

House _____ Amendment NO. _____

Offered By _____

1 AMEND Senate Bill No. 82, Page 1, In the Title, Lines 2 through 3, by deleting the words
2 "long-term care facilities" and inserting in lieu thereof the words "health care"; and
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4 Further amend said bill and page, Section 198.089, Line 9, by inserting after all of said section and
5 line the following:
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7 "208.670. 1. As used in this section, these terms shall have the following meaning:

8 (1) "Provider", any provider of medical services and mental health services, including all
9 other medical disciplines;

10 (2) "Telehealth", the use of medical information exchanged from one site to another via
11 electronic communications to improve the health status of a patient.

12 2. The department of social services, in consultation with the departments of mental health
13 and health and senior services, shall promulgate rules governing the practice of telehealth in the MO
14 HealthNet program. Such rules shall address, but not be limited to, appropriate standards for the use
15 of telehealth, certification of agencies offering telehealth, and payment for services by providers.
16 Telehealth providers shall be required to obtain patient consent before telehealth services are
17 initiated and to ensure confidentiality of medical information.

18 3. Telehealth may be utilized to service individuals who are qualified as MO HealthNet
19 participants under Missouri law. Reimbursement for such services shall be made in the same way as
20 reimbursement for in-person contacts.

21 4. The provisions of section 208.671 shall apply to the use of asynchronous
22 store-and-forward technology in the practice of telehealth.

23 208.671. 1. As used in this section and section 208.673, the following terms shall mean:

24 (1) "Asynchronous store-and-forward", the transfer of a patient's clinically important digital
25 samples, such as still images, videos, audio, and text files, and relevant data from an originating site
26 through the use of a camera or similar recording device that stores digital samples that are forwarded
27 via telecommunication to a distant site for consultation by a consulting provider without requiring
28 the simultaneous presence of the patient and the patient's treating provider;

29 (2) "Asynchronous store-and-forward technology", cameras or other recording devices that
30 store images which may be forwarded via telecommunication devices at a later time;

31 (3) "Consultation", a type of evaluation and management service as defined by the most

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1 recent edition of the Current Procedural Terminology published annually by the American Medical
 2 Association;

3 (4) "Consulting provider", a provider who, upon referral by the treating provider, evaluates a
 4 patient and appropriate medical data or images delivered through asynchronous store-and-forward
 5 technology. If a consulting provider is unable to render an opinion due to insufficient information,
 6 the consulting provider may request additional information to facilitate the rendering of an opinion
 7 or decline to render an opinion;

8 (5) "Distant site", a site where the consulting provider is located at the time the consultation
 9 service is provided;

10 (6) "Originating site", the site where a MO HealthNet participant receiving services and such
 11 participant's treating provider are both physically located;

12 (7) "Provider", any provider of medical services, mental health services, or dental services,
 13 including all other medical disciplines, licensed in this state who has the authority to refer patients
 14 for medical services or mental health services within the scope of practice and licensure of the
 15 provider;

16 (8) "Telehealth", the same meaning as such term is defined in section 208.670. Telehealth
 17 shall include the use of asynchronous store-and-forward technology for orthopedics, dermatology,
 18 ophthalmology in cases of diabetic retinopathy, burn and wound care, and maternal-fetal medicine
 19 ultrasounds;

20 (9) "Treating provider", a provider who:

21 (a) Evaluates a patient;

22 (b) Determines the need for a consultation;

23 (c) Arranges the services of a consulting provider for the purpose of diagnosis and treatment;

24 (d) Provides or supplements the patient's history and provides pertinent physical examination
 25 findings and medical information to the consulting provider; and

26 (e) Is physically present in the same location as the patient during the time of the
 27 asynchronous store-and-forward services.

