

FINAL BILL REPORT

SSB 5175

C 23 L 15
Synopsis as Enacted

Brief Description: Regarding telemedicine.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Becker, Frockt, Angel, Rivers, Cleveland, Dammeier, Keiser, Fain, Parlette, Darneille, Pedersen, Habib, Kohl-Welles and Mullet).

Senate Committee on Health Care
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Advances in technology, communications, and data management have resulted in new approaches to the delivery of medical care services. Telemedicine makes use of interactive technology and may include real-time interactive consultations, store and forward technology, remote monitoring of patients, and case-base teleconferencing. Telemedicine services are currently provided for a number of services including telePsychiatry, telePain chronic pain research, teleBurns, teleRadiology, teleStroke, and teleDermatology, among others.

The Medical Quality Assurance Commission (Commission) recently adopted guidelines on the appropriate use of telemedicine which describe how telemedicine is to be defined, supervised, regulated, and disciplined by the Commission consistent with existing statutes governing the practice of medicine.

Payment for some services does occur, but there is not a mandate to provide payment for covered services and payment practices vary.

The federal Affordable Care Act (ACA) established requirements for many health plans to cover essential health benefits, which reflect ten general categories of care: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services including oral and vision care.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary: Health insurance carriers, including health plans offered to state employees and Medicaid managed care plan enrollees, must reimburse a provider for a health care service delivered through telemedicine or store and forward technology if:

- the plan provides coverage of the health care service when provided in person;
- the health care service is medically necessary; and
- the health care service is a service recognized as an essential health benefit under the ACA.

Telemedicine means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient and the provider for medical diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, facsimile, or email. Store and forward technology means the asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person.

If the service is provided through store and forward technology there must be an associated office visit between the covered person and the referring health care provider. Reimbursement of store and forward technology is available only for those covered services specified in the negotiated agreement between the health plan and health care provider.

An originating site for a telemedicine service includes a hospital, rural health clinic, federally qualified health center, physician's or other health care provider's office, community mental health center, skilled nursing facility, or renal dialysis center except an independent renal dialysis center. The originating site means the physical location of a patient receiving health services through telemedicine. The distant site means the site where the provider is located when the service is provided through telemedicine.

An originating site may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the health plan. A distant site or any other site not listed may not charge a facility fee.

The health plan may not distinguish between originating sites that are rural and urban in providing coverage. The health plan may apply utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to a comparable health care service provided in person.

An originating site hospital may rely on a distant site hospital's decision to grant or renew clinical privileges of the physician if the originating site hospital obtains reasonable assurances that the following provisions are met:

- the distant site hospital providing the telemedicine services in a Medicare-participating hospital;
- any physician providing telemedicine services at the distant site will be fully privileged to provide such services at the distant site hospital;
- any physician providing telemedicine services will hold and maintain a valid license to perform such services issued or recognized by the state of Washington; and

- the originating site hospital has evidence of an internal review of the distant site physician's performance and sends the performance information to the distant site hospital for use in the periodic appraisal of the distant physician.

Votes on Final Passage:

Senate 46 0

House 88 9

Effective: July 24, 2015
January 1, 2017 (Sections 2-4)