LEGISLATIVE ACTION		
Senate		House
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The Committee on Health Policy (Galvano) recommended the		
following:		
Senate Amendment (with title amendment)		
Delete everything	after the enacting c	lause
and insert:		
Section 1. Section 456.4501, Florida Statutes, is created		
to read:		
456.4501 Short title.—Sections 465.4501-465.4506 may be		
cited as the "Florida Telemedicine Act."		



9 Section 2. Section 456.4502, Florida Statutes, is created 10 to read: 456.4502 Definitions.—As used in this act, the term: 11 12 (1) "Act" means the Florida Telemedicine Act. (2) "Advanced communications technology" means: 13 14 (a) Compressed digital interactive video, audio, or data 15 transmissions; 16 (b) Real-time synchronous video- or web-conferencing communications; 17 18 (c) Secure web-based communications; 19 (d) Still-image capture or asynchronous store and forward; 20 (e) Health care service transmissions supported by mobile 21 devices (mHealth); or 22 (f) Other technology that facilitates access to health care 2.3 services or medical specialty expertise. 24 (3) "Distant site" means the location at which the 25 telemedicine provider delivering the health care service is 26 located at the time the service is provided via telemedicine. 27 (4) "Encounter" means an examination, consultation, 28 monitoring, or other health care service. 29 (5) "Health care provider" means a health care practitioner 30 or out-of-state licensed individual who provides health care 31 services within the scope of his or her professional license. (6) "In person" means that a patient is in the physical 32 33 presence of the health care provider without regard to whether 34 portions of the encounter are conducted by other providers. 35 (7) "Originating site" means the location of the patient 36 receiving telemedicine services which site meets the standards

of this act as verified by the telemedicine provider.

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- (8) "Patient presenter" means an individual who has clinical background training in the use of advanced communications technology equipment and who is available at the originating site to present the patient, manage the cameras or equipment, and perform any hands-on activity necessary to successfully complete the telemedicine encounter under the direction and supervision of a telemedicine provider.
- (9) "Store and forward" means the type of telemedicine encounter that uses still digital images of patient data for rendering a medical opinion or diagnosis. The term includes the asynchronous transmission of clinical data from one site to another.
- (10) "Telehealth" means the use of advanced communications technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distances. The term includes the use of remote patient monitoring devices that are used to collect and transmit data for telemonitoring and interpretation.
- (11) "Telemedicine" means the use of advanced communications technology by a health care provider or by a health care provider acting under an appropriate delegation or supervision as may be required by the appropriate board, or the department if there is no board, to provide a health care service. Services provided through telemedicine may include patient assessment, diagnosis, consultation, treatment, prescription of medicine, transfer of medical data, or other medical-related services. The term does not include audio-only calls, e-mail messages, or facsimile transmissions. Telemedicine includes telehealth and telemonitoring.

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(12) "Telemedicine provider" means a health care practitioner who provides telemedicine services, or an out-ofstate health care provider who provides telemedicine services to a patient physically located in this state and who meets the requirements of s. 456.4503, as applicable.

Section 3. Section 456.4503, Florida Statutes, is created to read:

456.4503 Telemedicine requirements.-

- (1) An out-of-state health care provider who provides telemedicine across state lines to a patient physically located in this state must have a Florida license to practice a health care profession, except as provided under subsection (2).
- (2) An out-of-state physician who does not meet the requirements of subsection (1) may provide telemedicine services across state lines to patients located in this state if the physician:
- (a) Holds an unrestricted active license to practice allopathic or osteopathic medicine in the state of the distant site and that state's licensure requirements meet or exceed those of this state under chapter 458 or chapter 459, as determined by the appropriate board;
- (b) Maintains professional liability coverage that includes coverage for telemedicine services, in an amount and manner consistent with s. 458.320 and appropriate to the physician's scope of practice and location;
 - (c) Has at least one of the following:
- 1. Privileges at or is on the medical staff of an out-ofstate hospital that is a certified Medicare provider;
 - 2. Affiliation with an out-of-state health insurer or

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health plan that is also licensed in this state and that uses credentialing requirements that are equivalent to those used in this state; and

- (d) Practices in a state that allows Florida-licensed physicians to provide telemedicine services to patients located in that state without having to be licensed to practice medicine in that state.
- (3) An out-of-state physician provider authorized under subsection (2) to provide telemedicine services to patients in this state is subject to appropriate disciplinary action by a regulatory entity in this state which has regulatory jurisdiction over the hospital, insurer, or health plan affiliated with the physician as described in paragraph (2)(c). Such affiliated hospital, insurer, or health plan shall be held responsible by the appropriate state regulatory entities and other legal and regulatory authorities in this state, as applicable, for the actions of their affiliated physician providers providing telemedicine services to patients in this state.
- (4) The telemedicine provider and any affiliated hospital, insurer, or health plan described under paragraph (2)(c), if applicable, shall make any pertinent records available upon request of the board, the department, or other regulatory authority as applicable. Failure to comply with such request may result in the revocation of a health care practitioner's license or imposition of a fine by the applicable board, or department if there is no board; or in the case of an affiliated hospital, insurer or health plan, a fine, a license restriction, or revocation of an affiliated entity's authorization to conduct



business in this state.

