

Department of Legislative Services
Maryland General Assembly
2012 Session

FISCAL AND POLICY NOTE

House Bill 1400 (Delegates Smigiel and Hammen)
Health and Government Operations

State Board of Physicians - Exceptions from Licensing - Physicians Authorized to
Practice Medicine by Another State

This bill expands the current exceptions to licensure for physicians to include a physician who resides in and is authorized to practice medicine by *another state* if (1) the physician's practice extends into this State; the physician does not have an office or other regularly appointed place in this State to meet patients; and the same privileges are extended to physicians of this State by the state in which the physician is authorized to practice medicine; *or* (2) the physician provides medical services by telemedicine to a patient in the state in which the physician is authorized to practice medicine while the physician is in this State.

Fiscal Summary

State Effect: The bill does not directly affect governmental operations or finances.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: "Telemedicine" is 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. Telemedicine does not include audio-only telephone calls, email messages, or communications via fax.

Current Law: The following individuals may practice medicine without a license: (1) a medical student or an individual in a postgraduate medical training program that is approved by the State Board of Physicians, while doing the assigned duties at any office of a licensed physician, hospital, clinic, or similar facility; (2) a physician licensed by and residing in another jurisdiction, while engaging in consultation with a physician licensed in this State; (3) a physician employed in the service of the federal government while performing the duties incident to that employment; (4) a physician who resides in and is authorized to practice medicine by *any state adjoining this State* and whose practice extends into this State, if the physician does not have an office or other regularly appointed place in this State to meet patients; and the same privileges are extended to licensed physicians of this State by the adjoining state; and (5) specified individuals with specialty training in psychiatry while under the supervision of a licensed physician.

Background: Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health status. There are generally two types of telemedicine encounters – those that require two providers and those that do not. Certain telemedicine encounters require a provider at the location with the patient to “present” the patient and manage the telemedicine technology, while another provider conducts the evaluation or consultation remotely. Other forms of telemedicine, such as remote monitoring, require only one provider to receive and interpret clinical data or provide consultation to another provider.

In June 2010, the Maryland Health Quality and Cost Council approved the creation of the Maryland Telemedicine Task Force. A final report to the council was issued in December 2011. The report found that effective use of telemedicine can increase access to health care, reduce health disparities, and create efficiencies in health care delivery. Telemedicine is generally considered as a viable means of delivering health care remotely through the use of communication technologies and can bridge the gaps of distance and health care disparity. Although telemedicine is well established, a number of technology and policy challenges need to be resolved before its full potential can be realized.

The task force's clinical advisory group identified the rigorous requirements of individual states for licensing physicians as a barrier to telemedicine services that are provided across state borders. The advisory group recommended that the State Board of Physicians consider changing its laws and regulations to lessen the challenges faced by physicians who provide or would like to provide telemedicine services in Maryland. The advisory group agreed that options to mitigate these challenges include issuing medical licenses to out-of-state physicians that are limited to providing telemedicine services, establishing reciprocity agreements with other states either directly or through a multistate compact, and supporting federal licensure for physicians who provide telemedicine services in multiple states. The advisory group notes that changes in

existing law and regulation are not immediately required to advance telemedicine in Maryland.

Based on these findings, the task force's recommendations include implementing changes in licensure, credentialing, and privileging of providers to facilitate the adoption of telemedicine. As telemedicine advances, additional consideration regarding expanding existing regulations to support out-of-state providers that meet certain conditions to provide telemedicine services to patients in Maryland is required.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): *Telemedicine Recommendations: A Report Prepared for the Maryland Health Quality and Cost Council*, December 2011; American Telemedicine Association; Department of Health and Mental Hygiene; Department of Legislative Services

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