

# **WEST VIRGINIA LEGISLATURE**

**2020 REGULAR SESSION**

**Committee Substitute**

**for**

**Senate Bill 710**

SENATORS AZINGER, CLINE, MARONEY, AND ROBERTS,

*original sponsors*

[Originating in the Committee on Health and Human

Resources; reported on February 21, 2020]



1 A BILL to amend and reenact §30-3-13a of the Code of West Virginia, 1931, as amended; to  
2 amend said code by adding thereto a new section, designated §30-3-13b; to amend and  
3 reenact §30-14-12d of said code; and to amend said code by adding thereto a new section,  
4 designated §30-14-12e, all relating to practice of telemedicine; establishing a pilot  
5 program for members of the Public Employees Insurance Agency; setting a sunset date  
6 for pilot program; providing for use of audio-only engagement in certain circumstances;  
7 and providing for an independent audit.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.**

**§30-3-13a. Telemedicine practice; requirements; exceptions; definitions; rulemaking.**

1 (a) *Definitions.* — For the purposes of this section:

2 (1) “Chronic nonmalignant pain” means pain that has persisted after reasonable medical  
3 efforts have been made to relieve the pain or cure its cause and that has continued, either  
4 continuously or episodically, for longer than three continuous months. “Chronic nonmalignant  
5 pain” does not include pain associated with a terminal condition or illness or with a progressive  
6 disease that, in the normal course of progression, may reasonably be expected to result in a  
7 terminal condition or illness.

8 (2) “Physician” means a person licensed by the West Virginia Board of Medicine to practice  
9 allopathic medicine in West Virginia.

10 (3) “Store and forward telemedicine” means the asynchronous, computer-based  
11 communication of medical data or images from an originating location to a physician or podiatrist  
12 at another site for the purpose of diagnostic or therapeutic assistance.

13 (4) “Telemedicine” means the practice of medicine using tools such as electronic  
14 communication, information technology, store and forward telecommunication, or other means of  
15 interaction between a physician or podiatrist in one location and a patient in another location, with  
16 or without an intervening health care provider.

17 (5) “Telemedicine technologies” means technologies and devices which enable secure  
18 electronic communications and information exchange in the practice of telemedicine, and typically  
19 involve the application of secure real-time audio/video conferencing or similar secure video  
20 services, remote monitoring, or store and forward digital image technology to provide or support  
21 health care delivery by replicating the interaction of a traditional in-person encounter between a  
22 physician or podiatrist and a patient.

23 (b) *Licensure.* —

24 (1) The practice of medicine occurs where the patient is located at the time the  
25 telemedicine technologies are used.

26 (2) A physician or podiatrist who practices telemedicine must be licensed as provided in  
27 this article.

28 (3) This section does not apply to:

29 (A) An informal consultation or second opinion, at the request of a physician or podiatrist  
30 who is licensed to practice medicine or podiatry in this state, provided that the physician or  
31 podiatrist requesting the opinion retains authority and responsibility for the patient’s care; and

32 (B) Furnishing of medical assistance by a physician or podiatrist in case of an emergency  
33 or disaster, if no charge is made for the medical assistance.

34 (c) *Physician-patient or podiatrist-patient relationship through telemedicine encounter.* —

35 (1) Except as provided in §30-3-13b of this code, a physician-patient or podiatrist-patient  
36 relationship may not be established through:

37 (A) Audio-only communication;

38 (B) Text-based communications such as e-mail, Internet questionnaires, text-based  
39 messaging, or other written forms of communication; or

40 (C) Any combination thereof.

41 (2) If an existing physician-patient or podiatrist-patient relationship does not exist prior to  
42 the utilization to telemedicine technologies, or if services are rendered solely through telemedicine  
43 technologies, a physician-patient or podiatrist-patient relationship may only be established:

44 (A) Through the use of telemedicine technologies which incorporate interactive audio  
45 using store and forward technology, real-time videoconferencing, or similar secure video services  
46 during the initial physician-patient or podiatrist-patient encounter; or

47 (B) For the practice of pathology and radiology, a physician-patient relationship may be  
48 established through store and forward telemedicine or other similar technologies.

