SLS 23RS-82 ORIGINAL

2023 Regular Session

SENATE BILL NO. 66

BY SENATOR FRED MILLS

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH CARE. Provides relative to telehealth services. (1/1/24)

1 AN ACT

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2 To amend and reenact R.S. 22:11(C)(1)(a)(i), 1821(F)(1) and (2), 1841(3), 1842(A)(1) and (B), and 1843(A)(2) and (B)(1)(a)(ii) and (b)(i) and (iv), R.S. 28:53(B)(1), the 3 introductory paragraph of 53(B)(4), 53(F), (G)(2), the introductory paragraph of 4 5 53(G)(7)(a), the introductory paragraph of 53(G)(7)(b) and 53(G)(7)(b)(ii), and (J)(1), R.S. 37:1262(4), 1271, the introductory paragraph of 1271.1(A) and 6 7 1271.1(A)(2) and (3), and 1285.2(D)(2), R.S. 40:1046(K), 1165.2(B), 1167.2(6), 8 1167.4(E) and (F), 1223.2(3), 1223.3(3) and (5), 1223.4(A) and (B)(3), 1223.5, 9 1237.1(A)(9)(a)(ii)(bb), and 2195.1(A)(6), and R.S. 46:978.1(2), to enact R.S. 10 40:1223.4(B)(5), (6), and (7), and to repeal R.S. 22:1841(6) and R.S. 37:1276.1, 11 relative to telehealth services; to provide for the practice of medicine through telehealth; to provide for definitions; to provide for updated terminology; to provide 12 13 for rulemaking by occupation regulatory entities; to repeal provisions regarding 14 telemedicine; to provide for an effective date; and to provide for related matters. Be it enacted by the Legislature of Louisiana: 15

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and 1843(A)(2) and (B)(1)(a)(ii) and (b)(i) and (iv) are hereby amended and reenacted to

Section 1. R.S. 22:11(C)(1)(a)(i), 1821(F)(1) and (2), 1841(3), 1842(A)(1) and (B),

Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.

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C.(1) When the governor declares a state of emergency pursuant to R.S. 29:724 or a public health emergency pursuant to R.S. 29:766, the commissioner may issue emergency rules or regulations that address any of the following related to insurance policies or health maintenance organization contracts in this state:

- (a) Medical coverage relative to each of the following:
- (i) Removal of telehealth and telemedicine access restraints.

10 * * *

§1821. Payment of claims; health and accident policies; prospective review; penalties; self-insurers; telemedicine telehealth reimbursement by insurers; prohibitions

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F.(1) Notwithstanding any provision of any policy or contract of insurance or health benefits issued, whenever such the policy provides for payment, benefit, or reimbursement for any health care healthcare service, including but not limited to diagnostic testing, treatment, referral, or consultation, and such health care the healthcare service is performed via transmitted electronic imaging or telemedicine, telehealth, such a the payment, benefit, or reimbursement under such the policy or contract shall not be denied to a licensed physician conducting or participating in the transmission at the originating health care healthcare facility or terminus who is physically present with the individual who is the subject of such the electronic imaging transmission and is contemporaneously communicating and interacting with a licensed physician at the receiving terminus of the transmission. The payment, benefit, or reimbursement to such a the licensed physician at the originating facility or terminus shall not be less than seventy-five percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit.

1	(2) Any health care healthcare service proposed to be performed or
2	performed via transmitted electronic imaging or telemedicine under telehealth
3	pursuant to this Subsection shall be subject to the applicable utilization review
4	criteria and requirements of the insurer. Terminology in a health and accident
5	insurance policy or contract that either discriminates against or prohibits such a
6	method of transmitted electronic imaging or telemedicine telehealth shall be void
7	as against public policy of providing the highest quality health care to the citizens
8	of the state.
9	* * *
10	SUBPART B-1. MEDICAL CLAIMS FOR SERVICES
11	PROVIDED THROUGH TELEHEALTH AND TELEMEDICINE
12	§1841. Definitions
13	For purposes of this Subpart, the following definitions apply:
14	* * *
15	(3) "Platform" means the technology, system, software, application, modality,
16	or other method through which a healthcare provider remotely interfaces with a
17	patient when providing a healthcare service or procedure as a telemedicine medical
18	service or telehealth healthcare service.
19	* * *
20	§1842. Telemedicine medical services and telehealth <u>Telehealth</u> healthcare services
21	statement
22	A.(1) Each issuer of a health coverage plan shall display in a conspicuous
23	manner on the health coverage plan issuer's website information regarding how to
24	receive covered telemedicine medical services, telehealth healthcare services, and
25	remote patient monitoring services.
26	* * *
27	B. This Section shall not require an issuer of a health coverage plan to display
28	negotiated contract payment rates for healthcare providers who contract with the
29	issuer to provide telemedicine medical services or telehealth healthcare services.

