Florida legislation in support of telemedicine has failed to become law over several years. For example, in the 2013 Legislative Session, SB 898 by Senator Arthenia Joyner, which would have required policy coverage of telemedicine services, died in the Senate Banking & Insurance Committee. However, the public and health industry push for telemedicine placed it as a top priority issue heading into the 2014 Legislative Session, with four telemedicine bills: SB 70, HB 167, HB 751, and SB 1646. Week 6 of the 2014 Legislative Session saw the introduction of a fifth bill that covered telehealth as part of an omnibus health bill package, PCS for CS/HB 7113.

Florida TaxWatch has recommended expanding the use of telemedicine in Florida in a March 2014 Report: Critical Connections to Care. The following is a summary of the 2014 telemedicine bills as they currently stand, with historical bill detail as accompanying discussion, and an easily-printable table comparing how each bill addresses important policy considerations. All bill headings are linked to their respective legislative pages online.

**PCS for CS/HB 7113**

**CURRENT DISPOSITION**

**HISTORY OF CS/HB 7113**

No additional committee or amendment history at this time since telehealth was added. Compare the telehealth section on CS/HB 7113 to the most recent version of CS/HB 571, which is similar.

**SB 1646**

**CURRENT DISPOSITION**

CS/SB 1646 (formerly PCB 7028) creates a new section of Chapter 456 governing health professions and occupations as the “Florida Telemedicine Act,” defines multiple telemedicine terms that specifically exclude “audio-only calls, e-mail messages, or facsimile transmissions” from the definition of telemedicine. There are no restrictions on “distant site” locations, but “originating site” locations have certain restrictions. The definition of “telemedicine provider” is a “physician or physician assistant licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner licensed under chapter 464, or a pharmacist licensed under chapter 465 who provides telemedicine services.” All telemedicine providers must be licensed in Florida unless they are consulting with a Florida-licensed telemedicine provider who maintains ultimate authority for the diagnosis, treatment, and care of the Florida patient, or it is for the purpose of providing emergency services. Telehealth providers must maintain professional liability coverage in an amount required by
Florida law for osteopathic or allopathic physicians (ch. 458 or 459), or meet amount requirements in the out-of-state provider's licensing jurisdiction, whichever is higher. Health care providers or patient presenters acting under the direction and supervision of a telemedicine provider through the use of telemedicine are not considered to be practicing medicine without a license. In addition, upon license renewal, telemedicine coursework and successful exam completion are required of telemedicine providers, who must self-designate as telemedicine providers on their practitioner profiles. The bill creates the same standards of care for telemedicine as for in-person care, creates standards covering responsibility for equipment, governs teleprescribing of legend drugs and controlled substances, privacy, confidentiality, medical records, telemedicine technology, compliance with federal regulation, and telemedicine use for treatment of the human eye. Furthermore, it provides a venue for civil or administrative action, permits rulemaking, and mandates repeal of rules that inhibit telemedicine.

Only Florida-licensed physicians may deny telemedicine encounter claim forms, or deny insurance claims for telemedicine under an HMO or health insurance policy on the basis of medical necessity determination conducted by telemedicine. [Note: This is according to latest staff analysis of CS/SB 1646. The bill language as currently written may suggest alternative interpretations.] In addition, statewide managed care plans cannot meet access requirements through telemedicine unless care is provided by a Florida-licensed allopathic or osteopathic physician.

Medicaid reimbursement for telemedicine is mandated and specifically contemplates that telemedicine providers at both the originating and distant site should receive reimbursement, whereas only the distant site would be reimbursed for telemedicine currently. AHCA is given the discretion to discontinue Medicaid reimbursement if a telemedicine service is later determined to not be cost-effective or clinically-effective. AHCA would submit a telemedicine cost-savings report to the legislature in by January 1, 2017, and the Medicaid section of the Telemedicine Act would sunset June 30, 2017.

CS/SB 1646 was voted favorably with an engrossed amendment out of Appropriations Subcommittee on Health and Human Services. It is now in full Appropriations, its final committee of reference.

