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Legislative Document

No. 1352

S.P. 489

In Senate, April 21, 2015

An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth

Reference to the Committee on Health and Human Services suggested and ordered printed.

Heath & Print

HEATHER J.R. PRIEST Secretary of the Senate

Presented by Senator GRATWICK of Penobscot. Cosponsored by Representative FOLEY of Wells and Senators: CUSHING of Penobscot, LIBBY of Androscoggin, Representatives: BATES of Westbrook, DAVITT of Hampden, VACHON of Scarborough.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §1726 is enacted to read:
3	<u>§1726. Telemedicine and telehealth</u>
4 5	<u>1. Definitions.</u> As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
6 7 8	<u>A.</u> "Patient originating site" means a site where a patient is physically located at the time that health care services are provided through the use of electronic information and telecommunications and information technologies.
9 10 11	B. "Provider distant site" means a site where a health care provider who provides health care services is located while providing these services through the use of electronic information and telecommunications and information technologies.
12 13 14	C. "Telehealth" means the use of electronic information and telecommunications and information technologies to support clinical health care, patient and professional health-related education, public health and health administration.
15 16 17	D. "Telemedicine" means the use of electronic information and telecommunications and information technologies to provide clinical health care when a patient is at the patient originating site and a health care provider is at the provider distant site.
18 19 20 21 22	2. Delivery of services through telemedicine, telehealth. A hospital licensed by the State under chapter 405 that is controlled, directly or indirectly, by an entity that controls at least one other hospital licensed by the State under chapter 405 shall include in its strategic plan as an integral part of its mission the delivery of health care services through telemedicine and telehealth.
23	Sec. 2. 22 MRSA §3172, sub-§§4, 5, 6 and 7 are enacted to read:
24 25 26	<u>4. Patient originating site.</u> "Patient originating site" means a site where a patient is physically located at the time that health care services are provided through the use of electronic information and telecommunications and information technologies.
27 28 29 30	5. Provider distant site. "Provider distant site" means a site where a health care provider who provides health care services is located while providing these services through the use of electronic information and telecommunications and information technologies.
31 32 33	6. Telehealth. "Telehealth" means the use of electronic information and telecommunications and information technologies to support clinical health care, patient and professional health-related education, public health and health administration.
34 35 36 37	7. Telemedicine. "Telemedicine" means the use of electronic information and telecommunications and information technologies to provide clinical health care when a patient is at the patient originating site and a health care provider is at the provider distant site.

1	Sec. 3. 22 MRSA §3173-G is enacted to read:
2	§3173-G. Reimbursement for services delivered through telemedicine or telehealth
3 4 5	Services under MaineCare that are delivered through telemedicine or telehealth must be reimbursed at the same rates as those services that are not delivered through telemedicine or telehealth.
6	Sec. 4. 24-A MRSA §4316, sub-§3 is enacted to read:
7 8 9 10 11	3. Facility fee. A telemedicine facility fee must be shared between the site where the patient is physically located at the time the health care services are provided and the site where the health care provider who provides health care services to the patient is located. The providers located at each site shall negotiate the proportion of the fee to be borne by each.
12	Sec. 5. 35-A MRSA §9204, sub-§2, ¶D-1 is enacted to read:
13 14 15	<u>D-1.</u> Facilitate the availability of communications technology infrastructure necessary to support the delivery of health care services through telemedicine or telehealth:
16 17	Sec. 6. 35-A MRSA §9204, sub-§4, as enacted by PL 2005, c. 665, §3, is amended to read:
18 19 20	4. Limitations on activities of the authority. The authority may not develop, acquire, fund, coordinate or otherwise undertake any project or make any grant, direct investment or loan under this chapter unless:
21 22 23	A. The action is taken on behalf of, in partnership with or in support of one or more communications service providers that are remitting assessments to the authority under section 9211; and
24 25 26	B. The authority determines that, without the authority's action, the installation of adequate advanced communications technology infrastructure in an unserved or underserved area would not otherwise occur-; and
27 28	<u>C.</u> The recipient of the grant, direct investment or loan is partnered with a technical advisor that qualifies as impartial and objective under rules adopted by the authority.
29 30 31	The authority may not provide a grant, direct investment or loan or otherwise provide any funds to a telecommunications service provider or any other entity that, under rules adopted by the authority, constitutes an interested entity.
32 33	Notwithstanding any other provision of this chapter, the authority may not provide any wireline, wireless, satellite, voice, data or video service at retail or wholesale.
34 35	Sec. 7. 35-A MRSA §9205, sub-§3, as enacted by PL 2005, c. 665, §3, is amended to read:
36 37	3. Bylaws; rules. To adopt bylaws and any rule necessary or useful for carrying out any of the authority's powers or duties pursuant to this chapter. Rules adopted pursuant

