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RULE ADOPTIONS

Reporter

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NJ - New Jersey Register > 2020 > OCTOBER > OCTOBER 19, 2020 > RULE ADOPTIONS > LAW AND PUBLIC SAFETY -- DIVISION OF CONSUMER AFFAIRS

Agency

LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY ADVISORY COMMITTEE

Administrative Code Citation

Adopted New Rules: N.J.A.C. 13:44C-11

Text

Telemedicine

Proposed: November 4, 2019, at 51 N.J.R. 1600(a).

Adopted: August 8, 2020, by Paul R. Rodriguez, Acting Director, Division of Consumer Affairs.

Filed: September 9, 2020, as R.2020 d.095, **without change.**

Authority: N.J.S.A. 45:3B-24 and P.L. 2017, c. 117.

Effective Date: October 19, 2020.

Expiration Date: January 15, 2023.

Summary of Public Comments and Agency Responses:

The official comment period ended January 3, 2020. The Director received comments on the notice of proposal from the following individuals:

1. Shari B. Robertson, Ph.D., CCC-SLP, President, American Speech-Language-Hearing Association; and

2. Robynne Kratchman, President, New Jersey Speech-Language-Hearing Association.

1. COMMENT: A commenter supports the use of telemedicine to provide audiology and speech-language pathology services and the new rules.

RESPONSE: The Director thanks the commenter for her support.

2. COMMENT: A commenter asks if N.J.A.C. 13:44C-11.3(a) requires a licensee to evaluate a patient in-person to determine if services can be provided through telemedicine or telehealth. The commenter recommends that the rule be rewritten to clarify that such evaluations can be done through electronic communications.

[page=1926] RESPONSE: P.L. 2017, c. 117, established that an in-person visit with a patient is not required in order to provide services using telemedicine or telehealth. Similarly, N.J.A.C. 13:44C-11.3(a) does not require an in-person visit. The rules require a licensee to determine if services can be provided through telemedicine or telehealth consistent with the standard of care when services are provided in-person. As the rule does not require patient evaluation, it is not necessary to amend the rule as the commenter recommends.

3. COMMENT: A commenter understands that P.L. 2017, c. 117, requires that telemedicine be conducted using a video component and questions why the rules permit a licensee to provide services without video.

RESPONSE: N.J.S.A. 45:1-62.c(2) permits a licensee to use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if the licensee determines services provided through audio communication would meet the same standard of care as when services are provided in-person. N.J.A.C. 13:44C-11.5(e) recognizes that the statute allows licensees to provide services without video capabilities.

4. COMMENT: A commenter recommends that N.J.A.C. 13:44C-11.8 be amended to clarify that a patient has the right to refuse services based on the fact that they are offered through telemedicine or telehealth.

RESPONSE: Patients always have the right to refuse services without regard to the method by which those services are provided. It would be inappropriate to change N.J.A.C. 13:44C-11.8 to clarify that patients have this right when services are provided through telemedicine or telehealth as it is understood by the patient community as fundamental,

and could also suggest that this right does not exist when patients are provided services in-person.

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the adopted new rules.

Full text of the adopted new rules follows:

SUBCHAPTER 11. TELEMEDICINE

13:44C-11.1 Purpose and scope

(a) The purpose of this subchapter is to implement the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.), which authorizes healthcare providers to engage in telemedicine and telehealth.

(b) This subchapter shall apply to all persons who are licensed by the Committee as audiologists and/or speech language pathologists.

(c) Pursuant to N.J.S.A. 45:1-62, an audiologist and/or speech language pathologist must hold a license issued by the Committee if he or she:

1. Is located in New Jersey and provides health care services to any patient located in, or out of, New Jersey by means of telemedicine or telehealth; or

2. Is located outside of New Jersey and provides health care services to any patient located in New Jersey by means of telemedicine or telehealth.

(d) Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct patient care, will not be considered as providing health care services to a patient in New Jersey consistent with N.J.S.A. 45:3B-1 et seq., and will not be required to obtain licensure in New Jersey in order to provide such consultation.

13:44C-11.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Asynchronous store-and-forward" means the acquisition and transmission of images, diagnostics, data, and medical information either to or from an originating site or to or from the licensee at a

distant site, which allows for the patient to be evaluated without being physically present.

"Committee" means the Audiology and Speech-Language Pathology Advisory Committee.

"Cross-coverage service" means a licensee engages in a remote medical evaluation of a patient, without in-person contact, at the request of another licensee who has established a proper licensee-patient relationship with the patient.

"Distant site" means a site at which a licensee is located while providing health care services by means of telemedicine or telehealth.

"Licensee" means an individual licensed by the Committee as an audiologist and/or speech language pathologist.

"On-call" means a licensee is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the licensee has temporarily assumed responsibility, as designated by the patient's primary care licensee or other health care provider of record.

"Originating site" means a site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.

"Telehealth" means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

"Telemedicine" means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care licensee who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening licensee, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). "Telemedicine" does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

13:44C-11.3 Standard of care

(a) Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through

telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.

(b) If a licensee determines, either before or during the provision of services, that services cannot be provided through telemedicine or telehealth in a manner that is consistent with in-person standards of care, the licensee shall not provide services through telemedicine or telehealth.

(c) A licensee who determines that services cannot be provided through telemedicine or telehealth, pursuant to (b) above, shall advise the patient to obtain services in-person.

(d) A licensee who provides a diagnosis, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a patient's treatment options, through telemedicine or telehealth shall be held to the same standard of care or practice standards as are applicable to in-person settings.