I	§1843. Remote patient monitoring services
2	A. The legislature hereby finds all of the following:
3	* * *
4	(2) The goal of remote patient monitoring services provided through
5	telemedicine or telehealth is to coordinate primary, acute, behavioral, and long-term
6	social service needs for high need, high cost patients.
7	B. To receive reimbursement for the delivery of remote patient monitoring
8	services through telehealth, all of the following conditions shall be met:
9	(1) The services shall consist of all of the following:
10	(a) An assessment, problem identification, and evaluation which includes all
11	of the following:
12	* * *
13	(ii) Detection of condition changes based on the telemedicine or telehealth
14	encounter that may indicate the need for a change in the plan of care.
15	(b) Implementation of a management plan through one or more of the
16	following:
17	(i) Teaching regarding medication management as appropriate based on the
18	telemedicine or telehealth findings for that encounter.
19	* * *
20	(iv) Coordination of care with the ordering healthcare provider regarding the
21	telemedicine or telehealth findings.
22	* * *
23	Section 2. R.S. 28:53(B)(1), the introductory paragraph of 53(B)(4), 53(F), (G)(2),
24	the introductory paragraph of 53(G)(7)(a), the introductory paragraph of 53(G)(7)(b) and
25	53(G)(7)(b)(ii), and (J)(1) are hereby amended and reenacted to read as follows:
26	§53. Admission by emergency certificate; extension; payment for services rendered
27	* * *
28	B.(1) Any physician licensed or permitted by the Louisiana State Board of
29	Medical Examiners, physician assistant when acting in accordance with their

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respective clinical practice guidelines, psychiatric mental health nurse practitioner, other nurse practitioner who acts in accordance with a collaborative practice agreement and receives verbal approval for executing the certificate from his collaborating physician, or psychologist may execute an emergency certificate only after an actual examination of a person alleged to have a mental illness or be suffering from a substance-related or addictive disorder who is determined to be in need of immediate care and treatment in a treatment facility because the examining physician, physician assistant when acting in accordance with their respective clinical practice guidelines, psychiatric mental health nurse practitioner, other nurse practitioner who acts in accordance with a collaborative practice agreement and receives verbal approval for executing the certificate from his collaborating physician, or psychologist determines the person to be dangerous to self or others or to be gravely disabled. The actual examination of the person by a psychiatrist or psychiatric mental health nurse practitioner may be conducted by telemedicine telehealth utilizing video conferencing technology provided that a licensed healthcare professional who can adequately and accurately assist with obtaining any necessary information including but not limited to the information listed in Paragraph (4) of this Subsection shall be in the examination room with the patient at the time of the video conference. A patient examined in such a manner shall be medically cleared prior to admission to a mental health treatment facility. Failure to conduct an examination prior to the execution of the certificate will be evidence of gross negligence.

23 * *

(4) In the case of an emergency certificate issued pursuant to an examination conducted by telemedicine telehealth pursuant to Paragraph (1) of this Subsection and Paragraph (J)(1) of this Section, the licensed healthcare professional present during the actual examination shall be responsible for obtaining, recording, and attaching to the emergency certificate the following information regarding the video conference:

