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1	L.D. 1974
2	Date: 31320 (Filing No. S-433)
3	HEALTH AND HUMAN SERVICES
4	Reproduced and distributed under the direction of the Secretary of the Senate.
5	STATE OF MAINE
6	SENATE
7	129TH LEGISLATURE
8	SECOND REGULAR SESSION
9 10	COMMITTEE AMENDMENT "A " to S.P. 676, L.D. 1974, Bill, "An Act To Promote Telehealth"
11 12	Amend the bill by inserting after the title and before the enacting clause the following:
13 14	'Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and
15 16	Whereas, case management services are an essential component of serving Medicaid members; and
17 18	Whereas, the emerging spread of COVID-19 may make it unsafe to provide in- person case management services to Medicaid members; and
19 20 21 22	Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,'
23	Amend the bill by striking out all of sections 2 and 3 and inserting the following:
24 25	'Sec. 2. 22 MRSA §3173-I, sub-§2, as enacted by PL 2017, c. 307, §3, is amended to read:
26 27	2. Meetings. The advisory group shall hold at least one regular meeting and no more than 4 meetings each year.
28	Sec. 3. 24-A MRSA §4316, sub-§1, ¶A-1 is enacted to read:
29 30	A-1. "Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as amended.'
31	Amend the bill by inserting after section 3 the following:
32	'Sec. 4. 24-A MRSA §4316, sub-§9 is enacted to read:

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## **COMMITTEE AMENDMENT**

COMMITTEE AMENDMENT "A " to S.P. 676, L.D. 1974 (5 - 433)

9. Medicare coverage policy. A carrier may provide coverage for health care services delivered through telehealth that is consistent with the Medicare coverage policy for interprofessional Internet consultations. If a carrier provides coverage consistent with the Medicare coverage policy for interprofessional Internet consultations, the carrier may also provide coverage for interprofessional Internet consultations that are provided by a federally qualified health center or rural health clinic as defined in 42 United States Code, Section 1395x, subsection (aa)(1993).'

Amend the bill by adding before the summary the following:

9 'Emergency clause. In view of the emergency cited in the preamble, this
10 legislation takes effect when approved.'

11 Amend the bill by relettering or renumbering any nonconsecutive Part letter or 12 section number to read consecutively.

SUMMARY 13 This amendment, which is the unanimous report of the committee, adds an 14 emergency preamble and emergency clause to the bill. It removes the 4-meeting limit on 15 the Maine Telehealth and Telemonitoring Advisory Group. It also provides that private 16 insurance carriers may provide coverage for health care services delivered through 17 telehealth that is consistent with the Medicare coverage policy for interprofessional 18 Internet consultations and provides that if a carrier provides such coverage the carrier 19 may also provide coverage for interprofessional Internet consultations that are provided 20 by a federally qualified health center or rural health clinic. 21 FISCAL NOTE REQUIRED 22

(See attached)

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COMMITTEE AMENDMENT

Approved: 03/12/20 mac



## **129th MAINE LEGISLATURE**

LD 1974

LR 2738(02)

An Act To Promote Telehealth

Fiscal Note for Bill as Amended by Committee Amendment 'A'' Committee: Health and Human Services Fiscal Note Required: Yes

(5-433)

## **Fiscal Note**

Potential current biennium cost increase - General Fund Potential current biennium cost increase - Federal Expenditures Fund

## **Fiscal Detail and Notes**

This bill directs the Department of Health and Human Services to amend its rule Chapter 101: MaineCare Benefits Manual, Chapter I, Section 4, Telehealth and Chapter 101: MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services (TCM) to provide for reimbursement of case management services delivered through telehealth to targeted populations. Providers of telehealth services must submit claims for the same procedure codes and rates that apply to the underlying Covered Service as if those services were delivered face to face. Additionally, the Health Care Provider at the Originating Site may bill MaineCare for an Originating Facility Fee and this fee is above and beyond the normal fee for the service. This additional fee could lead to additional costs above what is currently paid for TCM services. However, this additional fee is utilized infrequently for current services that use telehealth and new telehealth services are slow to gain acceptance. Any potential new costs related to this charge are expected to be minimal at first with a slow increase in costs over time.