The most recent staff analysis of CS/SB 1646 dated April 11th by Appropriations Subcommittee on Health and Human Services is available.

History of CS/SB 1646
CS/SB 1646 sponsored by the Senate Health Policy Committee, was originally submitted as SPB 7028 and introduced by Chairman Aaron Bean, is a hearty bill covering an extensive array of telemedicine policy issues. It underwent a series of complex amendments during the first week of the 2014 Legislative Session before being voted favorably with an amended committee substitute adopted. The following is a history of the bill from originally introduced text to where the bill text currently stands. For an alternative look at how the current version compares with the current versions of other telemedicine bills, please see the online TELEMEDICINE MATRIX.
**Introduction as PCB 7028 (Discussion of PCB 7028 as Originally Introduced)**

PCB 7028 creates a new section of Chapter 456 governing health professions and occupations as the “Florida Telemedicine Act,” and defines a list of terms that include: advanced communications technology, distant site, encounter, health care provider, in person, originating site, patient presenter, store and forward, telemedicine, and telemedicine provider. The term “telemedicine” is defined to include “Telehealth and telemonitoring,” and does not include “audio-only calls, e-mail messages, or facsimile transmissions.” There are no restrictions on “distant site” locations, but several limitations on “originating site” locations. The bill creates licensure and registration requirements for out-of-state health care providers rendering telemedicine services to patients physically located in Florida. The bill also creates telemedicine standards covering responsibility for equipment, teleprescribing of legend drugs and controlled substances, confidentiality, and compliance with federal regulation.

While PCB 7028 does not mandate private insurance/plan coverage, if such coverage is offered, the payment must be equal to that of non-telemedicine (in-person) services. A health insurer/plan may limit coverage to in-network providers, and may also impose a deductible/copayment/coinsurance for telemedicine if it does not exceed that of an in-person consultation for the same service. Reimbursements may be had at either the originating or distant site or both as determined between the provider and insurer/plan.

Interstate compacts for telemedicine services across state lines are authorized, with annual reports due to the legislative and executive branches, and must be ratified by calendar year end for legislative ratification in the next legislative session.

In addition, Medicaid reimbursement for telemedicine is mandated similarly to HB 167 and SB 70, but specifically contemplates that telemedicine providers at both the originating and distant site should receive reimbursement, whereas only the distant site would be reimbursed for telemedicine currently. ACHA is given the discretion to discontinue Medicaid reimbursement if a telemedicine service is later determined to not be cost-effective or clinically-effective. AHCA would report any cost-savings of this expanded telemedicine coverage to the legislature in by January 1, 2017, and the Medicaid section of the Telemedicine Act would sunset June 30, 2017.

**During the first week of session, PCB 7028 was passed with a highly-amended substitute amendment by Health Policy.**

**The Original Amendment to PCB 7028**

The original amendment to PCB 7028, Bar Code 484228, filed by Senator Galvano on February 17th, was replaced by a heavily-amended Substitute Amendment on March 5th. A second filing by Senator Galvano on February 18th, Bar Code 949514, was withdrawn.

The Original Amendment changes the definitions of “originating site,” “patient presenter,” and “telemedicine provider.” Removes limitations on the originating site and requires the patient presenter to be under the supervision of a telemedicine provider. The definition of “telemedicine provider” is changed to specifically include out-of-state health care providers that meet stated telemedicine requirements in the chapter. Certain out-of-state exemptions are removed.
The Original Amendment removes registration and fee requirements, and holds hospitals, insurers, or health plans responsible for the actions of their affiliated out-of-state telemedicine physicians. It also adds a requirement for professional liability coverage for telemedicine and an extra layer of provider requirements. The Original Amendment bans teleprescribing of controlled substances, even those not prescribed for chronic, malignant pain, and requires that all individuals taking part in the telemedicine consultation be identified to the patient prior to the encounter.

The Original Amendment clarifies that interstate compacts for telemedicine are not valid until enacted by the Legislature, and it requires that Medicaid recipients provide informed consent for telemedicine services and be afforded the opportunity to elect an in-person consultation instead.