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F. An emergency certificate shall constitute legal authority to transport a patient to a treatment facility and shall permit the director of such treatment facility to detain the patient for diagnosis and treatment for a period not to exceed fifteen days, and to return the patient to the facility if he is absent with or without permission during authorized periods of detention. If necessary, peace officers shall apprehend and transport, or ambulance services, under appropriate circumstances, may locate and transport, a patient on whom an emergency certificate has been completed to a treatment facility at the request of either the director of the facility, the certifying physician, physician assistant when acting in accordance with their respective clinical practice guidelines, psychiatric mental health nurse practitioner, other nurse practitioner who acts in accordance with a collaborative practice agreement and receives verbal approval for executing the certificate from his collaborating physician, or psychologist, the patient's next of kin, the patient's curator, or the agency legally responsible for his welfare. In the case of an emergency certificate issued pursuant to an examination conducted by telemedicine telehealth pursuant to Paragraph (B)(1) of this Section, or where the valid original is not provided to the transporter, a copy transmitted by facsimile or other electronic device shall be sufficient authority for the peace officer or ambulance worker to transport the patient to a treatment facility and for the director to accept such patient. The psychiatrist shall cause the original certificate to be deposited in the United States mail properly addressed to the director of the treatment facility by the next business day following the date of examination. The director of the treatment facility shall notify the patient's nearest relative, if known, or designated responsible party, if any, in writing, of the patient's admission by emergency certificate as soon as reasonably possible.

G. * * *

(2) Within seventy-two hours of admission, the person shall be independently examined by the coroner or his deputy who shall execute an emergency certificate,

1	pursuant to Subsection B of this Section, which shall be a necessary precondition to
2	the person's continued confinement. Except as provided in Paragraph (7) of this
3	Subsection, if the actual examination by the psychiatrist referred to in Paragraph
4	(B)(1) of this Section is conducted by telemedicine, telehealth, the seventy-two-hour
5	independent examination by the coroner shall be conducted in person.
6	* * *
7	(7) As it relates to the parish of St. Tammany, all of the following shall apply:
8	(a) The coroner or deputy coroner, who is a physician, preferably a
9	psychiatrist, may conduct an examination and execute an emergency certificate, as
10	provided in Subparagraph (b) of this Paragraph, by telemedicine telehealth utilizing
11	video conferencing equipment, provided that all of the following are met:
12	* * *
13	(b) The coroner or deputy coroner, who is a physician, preferably a
14	psychiatrist, may conduct an examination and execute an emergency certificate, as
15	provided in Subparagraph (a) of this Paragraph by telemedicine telehealth under all
16	of the following circumstances:
17	* * *
18	(ii) If the coroner conducted the initial examination, pursuant to Paragraph
19	(3) of this Subsection, by telemedicine telehealth and has executed the first
20	emergency commitment certificate, a second examination shall be made in person
21	within the seventy-two hour period set forth in this Part by any psychiatrist,
22	psychiatric mental health nurse practitioner, or a psychologist at the treatment
23	facility where the person is confined.
24	* * *
25	J.(1) Upon the request of a credible person of legal age who is financially
26	unable to afford a private physician or who cannot immediately obtain an
27	examination by a physician, the parish coroner may render, or the coroner or a judge
28	of a court of competent jurisdiction may cause to be rendered by a physician, an
29	actual examination of a person alleged to have a mental illness or be suffering from

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a substance-related or addictive disorder and in need of immediate medical treatment because he is dangerous to himself or others or is gravely disabled. The actual examination of the person by a psychiatrist may be conducted by telemedicine telehealth utilizing video conferencing technology provided that a licensed healthcare professional who can adequately and accurately assist with obtaining any necessary information including but not limited to the information listed in Paragraph (B)(4) of this Section shall be in the examination room with the patient at the time of the video conference. If the coroner is not a physician he may deputize a physician to perform this examination. To accomplish the examination authorized by this Subsection, if the coroner or the judge is apprehensive that his own safety or that of the deputy or other physician may be endangered thereby, he shall issue a protective custody order pursuant to R.S. 28:53.2.

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Section 3. R.S. 37:1262(4), 1271, the introductory paragraph of 1271.1(A) and 1271.1(A)(2) and (3), and 1285.2(D)(2) are hereby amended and reenacted to read as follows:

§1262. Definition

As used in this Part the following words and phrases shall have the meanings ascribed to them:

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(4) "Telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using technology that enables the physician and a patient at two locations separated by distance to interact. Such technology may include electronic communications, information technology, asynchronous store-and-forward transfer technology, or technology that facilitates synchronous interaction between a physician at a distant site and a patient at an originating site. The term "telemedicine" shall not include any of the following:

(a) Electronic mail messages and text messages that are not compliant with applicable requirements of the Health Insurance Portability and Accountability Act

