

Chapter 479

(House Bill 605)

AN ACT concerning

Maryland Medical Assistance Program – Telemedicine – Psychiatric Nurse Practitioners and Psychiatrists

FOR the purpose of requiring the Maryland Department of Health, under certain circumstances, to include psychiatric nurse practitioners who are providing Assertive Community Treatment or mobile treatment services to certain Maryland Medical Assistance Program recipients in the types of providers eligible to receive reimbursement for health care services that are delivered through telemedicine and provided to Program recipients; providing that a certain health care service provided through telemedicine by a certain psychiatric nurse practitioner is equivalent to the same health care service when provided through an in-person consultation for a certain purpose; altering the date on which a certain provision of law regarding psychiatrists and telemedicine terminates; requiring the Department to report to certain committees of the General Assembly on certain matters on or before a certain date; providing for the termination of this Act; and generally relating to the Maryland Medical Assistance Program and telemedicine.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 15–105.2

Annotated Code of Maryland

(2015 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, with amendments,

Chapter 691 of the Acts of the General Assembly of 2018

Section 3

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

Article – Health – General

15–105.2.

(a) The Program shall reimburse health care providers in accordance with the requirements of Title 19, Subtitle 1, Part IV of this article.

(b) (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:

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) (i) 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.

(ii) If the Department specifies by regulation the types of health care providers eligible to receive reimbursement for health care services provided to Program recipients under this subsection, the types of health care providers specified shall include:

1. Primary care providers; and

2. Psychiatrists AND PSYCHIATRIC NURSE PRACTITIONERS, AS DEFINED IN § 10-601 OF THIS ARTICLE, who are providing Assertive Community Treatment or mobile treatment services to Program recipients located in a home or community-based setting.

(iii) For the purpose of reimbursement and any fidelity standards established by the Department, a health care service provided through telemedicine by a psychiatrist **OR A PSYCHIATRIC NURSE PRACTITIONER** described under subparagraph (ii)2 of this paragraph is equivalent to the same health care service when provided through an in-person consultation.

(5) The Department may require a health care provider to submit a registration form to the Department that includes information required for the processing of claims for reimbursement for health care services provided to Program recipients under this subsection.

(6) The Department shall adopt regulations to carry out this subsection.

Chapter 691 of the Acts of 2018

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2018. It shall remain effective for a period of [2] 3 years and, at the end of September 30, [2020] 2021, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before September 30, 2021, the Maryland Department of Health shall report, in accordance with § 2-1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on the effect on Medical Assistance Program general fund expenditures of reimbursing telemedicine services from psychiatric nurse practitioners who are providing Assertive Community Treatment or mobile treatment services, as required by Section 1 of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019. It shall remain effective until the taking effect of the termination provision specified in Section 3 of Chapter 691 of the Acts of the General Assembly of 2018. If that termination provision takes effect, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect. This Act may not be interpreted to have any effect on that termination provision.

Approved by the Governor, May 13, 2019.