The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL:	PCS/SB 478 (545714)
INTRODUCER:	Health Policy Committee and Senators Bean and Joyner
SUBJECT:	Telehealth
DATE:	April 16, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Fav/CS**
2.	Brown	Pigott	AHS	**Recommend: Fav/CS**
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 478 creates s. 456.4501, F.S., relating to the provision of telehealth services. The bill defines telehealth services and telehealth provider. The bill establishes that the standard of care for a telehealth service is the same as the standard of care for a health professional providing in-person services. A telehealth provider is not required to research the patient's medical history or conduct a physical examination if the telehealth provider conducts an evaluation sufficient to diagnose and treat the patient. Additionally, a telehealth provider must document health care services in the patient's medical record under the same standard as for in-person care.

The bill specifies that a non-physician telehealth provider who is using telehealth and acting within the relevant scope of practice is not practicing medicine without a license.

The bill prohibits a telehealth provider from prescribing lenses, spectacles, eyeglasses, contact lenses, or other optical lenses based solely on the use of computer controlled device through telehealth. Additionally, controlled substances may not be prescribed through telehealth for chronic non-malignant pain. However, this provision does not preclude specified practitioners from using telehealth to order a controlled substance for a hospital inpatient or for a hospice patient.

The bill provides that telehealth products regulated under s. 456.47, F.S., are not included in the definition of "discount medical plan" under s. 636.202, F.S.

The bill has an indeterminate fiscal impact.

The effective date of the bill is July 1, 2015.

II. Present Situation:

Telemedicine utilizes various advances in communications technology to provide health care services through a variety of electronic media. Telemedicine is not a separate medical specialty and does not change what constitutes proper medical treatment and services. According to the American Telemedicine Association, services provided through telemedicine include:[1]

- Primary care and specialist referral services that involve a primary care or allied health professional providing consultation with a patient or specialist assisting the primary care physician with a diagnosis;
- Remote patient monitoring;
- Consumer medical and health information that offers consumers specialized health information and online discussion groups for peer-to-peer support; and
- Medical education that provides continuing medical education credits.

The term telehealth is sometimes used interchangeably with telemedicine. Telehealth, however, generally refers to a wider range of health care services that may or may not include clinical services.[2] Telehealth often collectively defines the telecommunications equipment and technology that is used to collect and transmit the data for a telemedicine consultation or evaluation.

The federal Centers for Medicare & Medicaid Services (CMS) defines telehealth as:

> *The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telehealth includes such technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devises which are used to collect and transmit data for monitoring and interpretation.*[3]

Board of Medicine Rulemaking

Florida's Board of Medicine (board) convened a Telemedicine Workgroup in 2013 to review its rules on telemedicine, which had not been amended since 2003. The 2003 rules focused on standards for the prescribing of medicine via the Internet. On March 12, 2014, the board's new

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[1] American Telemedicine Association, *What is Telemedicine?* http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VN5LgU0cSpp (last visited Feb. 10, 2015).

[2] Anita Majerowicz and Susan Tracy, *"Telemedicine: Bridging Gaps in Healthcare Delivery*," Journal of AHIMA 81, no. 5, (May 2010); 52-53, 56. http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047324.hcsp?dDocName=bok1_047324 (last visited Feb. 10, 2015).

[3] Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Telemedicine*, *http://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/telemedicine.html* (last visited Feb. 17, 2015).

Telemedicine Rule, 64B8-9.0141, became effective for Florida-licensed physicians. The new rule defined telemedicine, established standards of care, prohibited the prescription of controlled substances, permitted the establishment of a doctor-patient relationship via telemedicine, and exempted emergency medical services.[4]

An emergency rule followed shortly after the initial rule's implementation to address concerns that the prohibition on physicians ordering controlled substances may also preclude physicians from prescribing controlled substances via telemedicine for hospitalized patients. The board indicated such a prohibition was not intended.[5] The emergency rule went into effect on April 30, 2014, and was later incorporated during the regular rulemaking process.

