AMENDMENTS TO SENATE BILL NO. 780

Sponsor: SENATOR VOGEL

Printer's No. 1709

- Amend Bill, page 1, lines 1 through 4, by striking out all of 1
- 2 said lines and inserting
- Relating to telemedicine; authorizing the regulation of
- 4 telemedicine by professional licensing boards; and providing
- 5 for insurance coverage of telemedicine.
- 6 Amend Bill, pages 8 through 15, lines 1 through 30; page 16,
- lines 1 through 28; by striking out all of said lines on said
- 8 pages and inserting

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- 9 Section 1. Short title.
- 10 This act shall be known and may be cited as the Telemedicine 11 Act.
- Section 2. Definitions. 12
- 13 The following words and phrases when used in this act shall 14 have the meanings given to them in this section unless the 15 context clearly indicates otherwise:
- 16 "Audio-only medium." A prerecorded audio presentation or 17 recording.
- "Emergency medical condition." A medical condition 19 manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions or serious dysfunction of a bodily organ or part.
 - "Health care provider" or "provider." Any of the following:
 - (1) A health care practitioner as defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.
 - (2) A federally qualified health center as defined in section 1861(aa)(4) of the Social Security Act (49 Stat. 620, 42 U.S.C. \S 1395x(aa)(4)).
 - (3) A rural health clinic as defined in section 1861(aa) (2) of the Social Security Act (42 U.S.C. \S 1395x(aa)(2)).
- 34 (4) A pharmacist who holds a valid license under the act 35 of September 27, 1961 (P.L.1700, No.699), known as the

Pharmacy Act.

- (5) An occupational therapist who holds a valid license under the act of June 15, 1982 (P.L.502, No.140), known as the Occupational Therapy Practice Act.
- (6) A speech-language pathologist who holds a valid license under the act of December 21, 1984 (P.L.1253, No.238), known as the Speech-Language Pathologists and Audiologists Licensure Act.
- (7) An audiologist who holds a valid license under the Speech-Language Pathologists and Audiologists Licensure Act.
- (8) A dental hygienist who holds a valid license under the act of May 1, 1933 (P.L.216, No.76), known as The Dental Law.
- (9) A social worker, clinical social worker, marriage and family therapist or professional counselor who holds a valid license under the act of July 9, 1987 (P.L.220, No.39), known as the Social Workers, Marriage and Family Therapists and Professional Counselors Act.
- (10) A registered nurse who holds a valid license under the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law.
 - (11) An out-of-State health care provider.

"Health care services." Services for the diagnosis, prevention, treatment, cure or relief of a health condition, injury, disease or illness.

"Health Information Technology for Economic and Clinical Health Act." The Health Information Technology for Economic and Clinical Health Act (Public Law 111-5, 123 Stat. 226-279 and 467-496).

"Health insurance policy." As follows:

- (1) An individual or group health insurance policy, contract or plan that provides coverage for services provided by a health care facility or health care provider that is offered by a health insurer.
- (2) The term includes an individual or group health insurance policy, contract or plan that provides dental or vision coverage through a provider network.
- (3) Except as provided under paragraph (2), the term does not include accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, Medicare supplement, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement, long-term care or disability income, workers' compensation or automobile medical payment insurance.

"Health Insurance Portability and Accountability Act of 1996." The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936).

"Health insurer." An entity that holds a valid license by the Insurance Department with accident and health authority to issue a health insurance policy and governed under any of the following:

- (1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, including section 630 and Article XXIV.
- (2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.
- (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).
- (4) 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

"Interactive audio and video." Real-time two-way or multiple-way communication between a health care provider and a patient.

"Licensure board." Each licensing board within the Bureau of Professional and Occupational Affairs of the Department of State with jurisdiction over a professional licensee identified as a health care provider under this act.

"On-call or cross-coverage services." The provision of telemedicine by a health care provider designated by another provider with a provider-patient relationship to deliver services on a temporary basis so long as the designated provider is in the same group or health system, has access to the patient's prior medical records, holds a valid license in this Commonwealth and is in a position to coordinate care.

"Out-of-State health care provider." A health care provider providing a telemedicine service that holds a valid license, certificate or registration in another jurisdiction and is:

- (1) discharging official duties in the armed forces of the United States, the United States Public Health Services or the United States Department of Veterans Affairs;
- (2) providing telemedicine services to a patient through a federally operated facility;
- (3) providing telemedicine services in response to an emergency medical condition, if the care for the patient is referred to an appropriate health care provider in this Commonwealth as promptly as possible under the circumstances;
- (4) providing provider-to-provider consultation services; or
- (5) providing services which would otherwise be exempt from the requirement of licensure, certification or registration in this Commonwealth under the respective licensure act.

