HOUSE BILL No. 1336

DIGEST OF HB 1336 (Updated January 22, 2020 7:11 pm - DI 77)

Citations Affected: IC 25-1.

Synopsis: Telemedicine. Specifies certain activities that are considered to be health care services for purposes of the telemedicine laws. Amends the definition of "telemedicine". Requires that the medical records under telemedicine must be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting.

Effective: July 1, 2020.

Vermilion, Kirchhofer

January 24, 2020

Second Regular Session of the 121st General Assembly (2020)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1336

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 25-1-9.5-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2.5. As used in this chapter, "health care services" includes the following:

(1) Assessment, diagnosis, evaluation, consultation, treatment, and monitoring of a patient.
(2) Transfer of medical data.
(3) Patient health related education.
(4) Public health services and health administration.

SECTION 2. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. (a) As used in this chapter, "telemedicine" means the delivery of health care services using interactive electronic communications and information technology, including:

(1) secure videoconferencing;
(2) interactive audio-using store and forward technology; or
(3) remote patient monitoring technology;

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between a provider in one (1) location and a patient in another location.

(b) The term does not include the use of the following:

(1) Audio-only communication.
(2) A telephone call.
(3) Electronic mail.
(4) An instant messaging conversation.
(5) Facsimile.
(6) Internet questionnaire.
(7) Telephone consultation.
(8) Internet consultation.

SECTION 3. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) A prescriber who provides health care services through telemedicine shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.

(b) A prescriber may not use telemedicine, including issuing a prescription, for an individual who is located in Indiana unless a provider-patient relationship between the prescriber and the individual has been established. A prescriber who uses telemedicine shall, if such action would otherwise be required in the provision of the same health care services in a manner other than telemedicine, ensure that a proper provider-patient relationship is established. The provider-patient relationship by a prescriber who uses telemedicine must at a minimum include the following:

(1) Obtain the patient's name and contact information and:
   (A) a verbal statement or other data from the patient identifying the patient's location; and
   (B) to the extent reasonably possible, the identity of the requesting patient.

(2) Disclose the prescriber's name and disclose whether the prescriber is a physician, physician assistant, advanced practice registered nurse, optometrist, or podiatrist.

(3) Obtain informed consent from the patient.

(4) Obtain the patient's medical history and other information necessary to establish a diagnosis.

(5) Discuss with the patient the:
   (A) diagnosis;
   (B) evidence for the diagnosis; and
   (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care.

(6) Create and maintain a medical record for the patient and,
subject to the consent of the patient, notify the patient's primary
care provider of any prescriptions the prescriber has issued for the
patient if the primary care provider's contact information is
provided by the patient. The requirements in this subdivision do
not apply when any of the following are met:

(A) The prescriber is using an electronic health record system
that the patient's primary care provider is authorized to access.

(B) The prescriber has established an ongoing provider-patient
relationship with the patient by providing care to the patient at
least two (2) consecutive times through the use of telemedicine
services. If the conditions of this clause are met, the prescriber
shall maintain a medical record for the patient and shall notify
the patient's primary care provider of any issued prescriptions.

(7) Issue proper instructions for appropriate follow-up care.

(8) Provide a telemedicine visit summary to the patient, including
information that indicates any prescription that is being
prescribed.

(c) The medical records under subsection (b)(6) must be created
and maintained under the same standards of appropriate practice
for medical records for patients in an in-person setting.
COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1336, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 16, strike "interactive audio-using".
Page 3, delete lines 21 through 42.
Delete page 4.

and when so amended that said bill do pass.

(Reference is to HB 1336 as introduced.)

KIRCHHOFER

Committee Vote: yeas 8, nays 0.