Subsequent changes have also been made to the telemedicine rules to clarify medical record requirements and the relationship between consulting or cross-coverage physicians.

Telemedicine in Other States

As of February 2015, at least 23 states and the District of Columbia have mandated that private insurance plans cover telemedicine services at reimbursement rates equal to an in-person consultation.[6] Such laws require insurance companies and health plans to reimburse providers the same amount for the same visit regardless of whether the visit was conducted face-to-face or via electronic communications.

Forty-six state Medicaid programs also reimburse for some form of telemedicine via live video, according to a state survey completed in September 2014.[7] A smaller number of states offer reimbursement for other types of telemedicine services, such as store-and-forward activities;[8] facility fees for hosting either the telemedicine provider, patient, or both; and remote patient monitoring.[9]

Hospitals in rural counties have utilized telemedicine to provide specialty care in their emergency rooms and to avoid costly and time-consuming transfers of patients from smaller hospitals to the larger tertiary centers for care.

In a California project, rural hospital emergency rooms received video conference equipment to facilitate the telemedicine consultations. The rural hospital physicians and nurses were linked with pediatric critical care medicine specialists at the University of California, Davis.[10] As a

[4] Rule 64B15-14.0081, F.A.C., also went into effect March 12, 2014 for osteopathic physicians.
[5] Florida Board of Medicine, *Latest News - Emergency Rule Related to Telemedicine*, http://flboardofmedicine.gov/latest-news/emergency-rule-related-to-telemedicine/ (last visited Feb. 10, 2015).
[6] American Telemedicine Association, *2015 State Telemedicine Legislation Tracking (as of 2/6/2015)*, http://www.americantelemed.org/docs/default-source/policy/2015-ata-state-legislation-matrixEF9F3AD41F02.pdf?sfvrsn=18 (last visited Feb. 10, 2015).
[7] Center for Connected Health Policy, *Telehealth Medicaid & State Policy*, http://cchpca.org/telehealth-medicaid-state-policy (last visited Feb 10, 2015).
[8] Store and forward technology refers to the electronic transmission of medical information and data such as digital images, documents and pre-recorded images for review by a physician or specialist at a later date, not simultaneously with the patient.
[9] *Supra, Note 7.*
[10] Futurity, *In Rural ERs, Kids Get Better Care with Telemedicine,* http://www.futurity.org/in-rural-ers-kids-get-better-care-with-telemedicine/ (last visited Feb. 10, 2015).

Futurity article notes, "while 21 percent of children in the United States live in rural areas, only 3 percent of pediatric critical-care medicine specialists practice in such areas."[11]

Federal Provisions for Telemedicine

Federal laws and regulations address telemedicine from several angles, including prescriptions for controlled substances, hospital emergency room guidelines, and reimbursement rates for the Medicare program.

Prescribing Via the Internet

Federal law specifically prohibits the prescribing of controlled substances via the Internet without an in-person evaluation. Federal regulation 21 CFR §829 specifically states:

> *No controlled substance that is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act may be delivered, distributed or dispensed by means of the Internet without a valid prescription.*

A valid prescription is further defined under the same regulation as one issued by a practitioner who has conducted an in-person evaluation. The in-person evaluation requires that the patient be in the physical presence of the provider without regard to the presence or conduct of other professionals.[12] However, the Ryan Haight Online Pharmacy Consumer Protection Act,[13] signed into law in October 2008, created an exception for the in-person medical evaluation for telemedicine practitioners. The practitioner is still subject to the requirement that all controlled substances be issued for a legitimate purpose by a practitioner acting in the usual course of professional practice.

