2lr2351CF SB 781

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 2012

CHAPTER

1 AN ACT concerning

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Health Insurance – Coverage for <u>Services Delivered Through</u> Telemedicine Services

FOR the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide the same coverage for health care services delivered in person or through a telemedicine service in a certain manner; prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from excluding a health care service from coverage solely because it is delivered by a telemedicine service and not in another manner; requiring certain insurers, nonprofit health service plans, and health maintenance organizations to reimburse health care providers for certain services on a certain basis under certain circumstances; authorizing the imposition of a deductible, copayment, coinsurance amount, or annual dollar maximum, or lifetime dollar maximum under certain circumstances for certain services; prohibiting the imposition of a lifetime dollar maximum for certain services; authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to undertake certain utilization review under certain circumstances; prohibiting a health insurance policy or contract from distinguishing between patients in rural or urban locations in providing certain coverage; providing that a certain decision constitutes a certain adverse decision

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.



	2	HOUSE BILL 1149
1		under certain circumstances; requiring the Maryland Medical Assistance
2		Program to provide certain reimbursement under certain circumstances;
3		making certain provisions of this Act applicable to health maintenance
4		organizations; providing that the health benefit options that the Secretary of
5		Budget and Management includes in the State Employee and Retiree Health
6		and Welfare Benefits Program may not discriminate in a certain manner and
7		shall provide certain coverage; requiring the Department of Public Safety and
8		Correctional Services to make a certain study and report to the General
9		Assembly on or before a certain date; requiring the Department of Health and
10		Mental Hygiene to conduct a certain review, make a certain determination,
11		conduct a certain analysis, and report to certain committees of the General
12		Assembly on or before a certain date concerning telemedicine and the Maryland
13		Medical Assistance population; defining a certain term; providing for the
14		application of this Act; and generally relating to coverage for telemedicine
15		services under health insurance.
16	BY a	adding to
17		Article – Insurance
18		Section 15–139
19		Annotated Code of Maryland
20		(2011 Replacement Volume)
21	<u>BY 1</u>	repealing and reenacting, with amendments,
22		Article - Health - General
23		Section 15_105 2

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- **Annotated Code of Maryland** 24
- (2009 Replacement Volume and 2011 Supplement) 25
- 26 BY adding to
- 27 Article – Health – General
- Section 19-706(llll) 28
- 29 Annotated Code of Maryland
- (2009 Replacement Volume and 2011 Supplement) 30
- 31 BY adding to
- 32 Article - State Personnel and Pensions
- Section 2-518 33
- **Annotated Code of Maryland** 34
- (2009 Replacement Volume and 2011 Supplement) 35
- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 36 MARYLAND, That the Laws of Maryland read as follows: 37
- Article Insurance 38
- 39 **15–139.**

1	(A)	(1)	IN	THIS	SECT	ION,	, "TEL	EMED	DICINI	E SEI	RVICE'	' MEA	NS, A	S IT
2	RELATES	TO	THE	DELIV	ERY	OF	HEAL	TH C	CARE	SER	VICES,	THE	USE	OF
3	INTERACT	TIVE	AUD	IO, V	VIDEC), (OR O	THER	TE	LECC	OMMUN	NICAT	ONS	OR
4	ELECTRO	NIC	TECH	NOLOG	Y BY	Α	LICEN	NSED	HEAI	LTH	CARE	PROV	/IDER	TO
5	DELIVER	A HE	ALTH	CARE	SERV	VICE	WITH	IN TH	E SC	OPE (OF PR	ACTIC	E OF	THE
6	HEALTH (CARE	PRO	VIDER	AT A	SIT	E OTI	HER T	THAN	THE	SITE	AT W	HICH	THE
7	PATIENT I	SLO	CATEI).										

8 (2) "TELEMEDICINE SERVICE" DOES NOT INCLUDE:

- 9 (I) AN AUDIO-ONLY TELEPHONE CONVERSATION BETWEEN 10 A HEALTH CARE PROVIDER AND A PATIENT;
- 11 (II) AN ELECTRONIC MAIL MESSAGE BETWEEN A HEALTH
 12 CARE PROVIDER AND A PATIENT; OR
- 13 (III) A FACSIMILE TRANSMISSION BETWEEN A HEALTH CARE
 14 PROVIDER AND A PATIENT.

