AN ACT

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 introductory paragraph of 53(B)(4), 53(F), (G)(2), the introductory paragraph of 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 1271.1(A)(2) and (3), and 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), (5), and (6)(b), 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), to enact R.S. 40:1223.4(B)(5) through (8), and to repeal R.S. 22:1841(6) and R.S. 37:1276.1, relative to telehealth services; to provide for the practice of medicine or provision of health care or healthcare professional services through telehealth; to provide for definitions; to provide for updated terminology; to provide for rulemaking by occupation regulatory entities; to repeal provisions regarding telemedicine; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

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.
and 1843(A)(2) and (B)(1)(a)(ii) and (b)(i) and (iv) are hereby amended and reenacted to read as follows:

§11. Rules and regulations by commissioner

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.

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

F.(1) Notwithstanding any provision of any policy or contract of insurance or health benefits issued, whenever such policy provides for payment, benefit, or reimbursement for any health care service, including but not limited to diagnostic testing, treatment, referral, or consultation, and such health care service is performed via transmitted electronic imaging or telemedicine, such payment, benefit, or reimbursement under such policy or contract shall not be denied to a licensed physician conducting or participating in the transmission at the originating health care facility or terminus who is physically present with the individual who is the subject of such 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 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.

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(2) Any health care healthcare service proposed to be performed or performed via transmitted electronic imaging or telemedicine under telehealth pursuant to this Subsection shall be subject to the applicable utilization review criteria and requirements of the insurer. Terminology in a health and accident insurance policy or contract that either discriminates against or prohibits such a method of transmitted electronic imaging or telemedicine telehealth shall be void as against public policy of providing the highest quality health care to the citizens of the state.

* * *

SUBPART B-1. MEDICAL CLAIMS FOR SERVICES PROVIDED THROUGH TELEHEALTH AND TELEMEDICINE

§1841. Definitions

For purposes of this Subpart, the following definitions apply:

* * *

(3) "Platform" means the technology, system, software, application, modality, or other method through which a healthcare provider remotely interfaces with a patient when providing a healthcare service or procedure as a telemedicine medical service or telehealth healthcare service.

* * *

§1842. Telemedicine medical services and telehealth Telehealth healthcare services statement

A.(1) Each issuer of a health coverage plan shall display in a conspicuous manner on the health coverage plan issuer's website information regarding how to receive covered telemedicine medical services, telehealth healthcare services; and remote patient monitoring services.

* * *

B. This Section shall not require an issuer of a health coverage plan to display negotiated contract payment rates for healthcare providers who contract with the issuer to provide telemedicine medical services or telehealth healthcare services.

§1843. Remote patient monitoring services
A. The legislature hereby finds all of the following:

* * *

(2) The goal of remote patient monitoring services provided through telemedicine or telehealth is to coordinate primary, acute, behavioral, and long-term social service needs for high need, high cost patients.

B. To receive reimbursement for the delivery of remote patient monitoring services through telehealth, all of the following conditions shall be met:

(1) The services shall consist of all of the following:

(a) An assessment, problem identification, and evaluation which includes all of the following:

* * *

(ii) Detection of condition changes based on the telemedicine or telehealth encounter that may indicate the need for a change in the plan of care.

(b) Implementation of a management plan through one or more of the following:

(i) Teaching regarding medication management as appropriate based on the telemedicine or telehealth findings for that encounter.

* * *

(iv) Coordination of care with the ordering healthcare provider regarding the telemedicine or telehealth findings.

* * *

Section 2. R.S. 28:53(B)(1), the introductory paragraph of 53(B)(4), 53(F), (G)(2), the introductory paragraph of 53(G)(7)(a), the introductory paragraph of 53(G)(7)(b) and 53(G)(7)(b)(ii), and (J)(1) are hereby amended and reenacted to read as follows:

§53. Admission by emergency certificate; extension; payment for services rendered

* * *

B.(1) Any physician licensed or permitted by the Louisiana State Board of Medical Examiners, 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 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 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.

*          *          *

(4) In the case of an emergency certificate issued pursuant to an examination conducted by telemedicine utilizing video conferencing technology 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:

*          *          *

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
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,
pursuant to Subsection B of this Section, which shall be a necessary precondition to
the person's continued confinement. Except as provided in Paragraph (7) of this
Subsection, if the actual examination by the psychiatrist referred to in Paragraph
(B)(1) of this Section is conducted by telemedicine, the seventy-two-hour
independent examination by the coroner shall be conducted in person.

