A bill to be entitled

An act relating to telemedicine; defining the term "telemedicine services"; prohibiting a health insurance policy or Medicaid from requiring face-toface contact between a health care provider and patient as a prerequisite to coverage or reimbursement for services; clarifying that the use of telemedicine technology under the supervision of another health care practitioner may not be interpreted as practicing medicine without a license; authorizing the Department of Health to adopt rules; requiring the department to repeal any rule that prohibits the use of telemedicine; requiring the department to conduct a study on options for implementing telemedicine for certain services; requiring the Department of Health to submit a report to the Legislature; providing an effective date.

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WHEREAS, telemedicine services are those services that use electronic technology to overcome a geographic distance between patients and health care providers for the purpose of intervention, clinical management, or assessing, monitoring, or educating patients, and

WHEREAS, the Legislature recognizes the demonstrated costeffectiveness, improvements in disease management, and improved patient outcomes that result from the provision of telemedicine services and further recognizes that studies have demonstrated significant reductions in hospitalizations and otherwise

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necessary medical care as a result of telemedicine intervention, and

WHEREAS, geography, weather, availability of specialists, transportation, and other factors can create barriers to accessing appropriate health and mental health care, and one way to provide, ensure, or enhance access to care given these barriers is through the appropriate use of technology to allow health care consumers access to qualified health care providers, and

WHEREAS, the Legislature seeks to embrace efforts that will encourage health insurers and health care providers to support the use of telemedicine and that will also encourage all state agencies to evaluate and amend their policies and rules to remove any regulatory barriers prohibiting the use of telemedicine, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

## Section 1. Telemedicine services.-

(1) As used in this section, the term "telemedicine services" or "telemedicine," as it pertains to the delivery of health care services, means synchronous video conferencing, remote patient monitoring, transmission of asynchronous health images, or other health transmissions supported by mobile devices, such as mHealth, or other telecommunications technology used for the purpose of diagnosis, consultation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications.

The term does not include an audio-only telephone call, e-mail message, or facsimile transmission.

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- (2) Beginning January 1, 2015, subject to all terms and conditions negotiated between a health care provider and a health insurer or health plan, a health insurance policy that is issued, amended, or renewed may not require face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telemedicine in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services are provided. Medicaid services provided through fee-for-service or a managed care delivery system may not be denied as creditable Medicaid services on the basis that the coverage is provided through telemedicine. Health care services covered through in-person consultations or through telemedicine shall be treated as equivalent services from an insurance coverage and payment perspective.
- (3) This section does not prevent a health insurer or health plan from imposing deductibles or copayment or coinsurance requirements for a health care service provided through telemedicine if the deductible, copayment, or coinsurance does not exceed the deductible, copayment, or coinsurance applicable to an in-person consultation for the same health care service.
- (4) This section does not preclude a licensed health care practitioner, as defined in s. 456.001, Florida Statutes, who is acting within the scope of his or her practice from employing

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the technology of telemedicine, applying telemedicine within his or her practice, or using telemedicine technology under the direction and supervision of another health care practitioner who is using telemedicine technology within the supervising practitioner's scope of practice. When acting under the direction and supervision of another health care practitioner, the use of telemedicine technology may not be interpreted as practicing medicine without a license. However, any health care practitioner employing telemedicine technology must be trained, educated, and knowledgeable regarding the procedure and technology and may not perform duties for which the practitioner does not have sufficient training, education, and knowledge. Failure to have sufficient training, education, and knowledge is grounds for disciplinary action by the board as defined in s. 456.001, Florida Statutes, or the Department of Health if there is no board.

(5) The Department of Health, in consultation with those boards within the department that exercise regulatory or rulemaking functions relating to health care practitioners as defined in s. 456.001, Florida Statutes, may adopt rules, as necessary, to implement the requirements of this section relating to the provision of telemedicine services by such practitioners and shall repeal any rule that prohibits the use of telemedicine in this state.

Section 2. The Department of Health shall lead and conduct an interagency study, which also includes the Department of Children and Families and the Agency for Health Care Administration, on options for implementing telemedicine

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113	services and coverage, including multipayer coverage and
114	reimbursement, for stroke diagnosis, high-risk pregnancies,
115	premature births, mental health services, and emergency
116	services. The Department of Health shall submit a final report
117	of its findings and recommendations to the President of the
118	Senate and the Speaker of the House of Representatives by July
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