49 (3) Once a physician-patient or podiatrist-patient relationship has been established, either  
50 through an in-person encounter or in accordance with subdivision (2) of this subsection, the  
51 physician or podiatrist may utilize any telemedicine technology that meets the standard of care  
52 and is appropriate for the patient presentation.

53 (d) *Telemedicine practice.* — A physician or podiatrist using telemedicine technologies to  
54 practice medicine or podiatry shall:

55 (1) Verify the identity and location of the patient;

56 (2) Provide the patient with confirmation of the identity and qualifications of the physician  
57 or podiatrist;

58 (3) Provide the patient with the physical location and contact information of the physician;

59 (4) Establish or maintain a physician-patient or podiatrist-patient relationship that conforms  
60 to the standard of care;

61 (5) Determine whether telemedicine technologies are appropriate for the patient  
62 presentation for which the practice of medicine or podiatry is to be rendered;

63 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

64 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional  
65 standards of care for the patient presentation;

66 (8) Create and maintain health care records for the patient which justify the course of  
67 treatment and which verify compliance with the requirements of this section; and

68 (9) The requirements of subdivisions (1) through (8), inclusive, of this subsection do not  
69 apply to the practice of pathology or radiology medicine through store and forward telemedicine.

70 (e) *Standard of care.* — The practice of medicine or podiatry provided via telemedicine  
71 technologies, including the establishment of a physician-patient or podiatrist-patient relationship  
72 and issuing a prescription via electronic means as part of a telemedicine encounter, are subject  
73 to the same standard of care, professional practice requirements, and scope of practice limitations  
74 as traditional in-person physician-patient or podiatrist-patient encounters. Treatment, including  
75 issuing a prescription, based solely on an online questionnaire, does not constitute an acceptable  
76 standard of care.

77 (f) *Patient records.* — The patient record established during the use of telemedicine  
78 technologies shall be accessible and documented for both the physician or podiatrist and the  
79 patient, consistent with the laws and legislative rules governing patient health care records. All  
80 laws governing the confidentiality of health care information and governing patient access to  
81 medical records shall apply to records of practice of medicine or podiatry provided through  
82 telemedicine technologies. A physician or podiatrist solely providing services using telemedicine  
83 technologies shall make documentation of the encounter easily available to the patient, and  
84 subject to the patient's consent, to any identified care provider of the patient.

85 (g) *Prescribing limitations.* —

86 (1) A physician or podiatrist who practices medicine to a patient solely through the  
87 utilization of telemedicine technologies may not prescribe to that patient any controlled  
88 substances listed in Schedule II of the Uniform Controlled Substances Act.

89 (2) The prescribing limitations in this subsection do not apply when a physician is providing  
90 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary  
91 or secondary education program and are diagnosed with intellectual or developmental disabilities,

92 neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance  
93 with guidelines as set forth by organizations such as the American Psychiatric Association, the  
94 American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics.  
95 The physician must maintain records supporting the diagnosis and the continued need of  
96 treatment.

97 (3) The prescribing limitations in this subsection do not apply to a hospital, excluding the  
98 emergency department, when a physician submits an order to dispense a controlled substance,  
99 listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate  
100 administration in a hospital.

101 (4) A physician or podiatrist may not prescribe any pain-relieving controlled substance  
102 listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of  
103 treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

104 (5) A physician or health care provider may not prescribe any drug with the intent of  
105 causing an abortion. The term “abortion” has the same meaning ascribed to it in §16-2F-2 of this  
106 code.

107 (h) *Exceptions.* — This article does not prohibit the use of audio-only or text-based  
108 communications by a physician or podiatrist who is:

109 (1) Responding to a call for patients with whom a physician-patient or podiatrist-patient  
110 relationship has been established through an in-person encounter by the physician or podiatrist;

111 (2) Providing cross coverage for a physician or podiatrist who has established a physician-  
112 patient or podiatrist-patient relationship with the patient through an in-person encounter; or

113 (3) Providing medical assistance in the event of an emergency.

