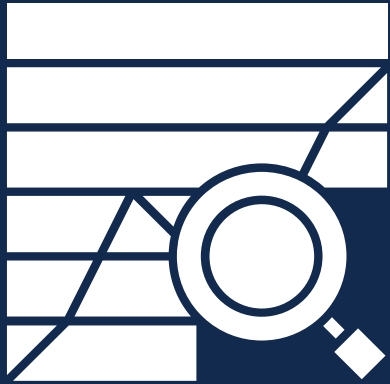


DRAFT



Telehealth Study

REVISIONS TO THE FINAL RECOMMENDATIONS REPORT

DECEMBER 15, 2022

Stakeholder Comments



- ▶ The recommendations report was released on November 21st with a request for comments
 - Copies of 11 letters received are included in Appendix E of the final recommendations report
- ▶ Staff considered stakeholder feedback and modified certain sections of the report and select recommendations



**See appendix for list of organizations that submitted comments*



Summary of Changes



Sections of the Report

- ▶ **Background** – Expanded on consumer views and engagement in telehealth
- ▶ **About this Report** – Clarified that recommendations do not align exactly with the 2023 Medicare PFS, which may present financial challenges for Medicaid (*reimbursement subject to limitations of the State budget*); added the date of the report's release with a request for comments; noted that modifications were made to the final report based on stakeholder feedback



Recommendation 1

Clarifies use of telehealth should be permitted for interprofessional consultations and that health care providers include a licensed health and substance use disorder program

Existing	Revised
<p>Continue to allow use of telehealth by any health care provider licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program.</p>	<p>Continue to allow use of telehealth by any health care provider licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program, or for interprofessional consultation.</p>



Recommendation 2

Clarifies provider discretion regarding appropriate use of audio-only technology

Existing	Revised
<p>Allow a health care provider capable of providing telehealth services using audio-visual technology to deliver services using audio-only technology under certain circumstances.</p> <p>Allow use of audio-only for somatic care in the event of an audio-visual technology failure, a request by the patient, or at the clinical discretion of a treating health care provider.</p> <p>Allow unrestricted use of audio-only for behavioral health care based on patient consent to receive care via audio-only technology.</p>	<p>Allow a health care provider capable of providing telehealth services using audio-visual technology to deliver services using audio-only technology. Allow use of audio-only for somatic care in the event of an audio-visual technology failure, a request by the patient, or at the clinical discretion of a treating health care provider.</p> <p>Allow unrestricted use of audio-only for behavioral health based on patient consent to receive care via audio-only technology.</p>



Recommendation 3

Clarifies patient consent can be obtained when RPM services are initiated

Existing	Revised
<p>Allow health care providers using remote patient monitoring to obtain consent at the time services are furnished for new and established patients. Allow remote patient monitoring technologies to minimally collect two days of data over a 30-day period.</p>	<p>Allow health care providers using remote patient monitoring to obtain consent at the time services are initiated for new and established patients. Allow remote patient monitoring technologies to minimally collect two days of data over a 30-day period.</p>



Recommendation 4

Clarifies hospice services provided using telehealth must align with the profession's standard of care

Existing	Revised
<p>Allow a health care provider to use telehealth to provide hospice care services to patients in a facility or at home.</p>	<p>Allow a health care provider to use telehealth to provide hospice care services consistent with their profession standard of care to patients in a facility or at home.</p>



Recommendation 5

Eliminated frequency for telehealth services in hospital inpatient and nursing home settings; clarifies in-person visits can be provided by any treating physician

Existing	Revised
<p>Allow telehealth services to be furnished once every three days in a hospital inpatient setting and once every 14 days in a nursing home setting. Require a minimum of at least one in-person visit 24 hours following a telehealth hospital inpatient encounter. Require one in-person visit at least once every 30 days for the first 90 days after admission, and at least every 60 days thereafter in a nursing home setting.</p>	<p>Allow telehealth services to be furnished in a hospital inpatient setting and in a nursing home setting. Require a minimum of at least one in-person visit by any treating physician 24 hours following a telehealth hospital inpatient encounter. Require one in-person visit by any treating physician at least once every 30 days for the first 90 days after admission, and at least every 60 days thereafter in a nursing home setting.</p>



Recommendations 8-9

Explains proposed clarification for terms in statute are not intended to replace existing definitions

8. Behavioral Health **Care** – Includes mental health and substance use conditions, life stressors and crises, stress-related physical symptoms, and health behaviors **[amend: (Health General) ~~§7.5-101(d)~~**].
9. Communication Technology-Based Services – Includes a variety of non-face-to-face patient care communications, such as two-way audio-only telephone interactions, remote evaluation of patient videos and images, virtual check-ins, e-visits, and remote **therapeutic patient** monitoring **[insert:–(Health General ~~Occupations Article) ~~§1-1001(e)~~~~**].



Recommendations 10 & 12

10. Established Patient – Means an individual who receives professional health care services from a provider, or another provider ~~of the same specialty~~ who belongs to the same group practice, within the previous three years ~~[insert: Health Occupations (Insurance Article) §1-1002]~~.

12. Telehealth – Includes the delivery of medically necessary somatic, dental, or behavioral health ~~care~~ services to a patient at an originating site by a distant site provider through communications technology (e.g., **synchronous and asynchronous**) that includes the use of audio-visual or audio-only technology to permit real-time interactive communication ~~[amend: (Health General Article §15-141.2(a)(7)(i) and Health Occupations Article) §1-1001(e)(1)]~~.



Commission Action

Staff recommends the Commission accept the proposed changes to the telehealth study recommendations report



Appendix



Organizations that Submitted Comments

1. ATA Action, the American Telemedicine Association affiliated trade association
2. CareFirst BlueCross BlueShield
3. Community Behavioral Health Association of Maryland
4. Johns Hopkins Medicine, Office of Telemedicine
5. Legal Action Center
6. Maryland Coalition of Families
7. MedStar Health
8. Maryland Hospital Association
9. Planned Parenthood of Maryland
10. Public Policy Partner clients
11. University of Maryland Medical System