(7) As it relates to the parish of St. Tammany, all of the following shall apply:

(a) The coroner or deputy coroner, who is a physician, preferably a psychiatrist, may conduct an examination and execute an emergency certificate, as provided in Subparagraph (b) of this Paragraph, by telemedicine telehealth utilizing video conferencing equipment, provided that all of the following are met:

(b) The coroner or deputy coroner, who is a physician, preferably a psychiatrist, may conduct an examination and execute an emergency certificate, as provided in Subparagraph (a) of this Paragraph by telemedicine telehealth under all of the following circumstances:

(ii) If the coroner conducted the initial examination, pursuant to Paragraph (3) of this Subsection, by telemedicine telehealth and has executed the first emergency commitment certificate, a second examination shall be made in person within the seventy-two hour period set forth in this Part by any psychiatrist, psychiatric mental health nurse practitioner, or a psychologist at the treatment facility where the person is confined.

J.(1) Upon the request of a credible person of legal age who is financially unable to afford a private physician or who cannot immediately obtain an examination by a physician, the parish coroner may render, or the coroner or a judge of a court of competent jurisdiction may cause to be rendered by a physician, an actual examination of a person alleged to have a mental illness or be suffering from 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

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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.

* * *

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:

* * *

(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 of 1996, as amended 42 U.S.C. 1320d et seq.

(b) Facsimile transmissions.

"Telehealth" shall have the same meaning as that term defined in R.S. 40:1223.3.

* * *

§1271. License to practice medicine or telemedicine required
A. No person shall practice medicine as defined in this Part until he possesses a duly recorded license issued pursuant to this Part, a permit or registration as provided for in this Part, or a certificate issued pursuant to Part I-D of this Chapter.

B. (1) No person shall practice or attempt to practice medicine across state lines without first complying with the provisions of this Part and without being a holder of either an unrestricted license to practice medicine in Louisiana or a telemedicine license entitling him to practice medicine pursuant to R.S. 37:1276.1.

(2) Except as provided in R.S. 37:1271.1 and 1276.1, all of the following shall apply to any physician practicing telemedicine as defined in this Part:

(a) The physician practicing telemedicine shall use the same standard of care as if the healthcare services were provided in person.

(b) The physician practicing telemedicine shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telemedicine encounter if the physician satisfies all of the following conditions:

(i) Holds an unrestricted license to practice medicine in Louisiana.

(ii) Has access to the patient's medical records upon consent of the patient.

(iii) Creates a medical record on each patient and makes such record available to the board upon request.

(iv) If necessary, provides a referral to a physician in this state or arranges for follow-up care in this state as may be indicated.

(3) Except as authorized by R.S. 37:1271.1 or otherwise by rule promulgated by the board, no physician practicing telemedicine pursuant to this Subsection 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 board.

(4)(a) A patient receiving telemedicine services may be in any location at the time that the telemedicine services are rendered. A physician practicing telemedicine may be in any location when providing telemedicine services to a patient.
(b) A physician practicing telemedicine may utilize interactive audio without
the requirement of video if, after access and review of the patient’s medical records;
the physician determines that he is able to meet the same standard of care as if the
healthcare services were provided in-person.

(5) A physician practicing telemedicine shall document the telemedicine
services rendered in the patient’s medical records according to the same standard as
that required for nontelemedicine services. Medical records including but not limited
to video, audio, electronic, or other records generated as a result of providing
telemedicine services shall be considered as confidential and shall be subject to all
applicable state and federal laws and regulations relative to the privacy of health
information:

(6) Venue in any suit filed involving care rendered via telemedicine shall be
in accordance with the provisions of R.S. 40:1223.5.

§1271.1. Practice of telemedicine Physician utilization of telehealth in licensed
healthcare facilities

A. All of the following restrictions and authorizations apply to a physician
who holds an unrestricted license to practice medicine from the board and who
practices telemedicine upon utilizes telehealth for any patient who is being treated
at a healthcare facility that is required to be licensed pursuant to the laws of this state
and which holds a current registration with the United States Drug Enforcement
Administration:

* * * *

(2) The physician shall be authorized to may prescribe any controlled
dangerous substance without necessity of conducting an appropriate in-person
patient history or physical examination of the patient as otherwise would be required

(3) The physician shall not be subject to any regulatory prohibition or
restriction on the practice of telemedicine, utilization of telehealth, including
prohibitions or restrictions related to prescribing controlled dangerous substances,
which are in any manner more restrictive than the prohibitions and restrictions that
are otherwise applicable to the entire practice of medicine.

§1285.2. Investigations and adjudications; staff; complaints; board procedure; rulemaking authority

D. * * *

(2) The provisions of Paragraph (1) of this Subsection shall apply to practice performance reviews of physicians practicing telemedicine utilizing telehealth.