114 (i) *Rulemaking.* — The West Virginia Board of Medicine and West Virginia Board of  
115 Osteopathic Medicine may propose joint rules for legislative approval in accordance with §29A-  
116 3-1 *et seq.* of this code to implement standards for and limitations upon the utilization of  
117 telemedicine technologies in the practice of medicine and podiatry in this state.

118 (j) *Preserving traditional physician-patient or podiatrist-patient relationship.* — Nothing in  
119 this section changes the rights, duties, privileges, responsibilities, and liabilities incident to the  
120 physician-patient or podiatrist-patient relationship, nor is it meant or intended to change in any  
121 way the personal character of the physician-patient or podiatrist-patient relationship. This section  
122 does not alter the scope of practice of any health care provider or authorize the delivery of health  
123 care services in a setting, or in a manner, not otherwise authorized by law.

**§30-3-13b. Pilot program for members of the Public Employees Insurance Agency  
established.**

1 (a) Notwithstanding any provision of this code to the contrary, a pilot program is  
2 established and to be administered by the Public Employees Insurance Agency for the benefit of  
3 their members. For purposes of this pilot program, a physician licensed pursuant to §30-3-1 et  
4 seq. of this code may use audio-only communications to render associated care while treating  
5 members of the Public Employees Insurance Agency. This pilot program shall authorize the use  
6 of audio-only telemedicine technologies, as that term is defined in §30-3-13a of this code.

7 (b) The use of audio-only telemedicine technology is authorized if:

8 (1) The patient is a plan member of the Public Employees Insurance Agency;

9 (2) The physician determines that based upon the patient's presentation, the technology  
10 is sufficient to provide necessary information to provide medical services to the patient;

11 (3) In the physician's medical opinion, the audio-only technology meets the standard of  
12 care;

13 (4) The patient shall visit a primary care physician within 12 months of using the  
14 telemedicine service;

15 (5) If the patient fails to visit a primary care physician within 12 months of using the  
16 telemedicine service, then the telemedicine service will no longer be available to the patient until  
17 an in-person primary care visit is obtained; and



18 (6) A patient can have no more than three consecutive telemedicine consultations without  
19 an in-person primary care visit.

20 (c) A physician who participates in the practice of telemedicine pursuant to the provisions  
21 of this section shall not prescribe controlled substance medications listed in Schedules II through  
22 V of the Uniform Controlled Substances Act to the patient until such time as the physician has  
23 evaluated the patient in person or pursuant to the provisions of §30-3-13a(c)(2)(A) of this code.

24 (d) A physician who participates in an audio-only communication shall have established a  
25 collaborative agreement with a primary care physician located within a 50-mile radius of the  
26 patient's primary residence. A physician prescribing care by means of audio-only telemedicine  
27 during the encounter shall advise the patient to follow up with that primary care physician within  
28 15 days of the establishing audio-only encounter.

29 (e) The physician shall document in the patient's medical record the following:

30 (1) His or her rationale for his or her medical opinion that audio-only technology meets the  
31 appropriate standard of care;

32 (2) That he or she has engaged in a collaborative agreement with a primary care physician  
33 located within a 50-mile radius of the patient's primary residence;

34 (3) That he or she has advised the patient to seek further medical treatment with the  
35 primary care physician with whom the physician has entered into a collaborative relationship;

36 (4) Any other information the physician deems necessary in his or her medical opinion;  
37 and

38 (5) The information collected in this subsection shall be transmitted to the patient's primary  
39 care physician or the physician with whom the physician has entered into a collaborative  
40 relationship within five business days of the telemedicine consult.