1	of 1996, as amended 42 U.S.C. 1320d et seq.
2	(b) Facsimile transmissions.
3	"Telehealth" shall have the same meaning as that term defined in R.S.
4	<u>40:1223.3.</u>
5	* * *
6	§1271. License to practice medicine or telemedicine required
7	A. No Except as provided in the Louisiana Telehealth Access Act, R.S.
8	40:1223.1 et seq., no person shall practice medicine as defined in this Part until he
9	possesses a duly recorded license issued pursuant to this Part, a permit or registration
10	as provided for in this Part, or a certificate issued pursuant to Part I-D of this
11	Chapter.
12	B.(1) No person shall practice or attempt to practice medicine across state
13	lines without first complying with the provisions of this Part and without being a
14	holder of either an unrestricted license to practice medicine in Louisiana or a
15	telemedicine license entitling him to practice medicine pursuant to R.S. 37:1276.1.
16	(2) Except as provided in R.S. 37:1271.1 and 1276.1, all of the following
17	shall apply to any physician practicing telemedicine as defined in this Part:
18	(a) The physician practicing telemedicine shall use the same standard of care
19	as if the healthcare services were provided in person.
20	(b) The physician practicing telemedicine shall not be required to conduct an
21	in-person patient history or physical examination of the patient before engaging in
22	a telemedicine encounter if the physician satisfies all of the following conditions:
23	(i) Holds an unrestricted license to practice medicine in Louisiana.
24	(ii) Has access to the patient's medical records upon consent of the patient.
25	(iii) Creates a medical record on each patient and makes such record available
26	to the board upon request.
27	(iv) If necessary, provides a referral to a physician in this state or arranges for
28	follow-up care in this state as may be indicated.
29	(3) Except as authorized by R.S. 37:1271.1 or otherwise by rule promulgated

1	by the board, no physician practicing telemedicine pursuant to this Subsection shall
2	prescribe any controlled dangerous substance prior to conducting an appropriate
3	in-person patient history or physical examination of the patient as determined by the
4	board.
5	(4) (a) A patient receiving telemedicine services may be in any location at the
6	time that the telemedicine services are rendered. A physician practicing telemedicine
7	may be in any location when providing telemedicine services to a patient.
8	(b) A physician practicing telemedicine may utilize interactive audio without
9	the requirement of video if, after access and review of the patient's medical records,
10	the physician determines that he is able to meet the same standard of care as if the
11	healthcare services were provided in person.
12	(5) A physician practicing telemedicine shall document the telemedicine
13	services rendered in the patient's medical records according to the same standard as
14	that required for nontelemedicine services. Medical records including but not limited
15	to video, audio, electronic, or other records generated as a result of providing
16	telemedicine services shall be considered as confidential and shall be subject to all
17	applicable state and federal laws and regulations relative to the privacy of health
18	information.
19	(6) Venue in any suit filed involving care rendered via telemedicine shall be
20	in accordance with the provisions of R.S. 40:1223.5.
21	§1271.1. Practice of telemedicine telehealth in licensed healthcare facilities
22	A. All of the following restrictions and authorizations apply to a physician
23	who holds an unrestricted license to practice medicine from the board and who
24	practices telemedicine telehealth upon any patient who is being treated at a
25	healthcare facility that is required to be licensed pursuant to the laws of this state and
26	which holds a current registration with the United States Drug Enforcement
27	Administration:
28	* * *

(2) The physician shall be authorized to may prescribe any controlled

1	dangerous substance without necessity of conducting an appropriate in-person
2	patient history or physical examination of the patient as otherwise would be required
3	by R.S. 37:1271(B)(2).
4	(3) The physician shall not be subject to any regulatory prohibition or
5	restriction on the practice of telemedicine, telehealth, including prohibitions or
6	restrictions related to prescribing controlled dangerous substances, which are in any
7	manner more restrictive than the prohibitions and restrictions that are otherwise
8	applicable to the entire practice of medicine.
9	* * *
10	§1285.2. Investigations and adjudications; staff; complaints; board procedure;
11	rulemaking authority
12	* * *
13	D. * * *
14	(2) The provisions of Paragraph (1) of this Subsection shall apply to practice
15	performance reviews of physicians practicing telemedicine. telehealth.
16	* * *
17	Section 4. R.S. 40:1046(K), 1165.2(B), 1167.2(6), 1167.4(E) and (F), 1223.2(3),
18	1223.3(3) and (5), 1223.4(A) and (B)(3), 1223.5, 1237.1(A)(9)(a)(ii)(bb), and 2195.1(A)(6)
19	are hereby amended and reenacted and R.S. 40:1223.4(B)(5), (6), and (7) are hereby enacted
20	to read as follows:
21	§1046. Recommendation and dispensing of marijuana for therapeutic use; rules and
22	regulations of the Louisiana Board of Pharmacy; production facility
23	licensing; permitting by the Louisiana Department of Health
24	* * *
25	K. Nothing in this Part shall be construed or enforced in any manner that
26	prevents a physician a clinician authorized by Subsection A of this Section to
27	recommend therapeutic marijuana from recommending therapeutic marijuana
28	through telemedicine, telehealth, as defined in R.S. 37:1262, R.S. 40:1223.3 in this

