

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Third Reader

House Bill 191 (Delegate Kelly)
Health and Government Operations

Finance

Maryland Medical Assistance Program - Psychiatrist and Psychiatric Nurse
Practitioner Telemedicine Reimbursement - Sunset Termination

This bill makes permanent provisions of law that (1) require the Maryland Department of Health (MDH) to include psychiatrists and psychiatric nurse practitioners providing Assertive Community Treatment (ACT) or mobile treatment services (MTS) in any regulations that specify the types of health care providers eligible to receive reimbursement for telemedicine health care services and (2) specify that a health care service provided through telemedicine by a psychiatrist or psychiatric nurse practitioner is equivalent to the same service when provided through an in-person consultation. **The bill takes effect July 1, 2021.**

Fiscal Summary

State Effect: The bill codifies existing practice and is not anticipated to have a meaningful impact on Medicaid revenues or expenditures, as discussed below.

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Current Law: To the extent authorized by federal law or regulation, coverage of and reimbursement for health care services delivered through telemedicine must apply to Medicaid and managed care organizations in the same manner they apply to health insurance carriers. Subject to the limitations of the State budget and to the extent authorized by federal law, MDH *may authorize* coverage of and reimbursement for health care

services that are delivered through store-and-forward technology or remote patient monitoring (RPM). MDH may specify by regulation the types of health care providers eligible to receive reimbursement for telemedicine health care services provided to Medicaid recipients.

Chapter 691 of 2018 requires that, if MDH specifies by regulation the types of health care providers eligible to receive reimbursement for Medicaid telemedicine services, the types of providers must include psychiatrists providing ACT or MTS in a home or community-based setting. Chapter 691 originally was set to terminate September 30, 2020, but this date was extended to September 30, 2021, by Chapters 479 and 480 of 2019. Chapters 479 and 480 require MDH to include psychiatric nurse practitioners providing ACT or MTS in any regulations that specify the types of health care providers eligible to receive reimbursement for telemedicine health care services. Chapters 479 and 480 terminate upon the termination of Chapter 691 (September 30, 2021).

All Medicaid participants are eligible to receive telehealth services. Medicaid's current telehealth policy includes coverage for real-time audio-video conferencing and RPM for certain chronic conditions. Telehealth services are subject to the same program restrictions, requirements, and other limitations as services provided in person. Telehealth providers must be enrolled as a Medicaid provider to be reimbursed; however, certain originating site providers may participate even though they are not eligible to enroll as a Medicaid provider. The office of a psychiatric nurse practitioner may serve as an originating site provider, and a psychiatric nurse practitioner may serve as a distant site provider.

State Fiscal Effect: Since implementation of Chapter 691 and Chapters 479 and 480, MDH advises that it has not observed a substantial increase in service utilization or expenditures related to psychiatrists or psychiatric nurse practitioners who provide ACT or MTS via telehealth. Accordingly, MDH reports that it intends to make reimbursement for these providers a permanent part of the Medicaid telehealth program and that the bill is not anticipated to have a meaningful impact on Medicaid revenues or expenditures.

Small Business Effect: Psychiatrists and psychiatric nurse practitioners that provide ACT or MTS via telemedicine to Medicaid recipients in home or community-based settings may continue to provide such services.

Additional Information

Prior Introductions: None.

Cross File: SB 56 (Senator Eckardt) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - January 24, 2021
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