

Model state legislation: Telemedicine Act

Telemedicine generally

The problem

The proliferation of telemedicine technologies does not mean that the professional standard of medical care has changed. As telemedicine continues to evolve, with a growing number of services being provided via telemedicine technologies, the AMA firmly believes that there is a need for a set of safeguards and standards to support the appropriate use of telemedicine services. Such standards and safeguards also need to support future innovation in the use of telemedicine, while ensuring patient safety, quality of care and the privacy of patient information, as well as protecting the patient-physician relationship and promoting improved care coordination and communication with medical homes.

The solution

AMA model state legislation establishes safeguards and standards to support the appropriate use of telemedicine. This legislation:

- Outlines steps to establish a proper patient-physician relationship prior to the use of telemedicine;
- Confirms that treatment and consultation recommendations made in an online are held to the same standards of practice as those in traditional (in-person) settings;
- Ensures that physicians using telemedicine provide an appropriate face-to-face (audio-video conference) examination prior to diagnosis and treatment of the patient, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telemedicine; and
- Clarifies that healthcare professionals must follow applicable state and federal law, rules, and regulations for informed consent, privacy of individually identifiable health information, medical recordkeeping and confidentiality, and fraud and abuse.

Telemedicine coverage and reimbursement

The problem

Telemedicine is not a distant possibility; it is here and in play now. According to physicians and healthcare executives, while adoption of telemedicine technologies is a top priority, reimbursement is the primary obstacle.¹ Public and private payers have continued to develop formal mechanisms to cover telemedicine services, however, inconsistencies remain that create barriers to the further adoption of telemedicine.

¹ See [ReachHealth 2016 U.S. Telemedicine Industry Benchmark Survey](#). “Reimbursement, both government and private, poses the primary obstacle to success.” See also [2014 Foley & Lardner Telemedicine Survey](#). See also [Robert Graham Center, Family Physicians and Telehealth: Findings from a National Survey](#). See also [Am Well Telehealth Index 2015](#)

The solution

AMA model state legislation outlines an approach by which states can support insurance coverage of and payment for telemedicine. This approach follows that of the thirty states and DC which have adopted laws mandating that private payers cover what the states deem as telemedicine services with definitions varying by state. This legislation:

- Ensures that insurers provide coverage for the cost of services provided through telemedicine;
- Prohibits insurers from excluding from coverage a service solely because the service is provided via telemedicine;
- Allows parity in reimbursement for telemedicine services as compared to the same provision provided in-person;
- Allows insurers to collect a deductible, copayment or coinsurance up to the amount collected for in-person diagnosis, consultation or treatment.
- Prohibits annual or lifetime limits on coverage for telemedicine services.

Adoption of this or similar legislation at the state level not only ensures that physicians who treat patients covered by Medicaid or private insurance are supported in their efforts to adopt telemedicine in practice; strong state laws also have been proven to effect Medicare policy regarding telemedicine reimbursement.²

Telemedicine licensure

The problem

Key tenets in the delivery of in-person services hold true for the delivery of telemedicine services. Notably, physicians and other health practitioners delivering telemedicine services must abide by state licensure laws and requirements as well as state medical practice laws including, for example, laws concerning consent involving minors, prescribing, reproductive rights, end-of-life, and scope of practice.

The solution

AMA model state legislation ensures that, with certain exceptions (e.g. curbside consultations, volunteer emergency medical care), physicians and other health practitioners practicing telemedicine are licensed in the state where the patient receives services, or providing these services as otherwise authorized by that state's medical board.

Please contact Kristin Schleiter, JD, Senior Legislative Attorney, at kristin.schleiter@ama-assn.org or (312) 464-4783 for more information on AMA model state telemedicine legislation.

[Physician Survey](#). The top reasons physicians are not sure or willing to adopt telemedicine include uncertainty about reimbursement. 57% of physicians polled indicated that they would be willing to adopt telemedicine in practice, if clinically appropriate and if they could be reimbursed.

² Neufeld JD, Doarn CH, Aly, R. State Policies Influence Medicare Telemedicine Utilization. *Telemedicine and e-Health*. Jan. 2016.