

HOUSE BILL 283: DHHS Recommend Telemedicine Policy.

2017-2018 General Assembly

Committee:	House	Health.	If	favorable,	re-refer	to	Date:	April 4, 2017
Introduced by: Analysis of:	Insurance Reps. Lambeth, Insko, Murphy, Dobson PCS to First Edition H283-CSSH-11						Prepared by:	Theresa Matula Committee Staff

OVERVIEW: The Proposed Committee Substitute (PCS) for HB 283 would require the Department of Health and Human Services to study and recommend a telemedicine policy to the Joint Legislative Oversight Committee on Health and Human Services on or before October 1, 2017. The bill would become effective when it becomes law.

CURRENT LAW: Currently, North Carolina does not have laws pertaining to telemedicine that provide the policy for the State, including any limitations and safeguards for protecting the public. There are several references to telemedicine in current statutes as they pertain to particular programs.¹

BILL ANALYSIS:

Section 1 of the PCS would require the Department of Health and Human Services to study and recommend a telemedicine policy for consideration by the General Assembly. At a minimum, the Department shall examine the elements below as contained in telemedicine/telehealth laws in other states and make recommendations for NC.

- A definition of the term telemedicine.
- The scope of services that can be covered by telemedicine.
- Acceptable communication and data transfer standards necessary to ensure the privacy of health information and appropriate for insurance reimbursement.
- Informed consent standards.
- Online prescribing limitations.
- Telemedicine provider licensing standards.
- Private payer telemedicine reimbursement standards.

The Department is required to solicit input from relevant stakeholders and from the Department of Insurance on the potential insurance impact of telemedicine policy elements. During the study, the Department may examine services reimbursed under the Medicaid policy, but the recommendations shall not include changes to the State's Medicaid policy.

Section 2 of the PCS contains the reporting requirement. On or before October 1, 2017, the Department of Health and Human Services is required to submit a report containing findings and recommendations and a proposed telemedicine policy to the Joint Legislative Oversight Committee on Health and Human

¹ G.S. 130A-125 and G.S. 122C-263(c).

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Services. Based on the Department's report, the Committee must consider making a recommendation to the 2018 General Assembly.

EFFECTIVE DATE: The bill would become effective when it becomes law.

BACKGROUND:

The range of polices on telehealth/telemedicine varies by State. Within a given state, the health policy covers a range of options including: what constitutes telehealth/telemedicine, how it is defined, what services and providers are eligible. The <u>National Conference of State Legislatures</u> has compiled a good bit of information and a number of reports on telehealth services. The Center for Connected Health Policy has produced a document on <u>State Telehealth Laws and Medicaid Program Policies</u>, <u>A</u> <u>Comprehensive Scan of the 50 States and District of Columbia</u>. This document demonstrates the array of options that exist in each state and may serve as a starting point for the Department's study.