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**SENATE BILL 5986**

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**State of Washington 64th Legislature 2015 Regular Session**

**By** Senators Becker, Keiser, Cleveland, Bailey, Jayapal, Dammeier, Frockt, Brown, Warnick, Parlette, and Conway

AN ACT Relating to creating a board of telemedicine; amending RCW 43.70.010; adding new sections to chapter 43.70 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature recognizes telemedicine will play an increasing and important role in Washington state's health care system. Telemedicine is a meaningful and efficient way to treat patients and control costs and plays a critical role in addressing identified access problems. The use of telemedicine should be thoughtfully and systematically considered in Washington state in order to maximize its application. Therefore, a board of telemedicine is established to provide insight, guidance, research, recommendations, long-term strategies, and other resources for the benefit of professionals providing care.

NEW SECTION. **Sec.**  A new section is added to chapter 43.70 RCW to read as follows:

(1) The board of telemedicine is created with responsibility to establish technology requirements and provide guidance on the means of interaction between a provider in one location and a patient in another location.

(2) The board of telemedicine must develop recommendations for licensees.

(3) In developing guidelines, the board of telemedicine must review nationally recognized telemedicine guidelines, and periodically review other states' laws and experience and national reports on telemedicine policies and practice standards. Guidelines must include such areas as: Informed consent for a patient, the process for out-of-state physicians to establish reciprocity agreements and the rules for providing care across state lines, and establishing a recognized standard that the practice of medicine is tied to where the patient is located not where the provider is located.

(4) The board of telemedicine must develop a ten-year strategic plan to guide the use of telemedicine services and provide periodic progress reports to the joint select committee on health care oversight.

(5) The board of telemedicine may establish training requirements consistent with section 4 of this act.

(6) Nominations for membership of the board of telemedicine must be made to the secretary from the following organizations: The medical quality assurance commission for a physician and physician assistant, the board of osteopathic medicine and surgery for an osteopathic physician and osteopathic physician assistant, the nursing care quality assurance commission for an advance registered nurse practitioner, the board of psychologists for a psychologist, and the University of Washington telemedicine program. Each board or commission shall consult with representatives of their stakeholder groups to review the nominations. The secretary must identify an appropriate technology representative familiar with the advancing technology used in telemedicine. The secretary, or nominee, shall serve on the board of telemedicine and coordinate board discussions. Members of the board of telemedicine may nominate a chair.

**Sec.**  RCW 43.70.010 and 1995 c 269 s 2201 are each amended to read as follows:

As used in this chapter, unless the context indicates otherwise:

(1) "Assessment" means the regular collection, analysis, and sharing of information about health conditions, risks, and resources in a community. Assessment activities identify trends in illness, injury, and death and the factors that may cause these events. They also identify environmental risk factors, community concerns, community health resources, and the use of health services. Assessment includes gathering statistical data as well as conducting epidemiologic and other investigations and evaluations of health emergencies and specific ongoing health problems;

(2) "Board" means the state board of health;

(3) "Department" means the department of health;

(4) "Information technologies" means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider;

(5) "Licensee" means a medical physician or psychiatrist licensed under chapter 18.71 RCW, physician assistant licensed under chapter 18.71A RCW, osteopathic physician licensed under chapter 18.57 RCW, osteopathic physician assistant licensed under chapter 18.57A RCW, advanced registered nurse practitioner licensed under chapter 18.79 RCW, psychologist licensed under chapter 18.83 RCW, hospital licensed under chapter 70.41 RCW, and ambulatory surgical facility licensed under chapter 70.230 RCW;

(6) "Policy development" means the establishment of social norms, organizational guidelines, operational procedures, rules, ordinances, or statutes that promote health or prevent injury, illness, or death; ((~~and~~

~~(5)~~)) (7) "Secretary" means the secretary of health; and

(8) "Telemedicine" means a licensee using electronic audio-visual communications and information technologies or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine does not include the provision of medical services through an audio-only telephone, email messages, facsimile transmission, United States mail or other parcel service, or any combination thereof.

NEW SECTION. **Sec.**  A new section is added to chapter 43.70 RCW to read as follows:

(1) A licensee who uses telemedicine must be aware that nationally recognized medical specialty organizations have established comprehensive telemedicine practice guidelines which address the clinical and technological aspects of telemedicine for many medical specialties. A licensee who uses telemedicine shall utilize evidence-based telemedicine practice guidelines, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes.

(2) The board of telemedicine created in section 2 of this act must develop training requirements as part of continuing education requirements to assure licensee understanding of requirements including, but not limited to, documentation, licensure requirements, and other requirements established by the board of telemedicine and reviewed by the legislature to ensure valid physician-patient relationships and avoid errors in documentation and treatment that may lead to an investigation into fraudulent activities.

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