

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 239
(A-22)

Introduced by: Idaho

Subject: Virtual Services When Patients Are Away From Their Medical Home

Referred to: Reference Committee B

1 Whereas, Virtual telemedicine care is a tool that can increase access, lower cost, and improve
2 the quality of healthcare; and
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4 Whereas, Due to rapid changes in virtual technology, and increasing patient mobility, the
5 practice of medicine may need to occur across state lines to facilitate continuity of care for Idaho
6 patients who are receiving care from an Idaho licensed physician; and
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8 Whereas, Continuity of care is defined by the American Academy of Family Physicians as, “the
9 process by which the patient and his/her physician-led care team are cooperatively involved in
10 ongoing health care management toward the shared goal of high-quality, cost-effective medical
11 care;” and
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13 Whereas, Two elements have been shown to predict the best healthcare outcomes - health
14 insurance coverage and a usual source of continuity of care; and
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16 Whereas, Idaho law requires a physician to be licensed in Idaho and establish a physician-
17 patient relationship in accordance with Idaho law in order to treat patients located in Idaho using
18 telehealth technology; and
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20 Whereas, The practitioner who the patient has an established relationship with at their medical
21 home is in the best position to provide continuity of care, particularly if enabling technology is
22 available; and
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24 Whereas, Health insurance coverage, including Medicare Advantage part C, is often restricted
25 to networks defined by regional or state boundaries; therefore be it
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27 RESOLVED, That our American Medical Association support Medicare coverage of virtual
28 continuity of care follow-up services for patients within the physician’s established medical home
29 when the patient has an established relationship with the provider and such care is not
30 prohibited by the state in which the patient is geographically situated at the time of service
31 (Directive to Take Action); and be it further
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33 RESOLVED, That our AMA advocate with the Centers for Medicare and Medicaid Services
34 (CMS), and Congress if necessary, to cover virtual continuity follow-up care services provided
35 by a patient’s established medical home or usual source of care, as if they were in person, even
36 if the patient is temporarily located outside of the region or state of their medical home.
37 (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/11/22

RELEVANT AMA POLICY

Coverage of and Payment for Telemedicine H-480.946

1. Our AMA believes that telemedicine services should be covered and paid for if they abide by the following principles:

- a) A valid patient-physician relationship must be established before the provision of telemedicine services, through:
 - A face-to-face examination, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telemedicine; or
 - A consultation with another physician who has an ongoing patient-physician relationship with the patient. The physician who has established a valid physician-patient relationship must agree to supervise the patient's care; or
 - Meeting standards of establishing a patient-physician relationship included as part of evidence-based clinical practice guidelines on telemedicine developed by major medical specialty societies, such as those of radiology and pathology.Exceptions to the foregoing include on-call, cross coverage situations; emergency medical treatment; and other exceptions that become recognized as meeting or improving the standard of care. If a medical home does not exist, telemedicine providers should facilitate the identification of medical homes and treating physicians where in-person services can be delivered in coordination with the telemedicine services.
- b) Physicians and other health practitioners delivering telemedicine services must abide by state licensure laws and state medical practice laws and requirements in the state in which the patient receives services.
- c) Physicians and other health practitioners delivering telemedicine services must be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's medical board.
- d) Patients seeking care delivered via telemedicine must have a choice of provider, as required for all medical services.
- e) The delivery of telemedicine services must be consistent with state scope of practice laws.
- f) Patients receiving telemedicine services must have access to the licensure and board certification qualifications of the health care practitioners who are providing the care in advance of their visit.
- g) The standards and scope of telemedicine services should be consistent with related in-person services.
- h) The delivery of telemedicine services must follow evidence-based practice guidelines, to the degree they are available, to ensure patient safety, quality of care and positive health outcomes.
- i) The telemedicine service must be delivered in a transparent manner, to include but not be limited to, the identification of the patient and physician in advance of the delivery of the service, as well as patient cost-sharing responsibilities and any limitations in drugs that can be prescribed via telemedicine.
- j) The patient's medical history must be collected as part of the provision of any telemedicine service.
- k) The provision of telemedicine services must be properly documented and should include providing a visit summary to the patient.
- l) The provision of telemedicine services must include care coordination with the patient's medical home and/or existing treating physicians, which includes at a minimum identifying the patient's existing medical home and treating physicians and providing to the latter a copy of the medical record.

m) Physicians, health professionals and entities that deliver telemedicine services must establish protocols for referrals for emergency services.

2. Our AMA believes that delivery of telemedicine services must abide by laws addressing the privacy and security of patients' medical information.

3. Our AMA encourages additional research to develop a stronger evidence base for telemedicine.

4. Our AMA supports additional pilot programs in the Medicare program to enable coverage of telemedicine services, including, but not limited to store-and-forward telemedicine.

5. Our AMA supports demonstration projects under the auspices of the Center for Medicare and Medicaid Innovation to address how telemedicine can be integrated into new payment and delivery models.

6. Our AMA encourages physicians to verify that their medical liability insurance policy covers telemedicine services, including telemedicine services provided across state lines if applicable, prior to the delivery of any telemedicine service.

7. Our AMA encourages national medical specialty societies to leverage and potentially collaborate in the work of national telemedicine organizations, such as the American Telemedicine Association, in the area of telemedicine technical standards, to the extent practicable, and to take the lead in the development of telemedicine clinical practice guidelines.

Citation: CMS Rep. 7, A-14; Reaffirmed: BOT Rep. 3, I-14; Reaffirmed in lieu of Res. 815, I-15; Reaffirmed: CME Rep. 06, A-16; Reaffirmed: CMS Rep. 06, I-16; Reaffirmed: Res. 111, A-17; Reaffirmation: A-18; Reaffirmed: CMS Rep. 1, I-19; Reaffirmed: CMS Rep. 8, A-21