"Participating network provider." Any of the following providers who are under contract with a health insurer:

- (1) A physician who holds a valid license under the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.
- (2) A clinical nurse specialist or certified registered nurse practitioner who holds a valid license under the act of May 22, 1951 (P.L.317, No.69), known as The Professional

Nursing Law.

- (3) A physician assistant who holds a valid license under the Medical Practice Act of 1985.
- (4) A dentist who holds a valid license under the act of May 1, 1933 (P.L.216, No.76), known as The Dental Law.
- (5) An optometrist who holds a valid license under the act of June 6, 1980 (P.L.197, No.57), known as the Optometric Practice and Licensure Act.
- (6) A psychologist who holds a valid license under the act of March 23, 1972 (P.L.136, No.52), known as the Professional Psychologists Practice Act.
- (7) A social worker, clinical social worker or professional counselor who holds a valid license under the act of July 9, 1987 (P.L.220, No.39), known as the Social Workers, Marriage and Family Therapists and Professional Counselors Act.
- (8) An occupational therapist who holds a valid license under the act of June 15, 1982 (P.L.502, No.140), known as the Occupational Therapy Practice Act.
- (9) A physical therapist who holds a valid license under the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act.

"Provider-to-provider consultation." The informal act of seeking advice and recommendations from another health care provider for diagnostic studies, therapeutic interventions or other services that may benefit the patient of the initiating health care provider.

"Store-and-forward." Technology that stores and transmits or grants access to a patient's clinical information for review by a health care provider who is at a different location.

"Telemedicine." The delivery of health care services provided through telemedicine technologies to a patient by a health care provider who is at a different location. The term does not include a provider-to-provider consultation.

"Telemedicine technologies." As follows:

- (1) Electronic information and telecommunications technology, including, but not limited to, interactive audio and video, remote patient monitoring or store-and-forward, that meets the requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act or other applicable Federal or State law.
 - (2) The term does not include the use of:
 - (i) Audio-only medium, voicemail, facsimile, e-mail, instant messaging, text messaging or online questionnaire, or any combination thereof.
 - (ii) A telephone call, except as provided under section 5(a)(3).
- 49 Section 3. Regulation of telemedicine by professional licensure boards.
 - (a) Requirements. --

- (1) A health care provider that holds a valid license, certificate or registration from a Commonwealth professional licensure board shall be authorized to practice telemedicine in accordance with this act and the corresponding licensure board regulations.
- (2) A health care provider who engages in telemedicine in a manner that does not comply with the standards of care or rules of practice shall be subject to discipline by the appropriate licensure board, as provided by law.
- (b) Regulations.--Each licensure board shall within 24 months of the effective date of this section promulgate regulations that are consistent with this act to provide for and regulate telemedicine within the scope of practice and standard of care regulated by the board. The regulations shall:
 - (1) Consider model policies for the appropriate use of telemedicine technologies.
 - (2) Include patient privacy and data security standards that are in compliance with the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act.
- (c) Temporary regulations.—In order to facilitate the prompt implementation of this act, the licensure boards shall publish temporary regulations regarding implementation of this act in the Pennsylvania Bulletin within 120 days of the effective date of this section. Temporary regulations are not subject to:
 - (1) Sections 201, 202, 203, 204 and 205 of the act of July 31, 1968 (P.L.769, No.240), referred to as the Commonwealth Documents Law.
 - (2) Sections 204(b) and 301(10) of the act of October 15, 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act.
 - (3) The act of June 25, 1982 (P.L.633, No.181), known as the Regulatory Review Act.
 - (4) Section 612 of the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929.
- (d) Expiration.--Temporary regulations shall expire no later than 24 months following publication of temporary regulations. Regulations adopted after this period shall be promulgated as provided by law.
- (e) Construction.—The provisions of this act shall be in full force and effect even if the licensure boards have not yet published temporary regulations or implemented the regulations required under this section.
- Section 4. Compliance.

A health care provider providing telemedicine services to an individual located within this Commonwealth shall comply with all applicable Federal and State laws and regulations, and shall hold a valid license, certificate or registration by an appropriate Commonwealth licensure board. Failure to hold a valid license, certificate or registration shall subject the

health care provider to discipline by the respective licensure board for unlicensed practice.

Section 5. Evaluation and treatment.