13:44C-11.4 Licensee-patient relationship

(a) Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-patient relationship by:

1. Identifying the patient with, at a minimum, the patient's name, date of birth, phone number, and address. A licensee may also use a patient's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the patient; and

2. Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

(b) Prior to an initial contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, a licensee shall review the patient's history and any available records.

(c) Prior to initiating contact with a patient for the purpose of providing services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in person. The licensee shall make this determination prior to each unique patient encounter.

(d) Prior to initiating contact with a patient, a licensee shall provide the patient the opportunity to sign a consent form that authorizes the licensee [page=1927] to release records of the encounter to the patient's primary care licensee or other health care provider identified by the patient.

(e) Notwithstanding (a), (b), and (c) above, services may be provided through telemedicine or telehealth without a proper licensee-patient relationship if:

1. The provision of services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

2. The provision of services is during episodic consultations by a specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;

3. A licensee furnishes assistance in response to an emergency or disaster, provided that there is no charge for the assistance; or

4. A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

13:44C-11.5 Provision of services through telemedicine or telehealth

(a) As long as a licensee has satisfied the requirements of N.J.A.C. 13:44C-11.4, a licensee may provide health care services to a patient through the use of telemedicine and may engage in telehealth to support and facilitate the provision of health care services to patients.

(b) Prior to providing services through telemedicine or telehealth, a licensee shall determine the patient's originating site and record this information in the patient's record.

(c) A licensee providing healthcare services through telemedicine shall use interactive, real-time, two-way communication technologies, which shall include, except as provided in (e) below, a video component that allows a licensee to see a patient and the patient to see the licensee during the provision of services.

(d) A licensee providing services through telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of:

1. Images;
2. Diagnostics;
3. Data; and

4. Medical information.

(e) If, after accessing and reviewing the patient's records, a licensee determines that he or she is able to meet the standard of care for such services if they were being provided in-person without using the video component described in (c) above, the licensee may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without a video component.

(f) During the provision of services through telemedicine or telehealth, and after the provision of services, a licensee, or another designated licensee, shall provide his or her name, professional credentials, and contact information to the patient. Such contact information shall enable the patient to contact the licensee for at least 72 hours following the provision of services, or for a longer period if warranted by the patient's circumstances and accepted standards of care.

(g) Prior to providing services through telemedicine or telehealth, a licensee shall review any history or records provided by a patient as follows:

1. For an initial encounter with a patient, history and records shall be reviewed prior to the provision of services through telemedicine or telehealth; and

2. For any subsequent interactions with a patient, history and records shall be reviewed either prior to the provision of services through telemedicine or telehealth, or contemporaneously with the encounter with the patient.

(h) After the provision of services through telemedicine or telehealth, a licensee shall provide the patient, upon request, with his or her records created due to the services provided.

(i) A licensee shall provide, upon a patient's written request, the patient's information to the patient's primary care provider or to other health care providers.

(j) A licensee engaging in telemedicine or telehealth shall refer a patient for follow-up care when necessary.

13:44C-11.6 Records

A licensee who provides services through telemedicine or telehealth shall maintain a record of the care provided to a patient. Such records shall comply with the requirements of N.J.A.C. 13:44C-8.1, and all other applicable State and Federal statutes, rules, and regulations for recordkeeping, confidentiality, and disclosure of a patient's record.

13:44C-11.7 Prevention of fraud and abuse

(a) In order to establish that a licensee has made a good faith effort to prevent fraud and abuse when providing services through telemedicine or telehealth, a licensee must establish written protocols that address:

1. Authentication and authorization of users;
2. Authentication of the patient during the initial intake, pursuant to N.J.A.C. 13:44C-11.4(a)1;
3. Authentication of the origin of information;
4. The prevention of unauthorized access to the system or information;
5. System security, including the integrity of information that is collected, program integrity, and system integrity;
6. Maintenance of documentation about system and information usage;
7. Information storage, maintenance, and transmission; and
8. Synchronization and verification of patient profile data.

13:44C-11.8 Privacy and notice to patients

(a) Licensees who communicate with patients by electronic communications other than telephone or facsimile shall establish written privacy practices that are consistent with Federal standards under 45 CFR 160 and 164, which are incorporated herein by reference, as amended and supplemented, relating to privacy of individually identifiable health information.

(b) Written privacy practices required pursuant to (a) above shall include privacy and security measures that assure confidentiality and integrity of patient-identifiable information. Transmissions, including patient email and laboratory results, must be password protected or protected through substantially equivalent authentication techniques.

(c) A licensee who becomes aware of a breach in confidentiality of patient information, as defined at 45 CFR 164.402, shall comply with the reporting requirements of 45 CFR 164.

(d) Licensees, or their authorized representatives, shall provide a patient, prior to evaluation or treatment, with copies of written privacy practices and shall obtain the patient's written acknowledgement of receipt of the notice.

(e) Licensees who provide services through telemedicine or telehealth, or their authorized representatives, shall, prior to providing services, give patients notice regarding telemedicine and telehealth, including the risks and benefits of being treated through telemedicine or telehealth and how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. A licensee shall obtain a signed and dated statement indicating that the patient received this notice.

(f) When telemedicine or telehealth is unable to provide all pertinent clinical information that a licensee exercising ordinary skill and care would deem reasonably necessary to provide care to a patient, the licensee shall inform the patient of this prior to the conclusion of the provision of care through telemedicine or telehealth and shall advise the patient regarding the need for the patient to obtain an additional in-person evaluation reasonably able to meet the patient's needs.

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