

HCS HB 319 -- TELEHEALTH SERVICES (Barnes)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

This bill changes the laws regarding telehealth services.

TELEHEALTH STORE-AND-FORWARD TECHNOLOGY (Sections 208.671 and 208.673, RSMo)

The bill changes the laws regarding the use of store-and-forward technology in the practice of telehealth services for MO HealthNet recipients. The bill defines "asynchronous store-and-forward" as the transfer of a patient's clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the patient and the patient's treating provider. The bill requires the Department of Social Services, in consultation with the departments of Mental Health and Health and Senior Services, to promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in MO HealthNet. The rules must address asynchronous store-and-forward usage issues as specified in the bill.

Telehealth providers using asynchronous store-and-forward technology must be required to obtain patient consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider must not exceed the payment for a face-to-face consultation of the same level. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth must be the same as the standard of care for face-to-face care.

The bill establishes the Telehealth Services Advisory Committee to advise the Department of Social Services and propose rules regarding the coverage of telehealth services utilizing asynchronous store-and-forward technology. The committee must be comprised of the following members:

(1) The Director of the MO HealthNet Division within the Department of Social Services, or the director's designee;

- (2) The medical director of the MO HealthNet Division;
- (3) A representative from a Missouri institution of higher education with expertise in telemedicine, appointed by the Governor;
- (4) A representative from the Missouri Office of Primary Care and Rural Health within the Department of Health and Senior Services, appointed by the Governor;
- (5) Two board-certified specialists licensed to practice medicine in Missouri, appointed by the Governor;
- (6) A representative from a hospital located in Missouri that utilizes telehealth medicine, appointed by the Governor;
- (7) A primary care physician from a federally qualified health center (FQHC) or rural health clinic, appointed by the Governor; and
- (8) A primary care physician from a rural setting other than from an FQHC or rural health clinic, appointed by the Governor.

The first appointments to the committee must consist of three members to serve three-year terms, two members to serve two-year terms, and two members to serve one-year terms as designated by the Governor. Each member of the committee must serve for a term of three years thereafter. Members of the committee must not receive any compensation for their services but must be reimbursed for any actual and necessary expenses incurred in the performance of their duties. Any member appointed by the Governor may be removed from office by the Governor without cause. If there is a vacancy for any cause, the Governor must make an appointment to become effective immediately for the unexpired term.

TELEHEALTH PROVIDERS AND ORIGINATION SITES (Sections 208.675 and 208.677)

The bill requires specified individuals who are licensed in Missouri to be considered eligible health care providers for the provision of telehealth services in the MO HealthNet Program. Eligible individuals must include:

- (1) Physicians, assistant physicians, and physician assistants;
- (2) Advanced practice registered nurses;
- (3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist;

- (4) Psychologists and provisional licensees;
- (5) Pharmacists;
- (6) Speech, occupational, or physical therapists;
- (7) Clinical social workers;
- (8) Podiatrists;
- (9) Licensed professional counselors; and
- (10) Health care providers practicing in a rural health clinic, federally qualified health center, or community mental health center.

The bill defines "originating site" as a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter and "clinical staff" as any health care provider licensed to practice in Missouri. The originating site must ensure immediate availability of clinical staff during a telehealth encounter if a participant requires assistance; however, no originating site must be required to maintain immediate availability of on-site clinical staff during the telemonitoring services or activities. An originating site must be one of the following locations:

- (1) Office of a physician or health care provider;
- (2) Hospital;
- (3) Critical access hospital;
- (4) Rural health clinic;
- (5) Federally qualified health center;
- (6) Licensed long-term care facility;
- (7) Dialysis center;
- (8) Missouri state habilitation center or regional office;
- (9) Community mental health center;
- (10) Missouri state mental health facility;
- (11) Missouri state facility;

(12) Missouri residential treatment facility licensed by and under contract with the Children's Division within the Department of Social Services that has a contract with the division. Facilities must have multiple campuses and have the ability to adhere to technology requirements. Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are enrolled MO HealthNet providers must be the only consulting providers at these locations;

(13) Comprehensive Substance Treatment and Rehabilitation (CSTAR) Program;

(14) School;

(15) The MO HealthNet recipient's home; or

(16) Clinical designated area in a pharmacy.

If the originating site is a school, the school must obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

HOME TELEMONITORING SERVICE (Section 208.686)

Subject to appropriations, the department must establish a statewide program that permits reimbursement under the MO HealthNet Program for home telemonitoring services. The bill defines "home telemonitoring service" as a health care service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a Utilization Review Accreditation Commission accredited health call center. The program must:

(1) Provide that home telemonitoring services are available only to individuals who are diagnosed with conditions specified in the bill and who exhibit two or more of specified risk factors;

(2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the patient's physician; and

(3) Ensure that the program does not duplicate any disease management program services provided by MO HealthNet.

If, after implementation, the department determines that the program established under these provisions is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet Program for home telemonitoring services. The department must determine whether the

provision of home telemonitoring services to individuals who are eligible to receive benefits under both the MO HealthNet and Medicare programs achieves cost savings for the Medicare Program.

If, before implementing any of these provisions, the department determines that a waiver or authorization from a federal agency is necessary for implementation, it must request the waiver or authorization and may delay implementation until the waiver or authorization is granted.