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- (5) Venue for a civil or administrative action initiated by the telemedicine recipient, the department, or the appropriate board shall be based on the location of the patient or shall be in Leon County.
- (6) Physician consultations that occur on an emergency basis and that are conducted via telemedicine are exempt from subsections (1) and (2). Emergency services and care provided to relieve an emergency medical condition have the same meaning as defined under s. 395.002.
- (7) This section does not prohibit consultations between an out-of-state health care provider and a health care practitioner in this state or for the transmission and review of digital images, pathology specimens, test results, or other medical data by an out-of-state health care provider or other qualified providers related to the care of a patient in this state.
- (8) This section does not preclude a health care provider who acts within the scope of his or her Florida professional license from using the technology of telemedicine within his or her practice or under the direction and supervision of another health care provider whose scope of practice includes the use of such technology. A health care provider or patient presenter acting under the direction and supervision of a physician through the use of telemedicine may not be interpreted as practicing medicine without a license. However, a health care provider must be trained in, educated on, and knowledgeable about the procedure and technology and may not perform duties for which the practitioner does not have sufficient training, education, and knowledge. Failure to have adequate training,

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education, and knowledge is grounds for disciplinary action by the appropriate board, or the department if there is no board, or the affiliated regulatory entity for affiliated providers.

- (9) The boards, or the department if there is no board, may adopt rules to administer the requirements of this act and must repeal rules that are inconsistent with this act, including rules that prohibit the use of telemedicine in this state. The appropriate board, or the department if there is no board, may also develop standards and adopt rules relating to requirements for patient presenters. Such rules may not require the use of patient presenters in telemedicine services if special skills or training is not needed for a patient to participate in the encounter.
- (10) A health care practitioner who engages in telemedicine services must complete 2 hours of continuing education credit related to the provision of services through telemedicine during each license renewal period.

Section 4. Section 456.4504, Florida Statutes, is created to read:

456.4504 Telemedicine standards.-

- (1) The standard of care as provided in s. 766.102 is the same regardless of whether a health care provider provides health care services in person or by telemedicine. The applicable board for each health care provider, or the department if there is no board, may adopt rules specifically related to the standard of care for telemedicine.
- (2) A telemedicine provider providing telemedicine services under this act is responsible for the quality of the equipment and technology employed and for its safe use. Telemedicine

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equipment and advanced communications technology must, at a minimum, be able to provide the same information to the telemedicine provider as the information that would be obtained in an in-person encounter with a health care provider and enable the telemedicine provider to meet or exceed the prevailing standard of care for the practice of the profession.

- (3) The telemedicine provider is not required to conduct a patient history or physical examination of the patient before engaging in a telemedicine encounter if the telemedicine provider conducts a patient evaluation sufficient to meet the prevailing standard of care for the services provided.
- (4) Before each telemedicine encounter, the identification and location of the telemedicine provider and any other individuals present via advanced communications technology who will view the patient or the patient's information must be identified to the patient.
- (5) For the purposes of this act, the nonemergency prescribing of a legend drug based solely on an electronic questionnaire without a visual examination is considered a failure to practice medicine with the level of care, skill, and treatment which is recognized by a reasonably prudent physician or other authorized practitioner and is not authorized under this act.
- (6) A controlled substance may not be prescribed through the use of telemedicine.
- (7) Medical records must be kept by each telemedicine provider that participates in a patient telemedicine encounter to the same extent as required for an in-person encounter under state and federal law. Telemedicine providers are encouraged to

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create electronic health records to document the encounter and to transmit information in the most efficient manner possible.

- (8) Any medical records generated, including records maintained via video, audio, electronic, or other means, due to a telemedicine encounter must conform to the confidentiality and recordkeeping requirements of federal law, nationally recognized health care accreditation organizations, and the laws and rules of this state regardless of where the medical records of a patient in this state are maintained.
- (9) Telemedicine technology used by a telemedicine provider must be encrypted and must use a recordkeeping program to verify each interaction.
- (10) In those situations in which a telemedicine provider uses telemedicine technology provided by a third-party vendor, the telemedicine provider must:
- (a) Require a business associate agreement with the thirdparty vendor; and
- (b) Ensure that the third-party vendor complies with the administrative, physical, and technical safeguards and standards set forth by the Health Information Technology for Economic and Clinical Health (HITECH) Act and by federal regulations implemented pursuant to HITECH.
- (11) If a patient provides any of the telemedicine technology, such as a patient-owned smartphone, tablet, laptop, desktop computer, or video equipment, the telemedicine provider must take steps to ensure that such technology:
- (a) Complies with the administrative, physical, and technical safequards set forth by HITECH and by federal regulations implemented pursuant to HITECH; and