41 (f) An independent audit shall be conducted by a medical school or university located in  
42 the state after the first year of the two-year pilot program. The Public Employees Insurance  
43 Agency shall select the school to conduct the audit and the telemedicine vendor shall pay any

44 costs associated with the audit. The vendor shall receive credit, up to the cost of the audit, for  
45 cost savings identified as a result of the audit. The audit shall evaluate the efficacy, access to  
46 care, standard of care, patient outcomes, utilization trends, and financial feasibility of the pilot  
47 program. The West Virginia Board of Medicine shall provide input to the audit. The audit shall be  
48 presented to the Legislative Oversight Commission on Health and Human Resources  
49 Accountability as set forth in §16-29E-1 et seq. of this code prior to the end of the second year of  
50 the pilot program.

51 (g) The pilot program established by this section shall terminate two years from the  
52 effective date of this section unless further authorized by act of the Legislature.

## **ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.**

### **§30-14-12d. Telemedicine practice; requirements; exceptions; definitions; rulemaking.**

1 (a) *Definitions.* — For the purposes of this section:

2 (1) “Chronic nonmalignant pain” means pain that has persisted after reasonable medical  
3 efforts have been made to relieve the pain or cure its cause and that has continued, either  
4 continuously or episodically, for longer than three continuous months. “Chronic nonmalignant  
5 pain” does not include pain associated with a terminal condition or illness or with a progressive  
6 disease that, in the normal course of progression, may reasonably be expected to result in a  
7 terminal condition or illness.

8 (2) “Physician” means a person licensed by the West Virginia Board of Osteopathic  
9 Medicine to practice osteopathic medicine in West Virginia.

10 (3) “Store and forward telemedicine” means the asynchronous, computer-based  
11 communication of medical data or images from an originating location to a physician at another  
12 site for the purpose of diagnostic or therapeutic assistance.

13 (4) “Telemedicine” means the practice of medicine using tools such as electronic  
14 communication, information technology, store and forward telecommunication, or other means of

15 interaction between a physician in one location and a patient in another location, with or without  
16 an intervening health care provider.

17 (5) "Telemedicine technologies" means technologies and devices which enable secure  
18 electronic communications and information exchange in the practice of telemedicine, and typically  
19 involve the application of secure real-time audio/video conferencing or similar secure video  
20 services, remote monitoring, or store and forward digital image technology to provide or support  
21 health care delivery by replicating the interaction of a traditional in-person encounter between a  
22 physician and a patient.

23 (b) *Licensure.* —

24 (1) The practice of medicine occurs where the patient is located at the time the  
25 telemedicine technologies are used.

26 (2) A physician who practices telemedicine must be licensed as provided in this article.

27 (3) This section does not apply to:

28 (A) An informal consultation or second opinion, at the request of a physician who is  
29 licensed to practice medicine in this state, provided that the physician requesting the opinion  
30 retains authority and responsibility for the patient's care; and

31 (B) Furnishing of medical assistance by a physician in case of an emergency or disaster  
32 if no charge is made for the medical assistance.

33 (c) *Physician-patient relationship through telemedicine encounter.* —

34 (1) Except as provided in §30-14-12e of this code, a physician-patient relationship may  
35 not be established through:

36 (A) Audio-only communication;

37 (B) Text-based communications such as e-mail, Internet questionnaires, text-based  
38 messaging, or other written forms of communication; or

39 (C) Any combination thereof.

40 (2) If an existing physician-patient relationship is not present prior to the utilization to  
41 telemedicine technologies, or if services are rendered solely through telemedicine technologies,  
42 a physician-patient relationship may only be established:

43 (A) Through the use of telemedicine technologies which incorporate interactive audio  
44 using store and forward technology, real-time videoconferencing, or similar secure video services  
45 during the initial physician-patient encounter; or

46 (B) For the practice of pathology and radiology, a physician-patient relationship may be  
47 established through store and forward telemedicine or other similar technologies.

48 (3) Once a physician-patient relationship has been established, either through an in-  
49 person encounter or in accordance with subdivision (2) of this subsection, the physician may  
50 utilize any telemedicine technology that meets the standard of care and is appropriate for the  
51 patient presentation.