15 (B) THIS SECTION APPLIES TO:

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- 16 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
 17 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR
 18 GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE
 19 POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- 20 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE 21 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS 22 UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) AN ENTITY SUBJECT TO THIS SECTION:

- 24 (1) SHALL PROVIDE THE SAME COVERAGE UNDER A HEALTH
 25 INSURANCE POLICY OR CONTRACT FOR HEALTH CARE SERVICES
 26 APPROPRIATELY DELIVERED IN PERSON OR THROUGH A TELEMEDICINE
 27 SERVICE; AND
- 28 (2) MAY NOT EXCLUDE FROM COVERAGE A HEALTH CARE
 29 SERVICE SOLELY BECAUSE IT IS PROVIDED THROUGH A TELEMEDICINE SERVICE
 30 AND IS NOT PROVIDED THROUGH AN IN-PERSON CONSULTATION OR CONTACT
 31 BETWEEN A HEALTH CARE PROVIDER AND A PATIENT.

(D) AN ENTITY SUBJECT TO THIS SECTION:

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SERVICE.

1	(1) SHALL REIMBURSE A HEALTH CARE PROVIDER FOR THE
2	DIAGNOSIS, CONSULTATION, AND TREATMENT OF AN INSURED PATIENT FOR A
3	HEALTH CARE SERVICE COVERED UNDER A HEALTH INSURANCE POLICY OR
4	CONTRACT ON THE SAME BASIS REGARDLESS OF WHETHER THE HEALTH CARE
5	SERVICE IS DELIVERED THROUGH AN IN-PERSON CONSULTATION OR THROUGH
6	A TELEMEDICINE SERVICE THAT CAN BE APPROPRIATELY PROVIDED THROUGH
7	TELEMEDICINE;
8	(2) IS NOT REQUIRED TO:
9	(I) REIMBURSE A HEALTH CARE PROVIDER FOR A HEALTH
10	CARE SERVICE DELIVERED IN PERSON OR THROUGH $\frac{1}{4}$ TELEMEDICINE $\frac{1}{4}$
11	THAT IS NOT A COVERED BENEFIT UNDER THE HEALTH INSURANCE POLICY OR
12	CONTRACT; OR
13	(II) REIMBURSE A HEALTH CARE PROVIDER WHO IS NOT A
14	COVERED PROVIDER UNDER THE HEALTH INSURANCE POLICY OR CONTRACT;
15	AND
16	(3) (I) MAY IMPOSE A DEDUCTIBLE, COPAYMENT, OR
17	COINSURANCE AMOUNT , ANNUAL DOLLAR MAXIMUM, OR LIFETIME DOLLAR
18	MAXIMUM ON BENEFITS FOR HEALTH CARE SERVICES THAT ARE DELIVERED
19	EITHER THROUGH AN IN-PERSON CONSULTATION OR A THROUGH
20	TELEMEDICINE SERVICE IF THE LIMITATIONS ARE APPLIED EQUALLY AND IN
21	THE AGGREGATE TO THE-DELIVERY OF ALL COVERED HEALTH CARE SERVICES;
22	(II) MAY IMPOSE AN ANNUAL DOLLAR MAXIMUM AS
23	PERMITTED BY FEDERAL LAW; AND
24	(III) MAY NOT IMPOSE A LIFETIME DOLLAR MAXIMUM.
25	(E) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN AN
26	ENTITY SUBJECT TO THIS SECTION MAY UNDERTAKE UTILIZATION REVIEW,
27	INCLUDING PREAUTHORIZATION, TO DETERMINE THE APPROPRIATENESS OF
28	ANY HEALTH CARE SERVICE WHETHER THE SERVICE IS DELIVERED THROUGH
29	AN IN–PERSON CONSULTATION OR $\stackrel{\triangle}{+}$ THROUGH TELEMEDICINE SERVICE IF THE
30	APPROPRIATENESS OF THE HEALTH CARE SERVICE IS DETERMINED IN THE
31	SAME MANNER.
32	(2) A UTILIZATION REVIEW UNDER PARAGRAPH (1) OF THIS