The Drug Enforcement Administration (DEA) of the federal Department of Justice issued its own definition of telemedicine in April 2009 as required under the Haight Act.[14] The federal regulatory definition of telemedicine under the DEA includes, but is not limited to, the following elements:

- The patient and practitioner are located in separate locations;
- Patient and practitioner communicate via a telecommunications system;
- The practitioner must meet other registration requirements for the dispensing of controlled substances via the Internet; and
- Certain practitioners (Department of Veterans Affairs' employees, for example) or practitioners in certain situations (public health emergencies) may be exempted from registration requirements.[15]

[11] Id.
[12] 21 CFR §829(e)(2).
[13] Ryan Haight Online Consumer Protection Act of 2008, Public Law 110-425 (H.R. 6353).
[14] Id., at sec. 3(j).
[15] 21 CFR §802(54).

Medicare Coverage

Specific telehealth services delivered at designated sites are covered under Medicare. Regulations of federal CMS require both a distant site (location of physician delivering the service via telecommunications) and an originating site (location of the patient).

To qualify for Medicare reimbursement, the Medicare beneficiary must be located at an originating site that meets one of three qualifications. These three qualifications are:

- A rural health professional shortage area (HPSA) that is either outside of a metropolitan statistical area (MSA) or in a rural census tract;
- A county outside of a MSA; or
- Participation in a federal telemedicine demonstration project approved by the Secretary of Health and Human Services as of December 31, 2000.[16]

Additionally, federal requirements provide that an originating site must be one of the following location types as further defined in federal law and regulation:

- The offices of physicians or practitioners;
- Hospitals;
- Critical access hospitals (CAH);
- Rural health clinics;
- Federally qualified health centers;
- Hospital-based or CAH-based renal dialysis centers (including satellite offices);
- Skilled nursing facilities; and
- Community mental health centers.[17]

Distant site practitioners are limited, subject also to state law, under Medicare to:

- Physicians;
- Nurse practitioners;
- Physician assistants;
- Nurse-midwives;
- Clinical nurse specialists;
- Certified registered nurse anesthetists;
- Clinical psychologists and clinical social workers; and
- Registered dietitians and nutrition professionals.

For 2015, Medicare added four new services under telehealth:

- Annual wellness visits;
- Psychoanalysis;
- Psychotherapy; and

[16] Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Telehealth Services- Rural Health Fact Sheet* (Dec. 2014), http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf (last visited Feb. 10, 2015).
[17] *See* 42 U.S.C. sec. 1395(m)(m)(4)(C)(ii).

- Prolonged evaluation and management services.[18]

Reimbursement for the distant site is established as "an amount equal to the amount that such physician or practitioner would have been paid under this title had such service been furnished without the use of a telecommunications system."[19] Federal law also provides for a facility fee for the originating site of $20 through December 31, 2002, and then, by law, the facility fee is subsequently increased each year by the percentage increase in the Medicare Economic Index (MEI). For calendar year 2015, the originating fee for telehealth is 80 percent of the lesser of the actual charge or $24.83.[20]

Telemedicine Services in Florida

University of Miami

The University of Miami (UM) initiated telehealth services in 1973 and claims the first telehealth service in Florida, the first use of nurse practitioners in telemedicine in the nation, and the first telemedicine program in correctional facilities.[21] Today, UM has several initiatives in the area of telehealth, including:

- Tele-dermatology;
- Tele-trauma;
- Humanitarian and disaster response relief;
- School telehealth services; and
- Acute tele-neurology or telestroke.

While some of UM's activities reach its local community, others reach outside of Florida, including providing Haiti earthquake relief and tele-dermatology to cruise line employees. Telehealth communications are also used for monitoring hospital patients and conducting training exercises.

Florida Medicaid Program

Florida's Medicaid program reimburses only physicians for telemedicine services when there is two-way, real-time interactive communication between the patient and the physician at a distant site.[22] Equipment is also required to meet specific technical safeguards under 45 CFR 164.312, where applicable, which require implementation of procedures for protection of health information, including unique user identifications, automatic log-offs, encryption, authentication of users, and transmission security. Telemedicine services must also comply with all other state and federal laws regarding patient privacy.

