

	LEGISLATIVE ACTION	
Senate		House
Comm: WD		
03/04/2014		
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The Committee on Health Policy (Galvano) recommended the following:

## Senate Substitute for Amendment (484228) (with title amendment)

Delete everything after the enacting clause 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."

Section 2. Section 456.4502, Florida Statutes, is created

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

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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 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 practice of medicine through the use of advanced communications technology by a telemedicine provider at a distant site in compliance with federal and state privacy and confidentiality requirements and encryption standards. 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.
- (12) "Telemedicine provider" means a physician licensed under chapter 458 or chapter 459 who provides telemedicine services, or an out-of-state physician who provides telemedicine

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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 physician who provides telemedicine across state lines to a patient physically located in this state must have a Florida license to practice medicine as provided under chapter 458 or chapter 459, 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 one of the following:
- 1. Privileges at or is on the medical staff of an out-ofstate hospital affiliated with a Florida hospital licensed under chapter 395; or
- 2. Affiliation with an out-of-state health insurer or health plan that is also authorized to conduct business in this

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state pursuant to chapter 627 or chapter 641; 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 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 physicians 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 the physician's license or imposition of a fine by the applicable board or department; or, in the case of an affiliated hospital, insurer, or health plan, a fine, a license restriction, or revocation of the affiliated entity's authorization to conduct business in this state.
- (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



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- (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 provided in 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) 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.
- (9) A health care practitioner who participates 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.-

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- (1) The standard of care as provided in s. 766.102 is the same regardless of whether the physician provides health care services in person or by telemedicine. The applicable 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 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 physician and must 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 all 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

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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 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 and 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



214 implemented pursuant to HITECH. 215 (11) If a patient provides any of the telemedicine 216 technology, such as a patient-owned smartphone, tablet, laptop, 217 desktop computer, or video equipment, the telemedicine provider 218 must take steps to ensure that such technology: 219 (a) Complies with the administrative, physical, and 220 technical safeguards set forth by HITECH and by federal 221 regulations implemented pursuant to HITECH; and 222 (b) Is appropriate for the medical discipline for which the 223 technology is provided. 224 Section 5. Section 456.4505, Florida Statutes, is created 225 to read: 226 456.4505 Interstate compacts for telemedicine.—The 227 Legislature finds that lack of access to high-quality, 228 affordable health care services is an increasing problem, both 229 in this state and nationwide. The Legislature finds that this 230 problem could be alleviated by greater interstate cooperation 231 among, and by the mobility of, health care providers through the 232 use of telemedicine. Therefore, the executive directors of the 233 boards, together with the department, may participate in the 234 development of one or more interstate compacts for the provision 235 of telemedicine services across state lines. The department 236 shall annually submit a report on the status of any pending 237 compacts for legislative consideration to the Governor, the 238 President of the Senate, and the Speaker of the House of 239 Representatives. Any finalized compacts shall be submitted by 240 December 31 for consideration by the Legislature during the next 241 regular legislative session. A compact negotiated or proposed by

a board or the department is not valid until enacted by the



Legislature.

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Section 6. Section 456.4506, Florida Statutes, is created to read:

456.4506 Telemedicine services under Medicaid.-

- (1) The Agency for Health Care Administration shall reimburse for Medicaid services provided through telemedicine in the same manner and equivalent to Medicaid services provided in person under parts III and IV of chapter 409, except as provided in subsection (7).
- (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 physician 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

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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 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 the 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



301 section 459.0055, Florida Statutes, to read: 302 459.0055 General licensure requirements.-303 (1) Except as otherwise provided herein, any person 304 desiring to be licensed or certified as an osteopathic physician 305 pursuant to this chapter shall: 306 (n) For an applicant who graduates from medical school 307 after October 1, 2015, have completed at least 2 credit hours of medical education related to telemedicine. 308 309 Section 9. This act shall take effect October 1, 2014. 310 311 ======= T I T L E A M E N D M E N T ========= 312 And the title is amended as follows: 313 Delete everything before the enacting clause 314 and insert: 315 A bill to be entitled 316 An act relating to telemedicine; creating s. 456.4501, 317 F.S.; providing a short title; creating s. 456.4502, 318 F.S.; defining terms applicable to the act; creating 319 s. 456.4503, F.S.; requiring physicians providing 320 telemedicine services to patients in this state to be 321 licensed in this state; providing alternative 322 requirements for out-of-state physicians; providing 323 for disciplining out-of-state physicians through 324 affiliated entities operating in this state; requiring 325 pertinent records to be made available upon request; 326 establishing venue; providing exceptions for emergency 327 services; providing applicability; authorizing the 328 licensing boards and the Department of Health to adopt

rules; creating s. 456.4504, F.S.; providing standards

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and prohibitions for the provision of telemedicine services; prohibiting nonemergency prescribing of a legend drug without a physical examination; prohibiting the prescription of a controlled substance using telemedicine; 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 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.