



# Beneficial Uses of Telemedicine THRA Winter Summit

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December 6<sup>th</sup>, 2017

- Developed through a working group led by Texas e-Health Alliance, Texas Medical Association and Texas Academy of Family Physicians
- Authored by Sen. Charles Schwertner, MD, sponsored in the House by Rep. Four Price
- Passed with overwhelming bipartisan votes in both chambers and signed by the Governor

- Makes a major change in the way the Texas Medical Board will be regulating telemedicine services that result in a prescription.
  - A practitioner-patient relationship, which is needed for a valid prescription, can now be established using either audio-visual interaction or store and forward technology. The standard of care must still be met, and the practitioner must use clinical information relevant to the encounter.
  - Joint rulemaking will be done between the Medical Board, Nursing Board, Physician Assistant Board and Pharmacy Board
  - All health professional boards must review their rules to ensure they are not a higher standard of care than the rules adopted by TMB

- Modifies the Insurance Code related to telemedicine, which impacts fully insured plans in Texas
  - Requires fully insured plans to publish their policies and payment practices for telemedicine and telehealth on their websites.
  - Clarifies that if a physician who chooses to use telemedicine for a contracted service to a contracted patient, a fully insured plan cannot deny the claim just because telemedicine was used instead of a face to face visit.
  - Clarifies that insurers to not have to pay for text-only emails, phone calls or faxes as part of the telemedicine benefit
  - These changes become effective January 1, 2018

# SB 1107

- Removes language from the HHSC statutes that govern the Medicaid telemedicine benefit. The specific provisions removed are:
  - a requirement that providers go through an approval process before being permitted to provide telemedicine services
  - a requirement for a telepresenter to be involved in Medicaid telemedicine services, and
  - a rulemaking provision that charged TMB with adopting rules governing those situations where a face to face visit would be required before a telemedicine service

# Other “Tele” Bills

- HB 1697 by Representative Four Price establishes a grant program through HHSC to assist rural hospitals in purchasing teleNICU equipment.
- SB 922 by Senator Dawn Buckingham, MD, requires HHSC to ensure that Medicaid reimbursement is provided for telehealth services provided through a school district or charter school by a health professional, even if the health professional is not the patient's primary care provider.
- SB 1633 by Senator Charles Perry allows pharmacies to establish remote dispensing sites, defined as a location licensed as a telepharmacy that is authorized by a Class A provider pharmacy through a telepharmacy system to store and dispense prescription drugs and devices. The remote dispensing sites cannot dispense controlled substances and may not be located within 25 miles by road of an existing Class A pharmacy.

# Evolving Telemedicine Models

- Project ETHAN
  - EMS delivered care and triage via telemedicine
- Project ECHO
  - One to many case reviews and rounds
- Hurricane Response
  - Telemedicine was deployed in shelters
  - Direct to consumer models were offered for free to evacuees