**South Carolina General Assembly**

119th Session, 2011-2012

**H. 3955**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Patrick, Bannister, Erickson, Clemmons, Hamilton, Hardwick, Hearn, Herbkersman, Hixon, Horne, Murphy, Nanney, Norman, Ryan, G.R. Smith, J.R. Smith and Tallon

Document Path: l:\council\bills\nbd\11441ac11.docx

Introduced in the House on March 16, 2011

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Telemedicine

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/16/2011 House Introduced and read first time ([House Journal‑page 12](file:///h:\hj%20archive\2011\03-16-11.docx))

3/16/2011 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 12](file:///h:\hj%20archive\2011\03-16-11.docx))

**VERSIONS OF THIS BILL**

[3/16/2011](file:///p:\pprever\2011-12\3955_20110316.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 3 TO CHAPTER 47, TITLE 40 SO AS TO PROVIDE FOR THE PRACTICE OF TELEMEDICINE BY LICENSED PHYSICIANS WHO USE TELECOMMUNICATION SYSTEMS IN ADDITION TO OR IN REPLACEMENT OF FACE-TO-FACE PATIENT VISITS; TO PROVIDE CERTAIN GEOGRAPHIC, PATIENT EVALUATION, AND STANDARD OF CARE REQUIREMENTS FOR THE PRACTICE OF TELEMEDICINE; AND TO PROVIDE THAT PHYSICIANS PRACTICING TELEMEDICINE ARE SUBJECT TO THE SAME DISCIPLINARY STANDARDS AND PROCEDURES AS PHYSICIANS WHO DO NOT PRACTICE TELEMEDICINE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Article 3

Telemedicine

Section 40-47-310. (A) This article governs the practice of medicine using telecommunication systems as an adjunct to, or replacement for, traditional face‑to‑face patient visits.

(B) This article does not apply to the use of an electronic means by a treating physician licensed in this State who is seeking consultative services of another licensed health care provider with respect to an individual patient.

Section 40-47-320. As used in this article:

(1) ‘Consultative service’ means a service provided by a physician for the sole purpose of offering an expert opinion or advising the treating physician about an individual patient. ‘Consultative service’ does not include decisions that direct patient care or interpretation of images, tracings, or specimens on a regular basis.

(2) ‘Face‑to‑face’ means within each other’s sight and presence.

(3) ‘Interpretive services’ means official readings of images, tracings, or specimens through a telemedicine link. ‘Interpretive services’ includes remote, real‑time monitoring of a patient being cared for within a health care facility.

(4) ‘Notice of privacy practices’ means a written statement that meets the requirement of the Health Insurance Portability and Accountability Act of 1996.

(5) ‘Physician‑patient relationship’ means a relationship between a physician and a patient in which there is an exchange of individual, patient‑specific information.

(6) ‘Real‑time’ means simultaneously or quickly enough to allow two or more individuals to conduct a conversation.

(7) ‘Telemedicine’ means the practice of medicine from a distance in which intervention and treatment decisions and recommendations are based on clinical data, documents, and information transmitted through telecommunications systems.

Section 40-47-330. An individual must be a physician licensed in this State in order to practice telemedicine if one or both of the following occurs:

(1) the individual practicing telemedicine is physically located in South Carolina;

(2) the patient is in this State.

Section 40-47-340. (A) A physician shall perform a patient evaluation adequate to establish diagnoses and identify underlying conditions or contraindications to recommended treatment options before providing treatment or prescribing medication.

(B) If a physician‑patient relationship does not include prior in‑person, face‑to‑face interaction with a patient, the physician shall incorporate real‑time auditory communications or real‑time visual and auditory communications to allow a free exchange of information between the patient and the physician performing the patient evaluation.

Section 40-47-350. (A) A physician shall ensure that the quality and quantity of data and other information is sufficient in making medical decisions.

(B) When a physician is providing interpretive services, the physician shall ensure that there is no clinically significant loss of data from image acquisition through transmission to final image display.

(C) A physician practicing telemedicine shall:

(1) except when providing interpretive services, obtain and document patient consent;

(2) create and maintain adequate medical records;

(3) follow requirements of state and federal law and regulations with respect to the confidentiality of medical records and disclosure of medical records; and

Section 40-47-360.The Board of Medical Examiners shall use the same standards in evaluating and investigating a complaint and disciplining a licensee who practices telemedicine as it would use for a licensee who does not use telemedicine technology in the licensee’s practice.

Section 40-47-370. The board shall promulgate regulations to implement the provisions of this article.”

SECTION 2. This act takes effect upon approval by the Governor.

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