The Original Amendment adds 2 credit hours of telemedicine medical education to allopathic and osteopathic medical school curriculum for new physicians applying for licensure, and 2 hours of continuing education credits per licensing cycle. Furthermore, it removes private reimbursement requirements of payment parity and other reimbursement conditions.

**The Substitute Amendment to PCB 7028**

Substitute Amendment, Bar Code 401616, filed by Senator Galvano on March 4th, was voted favorably (following the adoption of multiple amendments) as the final Substitute Amendment and incorporated into the original bill.

The Substitute Amendment revises the definitions of “originating site,” “store and forward,” “telemedicine,” and “telemedicine provider.” It also removes limitations on the originating site and requires the patient presenter to be under the supervision of a telemedicine provider. Telemedicine is defined as the practice of medicine and telemedicine providers are limited to a “physician licensed under chapter 458 or chapter 459 who provides telemedicine services, or an out-of-state physician” meeting additional telemedicine requirements. The Substitute Amendment makes changes to the types of affiliations and privileges needed by out-of-state physicians to practice telemedicine. Exemptions for out-of-state physician requirements may be available when a Florida-licensed physician retains ultimate patient responsibility, and exemptions based on telemedicine hours are removed. Physician direction and supervision is required of trained, non-physician health providers/patient presenters to avoid being deemed the unlicensed practice of medicine. The Substitute Amendment removes registration and fee requirements, and holds hospitals, insurers, or health plans responsible for the actions of their affiliated telemedicine physicians. It also adds a requirement for professional liability coverage for telemedicine and an extra layer of provider requirements.

The Substitute Amendment removes language on interstate compacts, patient-provider telemedicine technology, and removes medical school telemedicine requirements. New requirements for physicians practicing medicine would be triggered upon license renewal: telemedicine provider designation, and proof of completion of a regulated telemedicine course (two web-based hours) and exam. The Substitute Amendment allows teleprescribing of controlled substances, but not for “chronic, nonmalignant pain.” It also requires that Medicaid recipients provide informed consent for telemedicine services and be afforded the opportunity to elect an in-person consultation instead.

A new section on telemedicine services to diagnose and treat the eye was proposed. Of note, prescriptions for eyeglasses of contact lenses cannot be made by telemedicine. The Substitute
Amendment also added a section of requirements for private insurer reimbursement (later removed see ASA 692240).

- ASA 692240, filed by Chair Bean on March 5th, was voted favorably as an Amendment to the Substitute Amendment and incorporated into the final Substitute Amendment. This amendment removed Section 7 of the Substitute Amendment, which would have mandated private insurer reimbursement, set telemedicine equal to in-person services (parity of service and cost), and created additional requirements and exclusions.

- ASA 942114, filed by Senator Galvano on March 5th, was voted favorably as an Amendment to the Substitute Amendment and incorporated into the final Substitute Amendment. This amendment removed a provision in the Substitute Amendment that would have held a Florida-present hospital, insurer, or health plan responsible for the actions of its affiliated out-of-state telemedicine physician.

- ASA 256494, filed by Senator Sobel on March 5th, was voted favorably as an Amendment to the Substitute Amendment and incorporated into the final Substitute Amendment. This amendment specified that out-of-state physicians authorized to provide telemedicine in Florida are subject to appropriate disciplinary action by the Board of Medicine and the Board of Osteopathic Medicine in addition to the regulatory entities having jurisdiction over other entities as previously stated in the Substitute Amendment.

