

# SENATE BILL 798

J3, J2

3lr2218  
CF 3lr0526

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By: **Senators Middleton, Astle, Colburn, Edwards, Kittleman, Mathias,  
Montgomery, and Pugh**

Introduced and read first time: February 1, 2013

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Credentialing and Privileging Process – Telemedicine**

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  
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.

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

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 19–319.

18 (e) (1) **(I)** In this subsection[, “uniform] **THE FOLLOWING WORDS**  
19 **HAVE THE MEANINGS INDICATED.**

20 **(II) 1. “TELEMEDICINE” MEANS THE USE OF**  
21 **INTERACTIVE AUDIO, VIDEO, OR OTHER TELECOMMUNICATIONS OR**  
22 **ELECTRONIC TECHNOLOGY BY A PHYSICIAN IN THE PRACTICE OF MEDICINE**  
23 **OUTSIDE THE PHYSICAL PRESENCE OF THE PATIENT.**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1                                   **2.   “TELEMEDICINE” DOES NOT INCLUDE:**

2                                   **A.   AN AUDIO-ONLY TELEPHONE CONVERSATION**  
3 **BETWEEN A PHYSICIAN AND A PATIENT;**

4                                   **B.   AN ELECTRONIC MAIL MESSAGE BETWEEN A**  
5 **PHYSICIAN AND A PATIENT; OR**

6                                   **C.   A FACSIMILE TRANSMISSION BETWEEN A**  
7 **PHYSICIAN AND A PATIENT.**

8                                   **(III) “UNIFORM standard credentialing form” means:**

9                                   **[(i)] 1.** The form designated by the Secretary through  
10 regulation for credentialing physicians who seek to be employed by or have staff  
11 privileges at a hospital; or

12                                   **[(ii)] 2.** The uniform credentialing form that the Insurance  
13 Commissioner designates under § 15-112.1 of the Insurance Article.

14                                   (2) As a condition of licensure, each hospital shall:

15                                   (i) Establish a credentialing process for the physicians who are  
16 employed by or who have staff privileges at the hospital; and

17                                   (ii) Use the uniform standard credentialing form as the initial  
18 application of a physician seeking to be credentialed.

19                                   (3) Use of the uniform standard credentialing form does not preclude a  
20 hospital from requiring supplemental or additional information as part of the  
21 hospital’s credentialing process.

22                                   (4) The Secretary shall, by regulation and in consultation with  
23 hospitals, physicians, interested community and advocacy groups, and representatives  
24 of the Maryland Defense Bar and Plaintiffs’ Bar, establish minimum standards for a  
25 credentialing process which shall include:

26                                   (i) A formal written appointment process documenting the  
27 physician’s education, clinical expertise, licensure history, insurance history, medical  
28 history, claims history, and professional experience.

29                                   (ii) A requirement that an initial appointment to staff not be  
30 complete until the physician has successfully completed a probationary period.

1 (iii) A formal, written reappointment process to be conducted at  
2 least every 2 years. The reappointment process shall document the physician's pattern  
3 of performance by analyzing:

- 4 1. Claims filed against the physician;
- 5 2. Data dealing with utilization, quality, and risk;
- 6 3. Clinical skills;
- 7 4. Adherence to hospital bylaws, policies, and  
8 procedures;
- 9 5. Compliance with continuing education requirements;
- 10 6. Mental and physical status; and
- 11 7. The results of the practitioner performance evaluation  
12 process under subsection (i) of this section.

13 (5) If requested by the Department, a hospital shall provide  
14 documentation that, prior to employing or granting privileges to a physician, the  
15 hospital has complied with the requirements of this subsection and that, prior to  
16 renewing employment or privileges, the hospital has complied with the requirements  
17 of this subsection.

18 **(6) NOTWITHSTANDING ANY OTHER PROVISION OF THIS**  
19 **SUBSECTION, IN ITS CREDENTIALING AND PRIVILEGING PROCESS FOR A**  
20 **PHYSICIAN WHO PROVIDES MEDICAL SERVICES TO PATIENTS AT THE HOSPITAL**  
21 **ONLY THROUGH TELEMEDICINE FROM A DISTANT-SITE HOSPITAL OR**  
22 **DISTANT-SITE TELEMEDICINE ENTITY, A HOSPITAL MAY RELY ON THE**  
23 **CREDENTIALING AND PRIVILEGING DECISIONS MADE FOR THE PHYSICIAN BY**  
24 **THE DISTANT-SITE HOSPITAL OR DISTANT-SITE TELEMEDICINE ENTITY, AS**  
25 **AUTHORIZED UNDER 42 C.F.R. PART 482.**

26 **[(6)] (7)** If a hospital fails to establish or maintain a credentialing  
27 process required under this subsection, the Secretary may impose the following  
28 penalties:

- 29 (i) Delicensure of the hospital; or
- 30 (ii) \$500 per day for each day the violation continues.

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
32 October 1, 2013.