241 (b) Is appropriate for the medical discipline for which the 242 technology is provided. 243 Section 5. Section 456.4505, Florida Statutes, is created 244 to read: 245 456.4505 Interstate compacts for telemedicine.—The 246 Legislature finds that lack of access to high-quality, affordable health care services is an increasing problem, both 247 in this state and nationwide. The Legislature finds that this 248 249 problem could be alleviated by greater interstate cooperation 250 among, and by the mobility of, health care providers through the 251 use of telemedicine. Therefore, the executive directors of the 252 boards, together with the department, may participate in the 253 development of one or more interstate compacts for the provision 254 of telemedicine services across state lines. The department 255 shall annually submit a report on the status of any pending 256 compacts for legislative consideration to the Governor, the 257 President of the Senate, and the Speaker of the House of 258 Representatives. Any finalized compacts shall be submitted by 259 December 31 for consideration by the Legislature during the next 260 regular legislative session. A compact negotiated or proposed by 261 a board or the department is not valid until enacted by the 262 Legislature. 263 Section 6. Section 456.4506, Florida Statutes, is created to read: 2.64 265 456.4506 Telemedicine services under Medicaid.-266 (1) The Agency for Health Care Administration shall 267 reimburse for Medicaid services provided through telemedicine in 268 the same manner and equivalent to Medicaid services provided in 269 person under parts III and IV of chapter 409, except as provided



in subsection (7).

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- (2) Telemedicine services reimbursed under Medicaid must meet the standards and requirements of this act.
- (3) Except as provided in subsection (7), the agency may not require in-person contact between a health care provider and Medicaid recipient 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 health care community at the time the services are provided.
- (4) Before receipt of telemedicine services, a Medicaid recipient or the legal representative of a Medicaid recipient must provide informed consent for telemedicine services. A Medicaid recipient shall also be provided the opportunity to receive the same service through an in-person encounter.
- (5) A Medicaid service that is provided through a fee-forservice or managed care program may not be denied as a creditable Medicaid service solely because that service is provided through telemedicine.
- (6) Reimbursement of telemedicine services under Medicaid shall be the amount negotiated between the parties involved to the extent permitted under state and federal law. Regardless of the reimbursement methodology or amount, telemedicine providers located at the originating site and the distant site should both receive reimbursement based on the services rendered, if any, during the telemedicine encounter.
- (7) If, after implementation, the agency determines that the delivery of a particular service through telemedicine is not cost-effective or does not adequately meet the clinical needs of

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recipients and the determination has been documented, the agency may discontinue Medicaid reimbursement for that telemedicine service.

- (8) The agency shall submit a report on the usage and costs, including savings, if any, associated with the provision of health care services through telemedicine under the Medicaid program by January 1, 2017, to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and House of Representatives.
 - (9) This section is repealed June 30, 2017.
- Section 7. Paragraph (i) is added to subsection (1) of section 458.311, Florida Statutes, to read:
 - 458.311 Licensure by examination; requirements; fees.-
- (1) Any person desiring to be licensed as a physician, who does not hold a valid license in any state, shall apply to the department on forms furnished by the department. The department shall license each applicant who the board certifies:
- (i) For an applicant who graduates from medical school after October 1, 2015, has completed at least 2 credit hours of medical education related to telemedicine.
- Section 8. Paragraph (n) is added to subsection (1) of section 459.0055, Florida Statutes, to read:
 - 459.0055 General licensure requirements.
- (1) Except as otherwise provided herein, any person desiring to be licensed or certified as an osteopathic physician pursuant to this chapter shall:
- (n) For an applicant who graduates from medical school after October 1, 2015, have completed at least 2 credit hours of medical education related to telemedicine.



Section 9. This act shall take effect October 1, 2014.

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331 And the title is amended as follows:

> Delete everything before the enacting clause and insert:

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A bill to be entitled

An act relating to telemedicine; creating s. 456.4501, F.S.; providing a short title; creating s. 456.4502, F.S.; defining terms applicable to the act; creating s. 456.4503, F.S.; requiring health care providers providing telemedicine services to patients in this state to be licensed in this state; providing alternative requirements for out-of-state physicians; providing for disciplining out-of-state physicians through affiliated entities operating in this state; requiring pertinent records to be made available upon request; establishing venue; providing exceptions for emergency services; providing applicability; authorizing the health care boards and the Department of Health to adopt rules; creating s. 456.4504, F.S.; providing standards and prohibitions for the provision of telemedicine services; creating s. 456.4505, F.S.; providing legislative findings; authorizing the regulatory boards and the department to participate in the development of interstate compacts for the provision of telemedicine services; requiring an annual report to the Governor and the Legislature on the status of such compacts; requiring legislative

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enactment of such compacts; creating s. 456.4506, F.S.; providing requirements for reimbursement of telemedicine services under the Medicaid program; requiring a report to the Legislature on the usage and costs of telemedicine in Medicaid by a certain date; providing for future repeal; amending ss. 458.311 and 459.0055, F.S.; requiring an applicant for licensure as a physician who graduates after a certain date to complete 2 credit hours of medical education related to telemedicine; providing an effective date.