

SENATE BILL REPORT

SB 5386

As Reported by Senate Committee On:
Health & Long Term Care, February 8, 2019

Title: An act relating to training standards in providing telemedicine services.

Brief Description: Concerning training standards in providing telemedicine services.

Sponsors: Senators Becker, Cleveland, Rivers, O'Ban, Short, Braun, Wilson, L., Holy, Brown, Warnick, Bailey, Zeiger, Conway and Van De Wege.

Brief History:

Committee Activity: Health & Long Term Care: 1/30/19, 2/08/19 [DPS].

Brief Summary of First Substitute Bill

- Permits health care professionals who provide telemedicine services to complete a telemedicine training made available by the telemedicine collaborative.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5386 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Becker, Dhingra, Frockt, Keiser and Van De Wege.

Staff: Evan Klein (786-7483)

Background: In 2016 the Collaborative for the Advancement of Telemedicine (Collaborative) was established. The Collaborative is hosted by the University of Washington Telehealth Services and is comprised of one member from each of the two largest caucuses of the Senate and the House of Representatives, and representatives from the academic community, hospitals, clinics, and health care providers in primary care and specialty practices, carriers, and other interested parties.

The Collaborative is required to develop recommendations on improving reimbursement and access to services, including reviewing the originating site restrictions, provider to provider

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consultative models, and technologies and models of care not currently reimbursed. The Collaborative must identify telemedicine best practices, guidelines, billing requirements, and fraud prevention developed by recognized medical and telemedicine organizations. In 2018 the Collaborative was extended to terminate in December 2021.

In 2018, the Legislature tasked the Collaborative with reviewing the concept of telemedicine payment parity and developing recommendations on reimbursing for telemedicine at the same rate as if the provider provided services in person, for the treatment of certain conditions. The Collaborative was also tasked with designing a training program to teach health care professionals about telemedicine and proper billing

Summary of Bill (First Substitute): Beginning January 1, 2020, health care professionals who provide services through telemedicine may complete telemedicine training prior to providing services through telemedicine to patients in Washington State. If a health care professional completes training, they must sign and retain an attestation.

The training required:

- must include information on current state and federal law, liability, informed consent, and other criteria established by the Collaborative in conjunction with the Department of Health and the Medical Commission;
- must include a question and answer methodology;
- may be made available electronically;
- may be incorporated into existing telemedicine training programs; and
- must be made available by the Collaborative on its website by January 1, 2020.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Makes the telemedicine training optional and requires the telemedicine collaborative to make a training available on its website by January 1, 2020.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill is important, because the Legislature often creates avenues for people to do things, but does not create the tools for them to be successful. This bill is coming directly from the Collaborative, and will give clinicians the tools to undertake telemedicine. Large clinics and systems already provide training, but smaller practices do not have access to the same resources. There may be some concerns about mandating training for small practice providers, but the Collaborative felt it was important to require this training so that practitioners can make accessing telemedicine easier for the patients. The intent of this education is to help create a practice setting that is

realistic for a patient, which can include website manner and how providers can identify themselves appropriately to patients. Those that do not have a training program will now have access to quick and cheap training. More services can effectively be delivered in the state if providers have a better understanding of how to safely utilize telemedicine services, and there is absolutely a potential for growth in this area. The best place to start is to ensure that every provider has a common understanding of the laws and best practices around telemedicine.

OTHER: There is a need for increased take-up of telemedicine services, and there is a concern that section 2 amounts to a mandate for training for telemedicine, and that the mandate would decrease take-up of telemedicine. If there was a legal action regarding provision of a service related to telemedicine, there is a concern that the bill would establish some liability if the provider did not have telemedicine training. Making this training voluntary would be a good idea. The training could be offered on the DOH website and could track those who take it on a voluntary basis. The hope is that this training could be made available first, prior to considering a mandate.

Persons Testifying: PRO: Senator Randi Becker, Prime Sponsor; Kristen Federici, Providence St. Joseph Health; Micah Matthews, Washington Medical Commission; Sarah Orth, Seattle Children's; Ian Goodhew, UW Medicine Health System; Joelle Fathi, citizen; Joshua Frank, Confluence Health.

OTHER: Katie Kolan, Washington State Medical Association; Chris Bandoli, Washington State Hospital Association; Melissa Johnson, Washington Speech-Language-Hearing Association.

Persons Signed In To Testify But Not Testifying: No one.