

## **2017: A Robust Year for Telemedicine News**

As the healthcare industry looks back on the waning year and anticipates the year to come, telehealth looms large in both directions. Various telehealth legislation has affected telemedicine across the country in 2017, and 2018 is likely to hold the potential for expansion of telehealth services, as well as more legislative change.

Here are some of 2017's telehealth highlights:

### **In most cases, no initial in-person exam required**

The issue of whether telehealth should be reserved for doctors and patients who have met face-to-face prior to the commencement of virtual healthcare is an important one.

Last spring Texas removed its stipulation that a patient meet a doctor in-person prior to receiving telehealth services from that practitioner; it was the last state to tear down that particular barrier.

Indiana and Michigan also passed legislation that opened the door for doctors to prescribe medicine via telehealth without having examined the patient first (although to prescribe a controlled substance in Indiana, a licensed healthcare provider must have examined the patient first and the prescribing physician must have reviewed that examining provider's notes and only prescribe in alignment with those observations or recommendations).

### **Some states give telehealth the official nod**

Although telemedicine is practiced from coast to coast, some states have not had official or comprehensive telehealth legislative provisions on the books. This past year changed that for some states.

Wisconsin defined telemedicine for the state, including specific technology requirements and rules on how a practitioner can appropriately begin treating a patient via a telehealth platform. Illinois finalized its Telehealth Act, giving healthcare professionals holding licenses in the state the opportunity to practice telemedicine. And New Jersey passed a bill in the senate that permits physicians to treat patients they have a relationship with, though that relationship can be established through the doctor reviewing the patient's medical records and does not require an in-person office exam.

### **Intrastate licensing**

April was an especially important month for the telehealth regulatory landscape since it marked the official start of the Interstate Medical Licensure Compact (IMLC). The IMLC is an agreement between member states and those states' licensing boards that allows eligible doctors to practice telehealth across state lines, and practice in member states in which the physician is not already specifically licensed.

In 2017, four more states passed legislation to join the IMLC (Maine, Nebraska, Tennessee, and Washington). And although these states haven't passed the laws yet, legislation to join IMLC has been initiated in Michigan, Rhode Island, Texas, the District of Columbia, and Guam.

### **Telemental health services**

Mental health services delivered via telehealth platforms also got a boost during 2017. In Texas, for instance, new

telemedicine rules allow for the easing of restrictions on telemental health services, and the umbrella of eligible practitioners was broadened. And in New York, telemedicine restrictions were loosened so that mental health practitioners could use virtual healthcare platforms to treat patients in certain cases and in some settings.

## **Senate and House have approved pro-telehealth measures**

At the federal level, however, telehealth legislation is still in the pending stage. But the fact that the bills receive bipartisan support leads telemedicine proponents hopeful that 2018 will see the enactment of the measures.

For example, in September the Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act of 2017 (CHRONIC) sailed through the Senate with nary a nay vote.

The bill allows more latitude for accountable care organizations (ACOs) to offer telemedicine; it permits Medicare Advantage plans to include extra telehealth services in their policy proposals; it advances telestroke treatment by abolishing the Medicare rule against evaluating acute stroke patients outside of narrow "originating sites"; and it allows Medicare beneficiaries undergoing home dialysis treatments to satisfy their monthly visit requirement through virtual meetings. The CHRONIC Care Act is now in the House Subcommittee on Health.

Further, the House approved three pro-telehealth measures that have some overlap with the Senate bill.

## **Rural Health Care Program gets a boost, even as net neutrality gets repealed**

Undeniably, the recent repeal of Obama-era internet neutrality rules by the Federal Communications Commission (FCC) has caused many to feel uncertainty about how telehealth will be impacted in the long run. However, the Commission voted on another measure that day that was worthy of telemedicine news headlines, though word of it seemed to get lost in the overwhelming public dismay about the repeal.

The FCC voted to increase the \$400 million annual spending cap on the Rural Health Care Program (RHCP). The program seeks to repair the disparity in telecommunication service rates between rural and urban areas. Additionally, it offers incentives for broadband companies to expand into underserved areas.

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