- (a) Requirements.--Except as provided under subsection (c), a health care provider who provides telemedicine to an individual located in this Commonwealth shall comply with the following:
 - (1) For a telemedicine encounter in which the provider does not have an established provider-patient relationship, the provider shall:
 - (i) verify the location and identity of the individual receiving care; and
 - (ii) disclose the health care provider's identity, geographic location and medical specialty or applicable credentials.
 - (2) Obtain informed consent regarding the use of telemedicine technologies from the individual or other person acting in a health care decision-making capacity for the individual. The individual or other person acting in a health care decision-making capacity, including the parent or legal guardian of a child in accordance with the act of February 13, 1970 (P.L.19, No.10), entitled "An act enabling certain minors to consent to medical, dental and health services, declaring consent unnecessary under certain circumstances," has the right to choose the form of service delivery, which includes the right to refuse telemedicine services without jeopardizing the individual's access to other available services.
 - (3) Provide an appropriate examination or assessment using telemedicine technologies. The health care provider may utilize interactive audio without the requirement of interactive video if it is used in conjunction with storeand-forward technology and, after access and review of the patient's medical records, the provider determines that the provider is able to meet the same standards of care as if the health care services were provided in person. The provider shall inform the patient that the patient has the option to request interactive audio and video.
 - (4) Establish a diagnosis and treatment plan or execute a treatment plan.
 - (5) Create and maintain an electronic medical record or update an existing electronic medical record for the patient within 24 hours. An electronic medical record shall be maintained in accordance with electronic medical records privacy rules under the Health Insurance Portability and Accountability Act of 1996.
 - (6) Provide a visit summary to the individual if requested.
 - (7) Have an emergency action plan in place for medical and behavioral health emergencies and referrals.
 - (b) Disclosures. -- Providers offering online refractive

services shall inform patients that the service is not an ocular health exam. This subsection shall not be construed to prohibit 3 online refractive services if the information notice is clearly and conspicuously communicated to the patient prior to the online refractive service.

(c) Applicability.--

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- Subsection (a) (1) shall not apply to on-call or cross-coverage services.
- Subsection (a) (1) and (2) shall not apply to an emergency medical condition.
- Section 6. Insurance coverage of telemedicine.
 - Insurance coverage and reimbursement. --
 - (1) A health insurance policy issued, delivered, executed or renewed in this Commonwealth after the effective date of this section shall provide coverage for telemedicine delivered by a participating network provider who provides a covered service via telemedicine consistent with the insurer's medical policies. A health insurance policy may not exclude a health care service for coverage solely because the service is provided through telemedicine.
 - (2) A health insurer shall reimburse a health care provider that is a participating network provider for telemedicine if the health insurer reimburses the same participating provider for the same service through an inperson encounter. The standard of care and rules of practice applicable to an in-person encounter shall apply to a telemedicine encounter.
 - Payment for a covered service provided via telemedicine by any network provider shall be established between the health care provider and health insurer.
 - Applicability. -- This section shall apply as follows:
 - Subsection (a) (1) and (2) shall not apply if the telemedicine service is facilitated via a medical device or other technology that provides clinical data or information, excluding existing information in an electronic medical records system, other than that independently provided through interactive audio or video or written input from the patient.
 - (2) For a health insurance policy for which either rates or forms are required to be filed with the Federal Government or the Insurance Department, this section shall apply to a policy for which a form or rate is first filed on or after the effective date of this section.
 - (3) For a health insurance policy for which neither rates nor forms are required to be filed with the Federal Government or the Insurance Department, this section shall apply to a policy issued or renewed on or after 180 days after the effective date of this section.
- 49 (c) Construction. -- Nothing under this section shall be 50 construed to:
 - (1) Prohibit a health insurer from reimbursing other

providers for covered services provided via telemedicine.

(2) Require a health insurer to reimburse an out-ofnetwork provider for telemedicine.

Section 7. Medicaid program reimbursement.

- Medical assistance payment. -- Medical assistance payments 6 shall be made on behalf of eligible individuals for telemedicine, consistent with Federal law, as specified under this act if the service would be covered through an in-person encounter.
 - (b) Applicability. -- Subsection (a) does not apply if:
 - (1) the telemedicine-enabling device, technology or service fails to comply with applicable law and regulatory quidance regarding the secure transmission and maintenance of patient information; or
 - (2) the provision of the service using telemedicine would be inconsistent with the standard of care.
 - Section 8. Effective date.

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This act shall take effect as follows:

- The following provisions shall take effect in 90 days:
 - (i) Section 6.
 - (ii) Section 7.
- 23 (2) The remainder of this act shall take effect 24 immediately.