

Department of Legislative Services
Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE

House Bill 937
Economic Matters

(Delegate Lee, *et al.*)

Commission on Maryland Cybersecurity Innovation and Excellence - Duties

This bill requires the Commission on Maryland Cybersecurity Innovation and Excellence to study and develop strategies and recommendations for advancing telemedicine technologies and use, including (1) methods of supporting innovation, development, and investment in the emerging technology; (2) the role of telemedicine in reducing health care disparities and addressing primary care and specialty care provider shortages across the continuum of care; (3) the protection of databases in the use of telemedicine; and (4) any other issue related to advancing and supporting telemedicine technologies and use.

Fiscal Summary

State Effect: The University of Maryland University College (UMUC) can continue to use existing budgeted resources to provide staff support to the commission, despite the bill's expansion of the commission's charge. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law/Background:

Commission on Maryland Cybersecurity Innovation and Excellence

Chapters 250 and 251 of 2011 (SB 557/HB 665) established the Commission on Maryland Cybersecurity Innovation and Excellence to (1) review current federal and

State laws, standards, and policies for inconsistencies and preemption issues; (2) provide recommendations regarding strategic plans to promote cybersecurity innovation and recover from attacks on cybersecurity; and (3) recommend methods of promoting innovation through public-private partnerships, the education system, research and development, and selection of a State agency suitable to implement a pilot program. UMUC was tasked to provide staff support for the commission, which held its initial meeting on November 22, 2011, and submitted its interim report to the Governor and the General Assembly on December 23, 2011. The commission is required to submit its final findings and recommendations to the Governor and the General Assembly by September 1, 2014.

Telemedicine

“Telemedicine” is the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the provider at a site other than the site at which the patient is located. Telemedicine does not include audio-only telephone calls, email messages, or communications via fax.

In June 2010, the Maryland Health Quality and Cost Council approved the creation of the Maryland Telemedicine Task Force, which submitted its final report to the council in December 2011. Finding that the use of telemedicine increases access to health care, reduces health disparities, and creates efficiencies in health care delivery, the task force identified the following recommendations to promote telemedicine in Maryland: (1) State-regulated payors should reimburse for telemedicine services; (2) a centralized telemedicine network built on existing industry standards should be established; (3) and changes should be implemented in the licensure, credentialing, and privileging of providers to facilitate the adoption of telemedicine. The task force also recommended that Medicaid’s telemental health pilot program continue and that Maryland Medicaid consider the financial impact of supporting telemedicine and propose a reasonable adoption strategy relating to telemedicine services.

Chapters 579 and 580 of 2012 (SB 781/HB 1149) implemented the task force’s first recommendation by requiring insurers, nonprofit health service plans, and health maintenance organizations to cover and reimburse for health care services appropriately delivered through telemedicine. In addition, Chapters 579 and 580 required the Department of Health and Mental Hygiene to conduct a review of literature and evidence regarding telemedicine generally, the telemedicine policies and procedures of other payors and state Medicaid agencies, and the potential fiscal issues related to Medicaid coverage and telemedicine.

Additional Information

Prior Introductions: None.

Cross File: Although designated as a cross file, SB 494 (Senator Pugh, *et al.* - Finance) is different.

Information Source(s): Department of Health and Mental Hygiene, University System of Maryland, University of Maryland Medical System, Department of Legislative Services

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