

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

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.

<u>Human Services</u>	<u>Maine Telehealth and Telemonitoring Advisory Group</u>	<u>Not Authorized</u>	<u>22 MRSA §3173-I</u>
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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.

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, 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.

5. Rules. 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.

Sec. 4. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Medical Care - Payments to Providers 0147

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

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

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SUMMARY

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

FISCAL NOTE REQUIRED

(See attached)