28 2. The department of social services, in consultation with the departments of mental health
 29 and health and senior services, shall promulgate rules governing the use of asynchronous
 30 store-and-forward technology in the practice of telehealth in the MO HealthNet program. Such rules
 31 shall address, but not be limited to:

32 (1) Appropriate standards for the use of asynchronous store-and-forward technology in the
 33 practice of telehealth;

34 (2) Certification of agencies offering asynchronous store-and-forward technology in the
 35 practice of telehealth;

36 (3) Time lines for completion and communication of a consulting provider's consultation or
 37 opinion, or if the consulting provider is unable to render an opinion, time lines for communicating a
 38 request for additional information or that the consulting provider declines to render an opinion;

39 (4) Length of time digital files of such asynchronous store-and-forward services are to be
 40 maintained;

41 (5) Security and privacy of such digital files;

1 (6) Patient consent for asynchronous store-and-forward services; and

2 (7) Payment for services by providers; except that, consulting providers who decline to
 3 render an opinion shall not receive payment under this section unless and until an opinion is
 4 rendered.

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 6 Telehealth providers using asynchronous store-and-forward technology shall be required to obtain
 7 patient consent before asynchronous store-and-forward services are initiated and to ensure
 8 confidentiality of medical information.

9 3. Asynchronous store-and-forward technology in the practice of telehealth may be utilized
 10 to service individuals who are qualified as MO HealthNet participants under Missouri law. The total
 11 payment for both the treating provider and the consulting provider shall not exceed the payment for a
 12 face-to-face consultation of the same level.

13 4. The standard of care for the use of asynchronous store-and-forward technology in the
 14 practice of telehealth shall be the same as the standard of care for face-to-face care.

15 208.673. 1. There is hereby established the "Telehealth Services Advisory Committee" to
 16 advise the department of social services and propose rules regarding the coverage of telehealth
 17 services utilizing asynchronous store-and-forward technology.

18 2. The committee shall be comprised of the following members:

19 (1) The director of the MO HealthNet division, or the director's designee;

20 (2) The medical director of the MO HealthNet division;

21 (3) A representative from a Missouri institution of higher education with expertise in
 22 telemedicine;

23 (4) A representative from the Missouri office of primary care and rural health;

24 (5) Two board-certified specialists licensed to practice medicine in this state;

25 (6) A representative from a hospital located in this state that utilizes telehealth medicine;

26 (7) A primary care provider from a federally qualified health center (FQHC) or rural health
 27 clinic; and

28 (8) A primary care provider from a rural setting other than from an FQHC or rural health
 29 clinic.

30 3. Members of the committee listed in subdivisions (3) to (8) of subsection 2 of this section
 31 shall be appointed by the governor, with the advice and consent of the senate. The first appointments
 32 to the committee shall consist of three members to serve three-year terms, two members to serve
 33 two-year terms, and two members to serve one-year terms as designated by the governor. Each
 34 member of the committee shall serve for a term of three years thereafter.

35 4. Members of the committee shall not receive any compensation for their services but shall
 36 be reimbursed for any actual and necessary expenses incurred in the performance of their duties.

37 5. Any member appointed by the governor may be removed from office by the governor
 38 without cause. If there is a vacancy for any cause, the governor shall make an appointment to
 39 become effective immediately for the unexpired term.

40 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
 41 under the authority delegated in this section shall become effective only if it complies with and is

1 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
 2 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
 3 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
 4 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
 5 August 28, 2015, shall be invalid and void.

6 208.675. For purposes of the provision of telehealth services, the following individuals,
 7 licensed in Missouri, shall be considered eligible health care providers:

- 8 (1) Physicians, assistant physicians, and physician assistants;
- 9 (2) Advanced practice registered nurses;
- 10 (3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently
 11 registered and licensed dentist;
- 12 (4) Psychologists and provisional licensees;
- 13 (5) Pharmacists;
- 14 (6) Speech, occupational, or physical therapists;
- 15 (7) Clinical social workers;
- 16 (8) Podiatrists;
- 17 (9) Licensed professional counselors; or
- 18 (10) Eligible health care providers under subdivisions (1) through (9) of this section
 19 practicing in a rural health clinic, federally qualified health center, or community mental health
 20 center.