**Introduction as SB 1646 (Discussion of SB 1646 as Originally Introduced)**

*The original staff analysis of SB 1646 dated March 9th by Health Policy is available.*

**SB 1646 (formerly PCB 7028)** creates a new section of Chapter 456 governing health professions and occupations as the “Florida Telemedicine Act,” defines multiple telemedicine terms that specifically exclude “audio-only calls, e-mail messages, or facsimile transmissions” from the definition of telemedicine. There are no restrictions on “distant site” locations, but several limitations on “originating site” locations. The definition of “telemedicine provider” is limited to a “physician licensed under chapter 458 or chapter 459 who provides telemedicine services.” Out-of-state physicians meeting additional telemedicine requirements, such as having professional liability coverage for telemedicine and other specific conditions, may provide service to individuals in Florida. Exceptions are made for limited emergency consultations. Health care providers or patient presenters acting under the direction and supervision of a physician of the use of telemedicine are not considered to be practicing medicine without a license. In addition, telemedicine-specific education is required of telemedicine providers. The bill creates telemedicine standards covering responsibility for equipment, and governs teleprescribing of legend drugs and controlled substances, confidentiality, compliance with federal regulation, and telemedicine use for treatment of the human eye.

SB 1646 does not mandate private insurance/plan coverage. Medicaid reimbursement for telemedicine is mandated and specifically contemplates that telemedicine providers at both the originating and distant site should receive reimbursement, whereas only the distant site would be
reimbursed for telemedicine currently. AHCA is given the discretion to discontinue Medicaid reimbursement if a telemedicine service is later determined to not be cost-effective or clinically-effective. AHCA would submit a telemedicine cost-savings report to the legislature in by January 1, 2017, and the Medicaid section of the Telemedicine Act would sunset June 30, 2017.

**SB 1646 was referred to Communications, Energy, and Public Utilities; Appropriations Subcommittee on Health and Human Services; and full Appropriations.**

A subsequent staff analysis of SB 1646 dated March 31st by Communications, Energy, and Public Utilities is available.

**Committee Substitute to SB 1646 (Discussion of CS/SB 1646 & Changes by Session Week)**

**Week 5 Session Updates**

SB 1646 (now CS/SB 1646) was voted favorably with committee substitute out of Communications, Energy, and Public Utilities on April 1, 2014. The committee substitute incorporated two adopted amendments that expanded the definition of “telemedicine provider” to include physician assistants, advanced registered nurse practitioners, and pharmacists and conforms others sections of the bill to include these providers. All telemedicine providers must be licensed in Florida unless they are consulting with a Florida-licensed provider who maintains ultimate authority or it is for the purpose of providing emergency services. Otherwise, out-of-state physicians may be exempted from Florida licensure with an unrestricted license in another state and professional liability coverage. In addition, the out-of-state physician must have either privileges/staff designation at a hospital affiliated with a Florida hospital, or must be affiliated with an insurer/plan authorized to conduct business in Florida. Also, the state in which the out-of-state provider is located must allow Florida physicians to provide telemedicine services in the distant state without additional licensing.

Health care providers or patient presenters acting under the direction and supervision of a physician of the use of telemedicine are not considered to be practicing medicine without a license. In addition, telemedicine-specific education on telemedicine is required of telemedicine providers, and providers must self-designate as telemedicine providers on practitioner profiles. The bill creates the same standards of care for telemedicine as for in-person care, creates standards covering responsibility for equipment, governs teleprescribing of legend drugs and controlled substances, privacy, confidentiality, medical records, telemedicine technology, compliance with federal regulation, and telemedicine use for treatment of the human eye. Furthermore, it provides for venue for civil or administrative action, permits rulemaking, and mandates repeal of rules that inhibit telemedicine.

Only Florida-licensed physicians may deny telemedicine encounter claim forms, or deny insurance claims for telemedicine under an HMO or health insurance policy on the basis of medical necessity determination conducted by telemedicine. [Note: This is according to the latest staff analysis of CS/SB 1646. The bill language as currently written may suggest alternative interpretations.] In addition, statewide managed care plans cannot meet access requirements through telemedicine unless care is provided by a Florida-licensed allopathic or osteopathic physician.
Medicaid reimbursement for telemedicine is mandated and specifically contemplates that telemedicine providers at both the originating and distant site should receive reimbursement, whereas only the distant site would be reimbursed for telemedicine currently. AHCA is given the discretion to discontinue Medicaid reimbursement if a telemedicine service is later determined to not be cost-effective or clinically-effective. AHCA would submit a telemedicine cost-savings report to the legislature in by January 1, 2017, and the Medicaid section of the Telemedicine Act would sunset June 30, 2017.

