TELEHEALTH IN CALIFORNIA: LEGISLATIVE HISTORY

AB 2780 Established minimum standards for audio and visual telemedicine systems; required DHCS report on expanded application of telemedicine as potential Medi-Cal benefits.

AB 2120 Extended the sunset date for Medi-Cal reimbursement of teleophthalmology and teledermatology by store and forward until January 1, 2013.

AB 175 Expanded the definition of teleophthalmology by store and forward to include asynchronous transmissions by a licensed optometrist, for purposes of Medi-Cal reimbursement.

SB 33 Increased the number of hours of experience required for a marriage and family therapist licensure applicant to no more than 375 hours of providing services via telemedicine.

AB 1733 Clarified that telehealth provisions apply to all publicly supported programs under Medi-Cal, and PACE program; require telehealth practitioners to practice according the regulations relating to their profession.

AB 809 Required health care providers initiating telehealth to obtain and document verbal or written consent from the patient.

AB 1777 Removed sunset date for the provisions in the Telemedicine Act of 1996.

AB 329 Authorized the Medical Board of California to establish a pilot program to expand the practice of telemedicine.

AB 415 Updated the Telemedicine Act of 1996. Replaced term “telemedicine” with telehealth; broadened range of telehealth services; expanded telehealth providers to all licensed healthcare professionals; removed limits on the location; eliminated email/telephone ban; removed other Medi-Cal restrictions; removed sunset date for store-and-forward services; eased credentialing procedures; required verbal informed consent.

AB 2861 Allowed a licensed practitioner of the healing arts or a certified substance use disorder counselor to receive Medi-Cal reimbursement for substance use disorder services provided through telehealth.

AB 2315 Required Medi-Cal reimbursement for store and forward tele-dentistry.

AB 1494 Specifies that during an emergency face-to-face contact is not required in an enrolled community clinic for Medi-Cal beneficiaries.

AB 1784 Requires reimbursement, on the same basis, to the same extent and at the same rate as the same service provided in-person.

AB 1519 Specifies that all laws and regulations governing professional responsibility, unprofessional conduct and standards of practice apply to providers who provide telehealth services.

AB 93 Added an Associate Marriage and Family Therapist to the definition of a “health care provider” under statute that applies to telehealth and the need to obtain consent.

AB 116 Applied telemedicine provisions to dentists, podiatrists, psychologists, marriage and family therapists, and clinical social workers.

AB 234 Imposed a 125-hour limitation on experience earned via telemedicine for marriage and family therapist’s licensure examination purposes.

AB 1242 Required DHCS to allow psychiatrists to receive fee-for-service telemedicine Medi-Cal reimbursement (to sunset June 30, 2004).

AB 442 Required DHCS to allow psychiatrists to receive fee-for-service telemedicine Medi-Cal reimbursement (to sunset January 1, 2009).

AB 354 Authorized reimbursement for teleophthalmology and teledermatology by store and forward by Medi-Cal (to sunset January 1, 2009).

SB 922 Excluded telephone conversations and electronic mail messages from telemedicine definition; clarified laws related to medical information/records and surrogate decisions.

AB 1124 Added licensed optometrists to the practitioners subject to telemedicine provisions.

AB 210 Increased the number of hours of experience required for a marriage and family therapist licensure applicant to no more than 375 hours of providing services via telemedicine.

AB 175 Expanded the definition of teleophthalmology by store and forward to include asynchronous transmissions by a licensed optometrist, for purposes of Medi-Cal reimbursement.

AB 33 Increased the number of hours of experience required for a marriage and family therapist licensure applicant to no more than 375 hours of providing services via telemedicine.

AB 1474 Specifies that an appropriate prior examination does not require synchronous interaction between the patient and licensee and can be achieved through telehealth.

SB 1665 California’s landmark Telemedicine Development Act of 1996 established requirements regarding telemedicine payment and provision of care.

AB 809 Required health care providers initiating telehealth to obtain and document verbal or written consent from the patient.

AB 817 Increased the number of hours of experience required for a marriage and family therapist licensure applicant to no more than 375 hours of providing services via telemedicine.

AB 1264 Specifies that an appropriate prior examination does not require synchronous interaction between the patient and licensee and can be achieved through telehealth.

AB 1174 Required Medi-Cal reimbursement for store and forward tele-dentistry.

AB 329 Authorized the Medical Board of California to establish a pilot program to expand the practice of telemedicine.

AB 415 Updated the Telemedicine Act of 1996. Replaced term “telemedicine” with telehealth; broadened range of telehealth services; expanded telehealth providers to all licensed healthcare professionals; removed limits on the location; eliminated email/telephone ban; removed other Medi-Cal restrictions; removed sunset date for store-and-forward services; eased credentialing procedures; required verbal informed consent.

AB 744 Requires reimbursement, on the same basis, to the same extent and at the same rate as the same service provided in-person.

AB 1264 Specifies that an appropriate prior examination does not require synchronous interaction between the patient and licensee and can be achieved through telehealth.

AB 1519 Specifies that all laws and regulations governing professional responsibility, unprofessional conduct and standards of practice apply to providers who provide telehealth services.

AB 93 Added an Associate Marriage and Family Therapist to the definition of a “health care provider” under statute that applies to telehealth and the need to obtain consent.

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