November 23, 2015

Kathleen Core  
Bureau of Medicaid Policy  
2727 Mahan Drive, Mail Stop 20  
Tallahassee, FL  32308-5407  

RE: Florida Agency for Health Care Administration Telemedicine Rule 59G-1.057

Dear Ms. Core:

The American Telemedicine Association (ATA) appreciates the opportunity to provide commentary on the proposed rulemaking to expand the scope of telemedicine coverage for Florida Medicaid beneficiaries.

We commend the Florida Agency for Health Care Administration for its effort to enhance coverage of telemedicine-provided services by introducing new policies that remove barriers to health care access including geographic and mileage limits, originating site restrictions, and telepresenter requirements. While this proposal is a major improvement on existing telehealth policies we offer the following suggestions.

Definitions and Points of Clarification

ATA lauds the Agency for refusing to adopt restrictive telehealth policies imposed on Medicare providers and beneficiaries. We believe that the Agency will find more value in a broader telemedicine definition that enables quality use of remote patient monitoring and store-and-forward. Based on the successful enactment of telemedicine coverage laws nationally, we recommend that the Agency adopt the following definition for section (2)(b):

**(b) Telemedicine - means health care services provided through telecommunications to a patient from a provider who is at a remote location.**

Additionally, we recommend that the Agency delete the “interactive real time audio and video” restrictions in section (3) and replace with “telemedicine” which allows distant site providers to use telemedicine enabled tools such as interactive audio-video, store-and-forward, and remote patient monitoring. Research has shown that patients who receive timely care are more likely to have better health outcomes and less likely to be admitted, or readmitted, to the hospital, resulting in huge cost savings. ATA believes that the Agency will see additional cost savings and enhanced health outcomes if it includes store-and-forward and remote patient monitoring as a covered modality in its telemedicine definition.

ATA also recommends expanding the list of distant site providers who are responsible for rendering telemedicine-provided encounters. To meet the health care needs of patients and adequate, all providers with an approved Florida Medicaid provider agreement should be able to provide a telemedicine encounter without an intervening provider. This should include, but is not limited to, occupational therapists, physical therapists, speech language pathologists and audiologists, federally qualified health centers (FQHCs), and rural health clinics (RHCs). Also, telemedicine is a delivery model typically initiated from the patient’s location, and services are rendered by the health care provider from the distant site location. We recommend that the Agency adopt the following revision for section (3)(a):

**(a) The Service is provided by the treating distant site provider. "Provider" has the same meaning set forth in Fla. Admin. Code R.59G-1.010(232).**
Informed Consent

It is important to underscore that telemedicine is a delivery method and not a separate service, such as surgery or anesthesia care. Additionally, there are no national trends for requiring patient informed consent as a condition of payment for telemedicine-provided services.

ATA believes that a patient must be appropriately informed and limitations disclosed about their medical care during a telemedicine encounter. Since patient consent is not required for in-person physician visits, it should not be necessary for telemedicine. We recommend the Agency remove their informed patient consent requirements and replace it with guidance on documenting patient education prior to the start of a telemedicine encounter.

ATA appreciates Florida Agency for Health Care Administration’s timely and expedient attention to this rulemaking. With the Agency’s consideration of our recommendations, we believe that Florida’s rulemaking will certainly serve as a model for other states to follow.

Sincerely,

[Signature]

Gary Capistrant
Chief Policy Officer