21 208.677. 1. For purposes of the provision of telehealth services, the term “originating site”
 22 shall mean a telehealth site where the MO HealthNet participant receiving the telehealth service is
 23 located for the encounter, and the term “clinical staff” shall mean any health care provider licensed in
 24 this state. The originating site shall ensure immediate availability of clinical staff during a telehealth
 25 encounter if a participant requires assistance. No originating site for services or activities provided
 26 under section 208.686 shall be required to maintain immediate availability of on-site clinical staff
 27 during the telemonitoring services or activities. An originating site shall be one of the following
 28 locations:

- 29 (1) Office of a physician or health care provider;
- 30 (2) Hospital;
- 31 (3) Critical access hospital;
- 32 (4) Rural health clinic;
- 33 (5) Federally qualified health center;
- 34 (6) Long-term care facility licensed under chapter 198;
- 35 (7) Dialysis center;
- 36 (8) Missouri state habilitation center or regional office;
- 37 (9) Community mental health center;
- 38 (10) Missouri state mental health facility;
- 39 (11) Missouri state facility;
- 40 (12) Missouri residential treatment facility licensed by and under contract with the children’s
 41 division (CD) that has a contract with the CD. Facilities shall have multiple campuses and have the

ability to adhere to technology requirements. Only Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are enrolled MO HealthNet providers shall be consulting providers at these locations;

(13) Comprehensive substance treatment and rehabilitation (CSTAR) program;

(14) School;

(15) The MO HealthNet recipient's home; or

(16) Clinical designated area in a pharmacy.

2. If the originating site is a school, the school shall obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

208.686. 1. Subject to appropriations, the department shall establish a statewide program that permits reimbursement under the MO HealthNet program for home telemonitoring services. For the purposes of this section, "home telemonitoring service" shall mean a health care service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a Utilization Review Accreditation Commission (URAC) accredited health call center.

2. The program shall:

(1) Provide that home telemonitoring services are available only to persons who:

(a) Are diagnosed with one or more of the following conditions:

a. Pregnancy;

b. Diabetes;

c. Heart disease;

d. Cancer;

e. Chronic obstructive pulmonary disease;

f. Hypertension;

g. Congestive heart failure;

h. Mental illness or serious emotional disturbance;

i. Asthma;

j. Myocardial infarction; or

k. Stroke; and

(b) Exhibit two or more of the following risk factors:

a. Two or more hospitalizations in the prior twelve-month period;

b. Frequent or recurrent emergency department admissions;

c. A documented history of poor adherence to ordered medication regimens;

d. A documented history of falls in the prior six-month period;

e. Limited or absent informal support systems;

f. Living alone or being home alone for extended periods of time; or

g. A documented history of care access challenges;

(2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the patient's physician; and

(3) Ensure that the program does not duplicate any disease management program services provided by MO HealthNet.

3. If, after implementation, the department determines that the program established under

1 this section is not cost effective, the department may discontinue the program and stop providing
2 reimbursement under the MO HealthNet program for home telemonitoring services.

3 4. The department shall determine whether the provision of home telemonitoring services to
4 persons who are eligible to receive benefits under both the MO HealthNet and Medicare programs
5 achieves cost savings for the Medicare program.

6 5. If, before implementing any provision of this section, the department determines that a
7 waiver or authorization from a federal agency is necessary for implementation of that provision, the
8 department shall request the waiver or authorization and may delay implementing that provision
9 until the waiver or authorization is granted.

10 6. The department shall promulgate rules and regulations to implement the provisions of this
11 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under
12 the authority delegated in this section shall become effective only if it complies with and is subject to
13 all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536
14 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536
15 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held
16 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
17 August 28, 2015, shall be invalid and void."; and

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19 Further amend said bill by amending the title, enacting clause, and intersectional references
20 accordingly.
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