

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 983

(Delegate Pena-Melnyk, *et al.*)

Health and Government Operations

Finance

Health Insurance - Health Care Services Delivered Through Telehealth -
Coverage

This bill establishes that currently mandated health insurance coverage for health care services appropriately delivered through *telehealth* must include counseling for substance use disorders.

The bill applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2017.

Fiscal Summary

State Effect: The bill does not materially affect State finances or operations, including the Maryland Insurance Administration and the State Employee and Retiree Health and Welfare Benefits Program.

Local Effect: Potential minimal increase in health care expenditures for local governments that purchase fully insured health benefit plans. Revenues are not affected.

Small Business Effect: Potential meaningful for small businesses that provide counseling for substance use disorders through telehealth to the extent such services are not already covered.

Analysis

Bill Summary/Current Law: The bill substitutes the term “telehealth” for “telemedicine” and the term “location” for “site.” Accordingly, “*telehealth*” means, as it relates to the delivery of health care services, the use of interactive audio, video, or other

telecommunications or electronic technology 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 *location* other than the *location of* the patient. “*Telehealth*” does not include an audio-only telephone conversation, electronic mail message, or facsimile transmission between a health care provider and a patient.

Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must provide coverage for health care services appropriately delivered through telemedicine (now telehealth). Carriers may not exclude from coverage a health care service solely because it is not provided through in-person consultation or contact. Carriers must reimburse for a covered health care service that can be appropriately provided through telemedicine. Carriers may impose cost-sharing requirements for services delivered through telemedicine. Carriers may also undertake utilization review, including preauthorization, to determine the appropriateness of a health care service – whether delivered in person or through telemedicine – if the appropriateness of the service is determined in the same manner.

Background: Telemedicine may increase access to substance use counseling services by reducing barriers of transportation and the perceived stigma of attending a substance use treatment provider.

Medicaid provides telehealth services, including some substance use disorder services. In January 2017, the Department of Health and Mental Hygiene (DHMH) issued a report on Medicaid telehealth that included a proposal to expand coverage to include services offered by community-based substance use disorder programs. More specifically, DHMH proposed permitting opioid treatment providers and programs certified by the Behavioral Health Administration to serve as distant site providers to ensure that recipients with a substance use disorder diagnosis are able to access care easily.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): “Trends in telemedicine use in addiction treatment,” *Addiction Science and Clinical Practice*, 2015; Department of Budget and Management; Department of Health and Mental Hygiene; Maryland Insurance Administration; Department of Legislative Services

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