



# State of Tennessee

## HOUSE JOINT RESOLUTION NO. 58

By Representatives Shipley, Hardaway

and

Senator Marrero

A RESOLUTION to encourage the implementation and use of telemedicine in Tennessee.

WHEREAS, it is a goal of the One Hundred Seventh General Assembly to encourage the accessibility and quality of health care in all areas of the State of Tennessee; and,

WHEREAS, the growing development of telecommunications has expanded the use and delivery of healthcare, particularly in the rural areas of Tennessee; and,

WHEREAS, the use of telemedicine improves access to quality health care; and,

WHEREAS, improved health care economics should promote access, quality, and efficiency for all Tennesseans; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDRED AND SEVENTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE SENATE CONCURRING: that we, the members of the One Hundred Seventh General Assembly, encourage and advocate the expanded use of telemedicine in the State of Tennessee in order to:

- (1) Improve access to necessary medical services for patients in all regions of Tennessee;
- (2) Improve patient choices and experiences in interacting with health care services;
- (3) Promote competitive health care delivery options;
- (4) Improve the reach of physicians and health care personnel in ways that improve quality and efficiency; and
- (5) Improve the satisfaction of physicians and their staff in providing care for patients through extending their reach.

BE IT FURTHER RESOLVED, that as used in this resolution, "telemedicine" means using telecommunications technology to deliver health care, including but not limited to:

- (1) Any medical encounter (e.g. physician-patient visit, nursing-patient visit, nurse or ancillary provider educational visit, consultations, review and explanation of diagnostic tests or studies, etc.) that can be accomplished via telemedicine should be encouraged when it improves access to care and improves patient and/or provider experience;
- (2) Any time telemedicine can be used to improve access of medical care to a region that is currently underserved, it should be encouraged as an option through collaboration between providers and payers;
- (3) When telemedicine is utilized, medical providers should be reimbursed for the telemedicine services in comparable ways as when those services are provided in person:

(i) Where costs to provide telemedicine increase the cost of provision of care (e.g. broadband services, information technology infrastructure costs, etc.) these increased costs should be considered in the payment methodologies agreed upon between provider and payer; and

(ii) Likewise, when costs to provide telemedicine decrease the cost of provision of care (e.g. saving of travel time, travel reimbursement, non-productive staff time due to travel, etc.) these decreased costs should also be considered in the payment methodologies agreed upon between provider and payer, so as to promote the most efficient health care delivery system for all persons in Tennessee;

(4) Any clinical service that can be delivered appropriately by telemedicine should be considered a legitimate provision of care under global payment methodologies as long as appropriate quality and patient satisfaction measures are reviewed;

(5) With the exception of teleradiology and other imaging transferrals, and if and when telemedicine is used for physician to physician consultation about a patient, a patient informed consent document should be used for telemedicine services. This document should contain the components outlined in a model informed consent document and specifically outline the risks and benefits of telemedicine;

(6) A patient should have the right to choose either telemedicine or in-person services when both are available; and

(7) Telemedicine should be considered as a tool to bring health care specialist consultation into the primary care office during the time of primary care visits to augment primary care capability of care for chronic and complex diseases and to effectively maximize what can be evaluated and treated in the patient's hometown and minimize the need for unnecessary specialty visits and patient travel.

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ADOPTED: MAY 2, 2011



BETH HARWELL, SPEAKER  
HOUSE OF REPRESENTATIVES



RON RAMSEY  
SPEAKER OF THE SENATE

APPROVED this 13<sup>th</sup> day of May 2011



BILL HASLAM, GOVERNOR