



# ***TEXAS MEDICAL BOARD***

Mari Robinson, J.D.  
Executive Director

***Telemedicine Presentation***  
***Senate Health & Human Services Committee***  
***June 16, 2016***



# Mission Statement

“Our mission is to protect and enhance the public’s health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.”



# Rule 174

# Telemedicine within Texas - Rule 174

Telemedicine is allowed in Texas!



# Basic Principle #1



To practice medicine on a Texas patient a provider must be licensed in Texas or meet a licensing exemption.

# Basic Principle #2



There must be adequate diagnostic information gathered through a physical exam, excepting mental health services in most cases.

# Two Models

## Established Site

In the first model, a patient receives care through telemedicine at an “established medical site,” such as a hospital or clinic or other site that has the required medical professionals and equipment. There are no specific limitations on the types of care that a patient may receive at an established site, and both initial visits and follow up visits may be done at this type of site.

## Follow Up

In the second model, patients can access follow up health care via telemedicine (video conferencing with a live feed) from any location. Once an initial diagnosis is made in person or at an established site, the patient may receive follow-up care for that pre-existing condition via telemedicine in their homes.

# Example #1



A patient comes to a rural hospital suffering from symptoms of a stroke, but there is no neurologist on call. Can the hospital contact a neurologist via telemedicine & allow the patient to be evaluated and treated?





# YES

The hospital is an established site. Telemedicine can be used to connect the patient with a Texas licensed provider. The patient's information would be available to the provider, and the hospital staff would act as a site presenter. Other established sites could be a pharmacy, a school, an oil rig, etc., as long as there is a site presenter and diagnostic equipment.

## Example #2



A patient is seen in person by a physician for an annual check up, and is diagnosed with a chronic condition. Can they do follow up with the physician using telemedicine from their home?



# YES

The initial visit would allow the physician to establish a physician patient relationship with the patient and make an accurate diagnosis. Once that is done, follow may be done for up to a year without the necessity of an in person visit, assuming the standard of care is met. Additionally, new issues may be treated for 72 hours in the same way.

# Example #3



A patient wishes to receive mental health services from their home. Is this permitted?



# YES

Since a physical exam is not a traditional component to mental health services, most mental health can be provided easily in most all settings. A patient site presenter is not required. There are two exceptions to this: 1) If the standard of care dictates a physical exam for some reason, such as behavioral emergency as defined by 25 TAC §415.253. 2) If the standard of care would require the prescription of a controlled substance. This is prohibited by federal law.

# Example #4



A physician wishes to provide services to home bound patients without making them come to the office. An LVN in the practice visits the patients, using a laptop and diagnostic peripherals to send information to the physician. Is this allowed?



# YES

The LVN acts as a patient site presenter, and the technology she takes allows the physician to conduct a physical exam. This allows for the creation of a physician-patient relationship. The physician can diagnose and treat the patient from home, and do follow up for up to a year without the need for another visit as long as the standard of care is met.