

WEST VIRGINIA LEGISLATURE

2021 REGULAR SESSION

Introduced

House Bill 2692

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ELLINGTON

[Introduced February 23, 2021; Referred to the
Committee on Health and Human Resources]

1 A BILL to amend and reenact §30-3-13a of the Code of West Virginia, 1931, as amended, relating
2 to allowing for the coverage of addiction treatment services to out-of-state providers only
3 for emergency purposes and only for telehealth purposes.

Be it enacted by the Legislature of West Virginia:

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

§30-3-13a. Telemedicine practice; requirements; exceptions; definitions; rule-making; addiction telehealth services.

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) A physician-patient or podiatrist-patient relationship may 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 or podiatrist-patient relationship does not exist prior to
41 the utilization to telemedicine technologies, or if services are rendered solely through telemedicine
42 technologies, a physician-patient or podiatrist-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 or podiatrist-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 or podiatrist-patient relationship has been established, either
49 through an in-person encounter or in accordance with subdivision (2) of this subsection, the
50 physician or podiatrist may utilize any telemedicine technology that meets the standard of care
51 and is appropriate for the patient presentation.

52 (d) Telemedicine practice. –

53 A physician or podiatrist using telemedicine technologies to practice medicine or podiatry
54 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. –

71 The practice of medicine or podiatry provided via telemedicine technologies, including the

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

77 (f) Patient records. –

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

86 (g) Prescribing limitations. –

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

90 (2) The prescribing limitations in this subsection do not apply when a physician is providing
91 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary
92 or secondary education program and are diagnosed with intellectual or developmental disabilities,
93 neurological disease, attention deficit disorder, autism, or a traumatic brain injury in accordance
94 with guidelines as set forth by organizations such as the American Psychiatric Association, the
95 American Academy of Child and Adolescent Psychiatry or the American Academy of Pediatrics.
96 The physician must maintain records supporting the diagnosis and the continued need of
97 treatment.

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

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

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

108 (h) Exceptions. –

109 This article does not prohibit the use of audio-only or text-based communications by a
110 physician or podiatrist who is:

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

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

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

116 (i) Rulemaking. –

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

121 (j) Preserving traditional physician-patient or podiatrist-patient relationship. –

122 Nothing in this section changes the rights, duties, privileges, responsibilities and liabilities
123 incident to the physician-patient or podiatrist-patient relationship, nor is it meant or intended to

124 change in any way the personal character of the physician-patient or podiatrist-patient
125 relationship. This section does not alter the scope of practice of any health care provider or
126 authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized
127 by law.

128 (k) In situations that involve the treatment of addictions in the event of an emergency,
129 telehealth services may be assigned to out-of-state providers. This section is intended to be
130 narrowly focused, so as to only apply to situations involving addiction-based emergencies.

NOTE: The purpose of this bill is to allow for the coverage of addiction telehealth services to out-of-state providers in limited situations.

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