



127th MAINE LEGISLATURE

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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.

A handwritten signature in cursive script that reads "Heather J.R. Priest".

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 **§1726. Telemedicine and telehealth**

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

6 A. "Patient originating site" means a site where a patient is physically located at the
7 time that health care services are provided through the use of electronic information
8 and telecommunications and information technologies.

9 B. "Provider distant site" means a site where a health care provider who provides
10 health care services is located while providing these services through the use of
11 electronic information and telecommunications and information technologies.

12 C. "Telehealth" means the use of electronic information and telecommunications and
13 information technologies to support clinical health care, patient and professional
14 health-related education, public health and health administration.

15 D. "Telemedicine" means the use of electronic information and telecommunications
16 and information technologies to provide clinical health care when a patient is at the
17 patient originating site and a health care provider is at the provider distant site.

18 **2. Delivery of services through telemedicine, telehealth.** A hospital licensed by
19 the State under chapter 405 that is controlled, directly or indirectly, by an entity that
20 controls at least one other hospital licensed by the State under chapter 405 shall include in
21 its strategic plan as an integral part of its mission the delivery of health care services
22 through telemedicine and telehealth.

23 **Sec. 2. 22 MRSA §3172, sub-§§4, 5, 6 and 7** are enacted to read:

24 **4. Patient originating site.** "Patient originating site" means a site where a patient is
25 physically located at the time that health care services are provided through the use of
26 electronic information and telecommunications and information technologies.

27 **5. Provider distant site.** "Provider distant site" means a site where a health care
28 provider who provides health care services is located while providing these services
29 through the use of electronic information and telecommunications and information
30 technologies.

31 **6. Telehealth.** "Telehealth" means the use of electronic information and
32 telecommunications and information technologies to support clinical health care, patient
33 and professional health-related education, public health and health administration.

34 **7. Telemedicine.** "Telemedicine" means the use of electronic information and
35 telecommunications and information technologies to provide clinical health care when a
36 patient is at the patient originating site and a health care provider is at the provider distant
37 site.

1 **Sec. 3. 22 MRSA §3173-G** is enacted to read:

2 **§3173-G. Reimbursement for services delivered through telemedicine or telehealth**

3 Services under MaineCare that are delivered through telemedicine or telehealth must
4 be reimbursed at the same rates as those services that are not delivered through
5 telemedicine or telehealth.

6 **Sec. 4. 24-A MRSA §4316, sub-§3** is enacted to read:

7 **3. Facility fee.** A telemedicine facility fee must be shared between the site where
8 the patient is physically located at the time the health care services are provided and the
9 site where the health care provider who provides health care services to the patient is
10 located. The providers located at each site shall negotiate the proportion of the fee to be
11 borne by each.

12 **Sec. 5. 35-A MRSA §9204, sub-§2, ¶D-1** is enacted to read:

13 D-1. Facilitate the availability of communications technology infrastructure
14 necessary to support the delivery of health care services through telemedicine or
15 telehealth;

16 **Sec. 6. 35-A MRSA §9204, sub-§4**, as enacted by PL 2005, c. 665, §3, is
17 amended to read:

18 **4. Limitations on activities of the authority.** The authority may not develop,
19 acquire, fund, coordinate or otherwise undertake any project or make any grant, direct
20 investment or loan under this chapter unless:

21 ~~A. The action is taken on behalf of, in partnership with or in support of one or more~~
22 ~~communications service providers that are remitting assessments to the authority~~
23 ~~under section 9211; and~~

24 B. The authority determines that, without the authority's action, the installation of
25 adequate advanced communications technology infrastructure in an unserved or
26 underserved area would not otherwise occur; and

27 C. The recipient of the grant, direct investment or loan is partnered with a technical
28 advisor that qualifies as impartial and objective under rules adopted by the authority.

29 The authority may not provide a grant, direct investment or loan or otherwise provide
30 any funds to a telecommunications service provider or any other entity that, under
31 rules adopted by the authority, constitutes an interested entity.

32 Notwithstanding any other provision of this chapter, the authority may not provide any
33 wireline, wireless, satellite, voice, data or video service at retail or wholesale.

34 **Sec. 7. 35-A MRSA §9205, sub-§3**, as enacted by PL 2005, c. 665, §3, is
35 amended to read:

36 **3. Bylaws; rules.** To adopt bylaws and any rule necessary or useful for carrying out
37 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.

4 **Sec. 9. Rulemaking.** The Department of Health and Human Services shall adopt
5 rules requiring that, in order to obtain licensing, a newly constructed residential long-term
6 care facility must include space designed to accommodate the receipt by residents of
7 health care delivered through telemedicine and telehealth. Rules adopted pursuant to this
8 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.

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

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

31 2. In developing the standards, the task force shall:

32 A. Review telemedicine and telehealth protocols and best practices;

33 B. Consider methods to educate providers and patients about best practices for the
34 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

1 Standing Committee on Health and Human Services may report out a bill to the Second
2 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;

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

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

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

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

23 7. Repeals the broadband sustainability fee;

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

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

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

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