ATA MODEL STATE BILL COMPONENTS

Telemedicine for Quality Improvement and Healthcare Modernization Act
A bill to expand patient access to healthcare services, improve quality of care and reduce costs through the use of telemedicine

PREAMBLE: Telemedicine can efficiently improve access and quality of care for underserved patients by providing consultations and specialty care. Remote monitoring and home telehealth can help the chronically ill stay at home and out of hospitals and emergency rooms, dramatically reducing costs. Today, more and more people are taking advantage of telemedicine and e-health opportunities. But such services are not available for everyone and action is needed in the states to assure that all Americans receive the benefits available through telemedicine.

DEFINITION: “Telemedicine” or “Telehealth” means health care services provided through telecommunications to a patient from a provider who is at a remote location.

PRIVATE COVERAGE: Health insurers, health care subscription plans, health maintenance organizations, disability insurance programs, workers’ compensation programs, and all state employee health plans shall provide coverage for the cost of telemedicine services when the services are appropriately provided through such means.

The requirements of the bill shall apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

UTILIZATION REVIEW: Decisions denying coverage of services provided via telemedicine shall be subject to utilization review procedures.

MEDICAID: The state’s Medicaid plan shall not deny coverage on the basis that coverage is provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the recipient and a health care provider. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided through in-person consultation. Specifically coverage must be statewide coverage and include services originating from a recipients home or wherever else they may be, all health professionals authorized to provide services by a telehealth method to the extent otherwise covered in the Medicaid State Plan, and timely asynchronous telehealth services.

REPORTING: The state’s Department of Health shall lead an interagency study and report to the Legislature within 12 months on comprehensive plans that include telehealth services and multi-payer coverage and reimbursement for stroke diagnosis, high-risk pregnancies and premature births, and emergency services.
PROFESSIONAL LICENSING: “Healthcare provider or professional” shall have the same meaning under current statute.

The state’s health professional licensing boards shall maintain consistent licensure and standards of care requirements between in-person and telemedicine-provided practices with the following exemptions:

(a) A health professional licensed, certified, or registered in another jurisdiction shall be able to consult with a licensed peer health professional in this state, such as a sub-specialist, without the need for an additional license issued by this State, and

(b) A health professional licensed, certified, or registered in another jurisdiction and temporarily located in this state shall be able to consult with established patients from his/her home jurisdiction using telecommunications without the need for an additional license issued by this State.

PROFESSIONAL STANDARDS OF PRACTICE: A healthcare provider who delivers services through the use of telehealth shall be held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same healthcare services through in-person encounters, and nothing in this section is intended to create any new standards of care.

The board or licensing entity governing any healthcare provider covered by this section shall not establish a more restrictive standard of professional practice for the practice of telehealth than that specifically authorized by the provider's practice act or other specifically applicable statute, including prescribing and dispensing controlled substances.