

**WEST VIRGINIA LEGISLATURE** FILED

**2016 REGULAR SESSION**

2016 MAR 24 P 2:53

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

HB 4463

**ENROLLED**

**Committee Substitute**

**for**

**House Bill 4463**

(BY DELEGATES ROHRBACH, SOBONYA, WAXMAN,  
STANSBURY, ELLINGTON, SUMMERS, KURCABA, ARVON,  
PERDUE AND MILLER)

[Passed on March 11, 2016; in effect ninety days from passage.]

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[Passed on March 11, 2016; in effect ninety days from passage.]

1 AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,  
2 designated §30-3-13a; and to amend said code by adding thereto a new section,  
3 designated §30-14-12d, all relating to the practice of medicine, permitting the practice of  
4 telemedicine; establishing requirements and exceptions for licensure; providing for  
5 establishment of physician-patient or podiatrist-patient relationship through telemedicine  
6 encounter; establishing certain requirements for physician or podiatrist using telemedicine  
7 technologies to practice medicine or podiatry; establishing standard of care for  
8 telemedicine medical practice; providing requirements regarding establishment and  
9 maintenance of patient records in use of telemedicine; providing limitations on  
10 prescriptions which may be made in telemedicine encounters; providing exceptions when  
11 in-person physician-patient or podiatrist-patient relationship is established; allowing  
12 rulemaking for legislative approval by Board of Medicine and Board of Osteopathic  
13 Medicine; and preserving traditional physician-patient and podiatrist-patient relationships.

*Be it enacted by the Legislature of West Virginia:*

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new  
2 section, designated §30-3-13a; and to amend said code by adding thereto a new section,  
3 designated §30-14-12d, all to read as follows.

**ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.**

**§30-3-13a. Telemedicine practice; requirements; exceptions; definitions; rule-making**

1 (a) *Definitions.* — For the purposes of this section:

2 (1) “Chronic nonmalignant pain” means pain that has persisted after reasonable medical  
3 efforts have been made to relieve the pain or cure its cause and that has continued, either  
4 continuously or episodically, for longer than three continuous months. “Chronic non-malignant  
5 pain” does not include pain associated with a terminal condition or illness or with a progressive  
6 disease that, in the normal course of progression, may reasonably be expected to result in a  
7 terminal condition or illness.

8           (2) "Physician" means a person licensed by the West Virginia Board of Medicine to  
9 practice allopathic medicine in West Virginia.

10           (3) "Store and forward telemedicine" means the asynchronous computer-based  
11 communication of medical data or images from an originating location to a physician or podiatrist  
12 at another site for the purpose of diagnostic or therapeutic assistance.

13           (4) "Telemedicine" means the practice of medicine using tools such as electronic  
14 communication, information technology, store and forward telecommunication, or other means of  
15 interaction between a physician or podiatrist in one location and a patient in another location, with  
16 or without an intervening healthcare provider.

17           (5) "Telemedicine technologies" means technologies and devices which enable secure  
18 electronic communications and information exchange in the practice of telemedicine, and typically  
19 involve the application of secure real-time audio/video conferencing or similar secure video  
20 services, remote monitoring, or store and forward digital image technology to provide or support  
21 healthcare delivery by replicating the interaction of a traditional in-person encounter between a  
22 physician or podiatrist and a patient.

23           (b) *Licensure.* —

24           (1) The practice of medicine occurs where the patient is located at the time the  
25 telemedicine technologies are used.

26           (2) A physician or podiatrist who practices telemedicine must be licensed as provided in  
27 this article.

28           (3) This section does not apply to:

29                   (A) An informal consultation or second opinion, at the request of a physician or  
30 podiatrist who is licensed to practice medicine or podiatry in this state, provided that the  
31 physician or podiatrist requesting the opinion retains authority and responsibility for the  
32 patient's care; and

33 (B) Furnishing of medical assistance by a physician or podiatrist in case of an  
34 emergency or disaster, if no charge is made for the medical assistance.

35 (c) *Physician-Patient or Podiatrist-Patient Relationship Through Telemedicine Encounter.*

36 (1) A physician-patient or podiatrist-patient relationship may not be established through:

37 (A) Audio-only communication;

38 (B) Text-based communications such as e-mail, internet questionnaires, text-  
39 based messaging or other written forms of communication; or

40 (C) Any combination thereof.