**Amendments to Original SB 1646 (Detailed Discussion of Session Week 5 Amendments to the Original SB 1646 Resulting in Committee Substitute)**

Two amendments to SB 1646, Bar Code 507782, and Bar Code 319958 filed by Senator Garcia on April 1st, were replaced by Committee Substitute. An amendment to the amendment, Bar Code 692696, filed by Senator Garcia on April 1st, was incorporated into amendment Bar Code 507782. A third amendment, Bar Code 483198, filed by Senator Garcia on April 1st was withdrawn.

**Bar Code 507782: Amendment to SB 1646**

Amendment Bar Code 692696, filed by Senator Garcia on April 1st, was voted favorably with amendment by the Committee on Communications, Energy, and Public Utilities on April 1st. This amendment expanded the definition of “telemedicine provider” to a “physician or physician assistant licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner licensed under chapter 464, or a pharmacist licensed under chapter 465 who provides telemedicine services.”

All telemedicine providers must be licensed in Florida unless they are consulting with a Florida-licensed provider who maintains ultimate authority or it is for the purpose of providing emergency services. Otherwise, out-of-state physicians may be exempted from Florida licensure with an unrestricted license in another state and professional liability coverage. In addition, the out-of-state physician must have either privileges/staff designation at a hospital affiliated with a Florida hospital, or must be affiliated with an insurer/plan authorized to conduct business in Florida. Also, the state in which the out-of-state provider is located must allow Florida physicians to provide telemedicine services in the distant state without additional licensing. Furthermore, both the telemedicine provider, and the affiliated entity (hospital/insurer/health plan) must make records available at the request of Florida authorities. Failure to comply could result in license revocation or fine for provider, or fine, license restriction or revocation of the affiliated entity.

Health care providers or patient presenters acting under the direction and supervision of a physician of the use of telemedicine are not considered to be practicing medicine without a license. In addition, telemedicine-specific education on telemedicine is required of telemedicine providers, and providers must self-designate as telemedicine providers on the practitioner profile. The bill creates the same standards of care for telemedicine as for in-person care, creates standards covering responsibility for equipment, governs teleprescribing of legend drugs and controlled substances, privacy, confidentiality, medical records, telemedicine technology, compliance with federal regulation, and telemedicine use for treatment of the human eye. Furthermore, it provides for venue for civil or administrative action, permits rulemaking, and mandates repeal of rules that inhibit telemedicine.
• AA 692696, filed by Senator Garcia on April 1st, was voted favorably as an Amendment to the Amendment Bar Code 507782. This amendment adjusts requirements for out-of-state physicians to practice telemedicine. Out-of-state physicians may be exempted from Florida licensure with an unrestricted license in another state and professional liability coverage. In addition, the out-of-state physician must have either privileges/staff designation at a hospital affiliated with a Florida hospital, or must be affiliated with an insurer/plan authorized to conduct business in Florida. Also, the state in which the out-of-state provider is located must allow Florida physicians to provide telemedicine services in the distant state without additional licensing. Furthermore, both the telemedicine provider, and the affiliated entity (hospital/insurer/health plan) must make records available at the request of Florida authorities. Failure to comply could result in license revocation or fine for provider, or fine, license restriction or revocation of the affiliated entity.

*Bar Code 319958: Adopted Amendment to SB 1646*
Amendment Bar Code 319958, filed by Senator Garcia on April 1st, was voted favorably with amendment by the Committee on Communications, Energy, and Public Utilities on April 1st. This amendment contemplated new changes to statutes governing denial of claims (health insurance policies/health maintenance organizations/statewide managed care plans). Only Florida-licensed physicians may deny telemedicine encounter claim forms, or deny insurance claims for telemedicine under an HMO or health insurance policy on the basis of medical necessity determination conducted by telemedicine. [Note: This is according to latest staff analysis of CS/SB 1646. The bill language as currently written may suggest alternative interpretations.] In addition, statewide managed care plans cannot meet access requirements through telemedicine unless care is provided by a Florida-licensed allopathic or osteopathic physician.

