Washington State House of Representatives Office of Program Research

BILL ANALYSIS

Labor & Workplace Standards Committee

ESSB 6226

Brief Description: Improving health outcomes for injured workers by facilitating better access to medical records and telemedicine.

Sponsors: Senate Committee on Labor & Commerce (originally sponsored by Senators Keiser, Conway, Cleveland, Kuderer and Saldaña).

Brief Summary of Engrossed Substitute Bill

- Requires self-insured employers to provide electronic copies of medical records to a physician conducting an independent medical examination, and, if not possible, provide paper copies at least 10 business days before the examination.
- Requires the Collaborative for the Advancement of Telemedicine to develop policies for the Department of Labor and Industries to establish access to telemedicine for independent medical examinations and training for physicians who perform examinations through telemedicine.

Hearing Date: 2/19/18

Staff: Joan Elgee (786-7106).

Background:

<u>Independent Medical Examinations</u>. Under the state's industrial insurance laws, employers must insure through the State Fund administered by the Department of Labor and Industries (Department) or may self-insure if qualified. Whenever the Director of the Department or the self insured employer deems it necessary to resolve a medical issue, a worker must submit to an examination by a physician or physicians selected by the Director. This examination is referred to as an independent medical examination (IME). For example, an IME may be requested to rate a permanent impairment or determine a diagnosis. The Department establishes the fee for IMEs.

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For purposes of an IME, the Department or the self-insurer must provide the examining physician with all the relevant medical records from the workers' claim file. The Department's policy provides that records should be provided at least 10 days before the exam so that the provider can prepare for the exam.

Telemedicine. Telemedicine is the delivery of health care services through the use of interactive audio and video technology for the purpose of diagnosis, consultation, or treatment, permitting real-time communication between the patient and the provider. In 2016, legislation established the Collaborative for the Advancement of Telemedicine (Collaborative) to enhance the understanding and use of health services provided through telemedicine and other similar models. 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 was directed to develop recommendations on improving access to services; identify telemedicine best practices; and explore whether to recommend a technical assistance center. The legislation directed the Collaborative to submit reports to the health care committees of Legislature and other entities. The Collaborative terminates December 31, 2018.

Summary of Bill:

A self-insured employer must ensure that all relevant medical records of an injured worker scheduled for an IME are provided as electronic medical records. If electronic medical records are not possible, paper records must be delivered to the physician at least 10 business days before the IME. If the IME will occur before 10 business days or if a medical record only becomes available to the employer during the 10 days then the paper records must be delivered to the physician as soon as possible before the IME occurs.

The Collaborative must develop policies for the Department to establish access to telemedicine for IMEs and to reimburse IME physicians for services in a manner that is similar to the polices developed for commercial health insurance plans and Medicaid managed care plans. In addition, the Collaborative must develop a training program for physicians who perform IMEs through telemedicine. The Director must adopt the policies developed by the Collaborative regarding access to and reimbursement for telemedicine for IMEs and physicians must take the training before performing any IMEs through telemedicine.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 16, 2013.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

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