

SB0198/277574/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 198

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “requiring” in line 3 down through “telemedicine” in line 4 and substitute “requiring, to the extent authorized by federal law or regulation, certain provisions of law relating to coverage of and reimbursement for health care services delivered through telemedicine to apply to the Maryland Medical Assistance Program and managed care organizations in a certain manner; authorizing the Department of Health and Mental Hygiene to allow coverage of and reimbursement for health care services delivered in a certain manner under certain circumstances; authorizing the Department to specify by regulation the types of health care providers eligible to receive certain reimbursement”; in line 6, after “reimbursement;” insert “defining certain terms;”; and strike in their entirety lines 13 through 17, inclusive.

AMENDMENT NO. 2

On page 2, strike beginning with the first bracket in line 1 down through “available” in line 12 and substitute “**(1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

(II) “HEALTH CARE PROVIDER” MEANS A PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION OR IN AN APPROVED EDUCATION OR TRAINING PROGRAM.

(III) 1. “TELEMEDICINE” MEANS, AS IT RELATES TO THE DELIVERY OF HEALTH CARE SERVICES, THE USE OF INTERACTIVE AUDIO, VIDEO, OR OTHER TELECOMMUNICATIONS OR ELECTRONIC TECHNOLOGY:

(Over)

A. BY A HEALTH CARE PROVIDER TO DELIVER A HEALTH CARE SERVICE THAT IS WITHIN THE SCOPE OF PRACTICE OF THE HEALTH CARE PROVIDER AT A SITE OTHER THAN THE SITE AT WHICH THE PATIENT IS LOCATED; AND

B. THAT ENABLES THE PATIENT TO SEE AND INTERACT WITH THE HEALTH CARE PROVIDER AT THE TIME THE HEALTH CARE SERVICE IS PROVIDED TO THE PATIENT.

2. "TELEMEDICINE" DOES NOT INCLUDE:

A. AN AUDIO-ONLY TELEPHONE CONVERSATION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT;

B. AN ELECTRONIC MAIL MESSAGE BETWEEN A HEALTH CARE PROVIDER AND A PATIENT; OR

C. A FACSIMILE TRANSMISSION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT.

(2) TO THE EXTENT AUTHORIZED BY FEDERAL LAW OR REGULATION, THE PROVISIONS OF § 15-139(C) THROUGH (F) OF THE INSURANCE ARTICLE RELATING TO COVERAGE OF AND REIMBURSEMENT FOR HEALTH CARE SERVICES DELIVERED THROUGH TELEMEDICINE SHALL APPLY TO THE PROGRAM AND MANAGED CARE ORGANIZATIONS IN THE SAME MANNER THEY APPLY TO CARRIERS.

(3) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET AND TO THE EXTENT AUTHORIZED BY FEDERAL LAW OR REGULATION, THE DEPARTMENT MAY AUTHORIZE COVERAGE OF AND REIMBURSEMENT FOR HEALTH CARE SERVICES THAT ARE DELIVERED THROUGH STORE AND FORWARD TECHNOLOGY OR REMOTE PATIENT MONITORING.

(4) THE DEPARTMENT MAY SPECIFY BY REGULATION THE TYPES OF HEALTH CARE PROVIDERS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS SUBSECTION”;

in line 13, strike “(3)” and substitute “**(5)**”; in line 14, strike the bracket; and strike in their entirety lines 15 through 28, inclusive.