

# IDAHO TELEHEALTH COUNCIL

January 29, 2015

## Meeting Minutes

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ATTENDEES:

LOCATION: 450 W State Street, 10<sup>th</sup> Floor, Boise, ID

**Members Present:**

Stacey Carson – Telehealth Council Chairman, Idaho Hospital Association  
Molly Steckel, Idaho Medical Association

**Teleconference:**

Rhonda Robinson Beale, Blue Cross of Idaho  
Tana Cory, Bureau of Occupational Licenses  
Tom Donovan, Department of Insurance  
Rick Goodwin, Eastern Idaho Regional Medical Center  
Nancy Kerr, Idaho Board of Medicine  
Susan Ault, Idaho Primary Care Association  
Tracey Sessions, Idaho State Hospital South  
Mary Sheridan, Department of Health and Welfare, Division of Public Health  
Matt Wimmer, Department of Health and Welfare, Division of Medicaid  
Casey Meza, Affiliated Health Services, Kootenai Health  
David Morledge, Neurostatus, LLC  
Becky diVittorio, OptumHealth  
Michael Bess, OptumHealth  
Linda Mac Vicar, Pacific Source  
Julie Bell, Select Health  
Michael Meza, Kootenai Health  
Tiffany Whitmore Seibert, St. Alphonsus Health System  
Marc Chasin, St. Luke's Health System  
Bill Hazle, Stargazers, LLC

**Members Absent:**

William Ganz, Idaho Board of Medicine  
Melissa Christian, Regence BlueShield  
Paul McPherson, St. Luke's Children's Hospital

**DHW Staff Present:**

Carla Cerchione, Project Manager, Staff to the Telehealth Council  
Cynthia York, Administrator, Staff to the Telehealth Council

**Guests:**

Jean Uranga, Uranga & Uranga  
Sara Bartles, Business Psychology Associates  
Roger Hales, Naylor & Hales, P.C.

**1. Roll Call / Establish Quorum – Stacey Carson, Telehealth Council Chair**

- ❖ Stacey Carson welcomed everyone and called role. 21 Council Appointees with voting privilege were present.

**2. Overview of Draft Legislation with Attorney Recommendations – Stacey Carson, Telehealth Council Chair**

- ❖ The Council acknowledged early on that the work of the Council would be challenging as the Council balanced important issues such as improving access to care while protecting patient and public safety. Early on the Council determined its Guiding Principles that all proposed recommendations would adhere to:
  - support patient centeredness (patient safety, patient choice, physician/patient relationship)
  - enhance access to care and quality of care
  - promote cost effectiveness and be evidence-based
  - align with already established standards
  - be realistic
  - uphold patient privacy and patient consent
- ❖ The Council has reached a good balance. There has been give-and-take and the Council has negotiated through important principles while continuing to stay true to the principles the Council delineated early on. This is a delicate balance. Stacey believes this draft will have impressive stakeholder support. If the balance is tipped one way or the other that stakeholder support may be at risk. The balance:
  - For Improving Access to Care:
    - A provider-patient relationship CAN be established using two-way audio and visual.
    - A prior in-person visit is NOT required.
    - A healthcare provider CAN prescribe using “telehealth” so long as a provider-patient relationship has been established; including one established using two-way audio and visual.
  - For Public Safety:
    - Prescription drug orders prescribed using telehealth CANNOT be controlled substances unless prescribed in compliance with [Ryan Haight Act](#).
    - Applicable community standard of care MUST be met.
    - A provider-patient relationship can be established using two-way audio **AND** visual.
- ❖ Stacey provided an overview of the draft document that was emailed to the Council on Tuesday.
  - Based on the language the Council reviewed on January 16<sup>th</sup> which was proposed by the subcommittee (Stacey Carson, Tana Cory, Bill Hazle, Nancy Kerr, Casey Meza, Ken Schaecher, and Molly Steckel). It aligned strongly with FSMB guidelines.
  - On Jan 16<sup>th</sup> a motion carried to submit the language to a small group of healthcare attorneys to examine language approved by Council and work to decrease complexity, review for inconsistencies with existing state and federal statutes, review for unintended consequences, and affirm that the language does not impose requirements over and above those applicable to in-person visits. The attorneys were given the draft we discussed on Jan 16<sup>th</sup> WITH the changes we agreed to on Jan 16<sup>th</sup>. The attorneys were asked to maintain the spirit in which the Council intended. The attorney team was very gracious, worked very well together and devoted four hours in a room together to fine-tune our product.
    - Attorneys
      - Nicole McKay - (Idaho Department of Health and Welfare)
      - Ken McClure - Givens Pursley (Idaho Medical Association)
      - Jean Uranga – Uranga & Uranga (Idaho Board of Medicine)
      - Roger Hales – Nayler & Hales (Bureau of Occupational Licenses)
      - Joe McCollum – Hawley Troxell (Idaho Hospital Association)
      - Stephanie Westermeier (Saint Alphonsus Health System)
  - Synopsis of recommendations
    - “Findings” – no changes
    - “Definitions” – very minor editorial changes – no changes to intent
    - “Practice of telehealth” – see notes column in the document.
    - “Enforcement and Discipline” – New section to clarify regulatory authority
    - “Rule Making” – no change
  - [Idaho Telehealth Access Act Final Draft](#)
  - [Overview of Attorney Recommendations](#)

### 3. Determine Council Position on Proposed Draft Legislation – Stacey Carson, Telehealth Council Chair

- ❖ Section 54-5605 (8) Medical Records
  - There was a suggestion to add HITECH to this section. There was no motion but the Council will

- consider adding this language.
- ❖ Section 54-5605 (1) Licensure and Scope of Practice
    - There was much discussion around Licensure and Scope of Practice. Does Title 54 apply to EMS? CADCs? Additional review is needed.
    - [Title 54](#)
  - ❖ Section 54-5605 (2) Establishment of a provider-patient relationship
    - Examples were provided where current practice does not require two-way audio and visual interaction. More discussion is needed.
    - <http://legislature.idaho.gov/idstat/Title54/T54CH18SECT54-1803.htm>

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**Discussed addition to Idaho Telehealth Access Act DRAFT language 54-5605**

Motion: David Morledge moved to add *(e) unless further provided by board rule.* line 65  
Second: Tana Cory  
Roll Call Vote showed motion not carried.

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**Discussed addition to Idaho Telehealth Access Act DRAFT language Section 54-5605**

Motion: Molly Steckel moved to accept lines 55-65.  
Second: Marc Chasin  
Roll Call Vote showed motion carried.

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**Discussed addition to Idaho Telehealth Access Act DRAFT language Section 54-5605**

There is an issue the Council members need to be aware of as the prescribing section is reviewed. It's a potential obstacle that the Council may want to take a pro-active approach on. IMA is acutely aware of the issue and the problems it could cause, so Molly will provide an overview. In an attempt to mitigate this problem, Molly suggested adding the following language.

Motion: Molly Steckel moved to add *No prescription drug order may be prescribed through telehealth for the purpose of causing an abortion.* Line 83  
Second: Casey Meza  
Roll Call Vote showed motion carried.

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**Discussed acceptance of the Idaho Telehealth Access Act DRAFT**

Motion: Molly Steckel moved to accept the draft with changes.  
Second: Tracey Sessions

The Council felt further discussion was needed.

Molly Steckel withdrew her motion.

**With no further business to come before the Council, Chairman Carson adjourned the meeting at 4:20 p.m. without objection.**