

HOUSE BILL REPORT

SHB 1708

As Passed Legislature

Title: An act relating to facility fees for audio-only telemedicine.

Brief Description: Concerning facility fees for audio-only telemedicine.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Riccelli, Bateman, Macri, Tharinger and Pollet).

Brief History:

Committee Activity:

Health Care & Wellness: 1/12/22, 1/19/22 [DPS].

Floor Activity:

Passed House: 1/26/22, 97-0.

Passed Senate: 3/3/22, 47-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Prohibits a hospital that is an originating site or a distant site for audio-only telemedicine from charging a facility fee.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

Staff: Emily Poole (786-7106).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Audio-only telemedicine is the delivery of health care services through the use of audio-only technology, permitting real-time communication between a patient at their physical location (the "originating site") and a health care provider at a different physical location (the "distant site"), for the purpose of diagnosis, consultation, or treatment.

In addition to professional fees for provider services, certain originating sites for audio-only telemedicine may charge a separate facility fee for infrastructure costs and preparation of the patient, subject to certain conditions. Distant sites and hospitals acting as originating sites may not charge the following payors a facility fee for the use of audio-only telemedicine: a health plan offered by a health carrier; a health plan offered to school or state employees; a Medicaid managed care plan; or a behavioral health administrative services organization.

Audio-only telemedicine does not include the use of facsimile or electronic mail, or the delivery of health care services that are customarily delivered by audio-only technology and customarily not billed as separate services by the provider, such as the sharing of laboratory results.

Hospitals are facilities licensed by the Department of Health (DOH) to provide accommodations and services over a continuous period of 24 hours or more for observation, diagnosis, or care. To obtain and maintain a license, a hospital must meet DOH standards related to patient care, medical staff, infection control, and mandatory reporting related to patient care and financial information. In the event that a DOH investigation or survey identifies noncompliance with hospital standards, the DOH may require the hospital to submit a plan of correction to address each of the deficiencies. In addition, the DOH is authorized to deny, suspend, revoke, or refuse to renew a license or provisional license.

Summary of Substitute Bill:

A hospital that is an originating site or a distant site for audio-only telemedicine may not charge a facility fee, regardless of payor.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Hospitals should not be able to charge facility fees for audio-only telemedicine, regardless of whether a patient is insured.

(Opposed) None.

Persons Testifying: Representative Eileen Cody, prime sponsor.

Persons Signed In To Testify But Not Testifying: None.