## **HOUSE BILL 1652**

J1 8lr3503 CF SB 704

By: Delegates Sample-Hughes, Barron, and Lam

Introduced and read first time: February 9, 2018 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 23, 2018

CHAPTER

1 AN ACT concerning

## 2 Maryland Medical Assistance Program – Telemedicine – Assertive Community 3 Treatment and Mobile Treatment Services

4 FOR the purpose of requiring the Maryland Department of Health, under certain 5 circumstances, to include psychiatrists who are providing Assertive Community 6 Treatment or mobile treatment services to certain Maryland Medical Assistance 7 Program recipients in the types of providers eligible to receive reimbursement for 8 health care services that are delivered through telemedicine and provided to Program recipients; providing that a certain health care service provided through 9 10 telemedicine by a certain psychiatrist is equivalent to the same health care service 11 when provided through an in-person consultation for a certain purpose; requiring 12 the Department to report to certain committees of the General Assembly on certain 13 matters on or before a certain date; providing for the termination of this Act; and generally relating to the Maryland Medical Assistance Program and telemedicine. 14

- 15 BY repealing and reenacting, with amendments,
- 16 Article Health General
- 17 Section 15–105.2

22

- 18 Annotated Code of Maryland
- 19 (2015 Replacement Volume and 2017 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

21 That the Laws of Maryland read as follows:

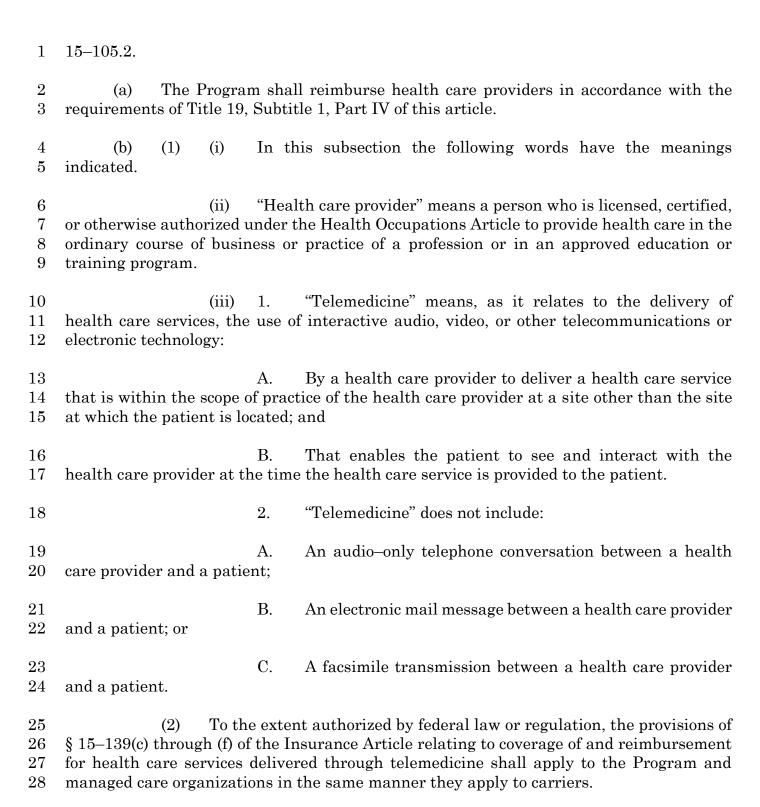
Article - Health - General

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



29 (3) Subject to the limitations of the State budget and to the extent 30 authorized by federal law or regulation, the Department may authorize coverage of and 31 reimbursement for health care services that are delivered through store and forward 32 technology or remote patient monitoring.

- 1 (4) (i) The Department may specify by regulation the types of health 2 care providers eligible to receive reimbursement for health care services provided to 3 Program recipients under this subsection.
- 4 (ii) If the Department specifies by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection, the types of health care providers specified shall include [primary]:
- 8 1. PRIMARY care providers; AND
- 9 2. PSYCHIATRISTS WHO ARE PROVIDING ASSERTIVE 10 COMMUNITY TREATMENT OR MOBILE TREATMENT SERVICES TO PROGRAM 11 RECIPIENTS LOCATED IN A HOME OR COMMUNITY-BASED SETTING.
- (III) FOR THE PURPOSE OF REIMBURSEMENT AND ANY FIDELITY
  13 STANDARDS ESTABLISHED BY THE DEPARTMENT, A HEALTH CARE SERVICE
  14 PROVIDED THROUGH TELEMEDICINE BY A PSYCHIATRIST DESCRIBED UNDER
  15 SUBPARAGRAPH (II)2 OF THIS PARAGRAPH IS EQUIVALENT TO THE SAME HEALTH
  16 CARE SERVICE WHEN PROVIDED THROUGH AN IN-PERSON CONSULTATION.
- 17 (5) The Department may require a health care provider to submit a 18 registration form to the Department that includes information required for the processing 19 of claims for reimbursement for health care services provided to Program recipients under 20 this subsection.
- 21 (6) The Department shall adopt regulations to carry out this subsection.
- SECTION 2. AND BE IT FURTHER ENACTED, That, on or before September 30, 2020, the Maryland Department of Health shall report, in accordance with § 2–1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on the effect on Medical Assistance Program general fund expenditures of reimbursing telemedicine services from psychiatrists who are providing Assertive Community Treatment or mobile treatment services, as required by Section 1 of this Act.
- SECTION 2. 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018. It shall remain effective for a period of 2 years and, at the end of September 30, 2020, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.