

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	4 - 0 - 1
Yeas:	Kruse, Shields, Steiner Hayward, Monnes Anderson
Nays:	0
Exc.:	Knopp
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	3/18, 4/11

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) adopt uniform credentialing and privileging standards for providers of telemedicine services. Specifies required information and documents for credentialing a telemedicine provider. Requires OHA consult with originating-site and distant-site hospitals in rule making process. Modifies telemedicine definition. Authorizes a hospital to accept credentials of telemedicine providers either by agreement with distant-site hospital or by providers meeting credentialing and privileging standards established by OHA. Operative date October 1, 2013. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Impact of telemedicine
- Difference between credentialing and hospital privileges
- Each hospital has different credentialing and privileging standards
- Importance of maintaining hospitals authority
- Maintaining integrity of site
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Replaces original measure.

BACKGROUND: Telemedicine makes it possible for Oregon Health & Science University medical experts to treat patients almost anywhere in the state without leaving Portland area. Telemedicine has allowed 135 patients to receive medical care from their communities and saved more than \$2 million in transport costs.

Currently, telemedicine providers must be credentialed members of the medical staff of the hospitals to which they provide medical services. Each hospital has its credentialing procedures and requirements, which can create additional barriers to providing care for patients. The increased time for credentialing has had a negative impact on this cost-saving care model.

Senate Bill 569-A creates a standardized credentialing requirements for telemedicine providers.

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This summary has not been adopted or officially endorsed by action of the committee.