

Department of Legislative Services
 Maryland General Assembly
 2013 Session

FISCAL AND POLICY NOTE

Senate Bill 776 (Senator Pugh)
 Finance

Task Force on the Use of Telehealth to Improve Maryland Health Care

This bill establishes a Task Force on the Use of Telehealth to Improve Maryland Health Care. The task force must provide an interim report by May 1, 2014, and a final report by December 1, 2014.

The bill terminates May 31, 2015.

Fiscal Summary

State Effect: Special fund expenditures increase by as much as \$50,000 in FY 2014 for the Maryland Health Care Commission (MHCC) to procure contractual services to provide technical expertise to the task force. Special fund expenditures may also increase by an additional amount in FY 2014 and 2015 to provide reimbursement for expenses to the 26 members of the task force. No effect on revenues.

(in dollars)	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	50,000	-	0	0	0
Net Effect	(\$50,000)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The task force must (1) identify opportunities to use telehealth to improve health status and health care delivery in the State; (2) assess specified factors related to telehealth; (3) collaborate with roundtables, the Rural Maryland Council, and other organizations; (4) review and consider any studies, reports, or other work completed by the roundtables; (5) study any other topic the task force finds necessary to make recommendations regarding the use of telehealth in the State; and (6) make recommendations regarding the use of telehealth in the State. The legislative members appointed by the Presiding Officers of the General Assembly must co-chair the task force. Staff support must be provided by MHCC. Task force members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations as provided in the State budget.

Current Law: “Telehealth” is defined under Title 2 of the Health Occupations Article, which relates to audiologists, hearing aid dispensers, and speech-language pathologists. “Telehealth” means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of health care to an individual from a provider through hardwire or Internet connection. The State Board of Examiners of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists is authorized to adopt regulations governing the use of telehealth communications by the board’s licensees. These regulations can be found in Code of Maryland Regulations 10.41.06.01-05.

Background: Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, streaming media, and terrestrial and wireless communications. Telehealth is a broader term than telemedicine, which generally refers to direct medical interaction through telecommunications.

Examples of telehealth include live videoconferencing, store-and-forward imaging, remote patient monitoring, and “e-visits” or “e-consults.” Digital medical images and other clinical data can be captured by one provider and sent electronically to another provider (*i.e.*, radiology reports). Patients with hypertension can use home monitors to routinely track their blood pressure and upload the data via the Internet to their provider. Health care providers can offer “e-visits” or “e-consults” through a secure web portal. Health care facilities can offer translation services via live videoconferencing.

The U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) works to increase and improve the use of telehealth to meet the needs of underserved people by fostering partnerships to create telehealth projects,

administering telehealth grant programs, providing technical assistance, evaluating the use of telehealth technologies and programs, developing telehealth policy initiatives, and promoting knowledge exchange about best practices in telehealth.

HRSA runs three federal telehealth grant programs: the Licensure Portability Grant Program, which provides support to develop and implement state policies that will reduce statutory and regulatory barriers to telemedicine; the Telehealth Network Grant Program, a competitive grant program that funds projects that demonstrate the use of telehealth networks to improve health care services for medically underserved populations; and the Telehealth Resource Center Grant Program, a competitive grant program that provides support for the establishment and development of telehealth resource centers. These centers assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.

State Expenditures: Special fund expenditures increase for MHCC by as much as \$50,000 in fiscal 2014 to procure technical assistance to complete the required duties of the task force. MHCC anticipates that the task force will require a high level of technical expertise in the area of telehealth. As MHCC staff does not have such expertise, contractual services will be required. Special fund expenditures may also increase in fiscal 2014 and 2015 to provide reimbursement for expenses to the 26 members of the task force.

Additional Information

Prior Introductions: None.

Cross File: HB 934 (Delegate Lee, *et al.*) - Health and Government Operations.

Information Source(s): *Delivering Care Anytime Anywhere: Telehealth Alters the Medical Ecosystem*, California HealthCare Foundation, November 2008; U.S. Department of Health and Human Services' Health Resources and Services Administration; Department of Health and Mental Hygiene; University of Maryland Medical System; Department of Legislative Services

Fiscal Note History: First Reader - February 18, 2013
ncs/ljm

Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510