41 (2) If an existing physician-patient or podiatrist-patient relationship does not exist prior to  
42 the utilization to telemedicine technologies, or if services are rendered solely through telemedicine  
43 technologies, a physician-patient or podiatrist-patient relationship may only be established:

44 (A) Through the use of telemedicine technologies which incorporate interactive  
45 audio using store and forward technology, real-time videoconferencing or similar secure  
46 video services during the initial physician-patient or podiatrist-patient encounter; or

47 (B) For the practice of pathology and radiology, a physician-patient relationship  
48 may be established through store and forward telemedicine or other similar technologies.

49 (3) Once a physician-patient or podiatrist-patient relationship has been established, either  
50 through an in-person encounter or in accordance with subsection (c)(2) of this section, the  
51 physician or podiatrist may utilize any telemedicine technology that meets the standard of care  
52 and is appropriate for the particular patient presentation.

53 (d) *Telemedicine Practice.* — A physician or podiatrist using telemedicine technologies to  
54 practice medicine or podiatry shall:

55 (1) Verify the identity and location of the patient;

56 (2) Provide the patient with confirmation of the identity and qualifications of the physician  
57 or podiatrist;

58 (3) Provide the patient with the physical location and contact information of the physician;

59           (4) Establish or maintain a physician-patient or podiatrist-patient relationship that conforms  
60 to the standard of care;

61           (5) Determine whether telemedicine technologies are appropriate for the particular patient  
62 presentation for which the practice of medicine or podiatry is to be rendered;

63           (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

64           (7) Conduct all appropriate evaluations and history of the patient consistent with traditional  
65 standards of care for the particular patient presentation; and

66           (8) Create and maintain healthcare records for the patient which justify the course of  
67 treatment and which verify compliance with the requirements of this section,

68           (9) The requirements of subdivisions (1) through (8) of subsection (d) in this section do  
69 not apply to the practice of pathology or radiology medicine through store and forward  
70 telemedicine.

71           (e) *Standard of Care.* —

72           The practice of medicine or podiatry provided via telemedicine technologies, including the  
73 establishment of a physician-patient or podiatrist-patient relationship and issuing a prescription  
74 via electronic means as part of a telemedicine encounter, are subject to the same standard of  
75 care, professional practice requirements and scope of practice limitations as traditional in-person  
76 physician-patient or podiatrist-patient encounters. Treatment, including issuing a prescription,  
77 based solely on an online questionnaire, does not constitute an acceptable standard of care.

78           (f) *Patient Records.* —

79           The patient record established during the use of telemedicine technologies shall be  
80 accessible and documented for both the physician or podiatrist and the patient, consistent with  
81 the laws and legislative rules governing patient healthcare records. All laws governing the  
82 confidentiality of healthcare information and governing patient access to medical records shall  
83 apply to records of practice of medicine or podiatry provided through telemedicine technologies.

84 A physician or podiatrist solely providing services using telemedicine technologies shall make  
85 documentation of the encounter easily available to the patient, and subject to the patient's  
86 consent, to any identified care provider of the patient.

87 (g) *Prescribing Limitations.* —

88 (1) A physician or podiatrist who practices medicine to a patient solely through the  
89 utilization of telemedicine technologies may not prescribe to that patient any controlled  
90 substances listed in Schedule II of the Uniform Controlled Substances Act.

91 (2) A physician or podiatrist may not prescribe any pain-relieving controlled substance  
92 listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of  
93 treatment for chronic non-malignant pain solely based upon a telemedicine encounter.

94 (h) *Exceptions.* —

95 This article does not prohibit the use of audio-only or text-based communications by a  
96 physician or podiatrist who is:

97 (1) Responding to call for patients with whom a physician-patient or podiatrist-patient  
98 relationship has been established through an in-person encounter by the physician or podiatrist;

99 (2) Providing cross coverage for a physician or podiatrist who has established a physician-  
100 patient or podiatrist-patient relationship with the patient through an in-person encounter; or

101 (3) Providing medical assistance in the event of an emergency situation.

