

MAINE STATE LEGISLATURE

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HEALTH AND HUMAN SERVICES

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STATE OF MAINE

SENATE

128TH LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 515, L.D. 1485, Bill, "An Act Regarding MaineCare Coverage for Telehealth Services"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 5 MRSA §12004-I, sub-§38-A is enacted to read:

38-A.

Human Services Maine Telehealth and Not Authorized 22 MRSA §3173-I
Telemonitoring
Advisory Group

Sec. 2. 22 MRSA §3173-H is enacted to read:

§3173-H. Services delivered through telehealth

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Asynchronous encounters" means the interaction between a patient and a health professional through a system with the ability to store digital information, including, but not limited to, still images, video, audio and text files, and other relevant data in one location and subsequently transmit such information for interpretation at a remote site by health professionals without requiring the simultaneous presence of the patient or the patient's provider.

B. "Store and forward transfers" means transmission of a patient's recorded health history through a secure electronic system to a provider.

C. "Synchronous encounters" means a real-time interaction conducted with interactive audio or video connection between a patient and the patient's provider or between providers.

COMMITTEE AMENDMENT

1 D. "Telehealth," as it pertains to the delivery of health care services, means the use
2 of interactive real-time visual and audio or other electronic media for the purpose of
3 consultation and education concerning and diagnosis, treatment, care management
4 and self-management of a patient's physical and mental health and includes real-time
5 interaction between the patient and the telehealth provider, synchronous encounters,
6 asynchronous encounters, store and forward transfers and remote patient monitoring.
7 "Telehealth" includes telephonic services when interactive telehealth services are
8 unavailable or when a telephonic service is medically appropriate for the underlying
9 covered service.

10 E. "Telemonitoring," as it pertains to the delivery of health care services, means the
11 use of information technology to remotely monitor a patient's health status via
12 electronic means through the use of clinical data while the patient remains in a
13 residential setting, allowing the provider to track the patient's health data over time.
14 Telemonitoring may or may not take place in real time.

15 **2. Grants.** The department may solicit, apply for and receive grants that support the
16 development of the technology infrastructure necessary to support the delivery of health
17 care services through telehealth and that support access to equipment, technical support
18 and education related to telehealth for health care providers.

19 **3. Annual report.** Beginning January 1, 2018 and annually thereafter, the
20 department shall report to the joint standing committee of the Legislature having
21 jurisdiction over health and human services matters on the use of telehealth in the
22 MaineCare program, including the number of telehealth and telemonitoring providers, the
23 number of patients served by telehealth and telemonitoring services and a summary of
24 grants applied for and received related to telehealth and telemonitoring.

25 **4. Education.** The department shall conduct educational outreach to providers and
26 MaineCare members on telehealth and telemonitoring services.

27 **5. Rules.** The department shall adopt routine technical rules as defined by Title 5,
28 chapter 375, subchapter 2-A to carry out the provisions of this section. Rules adopted by
29 the department:

30 A. May not include any requirement that a patient have a certain number of
31 emergency room visits or hospitalizations related to the patient's diagnosis in the
32 criteria for a patient's eligibility for telemonitoring services;

33 B. Must include qualifying criteria for a patient's eligibility for telemonitoring
34 services that include documentation in a patient's medical record that the patient is at
35 risk of hospitalization or admission to an emergency room;

36 C. Must provide that group therapy for behavioral health or addiction services
37 covered by the MaineCare program may be delivered through telehealth; and

38 D. Must include requirements for individual providers and the facility or
39 organization in which the provider works for providing telehealth and telemonitoring
40 services.

41 **Sec. 3. 22 MRSA §3173-I** is enacted to read:

1 **§3173-I. Maine Telehealth and Telemonitoring Advisory Group**

2 The Maine Telehealth and Telemonitoring Advisory Group, as established by Title 5,
3 section 12004-I, subsection 38-A and referred to in this section as "the advisory group," is
4 created within the department.

5 **1. Membership.** The advisory group consists of the commissioner or the
6 commissioner's designee and 9 other members appointed by the commissioner as follows:

7 A. A representative of an organization in this State that has a mission to increase
8 access to telehealth services in rural areas;

9 B. A representative from a home health agency in this State;

10 C. A representative from a nonprofit advocacy organization that represents hospitals
11 in this State;

12 D. A representative from each of 2 separate health care providers of integrated
13 medical services in this State;

14 E. A representative from a behavioral health organization in this State;

15 F. A representative from an entity in this State with experience in the field of
16 pharmacy; and

17 G. Two medical practitioners in this State who use telehealth or telemonitoring as
18 part of their regular practice.

19 **2. Meetings.** The advisory group shall hold at least one regular meeting and no
20 more than 4 meetings each year.

21 **3. Duties.** The advisory group shall:

22 A. Evaluate technical difficulties related to telehealth and telemonitoring services;
23 and

24 B. Make recommendations to the department to improve telehealth and
25 telemonitoring services statewide.

26 For the purposes of this section, "telehealth" and "telemonitoring" have the same
27 meaning as in section 3173-H, subsection 1, paragraphs D and E.

28 **Sec. 4. Appropriations and allocations.** The following appropriations and
29 allocations are made.

30 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)**

31 **Medical Care - Payments to Providers 0147**

32 Initiative: Provides appropriations and allocations for additional telehealth per-visit site
33 facility fees and per-month telemonitoring fees.

34	GENERAL FUND	2017-18	2018-19
35	All Other	\$2,869	\$5,739
36		_____	_____

1	GENERAL FUND TOTAL	\$2,869	\$5,739
2	FEDERAL EXPENDITURES FUND	2017-18	2018-19
3	All Other	\$5,178	\$10,355
4			
5	FEDERAL EXPENDITURES FUND TOTAL	<u>\$5,178</u>	<u>\$10,355</u>
6			

7 **SUMMARY**

8 This amendment establishes an advisory group within the Department of Health and
9 Human Services to study telehealth and telemonitoring. It changes the guidance for
10 rulemaking by the department. It changes the date of the required annual report from the
11 department to the Legislature. It also adds an appropriations and allocations section.

12 **FISCAL NOTE REQUIRED**

13 **(See attached)**



128th MAINE LEGISLATURE

LD 1485

LR 2196(02)

An Act Regarding MaineCare Coverage for Telehealth Services

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-205)
 Committee: Health and Human Services
 Fiscal Note Required: Yes

Fiscal Note

	FY 2017-18	FY 2018-19	Projections FY 2019-20	Projections FY 2020-21
Net Cost (Savings)				
General Fund	\$2,869	\$5,739	\$5,739	\$5,739
Appropriations/Allocations				
General Fund	\$2,869	\$5,739	\$5,739	\$5,739
Federal Expenditures Fund	\$5,178	\$10,355	\$10,355	\$10,355
Revenue				
Federal Expenditures Fund	\$5,178	\$10,355	\$10,355	\$10,355

Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$2,869 in fiscal year 2017-18 and \$5,739 in fiscal year 2018-19 for additional telehealth per-visit site facility fees and per-month telemonitoring fees incurred by expanded eligibility. Federal Expenditures Fund allocations will also be required for the FMAP match.