52 (d) *Telemedicine practice.* — A physician using telemedicine technologies to practice  
53 medicine shall:

54 (1) Verify the identity and location of the patient;

55 (2) Provide the patient with confirmation of the identity and qualifications of the physician;

56 (3) Provide the patient with the physical location and contact information of the physician;

57 (4) Establish or maintain a physician-patient relationship which conforms to the standard  
58 of care;

59 (5) Determine whether telemedicine technologies are appropriate for the patient  
60 presentation for which the practice of medicine is to be rendered;

61 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

62 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional  
63 standards of care for the patient presentation;

64 (8) Create and maintain health care records for the patient which justify the course of  
65 treatment and which verify compliance with the requirements of this section; and

66 (9) The requirements of subdivisions (1) through (7), inclusive, of this subsection do not  
67 apply to the practice of pathology or radiology medicine through store and forward telemedicine.

68 (e) *Standard of care.* — The practice of medicine provided via telemedicine technologies,  
69 including the establishment of a physician-patient relationship and issuing a prescription via  
70 electronic means as part of a telemedicine encounter, are subject to the same standard of care,  
71 professional practice requirements and scope of practice limitations as traditional in-person  
72 physician-patient encounters. Treatment, including issuing a prescription, based solely on an  
73 online questionnaire does not constitute an acceptable standard of care.

74 (f) *Patient records.* — The patient record established during the use of telemedicine  
75 technologies shall be accessible and documented for both the physician and the patient,  
76 consistent with the laws and legislative rules governing patient health care records. All laws  
77 governing the confidentiality of health care information and governing patient access to medical  
78 records shall apply to records of practice of medicine provided through telemedicine technologies.  
79 A physician solely providing services using telemedicine technologies shall make documentation  
80 of the encounter easily available to the patient, and subject to the patient's consent, to any  
81 identified care provider of the patient.

82 (g) *Prescribing limitations.* —

83 (1) A physician or podiatrist who practices medicine to a patient solely through the  
84 utilization of telemedicine technologies may not prescribe to that patient any controlled  
85 substances listed in Schedule II of the Uniform Controlled Substances Act.

86 (2) The prescribing limitations in this subsection do not apply when a physician is providing  
87 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary  
88 or secondary education program and are diagnosed with intellectual or developmental disabilities,  
89 neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance  
90 with guidelines as set forth by organizations such as the American Psychiatric Association, the  
91 American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics.

92 The physician must maintain records supporting the diagnosis and the continued need of  
93 treatment.

94 (3) The prescribing limitations in this subsection do not apply to a hospital, excluding the  
95 emergency department, when a physician submits an order to dispense a controlled substance,  
96 listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate  
97 administration in a hospital.

98 (4) A physician or podiatrist may not prescribe any pain-relieving controlled substance  
99 listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of  
100 treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

101 (5) A physician or health care provider may not prescribe any drug with the intent of  
102 causing an abortion. The term “abortion” has the same meaning ascribed to it in §16-2F-2 of this  
103 code.

104 (h) *Exceptions.* — This section does not prohibit the use of audio-only or text-based  
105 communications by a physician who is:

106 (1) Responding to a call for patients with whom a physician-patient relationship has been  
107 established through an in-person encounter by the physician;

108 (2) Providing cross coverage for a physician who has established a physician-patient or  
109 relationship with the patient through an in-person encounter; or

110 (3) Providing medical assistance in the event of an emergency.

111 (i) *Rulemaking.* — The West Virginia Board of Medicine and West Virginia Board of  
112 Osteopathic Medicine may propose joint rules for legislative approval in accordance with §29A-  
113 3-1 *et seq.* of this code to implement standards for and limitations upon the utilization of  
114 telemedicine technologies in the practice of medicine in this state.

115 (j) *Preservation of the traditional physician-patient relationship.* — Nothing in this section  
116 changes the rights, duties, privileges, responsibilities, and liabilities incident to the physician-  
117 patient relationship, nor is it meant or intended to change in any way the personal character of

118 the physician-patient relationship. This section does not alter the scope of practice of any health  
119 care provider or authorize the delivery of health care services in a setting, or in a manner, not  
120 otherwise authorized by law.