1 to this subsection are major substantive routine technical rules as defined in Title 5, 2 chapter 375, subchapter 2-A;

3 Sec. 8. 35-A MRSA §9216, as enacted by PL 2009, c. 612, §10, is repealed.

Sec. 9. Rulemaking. The Department of Health and Human Services shall adopt rules requiring that, in order to obtain licensing, a newly constructed residential long-term care facility must include space designed to accommodate the receipt by residents of health care delivered through telemedicine and telehealth. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

9 Sec. 10. Application for funds. The ConnectME Authority shall apply to the 10 Federal Communications Commission for funding from the commission's Universal 11 Service Fund to improve the quality of health care available to patients in rural 12 communities by ensuring access to telecommunications and broadband service for use in 13 the delivery of health care services through telemedicine and telehealth. The ConnectME 14 Authority shall report to the Legislature by January 15, 2016 on the status of its 15 application.

16 **Sec. 11. Strategic plan; report.** The ConnectME Authority shall develop a 17 strategic plan that includes how the ConnectME Authority will facilitate the availability 18 of communications technology infrastructure necessary to support the delivery of health 19 care services through telemedicine and telehealth in accordance with the Maine Revised 20 Statutes, Title 35-A, section 9204, subsection 2, paragraph D-1. By September 15, 2015, 21 the authority shall submit its strategic plan to the Joint Standing Committee on Energy, 22 Utilities and Technology.

Sec. 12. Task force; report. The Department of Health and Human Services, referred to in this section as "the department," shall convene a task force to develop statewide standards designed to facilitate the use of telemedicine and telehealth to ensure higher quality medical care at a lower cost.

The department shall invite the participation of interested parties, including but
 not limited to the Maine Hospital Association, the Maine Medical Association, the Maine
 Osteopathic Association, the Maine State Nurses Association and a patient advocacy
 group.

- 31 2. In developing the standards, the task force shall:
- 32 A. Review telemedicine and telehealth protocols and best practices;
- B. Consider methods to educate providers and patients about best practices for the
 use of telemedicine and telehealth;
- 35 C. Develop methods to determine and measure patient and provider satisfaction; and
- 36 D. Review reimbursement and other funding issues.

37 3. No later than November 4, 2015, the department shall submit to the Joint Standing
 38 Committee on Health and Human Services the findings and recommendations, including
 39 any necessary implementing legislation. After receipt and review of the report, the Joint

Standing Committee on Health and Human Services may report out a bill to the Second
 Regular Session of the 127th Legislature.

- 3 SUMMARY
- 4 This bill:

5 1. Requires a hospital that is part of a health care system that includes at least one 6 other hospital to include in its strategic plan as an integral part of its mission the provision 7 of telemedicine and telehealth;

8 2. Requires that services under MaineCare that are provided through telemedicine or 9 telehealth be reimbursed at the same rates as those services that are not provided through 10 telemedicine or telehealth;

3. Requires that a telemedicine facility fee must be shared between the site at which
the patient is physically located and the site at which the health care provider providing
service is located;

4. Expands the duties of the ConnectME Authority to include facilitation of the
availability of communications technology infrastructure necessary to support the
delivery of health care services through telemedicine and telehealth;

5. Removes restrictions on the ability of the ConnectME Authority to undertake a project or make an investment unless taken on behalf of, in partnership with or in support of one or more communications service providers that are remitting assessments to the authority;

Changes the designation of rules adopted by the ConnectME Authority from
 major substantive to routine technical;

23 7. Repeals the broadband sustainability fee;

8. Directs the Department of Health and Human Services to adopt rules requiring that, in order to obtain licensing, a newly constructed residential long-term care facility must include space designed to accommodate the receipt by residents of health care delivered through telemedicine and telehealth;

9. Directs the ConnectME Authority to apply to the Federal Communications
Commission for funding from the commission's Universal Service Fund to improve the
quality of health care available to patients in rural communities by ensuring access to
telecommunications and broadband service for use in the delivery of health care services
through telemedicine and telehealth;

10. Directs the ConnectME Authority to develop a strategic plan to facilitate the
 availability of communications technology infrastructure necessary to support the
 delivery of health care services through telemedicine and telehealth; and

11. Directs the Department of Health and Human Services to convene a task force to
 develop statewide standards designed to facilitate the use of telemedicine and telehealth
 to ensure higher quality medical care at a lower cost.