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PCNP Past President

Peggy Pearl
PCNP Executive Director

Sent via email: Wcrawfor@pahousegop.com

August 27, 2018

The Honorable Mark Mustio, Chairman
House Professional Licensure Committee
416 Irvis Office Building
PO Box 202044
Harrisburg, PA 17120-2044

RE: Comment of the PA Coalition of Nurse Practitioners
Senate Bill 780: Telemedicine Act
Printer #: 1852

Dear Chairman Mustio:

The Pennsylvania Coalition of Nurse Practitioners (PCNP) is aware that Senator Vogel's office sent you our comment on Senate Bill 780, Telemedicine Act, printer #1852, which we have also attached to this letter. We would like to follow-up with you on a few additional items related to that bill.

PCNP provides additional comment in the following area:

Section 2: Definitions.

“Telemedicine technologies”

It is recommended that “electronic information” and “telecommunications technology” be independently defined. Then, the definition of “telemedicine technologies” would not need to exclude certain types of electronic information or telecommunication technology under part 2 of the definition.

If “electronic information” and “telecommunications technology” were independently defined, “telemedicine technologies” could be defined as follows:

“Telemedicine Technologies.” Electronic information and telecommunications technology that meets the requirements of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health act or other application federal or state law.

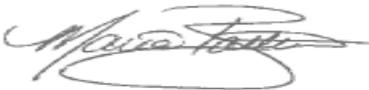
Suggested language for “electronic information” and “telecommunications technology” are also provided below:

“Electronic information.” Anything communicated digitally, including by telephone, except as provided under section 5(A)(3), but excluding electronic information that is transmitted by an audio-only medium, voicemail, facsimile, e-mail, instant message, text message or online questionnaire, or any combination thereof.

“Telecommunications technology.” Technology that provides for the transmission of signs, signals, messages, words, writings, images, sounds or information of any nature by wire, radio, optical or other electromagnetic systems, or as required under section 5(A)(3), but excludes the transmission of electronic information by an audio-only medium, voicemail, facsimile, e-mail, instant message, text message or online questionnaire, or any combination thereof.

The PCNP appreciates the opportunity to comment on Senate Bill 780, Telemedicine Act. Should you have any questions regarding the above or related to the letter that PCNP sent to Senator Vogel, please do not hesitate to contact me at 215-896-3846, ext. 702 or by email at maria@rckelly.com

Very respectfully,



Maria Battista, J.D., Ed.D.
Director of Policy and Government Affairs
PA Coalition of Nurse Practitioners

Enclosure: PCNP letter to Senator Vogel, June 14, 2018

c: The Honorable Harry Readshaw, Democrat Chairman, House Professional Licensure Committee via MTremmel@pahouse.net
The Honorable Elder Vogel, Jr. via cschriner@pasen.gov



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PCNP Past President

Peggy Pearl
PCNP Executive Director

Sent via email: cschriner@pasen.gov

June 14, 2018

The Honorable Elder Vogel, Jr.
Senate Box 203047
362 Main Capitol Building
Harrisburg, PA 17120-3047

RE: Comment of the PA Coalition of Nurse Practitioners
Senate Bill 780: Telemedicine Act
Printer #: 1852

Dear Senator Vogel:

Thank you for the opportunity to provide comment on Senate Bill 780, Telemedicine Act, printer # 1852.

The Pennsylvania Coalition of Nurse Practitioners (PCNP) is a state organization that promotes and protects the practice of over 11,000 certified registered nurse practitioners (CRNPs) in the Commonwealth of Pennsylvania. As the Telemedicine Act applies to Certified Registered Nurse Practitioners, among others, the PCNP is pleased to offer comment on this bill.

PCNP provides comment in the following areas:

Section 2: Definitions.

“Emergency Medical Condition”

A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or could ultimately result in death.

It is recommended that the additional six underlined words be added to the definition of “emergency medical condition.”

