

HB 1923 -- TELEHEALTH SERVICES

SPONSOR: Barnes

This bill changes the laws regarding telehealth services.

TELEHEALTH SCOPE OF PRACTICE (Section 191.1145, RSMo)

The bill defines the term telehealth and authorizes any licensed health care provider to provide telehealth services within his or her scope of practice with the same standard of care as services provided in person.

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

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 obtain the patient's 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 as specified in the bill and must serve terms as delineated in the bill.

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. 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. An originating site must not be required to maintain immediate availability of on-site clinical staff during the telemonitoring services or activities. Originating sites are specified in the bill.

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 of Social Services 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. 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.

This bill is similar to HB 319 (2015).