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SENATE BILL NO. 369

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Appropriations
on March 7, 2016)

(Patron Prior to Substitute—Senator Stanley)

A BILL to establish a telehealth pilot program to expand access to and improve coordination and quality of health care services in rural and medically underserved areas of the Commonwealth.

Be it enacted by the General Assembly of Virginia:

1. § 1. That the Center for Telehealth of the University of Virginia shall, together with the Virginia Telehealth Network, establish a telehealth pilot program to expand access to and improve the coordination and quality of health care services in rural areas of the Commonwealth and areas of the Commonwealth that have been identified as medically underserved by the State Department of Health through the use of telemedicine services, as defined in § 38.2-3418.16 of the Code of Virginia, for the purpose of providing access to health care services that would not be available to individuals in rural and medically underserved areas of the Commonwealth without the use of telehealth technology. Such pilot program shall include a process for establishing and providing support to patient care teams, as defined in § 54.1-2900 of the Code of Virginia, that deliver telemedicine services through the pilot program. Patient care teams participating in the pilot program shall include one or more patient care team physicians, as defined in 54.1-2900, who provide leadership of the patient care team through the use of telemedicine, and one or more nurse practitioners who are licensed in accordance with § 54.1-2957 of the Code of Virginia and who presently practice in or who relocate to rural or medically underserved areas of the Commonwealth served by the pilot program.

The pilot program shall include a process for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing a written or electronic practice agreement with a patient care team physician who will provide the required leadership of the patient care team through the use of telemedicine, which shall include developing and maintaining a list of physicians who are ready to serve as patient care team physicians and making such list available to nurse practitioners seeking physicians to serve as a patient care team physician in order to participate in the pilot program. The Center for Telehealth, the Virginia Telehealth Network, and the Department of Health Professions shall make such list available on their respective websites for the use of nurse practitioners seeking patient care team physicians.

The pilot program shall provide technology, training, and protocols to participating patient care teams to assist such teams in the delivery of telemedicine services in accordance with the goals of the pilot program. The Center for Telehealth shall provide oversight of patient care teams providing telemedicine services as part of the pilot program and shall evaluate the success of patient care teams in improving access to care and coordination of care through evaluation of established clinical evidence.

The pilot program shall, to the extent possible, leverage existing resources within the Center for Telehealth, the Virginia Telehealth Network, and communities served by the pilot program.

2. That the Center for Telehealth shall consult all appropriate stakeholders in establishing the pilot program created by this act, including but not limited to the Medical Society of Virginia, the Virginia Council of Nurse Practitioners, the Virginia Academy of Family Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Virginia Hospital and Healthcare Association, the Virginia Community Healthcare Association, and public and private institutions of higher education located in the Commonwealth that award medical degrees.

3. That the Center for Telehealth of the University of Virginia shall report to the Governor and the General Assembly on the results of the pilot program established pursuant to this act in establishing and supporting patient care teams providing health care services in accordance with this act and improving access to health care services and coordination and quality of health care services in rural and medically underserved areas of the Commonwealth by October 15, 2017.

4. That the provisions of this act shall expire on July 1, 2018.

HOUSE SUBSTITUTE

SB369H1