state.

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2	§1165.2. Health Care Information Technology and Infrastructure Advisory
3	Collaborative; membership; powers and duties; annual report
4	* * *
5	B. The legislature hereby establishes the Health Care Information
6	Technology and Infrastructure Collaborative to be composed of LARHIX, the Health
7	Information Technology Committee of the Louisiana Health Care Quality Forum and
8	any other current or future regional health information exchange, hereinafter referred
9	to in this Section as "collaborative." The collaborative shall advise the secretary of
10	the Louisiana Department of Health on strategies for the advancement of the use of
11	electronic health information technology through the identification of state laws and
12	regulations that impede such advancement, including but not limited to those laws
13	and regulations that concern the form of consent to medical treatment and
14	authorization for other health care transactions, and matters related to facilitation of
15	telemedicine telehealth consultations.
16	* * *
17	§1167.2. Legislative findings; purpose
18	The legislature finds that:
19	* * *
20	(6) In 2007, the state authorized the secretary to enter into a Cooperative
21	Endeavor Agreement ("CEA") with the Rural Hospital Coalition, Inc. (the
22	"Coalition"), for the establishment of the Louisiana Rural Health Information
23	Exchange (LARHIX), a multi-regional health care information exchange. With the
24	funding provided, seven rural hospitals acquired EHR technology and were linked
25	to Louisiana State University Health Sciences Center - Shreveport (LSUHSC-S) via
26	a state-of-the-art integration engine, permitting a panel of specialists to access a rural

patient's medical record in real time while consulting with the patient over the

telemedicine telehealth equipment located at the rural hospital. In 2008, the state

entered into a five-year CEA with the Coalition and provided funding to expand the

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1	network to seven additional rural hospitals. LARHIX has been honored as a network
2	model with multiple award nominations by national technology organizations.
3	* * *
4	§1167.4. Establishment of the Electronic Health Records Loan Program
5	* * *
6	E. The secretary is authorized to enter into CEAs to facilitate with any entity
7	access to the ARRA loan program funding and to make loans to eligible providers
8	to provide for the acquisition and implementation of certified EHR technology by
9	eligible providers, and where integrated, telemedicine telehealth technology.
10	F. To provide for the expansion and administration of LARHIX and other
11	related matters, the secretary shall enter into a CEA with the Coalition, the terms of
12	which shall govern the program's loans made available to rural hospitals, and with
13	the secretary's approval, to other rural health care providers who have elected to
14	partner with rural hospitals in the acquisition of certified EHR technology. For
15	purposes of this Subsection and to the extent permitted by the ARRA, certified EHR
16	technology will include telemedicine telehealth technology which such technology
17	is fully integrated with the certified EHR technology acquired by the hospital.
18	* * *
19	§1223.2. Legislative findings
20	The legislature hereby finds and declares the following:
21	* * *
22	(3) Telehealth services could potentially address a great unmet need for
23	health care by persons who have limited access to both traditional healthcare settings
24	and to telemedicine as currently defined in Louisiana law.
25	* * *
26	§1223.3. Definitions
27	As used in this Part, the following terms have the meaning ascribed in this
28	Section:
29	* * *