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[18] Department of Health and Human Services, Centers for Medicare and Medicaid Services, *MLN Matters - News Flash #MM9034* (Dec. 24, 2014), http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9034.pdf (last visited Feb. 10, 2015).
[19] *See* 42 U.S.C. s. 1395(m)(m)(2)(A).
[20] *Supra, Note 18*.
[21] University of Miami, Miller School of Medicine, *UM Telehealth - Our History*, http://telehealth.med.miami.edu/about-us/our-history (last visited Feb. 10, 2015).
[22] Agency for Health Care Administration, *Practitioner Services Handbook - Telemedicine Services (April 2014)* p.136, http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook_Adoption.pdf (last visited Feb. 10, 2015).

For Medicaid, the distant or hub site is where the consulting physician delivering the telemedicine service is located. The spoke site is the location of the Medicaid recipient at the time the service occurs. The spoke site does not receive any reimbursement unless the provider located at the spoke site performs a separate service for the Medicaid recipient on the same day as the telemedicine consultation. The telemedicine referral consultation requires the presence of the referring practitioner and the Medicaid recipient.[23]

Under Medicaid fee-for-service, Medicaid reimbursement for telemedicine services is limited to certain services and settings. The following services are currently covered:[24]

- Behavioral Health
  - Telepsychiatry services for psychiatric medication management by practitioners licensed under ch. 458 or 459, F.S.; and
  - Telebehavioral health services for provision of individual and family behavioral health therapy services by qualified practitioners licensed under ch. 490 or 491, F.S.
- Dental Services
  - Services provided using video conferencing between a registered dental hygienist employed by and under contract with a Medicaid-enrolled group provider and supervising dentist, including oral prophylaxis, topical fluoride application, and oral hygiene instructions.
- Physician Services
  - Services provided using audio and video equipment that allow for two-way, real-time, interactive communication between the physician and patient;
  - Consultation services provided via telemedicine;
  - Interpretation of diagnostic testing results through telecommunications and information technology; and
  - Synchronous emergency services provided under parts III and IV of ch. 409, F.S., using an all-inclusive rate.

Medicaid does not reimburse for the following telemedicine services:

- Telephone conversations;
- Video cell phone conversations;
- E-mail messages;
- Facsimile transmission;
- Telecommunication with recipient at a location other than the spoke; and
- "Store and forward" consultations that are transmitted after the recipient or physician is no longer available.[25]

Medicaid also does not reimburse providers for the costs of any equipment related to telemedicine services.

Coverage of telemedicine services under Medicaid includes specific documentation requirements. The clinical record must include the following information:

[23] *Supra*, *Note 21* at 137.
[24] Agency for Health Care Administration, *Senate Bill 478 Analysis* (Feb. 4, 2015) p. 3, (on file with the Senate Committee on Health Policy).
[25] Id.

- A brief explanation of why the services were not provided face-to-face;
- Documentation of telemedicine services provided, including the results of the assessment; and
- A signed statement from the recipient (parent or guardian, if a child), indicating his or her choice to receive services through telemedicine.[26]

Under the Managed Medical Assistance (MMA) component of Statewide Medicaid Managed Care, managed care plans may use telemedicine for behavioral health, dental services, and physician services.[27] The AHCA may approve of other services to be provided by telemedicine in the MMA component.

Child Protection Teams

The Child Protection Team (CPT) program under the Children's Medical Services Network utilizes a telemedicine network to perform child assessments. The CPT is a medically-directed, multi-disciplinary program that works with local sheriff's offices and the Department of Children and Families in cases of child abuse and neglect to supplement investigative activities.[28] The CPT patient is seen at a remote site and a registered nurse assists with the medical exam. A physician or Advanced Registered Nurse Practitioner (ARNP) is located at the hub site and has responsibility for directing the exam.[29]

Hub sites are comprehensive medical facilities that offer a wide range of medical and interdisciplinary staff, whereas the remote sites tend to be smaller facilities that may lack medical diversity.[30] Twenty-four hub sites throughout the state facilitate these child abuse assessments and the evaluation of suspected cases of child abuse. The University of Florida Child Abuse Protection Team, for example, serves a 12-county area and, for the first six months of 2012, provided over 250 telemedicine examinations with medical community partners.[31]

Compliance with Health Insurance Portability and Accountability Act (HIPAA)

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects personal health information (PHI). Privacy rules were initially issued in 2000 by the federal Department of Health and Human Services and later modified in 2002. These rules address the use and disclosure of an individual's health information and create standards for privacy rights. Additional privacy and security measures were adopted in 2009 with the Health Information Technology for Economic Clinical Health (HITECH) Act.