Section 4. R.S. 40:1046(K), 1165.2(B), 1167.2(6), 1167.4(E) and (F), 1223.2(3), 1223.3(3), (5), and (6)(b), 1223.4(A) and (B)(3), 1223.5, 1237.1(A)(9)(a)(ii)(bb), and 2195.1(A)(6) are hereby amended and reenacted and R.S. 40:1223.4(B)(5) through (8) are hereby enacted to read as follows:

§1046. Recommendation and dispensing of marijuana for therapeutic use; rules and regulations of the Louisiana Board of Pharmacy; production facility licensing; permitting by the Louisiana Department of Health

K. Nothing in this Part shall be construed or enforced in any manner that prevents a physician a clinician authorized by Subsection A of this Section to recommend therapeutic marijuana from recommending therapeutic marijuana through telemedicine, telehealth, as defined in R.S. 37:1262; R.S. 40:1223.3 in this state.

§1165.2. Health Care Information Technology and Infrastructure Advisory Collaborative; membership; powers and duties; annual report

B. The legislature hereby establishes the Health Care Information Technology and Infrastructure Collaborative to be composed of LARHIX, the Health Information Technology Committee of the Louisiana Health Care Quality Forum and any other current or future regional health information exchange, hereinafter referred
to in this Section as "collaborative." The collaborative shall advise the secretary of
the Louisiana Department of Health on strategies for the advancement of the use of
electronic health information technology through the identification of state laws and
regulations that impede such advancement, including but not limited to those laws
and regulations that concern the form of consent to medical treatment and
authorization for other health care transactions, and matters related to facilitation of
telemedicine telehealth consultations.

§1167.2. Legislative findings; purpose

The legislature finds that:

(6) In 2007, the state authorized the secretary to enter into a Cooperative
Endeavor Agreement ("CEA") with the Rural Hospital Coalition, Inc. (the
"Coalition"), for the establishment of the Louisiana Rural Health Information
Exchange (LARHIX), a multi-regional health care information exchange. With the
funding provided, seven rural hospitals acquired EHR technology and were linked
to Louisiana State University Health Sciences Center - Shreveport (LSUHSC-S) via
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
network to seven additional rural hospitals. LARHIX has been honored as a network
model with multiple award nominations by national technology organizations.

§1167.4. Establishment of the Electronic Health Records Loan Program

E. The secretary is authorized to enter into CEAs to facilitate with any entity
access to the ARRA loan program funding and to make loans to eligible providers
to provide for the acquisition and implementation of certified EHR technology by
eligible providers, and where integrated, telemedicine telehealth technology.
F. To provide for the expansion and administration of LARHIX and other related matters, the secretary shall enter into a CEA with the Coalition, the terms of which shall govern the program's loans made available to rural hospitals, and with the secretary's approval, to other rural health care providers who have elected to partner with rural hospitals in the acquisition of certified EHR technology. For purposes of this Subsection and to the extent permitted by the ARRA, certified EHR technology will include telemedicine technology which such technology is fully integrated with the certified EHR technology acquired by the hospital.

§1223.2. Legislative findings

The legislature hereby finds and declares the following:

(3) Telehealth services could potentially address a great unmet need for health care by persons who have limited access to both traditional healthcare settings and telemedicine as currently defined in Louisiana law.

§1223.3. Definitions

As used in this Part, the following terms have the meaning ascribed in this Section:

(3) "Healthcare provider" means a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution licensed or certified by this state to practice medicine or provide healthcare or healthcare professional services as a physician assistant; hospital; nursing home; dentist; registered nurse; advanced practice registered nurse; licensed dietitian or nutritionist; licensed practical nurse; certified nurse assistant; offshore health service provider; ambulance service; licensed midwife; pharmacist; speech-language pathologist; audiologist; optometrist; podiatrist; chiropractor; physical therapist; occupational therapist; certified or licensed athletic trainer; psychologist; medical psychologist; social worker; licensed professional counselor; licensed perfusionist;
licensed respiratory therapist; licensed radiologic technologist; licensed hearing aid
dealer; licensed, certified, or registered addiction counselor; licensed, certified, or
registered prevention professional; certified compulsive gambling counselor;
behavioral health provider who works for a licensed agency or credentialed provider
which provides community psychiatric support and treatment services or
psychosocial rehabilitation services as defined in R.S. 40:2162; or licensed clinical
laboratory scientist which may be provided by telehealth in the ordinary course
of business or practice of a profession.

