



HOUSE BILL 283: DHHS Recommend Telemedicine Policy.

2017-2018 General Assembly

Committee:		Date:	August 20, 2017
Introduced by:		Prepared by:	Theresa Matula
Analysis of:	S.L. 2017-133		Legislative Analyst

OVERVIEW: *S.L. 2017-133 requires the Department of Health and Human Services to: (1) study and recommend a telemedicine policy for the State and (2) study the Psychology Interjurisdictional Compact (PSYPACT) and its impact on the delivery of psychology services via the telehealth model. On or before October 1, 2017, the Department is required to report findings and recommendations on a telemedicine policy and on PSYPACT to the Joint Legislative Oversight Committee on Health and Human Services.*

The act became effective July 20, 2017.

CURRENT LAW: There are several references to telemedicine in current statutes as they pertain to particular programs.¹ But North Carolina does not have laws pertaining to telemedicine that provide definitions, standards, limitations, or safeguards for protecting the public.

BILL ANALYSIS: **Section 1** of the act requires 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 telemedicine standards in North Carolina.

- 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 standards.
- 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 1.1 of the act requires the Department to study the Psychology Interjurisdictional Compact (PSYPACT), its impact on the delivery of psychology services via the telehealth model, and to make recommendations on whether North Carolina should enact legislation related to the PSYPACT.

¹ G.S. 130A-125 and G.S. 122C-263(c).

Karen Cochrane-Brown
Director



H 2 8 3 - S M S H - 7 1 S L - V - 3

Legislative Analysis
Division
919-733-2578

House Bill 283

Page 2

Section 2 of the act 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 and a recommendation on PSYPACT to the Joint Legislative Oversight Committee on Health and Human Services. Based on the Department's report, the Committee must consider making a recommendation to the 2017 General Assembly during the 2018 Regular Session.

EFFECTIVE DATE: The act became effective July 20, 2017.

BACKGROUND: Policies on telehealth/telemedicine vary by State. Within a given state, the telemedicine policy may cover the following range of options: what constitutes telehealth/telemedicine, how it is defined, and what services and providers are eligible. The [National Conference of State Legislatures](#) 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 [State Telehealth Laws and Medicaid Program Policies, A Comprehensive Scan of the 50 States and District of Columbia](#). This document demonstrates the array of options that exist in each state and may serve as a starting point for the Department's study.