*Week 6 Session Updates (Discussion of Session Week 6 Amendments to CS/SB 1646)*
CS/SB 1646 was voted favorably with engrossed amendment out of Appropriations Subcommittee on Health and Human Services on April 9th. It is now in full Appropriations, its final committee of reference. The amendment significantly limits out-of-state telemedicine practitioner permissions and exemptions, deleting lines 131-217 of the last adopted version. The amendment requires telemedicine providers to maintain professional liability coverage that covers telemedicine services in an amount consistent with Florida statutory requirements in ch. 458 or 459 (pertaining to allopathic or osteopathic physicians), or in the amount required in the out-of-state provider’s licensing jurisdiction, whichever is greater, and revisits issues of provider self-designation, coursework and successful exam, unlicensed practice of medicine, and venue.

A pre-amendment staff analysis of CS/SB 1646 dated April 8th by Appropriations Subcommittee on Health and Human Services is available.

See “Current Disposition” for full summary of CS/SB 1646 as it current stands post-amendment.
Amendments to CS/SB 1646 (Detailed Discussion of Session Week 6 Amendments to CS/SB 1646)

An amendment to CS/SB 1646, Bar Code 651910, filed by Senator Garcia on April 8th, and an amendment to the amendment, Bar Code 259150, filed by Senator Garcia on April 9th were approved and replaced by engrossed amendment. As the engrossed amendment, Bar Code 387622 filed by Senator Garcia on April 11th was adopted. Another amendment, Bar Code 449942, filed by Senator Bean on April 9th was voted unfavorably and not adopted.

Bar Code 651910: Amendment to CS/SB 1646
Amendment Bar Code 651910, filed by Senator Garcia on April 8th, was voted favorably. This amendment significantly adjusts requirements for out-of-state physicians to practice telemedicine. All telemedicine providers must be licensed in Florida unless they are consulting with a Florida-licensed telemedicine provider who maintains ultimate authority for the diagnosis, treatment, and care of the Florida patient, or it is for the purpose of providing emergency services. Telehealth providers must maintain professional liability coverage in an amount required by Florida law, or meet amount requirements in the out-of-state provider's licensing jurisdiction, whichever is higher. Health care providers or patient presenters acting under the direction and supervision of a telemedicine provider through the use of telemedicine are not considered to be practicing medicine without a license. In addition, upon license renewal, telemedicine coursework and successful exam completion are required of telemedicine providers, who must must self-designate as telemedicine providers on their practitioner profiles. In addition, venue for civil or administration action initiated by the telemedicine recipient, the department, or the appropriate board is based on patient location or is Leon County.

- AA 259150, filed by Senator Garcia on April 9th, was voted favorably as an Amendment to the Amendment Bar Code 651910. This amendment to the amendment slightly adjusts requirements for out-of-state telemedicine providers in that the amount of professional liability coverage must meet amounts under law (ch. 458 or 459 pertaining to osteopathic or allopathic physicians), or the amount required by applicable law in the out-of-state provider's location, whichever is higher.

Bar Code 387622: Engrossed Amendment to CS/SB 1646
Amendment Bar Code 387622, filed by Senator Garcia on April 11th, was voted favorably and reflected the changes in Amendment Bar Code 651910 as amended by Bar Code AA 259190.
**CS/HB 751**

**CURRENT DISPOSITION**

CS/HB 751 does not seek to mandate private coverage, Medicaid coverage, or parity of payment. Rather, CS/HB 751 focuses on defining telehealth (formerly telemedicine prior to committee substitute) expanding the location of telehealth services to be provided and received at any location, ensuring that standard of care for telehealth is on par with in-person consultations, protecting non-physician telemedicine providers from being sanctioned for the unlicensed practice of medicine, and ensuring confidentiality for telemedicine records. CS/HB 751 now also addresses the registration of out-of-state telehealth providers, who may provide telehealth services to Florida when registration, nominal fee, and other requirements are met. An exemption is provided for certain situations, including a limited practice of telemedicine and specific emergency conditions.

