

ONE HUNDRED THIRD LEGISLATURE - SECOND SESSION - 2014
COMMITTEE STATEMENT
LB1078

Hearing Date: Wednesday February 12, 2014
Committee On: Health and Human Services
Introducer: Nordquist
One Liner: Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth services

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:
Aye: 7 Senators Watermeier, Krist, Howard, Gloor, Crawford, Cook, Campbell
Nay:
Absent:
Present Not Voting:

Proponents:
Senator Jeremy Nordquist
James Summerfelt

Dale Gibbs
Bruce Rieker
Kim Robak
Diane Dericks
Joni Cover
Jason Kruger
Millicent Palmer

Opponents:
Eric Dunning
Ron Sedlacek

Neutral:
Mandi Constantine

Representing:
District 7
Visiting Nurse Association, Nebraska Homecare Association
CHI Nebraska
Nebraska Hospital Association
COPIC
Good Samaritan Society, NAHCHA
Nebraska Pharmacists Association
Nebraska Medical Association
Nebraska Academy of Eye Physicians and Surgeons

Representing:
Blue Cross Blue Shield
Nebraska Chamber of Commerce

Representing:
The Nebraska Medical Center

Summary of purpose and/or changes:

The purpose of this bill is to expand Nebraska's permissible uses for telehealth services.

Section 1: Amends 38-2001 to add section 2 to the Medicine and Surgery Practice Act.

Section 2: Allows a properly licensed physician to establish a physician-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 3: Amends 38-2301 to add section 4 of this act to the Nurse Practitioner Act.

Section 4: Allows a nurse practitioner to establish a nurse practitioner-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 5: Amends 38-2801 to add section 6 of this act to the Pharmacy Practice Act.

Section 6: Allows a pharmacist to establish a pharmacist-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 7: (1) Requires various insurance policies or contracts to include coverage for treatment provided using telehealth that would be covered if provided in person. Applies notwithstanding 44-3,131 and only to the extent not preempted by federal law. (2) Provides that such coverage shall not be less favorable than for similar treatment provided in person. (3) Clarifies that deductibles and copays may apply, (4) Clarifies that coverage need not be provided if telehealth services are not medically necessary, and (5) Applies this section to policies, contracts, or plans delivered, issued, or renewed on or after October 1, 2014. (6) Defines telehealth and telemonitoring.

Section 8: Amends 71-8503. (3) changes the definition of telehealth for purposes of the Nebraska Telehealth Act to match the definition in section 7 of this act. (4) removes exclusions from the definition of telehealth consultation. (5) defines telemonitoring.

Section 9: Amends 71-8506 (2) to clarify that the reimbursement rate for a telehealth consultation shall be set at least as high as the medical assistance program rate for a comparable in-person consultation regardless of the distance between the health care practitioner and the patient.

Section 10: Amends 71-8508 to remove an outdated reference and simplify wording.

Section 11: Repeals the original sections.

Explanation of amendments:

The Committee Amendment removes Section 7 of LB 1078. With the removal of Section 7 the bill no longer includes private insurance policies.

As amended the bill continues to: define telehealth and telemonitoring; clarifies that a physician, physician assistant, nurse practitioner, and pharmacist may establish a patient relationship either in person or with the use of real-time, two way electronic video conference; and provides that the reimbursement rate for telehealth consultation shall, as a minimum, be set at the same rate as the medical assistance program rate for comparable in person consultation and shall not depend on the distance between the health care practitioner and the patient.

Kathy Campbell, Chairperson