

DHP Telemedicine Workgroup

Monday, August 5, 2019

Perimeter Center, 2nd Floor Conference Center, Henrico, Virginia

Board Room 4 10:00 a.m.

DRAFT MEETING MINUTES

In Attendance:

Workgroup Convener

David Brown, Department of Health Professions

Workgroup Members

Barbara Allison-Bryan, Virginia Dept. of Health Professions

Heather Anderson, Virginia Dept. of Health

Clark Barrineau, Medical Society of Virginia

Kelly Cannon, Virginia Hospital and Health Care Association

Jennifer Faison, Virginia Association of Community Service Boards

William Harp, Virginia Board of Medicine

Caroline Juran, Virginia Board of Pharmacy

Laura Kornegay, Virginia Dept. of Health

Brian McCormick, Dept. of Medical Assistance Services

Kevin O'Connor, Virginia Board of Medicine

Karen Rheuban, University of Virginia

Kim Roe, Virginia Rural Health Association

Elaine Yeatts, Virginia Dept. of Health Professions

Staff

Laura Jackson, Virginia Board of Health Professions

Call to Order and Introductions:

Dr. Brown called the meeting to order at 10:03 a.m. He welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves.

Public Comment:

Dr. Brown called on individuals wishing to provide public comment. Three people provided oral comment, a fourth was provided in writing.

Ben Knotts, Americans for Prosperity: Stated that the Richmond Times Dispatch reported on a frightening scenario, which involves an increasing demand for care that is being matched with a decreasing supply. He stated that in Virginia there are 80 practitioners per 100,000 people. He stated that telemedicine provides more people with care, which in turn reduces the number of ER visits. Telemedicine could be a massive economic boom for Virginia.

Conor Norris, Knee Center for the Study of Occupational Regulation: Stated that there is a shortage of healthcare practitioners, with a growing demand outweighing the available supply, leading to the need to expand access to telehealth care. He stated that occupational licensing's goal is to provide the public with trusted and reliable practitioners, however, exams and fees sometimes prevent people from entering the medical field, while existing licensure requirements make it more expensive for professionals licensed outside of Virginia to provide telemedicine in Virginia.

Claudia Tellet, Medical Society of Northern Virginia: Stated that the Medical Society of Northern Virginia's goal is to extend license reciprocity to other states and was shocked by the bill not passing. They believe that telemedicine is the future and a way to extend healthcare. She stated that a high concentration of physicians are located in NOVA and telemedicine would provide these physicians and specialists with an opportunity to extend some of that specialty into more rural areas.

Comment Four: Was provided in writing from The Heartland Institute stating that telemedicine is the future of healthcare, allowing physicians to offer quality care to patients anywhere, anytime. (Attachment 1)

Discussion of Public Comment and Agenda Packet Materials:

Dr. Brown asked the workgroup members to provide their thoughts on what they had heard from the public.

Overview and Background:

Dr. Brown reviewed the letters submitted by Delegate Orrock pertaining to HB 2128 (Guzman) which requested the Dept. of Health Professions undertake a review of the practice of telemedicine in the Commonwealth and develop recommendations for changes in laws and

regulations governing the practice of telemedicine to maximize access to health care while protecting the health and wellbeing of its citizens and HB 1790 (Kilgore) request to study and determine the appropriate application of state laws and regulations to the practice of telemedicine.

Regulatory Issues:

Dr. Brown referred to the Federation of Medical Boards (FSMB) Telemedicine Policies provided in the meeting packet on page 32. Dr. Brown provided additional information on Kentucky's Telehealth Act and Maryland's use of physician's in adjoining states, similar to a compact.

Dr. Rheuban stated that adding telemedicine in Virginia is a hot topic. She stated that telemedicine: improves access to quality care, is not lesser care, providers are not held at a lesser standard and the level of care is the same in person or via technology. She also stated that we need to get the message out regarding telemedicine and that we need to be thoughtful how we advance while still protecting our patients. Dr. Rheuban also noted that barriers such as broadband connectivity, reimbursement, and the huge demand for behavioral health services exist.

