SENATE BILL REPORT SB 5436

As Amended by House, April 6, 2017

Title: An act relating to expanding patient access to health services through telemedicine by further defining where a patient may receive the service.

Brief Description: Expanding patient access to health services through telemedicine by further defining where a patient may receive the service.

Sponsors: Senators Becker, Cleveland, Frockt and Keiser.

Brief History:

Committee Activity: Health Care: 2/09/17, 2/13/17 [DP].

Floor Activity:

Passed Senate: 2/23/17, 49-0. Passed House: 4/06/17, 97-0.

Brief Summary of Bill

• Modifies the list of sites where a patient may receive services through telemedicine.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Rivers, Chair; Becker, Vice Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Fain, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Staff: Mich'l Needham (786-7442)

Background: In 2015, the Legislature established requirements for health insurance payments for services delivered through telemedicine. The legislation established originating sites for a telemedicine service including a hospital, rural health clinic, federally qualified health center, health care provider's office, community mental health center, skilled nursing facility, or renal dialysis center. Legislation passed in 2016 added the patient's home as an option for an originating site.

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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 2016 legislation created the Washington State Telehealth Collaborative and asked the Collaborative to develop recommendations on improving reimbursement and access to services, and to offer suggestions for clarifying the list of originating sites. The Collaborative submitted an initial progress report to the Legislature on December 1, 2016.

Summary of Bill: The list of sites where a patient may receive health care services through telemedicine is modified to allow a patient to access care from home or any location determined by the individual receiving the service.

Appropriation: None.

Fiscal Note: Available.

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

Effective Date: The bill takes effect on January 1, 2018.

Staff Summary of Public Testimony: PRO: This is a result of the bill we passed last year where we created the Collaborative to review the definition of home and to recommend improvements that support telemedicine. We support the efforts of the Collaborative and in expanding telemedicine across the state. We had circulated a request for an amendment but now we understand this language has been worked on with the Collaborative and we are supportive. We support this definition of home and fully support the work of the Collaborative. This language is agreed on and aligns with agency efforts with telemedicine. The language has been well worked. Telemedicine is especially important for persons with mental illness and for finding mental health professionals. Some people have difficulties leaving their homes and this language will allow access to treatment. The workforce board has long supported expanding telemedicine access especially to address geographic gaps in access. The behavioral health workforce analysis was recently submitted and it is a top recommendation to increase telemedicine to increase access to behavioral health services.

Persons Testifying: PRO: Senator Randi Becker, Prime Sponsor; Ian Goodhew, UW Medicine; Katie Kolan, Washington State Medical Association; Zach Snyder, Regence Blue Shield; Sheela Tallman, Premera Blue Cross; Lisa Thatcher, Washington State Hospital Association; Cassandra Ando, NAMI Washington; Nova Gattman, Health Workforce Council.

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

EFFECT OF HOUSE AMENDMENT(S):

- Requires a behavioral health organization (BHO) to reimburse providers for the use of telemedicine for covered, medically necessary services provided to a Medicaid covered person under the age of 18.
- Provides language to clarify which agency, DSHS or HCA, is responsible for rule making and implementation depending on final passage of other legislation.