1	(3) "Healthcare provider" means a person, partnership, limited liability
2	partnership, limited liability company, corporation, facility, or institution licensed
3	or certified by this state to <u>practice medicine or</u> provide healthcare <u>health care</u> or
4	healthcare professional services as a physician assistant; hospital; nursing home;
5	dentist; registered nurse; advanced practice registered nurse; licensed dietitian or
6	nutritionist; licensed practical nurse; certified nurse assistant; offshore health service
7	provider; ambulance service; licensed midwife; pharmacist; speech-language
8	pathologist; audiologist; optometrist; podiatrist; chiropractor; physical therapist;
9	occupational therapist; certified or licensed athletic trainer; psychologist; medical
10	psychologist; social worker; licensed professional counselor; licensed perfusionist;
11	licensed respiratory therapist; licensed radiologic technologist; licensed hearing aid
12	dealer; licensed, certified, or registered addiction counselor; licensed, certified, or
13	registered prevention professional; certified compulsive gambling counselor;
14	behavioral health provider who works for a licensed agency or credentialed provider
15	which provides community psychiatric support and treatment services or
16	psychosocial rehabilitation services as defined in R.S. 40:2162; or licensed clinical
17	laboratory scientist which may be provided by telehealth in the ordinary course
18	of business or practice of a profession.
19	* * *
20	(5) "Synchronous interaction" means communication through interactive
21	technology that enables a healthcare provider and a patient at two locations separated
22	by distance to interact via two-way video and audio transmissions simultaneously.
23	The healthcare provider may utilize interactive audio without the requirement of
24	video if, after access and review of the patient's medical records, the provider

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services were provided in person.

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§1223.4. Telehealth; rulemaking required

A. Each state agency or professional or occupational licensing board or

determines that he is able to meet the same standard of care as if the healthcare

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1 commission that regulates the practice of a healthcare provider, as defined in this 2 Part, may shall promulgate, in accordance with the Administrative Procedure Act, any rules necessary to provide for, promote, and regulate the use of telehealth in the 3 delivery of healthcare services within the scope of practice regulated by the licensing 4 5 entity. However, any rules and regulations shall be consistent with and no more 6 restrictive than the provisions contained in this Section. 7 B. The rules shall, at a minimum, provide for all of the following: 8 9 (3)(a) Licensing or registration of out-of-state healthcare providers who seek 10 to furnish healthcare services via telehealth to persons at originating sites in 11 Louisiana. The rules shall ensure that any such the healthcare provider possesses, at a minimum, an unrestricted and unencumbered license in good standing to perform 12 13 the healthcare service in the state in which the healthcare provider is located, and that 14 the license is comparable to its corresponding license in Louisiana as determined by 15 the respective Louisiana licensing agency, board, or commission. 16 (b) Each state agency and professional or occupational licensing board or 17 commission is authorized to may provide by rule for a reasonable fee for the license or registration provided for in this Subsection. 18 19 20 (5) Except as otherwise provided in Paragraph (6) of this Subsection, a healthcare provider shall not be required to conduct an in-person patient 21 22 history or physical examination of the patient before engaging in a telehealth 23 encounter but shall provide a referral to a healthcare provider in this state or 24 arrange for follow-up care in this state as necessary. 25 (6) Except as authorized by R.S. 37:1271.1 or otherwise by rule promulgated by a state agency or professional or occupational licensing board 26 27 or commission, no healthcare provider shall prescribe any controlled dangerous

substance prior to conducting an appropriate in-person patient history or

physical examination of the patient as determined by the appropriate state

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1 agency or professional or occupational licensing board or commission. 2 (7) A healthcare provider may use interactive audio without the requirement of video if, after access and review of the patient's medical records, 3 the healthcare provider determines that he is able to meet the same standard of 4 5 care as if the healthcare services were provided in person. 6 7 §1223.5. Venue; telehealth and telemedicine 8 Venue in any suit filed involving care rendered via telehealth pursuant to the 9 provisions of this Part or telemedicine pursuant to the provisions of R.S. 37:1271(B) 10 shall be proper and instituted before the district court of the judicial district in which 11 the patient resides or in the district court having jurisdiction in the parish where the 12 patient was physically located during the provision of the telehealth or telemedicine 13 service. The patient is considered physically located at the originating site as defined in R.S. 40:1223.3. 14 15 16 §1237.1. Definitions and general application A. As used in this Part: 17 18 19 (9)(a) "State health care provider" or "person covered by this Part" means: 20 21 (ii) A person acting in a professional capacity in providing health care services, by or on behalf of the state, including but not limited to a physician, 22 psychologist, coroner, and assistant coroner who is a licensed physician when acting 23 24 solely in accordance with the Behavioral Health Law as provided in R.S. 28:50 et seq., provided that the premium costs of such malpractice coverage shall be the 25 responsibility of the coroner's office, dentist, a licensed dietician or licensed 26 27 nutritionist employed by, referred by, or performing work under contract for, a state

health care provider or other person already covered by this Part, registered nurse,

licensed practical nurse, nurse practitioner, clinical nurse specialist, pharmacist,