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[26] Id.
[27] Agency for Health Care Administration, *2012-2015 Medicaid Health Plan Model Agreement Attachment II - Exhibit II-A,* http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Attachment_II_Exhibit_II-A_MMA_Model_2014-01-31.pdf , p. 63-64 (Last visited Feb. 10, 2015).
[28] Florida Department of Health, *Child Protection Teams*, http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html (Last visited Feb. 10, 2015).
[29] Florida Department of Health, *Children Protection Team - Telemedicine Network* http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/documents/cpt_telemedicine_fact_sheet.pdf (Last visited Feb. 10, 2015)
[30] Id.
[31] Sunshine Arnold and Debra Esernio-Jenssen, *Telemedicine: Reducing Trauma in Evaluating Abuse*, pp. 105-107, http://cdn.intechopen.com/pdfs-wm/41847.pdf (Last visited Feb. 14, 2015).

Only certain entities are subject to HIPAA's provisions. These "covered entities" include:

- Health plans;
- Health care providers;
- Health care clearinghouses; and
- Business associates.

While not a covered entity as an individual, the patient still maintains his or her privacy and confidentiality rights regardless of the method in which the medical service is delivered. The HITECH Act specifically identified telemedicine as an area for review and consideration, and funding was provided to, in part, strengthen infrastructure and tools to promote telemedicine.[32]

Under the provisions of HIPAA and the HITECH Act, a health care provider or other covered entity participating in telemedicine is required to meet the same technical and physical HIPAA and HITECH requirements as would be required for a physical office visit. These requirements include ensuring that that the equipment and technology are HIPAA compliant.

Discount Medical Plans

Discount medical plans and discount medical plan organizations (DMPOs) are regulated by the Office of Insurance Regulation under part II of ch. 636, F.S. DMPOs offer a variety of health care services to consumers through discount medical plans at a discounted rate. These plans are not health insurance and therefore do not pay for services on behalf of members; instead, the plans offer members access to specific health care products and services at a discounted fee. These health products and services may include, but are not limited to, dental services, emergency services, mental health services, vision care, chiropractic services, and hearing care. Generally, a DMPO has a contract with a provider network under which the individual providers render the medical services at a discount.

III. Effect of Proposed Changes:

The bill creates s. 456.4501, F.S., relating to the provision of telehealth services and designates which health care practitioners may provide such services. The telehealth provision covers all health care practitioners as defined under s. 456.001, F.S.,[33] with the exception of naturopaths and nursing home administrators. The definition of a telehealth provider also includes radiological personnel, an emergency medical technician or a paramedic certified under part III of ch. 401, F.S, and behavior analysts certified under s. 393.17, F.S.

The bill defines telehealth as the use of synchronous or asynchronous telecommunications to perform services that include, but are not limited to:

- Patient assessment;

[32] Public Law 111-5, s. 3002(b)(2)(C)(iii) and s. 3011(a)(4).

[33] The definition of a "health care practitioner" includes 26 different disciplines: Acupuncture, medical practice, osteopathic medicine, chiropractic medicine, podiatry, naturopathy, optometry, nursing, pharmacy, dentistry, midwifery, speech-language-pathology-audiology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, orthotics, prosthetics, and pedorthotics, electrolysis, massage, clinical laboratory personnel, medical physicists, dispensing of optical devices and hearing aids, physical therapy, psychological services, and clinical, counseling, and psychotherapy.