**§30-14-12e. Pilot program for members of the Public Employees Insurance Agency  
established.**

1 (a) Notwithstanding any provision of this code to the contrary, a pilot program is  
2 established and to be administered by the Public Employees Insurance Agency for the benefit of  
3 their members. For purposes of this pilot program, a physician licensed pursuant to §30-14-1 et  
4 seq. of this code may use audio-only communications to render associated care while treating  
5 members of the Public Employees Insurance Agency. This pilot program shall authorize the use  
6 of audio-only telemedicine technologies as that term is defined in §30-14-12d of this code.

7 (b) The use of audio-only telemedicine technology is authorized if:

8 (1) The patient is a plan member of the Public Employees Insurance Agency;

9 (2) The physician determines that based upon the patient's presentation the technology is  
10 sufficient to provide necessary information to provide medical services to the patient;

11 (3) In the physician's medical opinion, the audio-only technology meets the standard of  
12 care;

13 (4) The patient shall visit a primary care physician within 12 months of using the  
14 telemedicine service;

15 (5) If the patient fails to visit a primary care physician within 12 months of using the  
16 telemedicine service, then the telemedicine will no longer be available to the patient until an in-  
17 person primary care visit is obtained; and

18 (6) A patient can have not more than three consecutive telemedicine consultations without  
19 an in-person primary care visit.

20 (c) A physician who participates in the practice of telemedicine pursuant to the provisions  
21 of this section shall not prescribe controlled substance medications listed in Schedules II through

22 V of the Uniform Controlled Substances Act to the patient until such time as the physician has  
23 evaluated the patient in person or pursuant to the provisions of §30-14-12d(c)(2)(A) of this code.

24 (d) A physician who participates in an audio-only communication shall establish a  
25 collaborative agreement with a primary care physician located within a 50-mile radius of the  
26 patient's primary residence. A physician prescribing care by means of audio-only telemedicine  
27 during the establishing encounter shall advise the patient to follow up with that primary care  
28 physician within 15 days of the establishing audio-only encounter.

29 (e) The physician shall document in the patient's medical record the following:

30 (1) His or her rationale for his or her medical opinion that audio-only technology meets the  
31 appropriate standard of care;

32 (2) That he or she has engaged in a collaborative agreement with a primary care physician  
33 located within a 50-mile radius of the patient's primary residence;

34 (3) That he or she has advised the patient to seek further medical treatment with the  
35 primary care physician with whom the physician has entered into a collaborative relationship;

36 (4) Any other information the physician deems necessary in his or her medical opinion;  
37 and

38 (5) The information collected in this subsection shall be transmitted to the patient's primary  
39 care physician or the physician with whom the physician has entered into a collaborative  
40 relationship within five business days of the telemedicine consult.

41 (f) An independent audit shall be conducted by a medical school or university located in  
42 the state after the first year of the two-year pilot program. The Public Employees Insurance  
43 Agency shall select the school to conduct the audit and the telemedicine vendor shall pay any  
44 costs associated with the audit. The vendor shall receive credit, up to the cost of the audit, for  
45 cost savings identified as a result of the audit. The audit shall evaluate the efficacy, access to  
46 care, standard of care, patient outcomes, utilization trends, and financial feasibility of the pilot  
47 program. The West Virginia Board of Osteopathic Medicine shall provide input to the audit. The



48 audit shall be presented to the Legislative Oversight Commission on Health and Human  
49 Resources Accountability as set forth in §16-29E-1 et seq. of this code prior to the end of the  
50 second year of the pilot program.

51 (g) The pilot program established by this section shall terminate two years from the  
52 effective date of this section unless further authorized by act of the Legislature.

NOTE: The purpose of this bill is to establish a pilot program to evaluate the efficacy and sustainability of telemedicine health services in this state.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.