;				
10	2. Data dealing with utilization, quality, and risk;				
11	3. Clinical skills;				
12 13	4. Adherence to hospital bylaws, policies, and procedures;				
14	5. Compliance with continuing education requirements;				
15	6. Mental and physical status; and				
$\begin{array}{c} 16 \\ 17 \end{array}$	7. The results of the practitioner performance evaluation process under subsection (i) of this section.				
18 19 20 21 22	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				
23	(6) NOTWITHSTANDING ANY OTHER PROVISION OF THIS				
24	SUBSECTION, IN ITS CREDENTIALING AND PRIVILEGING PROCESS FOR A				
25	PHYSICIAN WHO PROVIDES MEDICAL SERVICES TO PATIENTS AT THE HOSPITAL				

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:

31(I)THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES32THROUGH TELEMEDICINE HOLDS A LICENSE TO PRACTICE MEDICINE IN THE33STATE ISSUED UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE; AND

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(II) THE CREDENTIALING AND PRIVILEGING DECISIONS WITH RESPECT TO THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES THROUGH TELEMEDICINE ARE:
4 5	1. <u>Approved by the medical staff of the</u> <u>Hospital; and</u>
6 7	2. <u>Recommended by the medical staff of the</u> <u>HOSPITAL TO THE HOSPITAL'S GOVERNING BODY</u> .
8 9 10	[(6)] (7) If a hospital fails to establish or maintain a credentialing process required under this subsection, the Secretary may impose the following penalties:
11	(i) Delicensure of the hospital; or
12	(ii) \$500 per day for each day the violation continues.
$\begin{array}{c} 13\\14 \end{array}$	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.

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