

SENATE BILL REPORT

SB 5986

As of March 24, 2015

Title: An act relating to creating a board of telemedicine.

Brief Description: Creating the board of telemedicine.

Sponsors: Senators Becker, Keiser, Cleveland, Bailey, Jayapal, Dammeier, Frockt, Brown, Warnick, Parlette and Conway.

Brief History:

Committee Activity: Health Care: 3/26/15.

SENATE COMMITTEE ON HEALTH CARE

Staff: Mich'l Needham (786-7442)

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. The guidelines are under review by other boards and commissions.

A number of national organizations have issued guidelines or recommendations regarding the practice of telemedicine: the American Medical Association issued recommendations in 2014; the Federation of State Medical Boards issued a new model policy in 2014; and the American Telemedicine Association has issued guidelines on a range of topics including primary and urgent care, telepathology, mental health services, teledermatology, diabetic retinopathy, and telerehabilitation, among others.

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 of Bill: The Board of Telemedicine (Board) is created with responsibility to establish technology and provide guidance on interactions between a provider in one location and a patient in another location.

The Board must develop recommendations for licensees. Licensees include a medical physician or psychiatrist, physician assistant, osteopathic physician, osteopathic physician assistant, advanced registered nurse practitioner, psychologist, hospital, and ambulatory surgical facility.

In developing guidelines, the Board 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 areas such 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 standard that the practice of medicine is tied to where the patient is not located where the provider is located.

The Board 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. The Board must establish training requirements as part of continuing education requirements to assure providers understand requirements such as documentation, licensure requirements, and other requirements established by the Board to ensure valid physician-patient relationships and avoid errors in documentation and treatment that may lead to an investigation into fraudulent activities. A licensee who uses telemedicine must utilize evidence-based telemedicine practice guidelines, to the degree they are available, to ensure patient safety, quality of care, and positive outcomes.

Nominations for membership of the Board must be made to the Secretary of the Department of Health 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 advanced registered nurse practitioner;
- the Board of Psychologists for a psychologist; and
- the University of Washington Telemedicine Program.

Each Board or Commission must 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, must serve on the Board and coordinate board discussions. Members of the Board may nominate a chair.

Definitions are provided:

- 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;

- 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, mail, or any combination.

Appropriation: None.

Fiscal Note: Requested on March 20, 2015.

Committee/Commission/Task Force Created: No.

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