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CHAPTER

AUGUST 2, 2017

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD TWO THOUSAND AND SEVENTEEN

S.P. 515 - L.D. 1485

An Act Regarding MaineCare Coverage for Telehealth Services

Be it enacted by the People of the State of Maine as follows:

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.
 - "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.
 - D. "Telehealth," as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management

- and self-management of a patient's physical and mental health and includes real-time interaction between the patient and the telehealth provider, synchronous encounters, asynchronous encounters, asynchronous encounters, store and forward transfers and remote patient monitoring. "Telehealth" includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.
- E. "Telemonitoring," as it pertains to the delivery of health care services, means the use of information technology to remotely monitor a patient's health status via electronic means through the use of clinical data while the patient remains in a residential setting, allowing the provider to track the patient's health data over time. Telemonitoring may or may not take place in real time.
- 2. Grants. The department may solicit, apply for and receive grants that support the development of the technology infrastructure necessary to support the delivery of health care services through telehealth and that support access to equipment, technical support and education related to telehealth for health care providers.
- 3. Annual report. Beginning January 1, 2018 and annually thereafter, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the use of telehealth in the MaineCare program, including the number of telehealth and telemonitoring providers, the number of patients served by telehealth and telemonitoring services and a summary of grants applied for and received related to telehealth and telemonitoring.
- **4.** Education. The department shall conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring services.
- <u>5. Rules.</u> The department shall adopt routine technical rules as defined by Title 5, chapter 375, subchapter 2-A to carry out the provisions of this section. Rules adopted by the department:
 - A. May not include any requirement that a patient have a certain number of emergency room visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;
 - B. Must include qualifying criteria for a patient's eligibility for telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an emergency room;
 - C. Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth; and
 - D. Must include requirements for individual providers and the facility or organization in which the provider works for providing telehealth and telemonitoring services.
 - Sec. 3. 22 MRSA §3173-I is enacted to read:

§3173-I. Maine Telehealth and Telemonitoring Advisory Group

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

- 1. Membership. The advisory group consists of the commissioner or the commissioner's designee and 9 other members appointed by the commissioner as follows:
 - A. A representative of an organization in this State that has a mission to increase access to telehealth services in rural areas;
 - B. A representative from a home health agency in this State;
 - C. A representative from a nonprofit advocacy organization that represents hospitals in this State;
 - D. A representative from each of 2 separate health care providers of integrated medical services in this State;
 - E. A representative from a behavioral health organization in this State;
 - F. A representative from an entity in this State with experience in the field of pharmacy; and
 - G. Two medical practitioners in this State who use telehealth or telemonitoring as part of their regular practice.
- 2. Meetings. The advisory group shall hold at least one regular meeting and no more than 4 meetings each year.
 - **3. Duties.** The advisory group shall:
 - A. Evaluate technical difficulties related to telehealth and telemonitoring services; and
 - B. Make recommendations to the department to improve telehealth and telemonitoring services statewide.

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