1	optometrist, podiatrist, physical merapist, occupational merapist, needsed respiratory
2	therapist, licensed radiologic technologist, licensed clinical laboratory scientist,
3	social worker, hospital administrator, or licensed professional counselor, who is
4	either:
5	* * *
6	(bb) Performing voluntary professional or telemedicine telehealth services
7	in a health care facility or institution for or on behalf of the state.
8	* * *
9	§2195.1. State office of rural health
10	A. Within the Louisiana Department of Health, the Louisiana state office of
11	rural health shall:
12	* * *
13	(6) Provide statewide technical assistance in conjunction with the Louisiana
14	Rural Health Association on establishment of rural health clinics and on grant
15	writing, especially related to rural health outreach grants, telemedicine telehealth
16	grants, and other grants available to increase rural health access.
17	* * *
18	Section 5. R.S. 46:978.1(2) is hereby amended and reenacted to read as follows:
19	§978.1. Definitions
20	As used in this Chapter, the following definitions shall apply:
21	* * *
22	(2) "Health information technology" shall mean information technology used
23	in health care, including but not limited to electronic health records/electronic
24	records or electronic medical records, computerized physician order entry, health
25	information exchange, telemedicine telehealth, and other relevant information
26	technology deemed appropriate by the secretary of the department.
27	* * *
28	Section 6. R.S. 22:1841(6) and R.S. 37:1276.1 are hereby repealed.
29	Section 7. This Act shall become effective on January 1, 2024.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Brandi Cannon.

DIGEST 2023 Regular Session

Fred Mills

SB 66 Original

<u>Present law</u> provides for the practice of telemedicine by physicians and the practice of telehealth by all other healthcare providers. <u>Proposed law</u> repeals provisions relative to telemedicine and specifies that telehealth includes a physician's practice of medicine when conducted through electronic communications.

<u>Present law</u> authorizes each state agency or professional or occupational licensing board or commission that regulates the practice of a healthcare provider to promulgate any rules necessary to provide for, promote, and regulate the use of telehealth in the delivery of healthcare services within the scope of practice regulated by the licensing entity. <u>Proposed law</u> changes the authorization to a requirement for the state agency or professional or occupational licensing board or commission to promulgate rules for telehealth.

<u>Proposed law retains present law and adds a prohibition on any requirement for an in-person patient history or physical examination of the patient before engaging in a telehealth encounter unless the healthcare provider is prescribing a controlled dangerous substance. Proposed law further provides for exceptions to the requirement for an in-person patient history or physical examination when prescribing a controlled dangerous substance.</u>

<u>Proposed law</u> makes technical changes in <u>present law</u> to update references <u>from</u> telemedicine <u>to</u> telehealth to conform with <u>proposed law</u>.

Effective January 1, 2024.

(Amends R.S. 22:11(C)(1)(a)(i), 1821(F)(1) and (2), 1841(3), 1842(A)(1) and (B), and 1843(A)(2) and (B)(1)(a)(ii) and (b)(i) and (iv), R.S. 28:53(B)(1), 53(B)(4)(intro para), 53(F), (G)(2), 53(G)(7)(a)(intro para) and 53(G)(7)(b)(intro para) and 53(G)(7)(b)(ii), and (J)(1), R.S. 37:1262(4), 1271, 1271.1(A)(intro para), 1271.1(A)(2) and (3), 1285.2(D)(2), R.S. 40:1046(K), 1165.2(B), 1167.2(6), 1167.4(E) and (F), 1223.2(3), 1223.3(3) and (5), 1223.4(A) and (B)(3), 1223.5, 1237.1(A)(9)(a)(ii)(bb), and 2195.1(A)(6), and R.S. 46:978.1(2); adds R.S. 40:1223.4(B)(5)-(7); repeals R.S. 22:1841(6) and R.S. 37:1276.1)