“Health care provider” or “provider”

While the PCNP recognizes that nurse practitioners would be considered a “health care practitioner”¹ as defined in section 103 of the Health Care Facilities Act as listed in item (1), and nurse practitioners are registered nurses as listed in item (10), it is recommended that the types of licensees or entities listed under “health care provider” or “provider” be consistent with those who would hold a license, certification or registration in another jurisdiction under the definition of “out-of-state health care provider.” By specifically outlining the types of licensees or entities who would be considered a “health care provider,” more clarity and consistency can also be provided as to who would also be classified as an “out-of-state health care provider.” Additionally, should nurse practitioners receive full practice authority, they would have a different designation and may not be considered under item (10) of the definition of “health care provider.”

“Licensure Board”

The PCNP does not object to this definition but would recommend that the words to be defined, i.e., “licensure board,” may be better suited as “health care licensure board” or “health licensure board.”

“On-call or cross-coverage services”

The PCNP recommends that on-call or cross-coverage services be expanded to include “like-kind” practices. The basis for this recommendation is that many solo practices, whether a nurse practitioner or a physician, would not be in the “same” group or the “same” health system as the designated provider. By adding “like-kind” practices, solo practitioners are permitted to designate another to provide evaluation and treatment through telemedicine on a temporary basis (as outlined in Section 5. Evaluation and treatment). Suggested language is provided as follows:

“On-call or cross-coverage services.” The provision of telemedicine by a health care provider designated by another provider with a provider-patient relationship to deliver services on a temporary basis so long as the designated provider is in the same group or health system or in a like-kind practice, has access to the patient's prior medical records, holds a valid license in this Commonwealth and is in a position to coordinate care.

“Out-of-state health care provider”

Please see comment above under “health care provider.” While the intent of the definition of “out-of-state health care provider” is to be classified as a “health care provider” automatically at item (11) if one of the additional 5 requirements are met under the definition of “out-of-state health care provider,” the definition of “out-of-state health care provider” may provide a much broader scope of those who would be classified as a health care provider than those who are considered a health care provider in the Commonwealth of Pennsylvania.

¹“Health care practitioner.” An individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board. Section 103 of Act of July 19, 1979 (P.L. 130, No. 48).

Additionally, it is recommended that the words “an appropriate” be removed from item (3) under “out-of-state health care provider,” which would then read as follows:

- (3) providing telemedicine services in response to an emergency medical condition, if the care for the patient is referred to a ~~an appropriate~~ health care provider in this commonwealth as promptly as possible under the circumstances;

“Telemedicine technologies”

It is recommended that “electronic information” and “telecommunications technology” be independently defined. Then, the definition of “telemedicine technologies” would not need to exclude certain types of electronic information or telecommunication technology under part 2 of the definition.

Section 5. Evaluation and treatment

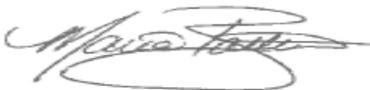
(a) Requirements

- (3) Provide an ~~appropriate~~ examination or assessment using telemedicine technologies.

It is recommended under Section 5(a)(3) that the term “appropriate” be removed. All other requirements listed under Section 5(a) do not use the term “appropriate” and leads to confusion as to what would be deemed appropriate. For example, section 5(a)(4) does not include the word “appropriate.” If it did, it would read: “Establish an appropriate diagnosis and treatment plan or execute an appropriate treatment plan.” Consistency in word choices for evaluation and treatment requirements will provide clarity and minimize confusion, including in any future litigation.

The PCNP appreciates the opportunity to comment on Senate Bill 780, the Telemedicine Act. Should you have any questions, please do not hesitate to contact me at 215-896-3846, ext. 702 or by email at maria@rckelly.com

Very respectfully,



Maria Battista, J.D., Ed.D.
Director of Policy and Government Affairs
PA Coalition of Nurse Practitioners