- Diagnosis;
- Consultation;
- Treatment;
- Monitoring;
- Transfer of medical data; and
- Provision of patient and professional health related education.

The bill specifically excludes audio-only transmissions, email messages, and facsimile transmissions from the definition of telehealth. The term also does not include consultations between a telehealth provider located in this state and a provider lawfully licensed in another state when the Florida licensed provider maintains responsibility for the patient in this state.

A telehealth provider is prohibited from solely using telehealth to prescribe lenses, spectacles, eyeglasses, contact lenses, or other optical devices or prescribe based solely on the use of a computer-controlled device such as an autorefractor.

Controlled substances may not be prescribed through telehealth for chronic nonmalignant pain as defined under ss. 458.3265 and 459.0137, F.S.[34] However, Florida-licensed physicians and Florida-certified advanced registered nurse practitioners may use telehealth to order a controlled substance for an inpatient admitted to a hospital facility licensed under ch. 395, F.S., or a hospice patient under ch. 400, F.S.

The bill provides other practice standards for practicing via telehealth. The standards of care for services delivered via telehealth must be comparable to in-person health care services with a patient evaluation sufficient to diagnose and treat. The telehealth provider must maintain record-keeping that is also comparable to in-person health care services.

The bill clarifies that a non-physician practicing via telehealth within the applicable scope of practice for a telehealth provider is not deemed to be practicing medicine.

The bill also amends the definition of "discount medical plan" under s. 636.202(1), F.S., to provide that telehealth products regulated under s. 456.47, F.S., are not included in the definition.

The effective date of the bill is July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

[34] "Chronic nonmalignant pain" is defined in s. 458.3265, F.S., as pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery. The term has an identical definition in s. 459.0137, F.S.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Under PCS/SB 478, telemedicine services are currently available in Florida. Health care technology companies that provide the equipment for these services may see an increase in demand under the bill from health care practitioners for new equipment and maintenance needs of any existing equipment. Patients in Florida may have greater access and more convenient access to health care services. Patients located in more rural areas or areas with physician workforce shortages that rely on county health departments, federally qualified health centers or rural health clinics may see an increased benefit in the use and availability of telehealth technology.

C. Government Sector Impact:

To the same extent that privately funded health care facilities may experience a demand for the expanded use of health care technology, publicly funded facilities and providers may see an equivalent increase in demand from health care practitioners for new equipment and maintenance needs of any existing equipment under the bill. The extent of this potential effect is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 456.4501 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS by Appropriations Subcommittee on Health and Human Services on April 14, 2015:
The proposed committee substitute:

- Includes behavioral analysts certified under s. 393.17, F.S., in the definition of "telehealth provider;"
- Provides that telehealth may not be used to prescribe a controlled substance to treat chronic nonmalignant pain as defined in ss. 458.3265 and 459.0137, F.S., as opposed to the underlying bill which relied exclusively on s. 458.3265, F.S., to define chronic nonmalignant pain;
- Adds advanced registered nurse practitioners to the list of practitioners who may use telehealth to order a controlled substance for an inpatient admitted to a hospital facility licensed under ch. 395, F.S., or a hospice patient under ch. 400, F.S.; and
- Amends the definition of "discount medical plan" under s. 636.202(1), F.S., to provide that the term does not include any telehealth product regulated under s. 456.47, F.S.

CS by Health Policy on February 17, 2015:
The committee substitute:

- Changes the subject of the bill from telemedicine to telehealth;
- Specifies the practitioners who may be telehealth providers;
- Prohibits a telehealth provider from using telehealth to prescribe lenses, spectacles, eyeglasses, contact lenses, or other optical devises or prescribe based solely on a computer controlled device;
- Provides practice standards for practicing via telehealth; and
- Deletes from the bill:
  - A provision for Medicaid coverage parity;
  - Rulemaking authority for the Department of Health and its professional regulatory boards, as applicable; and
  - A protection clause for the delivery of emergency medical services.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.