* * *

(5) "Synchronous interaction" means communication through interactive
technology that enables a healthcare provider and a patient at two locations separated
by distance to interact via two-way video and audio transmissions simultaneously.
The healthcare provider may utilize interactive audio without the requirement of
video if, after access and review of the patient's medical records, the provider
determines that he is able to meet the same standard of care as if the healthcare
services were provided in person.

(6)

* * *

(b) For purposes of this Paragraph, "behavioral health services" means those
services all of the following:

(i) Behavioral health services as defined in R.S. 40:2153 that are
appropirate for the patient and delivered by a licensed mental health professional,
acting within the scope of applicable state laws and his professional license for
services identified by Louisiana Department of Health, to treat mental illness or
substance use.

(ii) Services provided by a behavioral health provider who works for a
licensed agency or credentialed provider which provides community psychiatric
support and treatment services or psychosocial rehabilitation services as
defined in R.S. 40:2162.
A. Each state agency or professional or occupational licensing board or commission that regulates the practice of a healthcare provider, as defined in this Part, may promulgate, in accordance with the Administrative Procedure Act, 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. However, any rules and regulations shall be consistent with and no more restrictive than the provisions contained in this Section.

B. The rules shall, at a minimum, provide for all of the following:

* * *

(3)(a) Licensing or registration of out-of-state healthcare providers who seek to furnish healthcare services via telehealth to persons at originating sites in Louisiana. The rules shall ensure that any such healthcare provider possesses, at a minimum, an unrestricted and unencumbered license in good standing to perform the healthcare service in the state in which the healthcare provider is located, and that the license is comparable to its corresponding license in Louisiana as determined by the respective Louisiana licensing agency, board, or commission.

(b) Each state agency and professional or occupational licensing board or commission is authorized to provide by rule for a reasonable fee for the license or registration provided for in this Subsection.

* * *

(5) Except as otherwise provided in Paragraph (6) of this Subsection, a healthcare provider shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telehealth encounter but shall provide a referral to a healthcare provider in this state or arrange for follow-up care in this state as necessary.

(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 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...
agency or professional or occupational licensing board or commission.

(7) A healthcare provider may use interactive audio without the
requirement of video if, after access and review of the patient's medical records,
the healthcare provider determines that he is able to meet the same standard of
care as if the healthcare services were provided in person.

(8) Creation of a record on each patient. The record shall be made
available, upon request, to the state agency or professional or occupational
licensing board or commission that regulates the practice of the healthcare
provider.

*    *    *
§1223.5. Venue; telehealth and telemedicine
Venue in any suit filed involving care rendered via telehealth pursuant to the
provisions of this Part or telemedicine pursuant to the provisions of R.S. 37:1271(B)
shall be proper and instituted before the district court of the judicial district in which
the patient resides or in the district court having jurisdiction in the parish where the
patient was physically located during the provision of the telehealth or telemedicine
service. The patient is considered physically located at the originating site as defined
in R.S. 40:1223.3.

*    *    *
§1237.1. Definitions and general application
A. As used in this Part:

*    *    *
(9)(a) "State health care provider" or "person covered by this Part" means:

*    *    *
(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,
psychologist, coroner, and assistant coroner who is a licensed physician when acting
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
responsibility of the coroner's office, dentist, a licensed dietician or licensed
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,
optometrist, podiatrist, physical therapist, occupational therapist, licensed respiratory
therapist, licensed radiologic technologist, licensed clinical laboratory scientist,
social worker, hospital administrator, or licensed professional counselor, who is
either:

* * *

(bb) Performing voluntary professional or telemedicine telehealth services
in a health care facility or institution for or on behalf of the state.

* * *

§2195.1. State office of rural health

A. Within the Louisiana Department of Health, the Louisiana state office of
rural health shall:

* * *

(6) Provide statewide technical assistance in conjunction with the Louisiana
Rural Health Association on establishment of rural health clinics and on grant
writing, especially related to rural health outreach grants, telemedicine telehealth
grants, and other grants available to increase rural health access.

* * *

Section 5. R.S. 46:978.1(2) is hereby amended and reenacted to read as follows:

§978.1. Definitions

As used in this Chapter, the following definitions shall apply:

* * *

(2) "Health information technology" shall mean information technology used
in health care, including but not limited to electronic health records/electronic
records or electronic medical records, computerized physician order entry, health
information exchange, telemedicine telehealth, and other relevant information
technology deemed appropriate by the secretary of the department.

* * *
Section 6. R.S. 22:1841(6) and R.S. 37:1276.1 are hereby repealed.

Section 7. This Act shall become effective on January 1, 2024.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: ____________