102 (i) *Rulemaking.* —

103 The West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine  
104 may propose joint rules for legislative approval in accordance with article three, chapter twenty-  
105 nine-a of this code to implement standards for and limitations upon the utilization of telemedicine  
106 technologies in the practice of medicine and podiatry in this state.

107 (j) *Preserving Traditional Physician-Patient or Podiatrist-Patient Relationship.* —

108 Nothing in this section changes the rights, duties, privileges, responsibilities and liabilities  
109 incident to the physician-patient or podiatrist-patient relationship, nor is it meant or intended to  
110 change in any way the personal character of the physician-patient or podiatrist-patient

111 relationship. This section does not alter the scope of practice of any healthcare provider or  
112 authorize the delivery of healthcare services in a setting, or in a manner, not otherwise authorized  
113 by law.

**ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.**

**§30-14-12d. Telemedicine practice; requirements; exceptions; definitions; rulemaking.**

1 (a) *Definitions.* — For the purposes of this section:

2 (1) “Chronic non-malignant pain” means pain that has persisted after reasonable medical  
3 efforts have been made to relieve the pain or cure its cause and that has continued, either  
4 continuously or episodically, for longer than three continuous months. “Chronic non-malignant  
5 pain” does not include pain associated with a terminal condition or illness or with a progressive  
6 disease that, in the normal course of progression, may reasonably be expected to result in a  
7 terminal condition or illness.

8 (2) “Physician” means a person licensed by the West Virginia Board of Osteopathic  
9 Medicine to practice osteopathic medicine in West Virginia.

10 (3) “Store and forward telemedicine” means the asynchronous computer-based  
11 communication of medical data or images from an originating location to a physician at another  
12 site for the purpose of diagnostic or therapeutic assistance.

13 (4) “Telemedicine” means the practice of medicine using tools such as electronic  
14 communication, information technology, store and forward telecommunication, or other means of  
15 interaction between a physician in one location and a patient in another location, with or without  
16 an intervening healthcare provider.

17 (5) “Telemedicine technologies” means technologies and devices which enable secure  
18 electronic communications and information exchange in the practice of telemedicine, and typically  
19 involve the application of secure real-time audio/video conferencing or similar secure video  
20 services, remote monitoring, or store and forward digital image technology to provide or support



21 healthcare delivery by replicating the interaction of a traditional in-person encounter between a  
22 physician and a patient.

23 (b) *Licensure.* —

24 (1) The practice of medicine occurs where the patient is located at the time the  
25 telemedicine technologies are used.

26 (2) A physician who practices telemedicine must be licensed as provided in this article.

27 (3) This section does not apply to:

28 (A) An informal consultation or second opinion, at the request of a physician who  
29 is licensed to practice medicine in this state, provided that the physician requesting the  
30 opinion retains authority and responsibility for the patient's care; and

31 (B) Furnishing of medical assistance by a physician in case of an emergency or  
32 disaster if no charge is made for the medical assistance.

33 (c) *Physician-Patient Relationship Through Telemedicine Encounter.* —

34 (1) A physician-patient relationship may *not* be established through:

35 (A) Audio-only communication;

36 (B) Text-based communications such as e-mail, internet questionnaires, text-  
37 based messaging or other written forms of communication; or

38 (C) Any combination thereof.

39 (2) If an existing physician-patient relationship is not present prior to the utilization to  
40 telemedicine technologies, or if services are rendered solely through telemedicine technologies,  
41 a physician-patient relationship may only be established:

42 (A) Through the use of telemedicine technologies which incorporate interactive  
43 audio using store and forward technology, real-time videoconferencing or similar secure  
44 video services during the initial physician-patient encounter; or

45 (B) For the practice of pathology and radiology, a physician-patient relationship  
46 may be established through store and forward telemedicine or other similar technologies.

47 (3) Once a physician-patient relationship has been established, either through an in-

48 person encounter or in accordance with subsection (c)(2) of this section, the physician may utilize  
49 any telemedicine technology that meets the standard of care and is appropriate for the particular  
50 patient presentation.