On March 24th, CS/HB 751 was voted favorably (10-3) out of the Health Care Appropriations Subcommittee, and is now in the Health & Human Services Committee. A staff analysis is available.

**HISTORY OF CS/HB 751**

**Original Text**

HB 751, sponsored by Representatives Travis Cummings and Mia Jones, its original filed version, did not seek to mandate private coverage, Medicaid coverage, or parity of payment/cost issues. HB 751 (original) focused on defining telemedicine, expanding the location of telemedicine services to be provided and received at any location, ensuring that standard of care for telemedicine was on par with in-person consultations, protecting non-physician telemedicine providers from being sanctioned for the unlicensed practice of medicine, and ensuring confidentiality for telemedicine records.

**Adopted Strike-All Amendment**

Representative Cummings offered a strike-all amendment Bar Code 622299 that was adopted without objection on March 3rd. The amendment changes “telemedicine” references to “telehealth,” and incorporates the definition of “telemedicine services” into the definition of “telehealth” while adding telehealth uses for patient and professional health-related education, public health, and health administration. The amendment defines “telehealth provider” to include specific licensed health-related professionals. The amendment further adds rulemaking authority, and a section on the registration of out-of-state telehealth providers.

Out-of-state telehealth providers must fulfill application and registration fee requirements, may not open an office in the state of Florida to provide in-person services, must notify their regulatory board in the event of disciplinary action, must have an unencumbered license, and cannot have had a license revoked in any state. Exemptions are made for emergency medical care, those with limited (maximum of 10 times per calendar year) contact with Florida patients, or when the Florida-physician retains ultimate authority over patient care.

On March 3rd, HB 751 was voted favorably with a strike-all committee substitute by the Select Committee on Health Care Workforce Innovation. Remaining committees of reference: the Health Care Appropriations Subcommittee, and the Health & Human Services Committee.
On March 24th, CS/HB 751 was voted favorably (10-3) out of the Health Care Appropriations Subcommittee. Remaining committee of reference: Health & Human Services Committee. Representative Gaetz filed an amendment [Bar Code 609781] on March 24th that was withdrawn on the same day.

**HB 167**

**Current Disposition**

HB 167, sponsored by Representative Mia Jones, and co-sponsored by Representatives Cruz, Rouson, and Williams, is substantially similar to SB 70. HB 167 has been referred to the following House Committees: Health Innovation Subcommittee, Insurance & Banking Subcommittee, Appropriations Committee, and the Health & Human Services Committee. Of note, unlike SB 70, which requires physician supervision of a health care practitioner engaging in telemedicine to avoid constituting the unlicensed practice of medicine, HB 167 only requires supervision by another health care provider. HB 167 has been referred to the Health Innovation Subcommittee, Insurance & Banking Subcommittee, the Appropriations Committee, and the Health & Human Services Committee.

**History of HB 167**

No additional committee or amendment history at this time.

**SB 70**

**Current Disposition**

SB 70, sponsored by Senator Arthenia Joyner, would mandate that Medicaid and health insurers cannot condition coverage or reimbursement for services on face-to-face contact between a provider and a patient. Insurance payments and patient costs for telemedicine must have parity with in-person consultations. In addition, when used under the supervision of a physician, the use of telemedicine technology would not constitute the unlicensed practice of medicine. Also, various telecommunication methods of telemedicine practice are permitted, although, “audio-only telephone call, e-mail message, or facsimile transmission” is expressly excluded from telemedicine services as defined. Furthermore, SB 70 calls for an interagency study led by the Department of Health (DOH), to include the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA), on options for implementing telemedicine services and coverage. The DOH would be required to repeal any rules prohibiting the use of telemedicine, and would be authorized to adopt telemedicine rules. SB 70 has been referred to the following Senate Committees: Health Policy, Banking and Insurance, Appropriations Subcommittee on Health and Human Services, and full Appropriations. *The bill was introduced on the first day of session, March 4th.*

**History of SB 70**

No additional committee or amendment history at this time.

See online matrix for a detailed comparison of active telemedicine bills and positions on key issues.