Dr. O'Connor stated that the Virginia Board of Medicine has streamlined the physician licensing process by initiating licensure by endorsement and that the fees are very reasonable.

Dr. Harp provided comment that telemedicine requires quick processing of a license. He stated that Virginia joining the compact would still have legal, economic and personnel issues, issues that could be addressed by licensure by endorsement. He stated that licensure under the compact took 55 days and that the Virginia Board of Medicine will be there quickly, with 30 days being the measure.

Dr. Harp provided information on Maryland's Statute 14302. He said that their Board of Medicine stated to him that this statute does not apply to telemedicine. Dr. Harp also stated that a physician in Virginia might consult with an out of state or foreign country physician, as long as the Virginia physician remains in charge of the patients care. Dr. Harp also stated that Pennsylvania statute 42234 provide that a physician may obtain a license to cross the state line and practice in Pennsylvania.

In 2016, significant regulatory changes needed to be made and Virginia went with quicker licensure. The compact requires an "all or nothing" approach, which is prohibitive and costly, so Virginia went with licensure by endorsement in 2018.

Dr. Brown posed the question, “Would membership in the compact be an incentive to apply for licensure in Virginia” and “could there be a specific license in Virginia for telemedicine”? Ms. Roe stated that she does not see the need for it.

Dr. Allison-Bryan noted that compact laws supersede state laws.

Ms. Faison stated that telepsychiatry has the ability to decrease the existing burden, but is uncertain about reciprocity for contiguous states. She also noted that licensing is not standing in the way as community service boards are providing care by telehealth.

Mr. Barrineau stated that MSV supports the Board of Medicine to treat telemedicine the same as medicine and that physicians should have 100% local control.

Ms. Juran noted that endorsement is quicker than any compact for the Board of Pharmacy.

Ms. Kornegay stated that access to health care in rural areas is filled with barriers, but that requiring a Virginia license for telemedicine is not one. Telemedicine barriers include difficulty in obtaining reimbursement, troublesome bandwidth and the cost of connection fees and paying support staff.

11:15 Break

11:32 Reconvened

Final Comments on Regulation:

Ms. Yeatts stated that Virginia could convene a meeting with neighboring states to discuss licensure by reciprocity rather than by endorsement. Ms. Yeatts provided that there are currently provisions in statute that would allow for reciprocity.

Reimbursement Issues:

Dr. Rheuban provided historical information on reimbursement in Virginia, and information on an upcoming federal grant opportunity.

Mr. McCormick provided information regarding school health services and reimbursement and that a telepresenter is an individual who must be present at the time of service and noted some specific times when one is required.

Ms. Faison stated that telepsychiatry should be reimbursable as it helps eliminate barriers such as transportation. She stated that billing time for the psychiatrist is reimbursable but the other

person “the telepresenter” in the room is not reimbursed. She stated that they must be enrolled with DMAS to receive reimbursement.

Dr. Rheuban stated that services covered by insurance should be reimbursable. She also noted that there should be parity for both, while improving communication and identifying areas of underutilization.

Other Issues:

Broadband issues are being addressed by the Governor and the FCC.

Next Steps

Dr. Brown suggested the following recommendations; which the group was in agreement with:

- Virginia should look again at the medical compact
- Upcoming federal funding opportunities should be explored
- Medicaid recommendation for the general assembly – remote monitoring funding
- Broadband – look for state/federal funding
- Restrictive Medicare rules – look to federal legislators for support
- Explore regional medical licensure reciprocity with border states
- Identify areas of confusion with existing laws
- Telemedicine should be held to the same standards as in person care
- Licensure should continue to be required in Virginia for a Virginia patient.

Closing Comments:

Dr. Brown stated that he sees no need for the committee to meet again.

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 12:18 p.m.