51 (d) *Telemedicine Practice.* —

52 A physician using telemedicine technologies to practice medicine shall:

- 53 (1) Verify the identity and location of the patient;
- 54 (2) Provide the patient with confirmation of the identity and qualifications of the physician;
- 55 (3) Provide the patient with the physical location and contact information of the physician;
- 56 (4) Establish or maintain a physician-patient relationship which conforms to the standard  
57 of care;
- 58 (5) Determine whether telemedicine technologies are appropriate for the particular patient  
59 presentation for which the practice of medicine is to be rendered;
- 60 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;
- 61 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional  
62 standards of care for the particular patient presentation; and
- 63 (8) Create and maintain healthcare records for the patient which justify the course of  
64 treatment and which verify compliance with the requirements of this section.

65 (9) The requirements of subdivisions (1) through (7) of subsection (d) in this section do  
66 not apply to the practice of pathology or radiology medicine through store and forward  
67 telemedicine.

68 (e) *Standard of Care.* —

69 The practice of medicine provided via telemedicine technologies, including the  
70 establishment of a physician-patient relationship and issuing a prescription via electronic means  
71 as part of a telemedicine encounter, are subject to the same standard of care, professional  
72 practice requirements and scope of practice limitations as traditional in-person physician-patient

73 encounters. Treatment, including issuing a prescription, based solely on an online questionnaire  
74 does not constitute an acceptable standard of care.

75 (f) *Patient Records.* —

76 The patient record established during the use of telemedicine technologies shall be  
77 accessible and documented for both the physician and the patient, consistent with the laws and  
78 legislative rules governing patient healthcare records. All laws governing the confidentiality of  
79 healthcare information and governing patient access to medical records shall apply to records of  
80 practice of medicine provided through telemedicine technologies. A physician solely providing  
81 services using telemedicine technologies shall make documentation of the encounter easily  
82 available to the patient, and subject to the patient's consent, to any identified care provider of the  
83 patient.

84 (g) *Prescribing Limitations.* —

85 (1) A physician who practices medicine to a patient solely through the utilization of  
86 telemedicine technologies may not prescribe to that patient any controlled substances listed in  
87 Schedule II of the Uniform Controlled Substances Act.

88 (2) A physician may not prescribe any pain-relieving controlled substance listed in  
89 Schedules II through V of the Uniform Controlled Substances Act as part of a course of treatment  
90 for chronic nonmalignant pain solely based upon a telemedicine encounter.

91 (h) *Exceptions.* —

92 This section does not prohibit the use of audio-only or text-based communications by a  
93 physician who is:

94 (1) Responding to call for patients with whom a physician-patient relationship has been  
95 established through an in-person encounter by the physician;

96 (2) Providing cross coverage for a physician who has established a physician-patient or  
97 relationship with the patient through an in-person encounter; or

98 (3) Providing medical assistance in the event of an emergency situation.

99 (i) *Rulemaking.* —

100 The West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine  
101 may propose joint rules for legislative approval in accordance with article three, chapter twenty-  
102 nine-a of this code to implement standards for and limitations upon the utilization of telemedicine  
103 technologies in the practice of medicine in this state.

104 (j) *Preservation of the Traditional Physician-Patient Relationship.* —

105 Nothing in this section changes the rights, duties, privileges, responsibilities and liabilities  
106 incident to the physician-patient relationship, nor is it meant or intended to change in any way the  
107 personal character of the physician-patient relationship. This section does not alter the scope of  
108 practice of any healthcare provider or authorize the delivery of healthcare services in a setting, or  
109 in a manner, not otherwise authorized by law.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

  
.....  
Chairman, House Committee

  
.....  
Chairman, Senate Committee

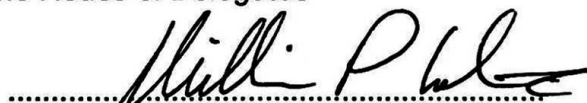
Originating in the House.

In effect ninety days from passage.

  
.....  
Clerk of the House of Delegates

  
.....  
Clerk of the Senate

  
.....  
Speaker of the House of Delegates

  
.....  
President of the Senate

The within is approved this the 24<sup>th</sup>  
day of March, 2016.

  
.....  
Governor

**PRESENTED TO THE GOVERNOR**

MAR 23 2015

Time 2:05 pm