

Telemedicine: Hitting a Few Speed Bumps

June 15, 2015

Despite faster Internet connections, better software, increased availability of devices with built-in video, and an increasingly tech-savvy public, the broad acceptance of telemedicine—the use of telecommunication and information technologies in order to provide clinical health care at a distance, has not expanded as rapidly as expected. In 2015, 36 states introduced over 100 bills relating to telemedicine. Unfortunately, only 10 states introduced legislation that would expand the physician licensing process to encompass telemedicine, while six introduced bills that would require parity for telemedicine under private insurance. Licensing and payment parity are two issues necessary for telemedicine's smooth expansion. Additionally, some states have flatly refused to fully adopt the telemedicine model. Arkansas lawmakers recently rejected House Bill 1747 that would have allowed video consults as a first patient encounter. Opponents argued that all patients deserved face-to-face medical care. Arkansas joined Alabama, Missouri, and Nebraska in requiring an initial in-person visit. The Texas Medical Board also stunted telemedicine's expansion by changing its rules to hold that "questions and answers exchanged through email, electronic text, or chat or telephonic evaluation of or consultation with a patient" are inadequate to establish a doctor-patient relationship. In other words, **Texans will also need to have an in-person examination before a physician can make a telemedicine diagnosis or order prescription medications.** In addition, Idaho passed legislation to join 16 states that prohibit physicians from ordering abortion-inducing drugs via telemedicine. And, although the Centers for Medicare & Medicaid Services (CMS) expanded its coverage of telemedicine to include additional services in 2015, it did not change the requirements that the patient must be located in a rural area and a qualified originating site to qualify for reimbursement. Proponents argued that reimbursement for telemedicine should be available to all patients regardless of their geographical location, but CMS stated that it did "not have the authority to implement" such revisions under the current statute. Despite these setbacks, telemedicine's use and acceptance is expected to rapidly expand. Under the Affordable Care Act, providers and patients must search for cost cutting opportunities to provide necessary care. In addition, the American Medical Association endorses the delivery of telemedicine services and telemedicine support is already offered by most large health care insurance companies, signaling that telemedicine is becoming more common and accepted every day.

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