

FINAL BILL REPORT

SSB 6519

C 68 L 19

Synopsis as Enacted

Brief Description: Expanding patient access to health services through telemedicine and establishing a collaborative for the advancement of telemedicine.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Becker, Cleveland, Dammeier, Frockt, Brown, Angel, Rivers, Bailey, Keiser, Conway, Fain, Carlyle, Rolfes, Chase and Parlette).

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

Background: The 2015 Legislature passed SSB 5175 requiring health insurance carriers, including health plans offered to state employees and Medicaid managed care plan enrollees, to 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 federal Affordable Care Act. The requirement becomes effective January 1, 2017.

The originating site for the service means the physical location of a patient receiving the health care services through telemedicine. A list of originating sites includes a hospital, rural health clinic, federally qualified health center, a health care provider's office, community health center, skilled nursing facility, or renal dialysis center. The originating site may charge a facility fee for infrastructure and preparation of the patient.

Since passage of the legislation in April 2015, modifications have been made to the Medicaid fee-for-service program to expand the sites for a patient to access care, including clinics, community mental health or chemical dependency settings, dental offices, home or any location determined appropriate by the individual receiving the service, neurodevelopmental centers, and schools. The United States Department of Health and Human Services just released final regulations for Medicaid clarifying that home health services may be provided through the use of telehealth, and that home health services may be provided, as appropriate, in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility, or any in patient setting.

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.

The Northwest Regional Telehealth Resource Center, located in Billings, Montana, serves Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming, providing technical assistance with the development and implementation of telehealth. Staff from the University of Washington School of Medicine Telehealth Services sit on the board.

Store and forward technology was included in the telehealth bill last year. Store and forward technology means the use of 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. References to the store and forward technology were inadvertently left out of one statute governing hospitals.

Summary: The Collaborative for the Advancement of Telemedicine (Collaborative) is created to enhance the understanding of health services provided through telemedicine. By July 1, 2016, the Collaborative shall be convened by the University of Washington Telehealth Services and participants shall include four legislators, and representatives of the academic community, hospitals, clinics, health care providers in primary care and specialty care, health insurance carriers, and other interested parties.

The Collaborative shall develop recommendations on improving reimbursement and access to services, including reviewing the originating site restrictions or additions proposed in this bill, provider to provider 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. The Collaborative must also make a recommendation on whether to create a technical assistance center in Washington to support providers in implementing or expanding services delivered through telemedicine.

An initial progress report is due December 1, 2016, with follow-up reports due December 1, 2017 and December 1, 2018. Reports must be shared with the Health Care Committees of the Legislature as well as relevant professional associations, governing boards, or commissions. Meetings must be open public meetings with summaries available on a web page. The future of the Collaborative shall be reviewed by the Legislature with consideration of on-going technical assistance needs. The Collaborative terminates December 31, 2018.

The list of sites a patient may receive health care services through telemedicine is modified to include "home," effective January 1, 2018. The underlying law with the originating sites that were included in 2015 legislation is still effective January 1, 2017. Services provided from home are not eligible to charge a facility fee. Health care services provided through telemedicine must meet generally accepted safety standards, and the technology must meet the standards required by state and federal laws governing the privacy and security of protected health information.

Hospital statutes are modified to include appropriate references to the store and forward technology included in the 2015 law.

Votes on Final Passage:

Senate 49 0

House 91 6

Effective: June 9, 2016
January 1, 2018 (Sections 3-5)