SUBSECTION MAY NOT REQUIRE PREAUTHORIZATION OF A TELEMEDICINE

- 1 (F) A HEALTH INSURANCE POLICY OR CONTRACT MAY NOT
 2 DISTINGUISH BETWEEN PATIENTS IN RURAL OR URBAN LOCATIONS IN
 3 PROVIDING COVERAGE UNDER THE POLICY OR CONTRACT FOR HEALTH CARE
 4 SERVICES DELIVERED BY A THROUGH TELEMEDICINE SERVICE.
- 6 PROVIDE COVERAGE FOR A TELEMEDICINE SERVICE IN ACCORDANCE WITH THIS
 7 SECTION CONSTITUTES AN ADVERSE DECISION, AS DEFINED IN §
 8 15–10A–01 OF THIS TITLE, IF THE DECISION IS BASED ON A FINDING THAT THE
 9 TELEMEDICINE SERVICE IS NOT MEDICALLY NECESSARY, APPROPRIATE, OR
 10 EFFICIENT.

Article - Health - General

12 15-105.2.

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- 13 (A) The Program shall reimburse health care providers in accordance with the requirements of Title 19, Subtitle 1, Part IV of this article.
- 15 (B) UNLESS OTHERWISE SPECIFICALLY PROHIBITED OR LIMITED BY
 16 FEDERAL OR STATE LAW, THE PROGRAM SHALL REIMBURSE A HEALTH CARE
 17 PROVIDER FOR A HEALTH CARE SERVICE DELIVERED BY A TELEMEDICINE
 18 SERVICE, AS DEFINED IN § 15–139 OF THE INSURANCE ARTICLE, IN THE SAME
 19 MANNER AS THE SAME HEALTH CARE SERVICE IS REIMBURSED WHEN
 20 DELIVERED IN PERSON.
- 21 19–706.
- 22 (LLLL) THE PROVISIONS OF § 15–139 OF THE INSURANCE ARTICLE 23 APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

24 Article - State Personnel and Pensions

- 25 2-518.
- 26 THE HEALTH INSURANCE BENEFIT OPTIONS THAT THE SECRETARY
 27 INCLUDES IN THE PROGRAM:
- 28 (1) MAY NOT DISCRIMINATE AGAINST THE DELIVERY OF HEALTH
 29 CARE SERVICES BY A TELEMEDICINE SERVICE, AS DEFINED IN § 15–139 OF THE
 30 INSURANCE ARTICLE: AND
- 31 (2) SHALL PROVIDE THE SAME COVERAGE FOR HEALTH CARE
 32 SERVICES DELIVERED EITHER IN PERSON OR THROUGH A TELEMEDICINE
 33 SERVICE, AS DEFINED IN § 15–139 OF THE INSURANCE ARTICLE.

1 2 3 4 5 6 7 8	SECTION 2. AND BE IT FURTHER ENACTED, That the Department of Public Safety and Correctional Services shall study the use of telemedicine to identify opportunities to reduce the costs of delivering health care services to inmates incarcerated in a State or local correctional facility, such as reducing the cost of secure transportation. On or before December 1, 2012, the Department shall report to the General Assembly, in accordance with § 2–1246 of the State Government Article, on its study and include a plan for implementing the use of telemedicine to deliver health care services to inmates.
9 10	SECTION 3. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene shall:
11 12 13	(1) conduct a review of the current literature and evidence regarding the different types of telemedicine, and conduct a review of other payers' and other State Medicaid agencies' telemedicine policies and procedures;
14 15	(2) include in its review the evidence regarding the appropriate use of telemedicine in delivering mental health services;
16 17 18 19	(3) based on its review, determine which types of patients would be suitable for which types of telemedicine and conduct a fiscal impact analysis that estimates the potential effect of Medicaid coverage of telemedicine on utilization, price, substitution, and effects on other services; and
20 21 22 23 24	(4) on or before December 1, 2012, report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1246 of the State Government Article, on the findings of its review and any recommendations on the provision of telemedicine for the Maryland Medical Assistance Program population, including:
25 26	(i) any cost—neutral coverage of telemedicine that can be implemented in fiscal year 2013; and
27 28	(ii) any recommended coverage of telemedicine that would require additional funding to implement in fiscal year 2014.
29 30 31	SECTION $\frac{3}{2}$. 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, 2012.
32 33	SECTION $\frac{4}{5}$. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2012.