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New Michigan Laws Cover Telemedicine Technologies in Health Care Professional/Patient Care: “The Doctor will see you now.”

Michigan health care professionals and their patients have a new option for office visits and even hospital care: telemedicine. On June 28, 2012, Governor Snyder approved two laws that give health professionals and patients insurance coverage if they use new telemedicine technology to diagnose and treat medical issues and for patient education. Formerly, professionals and patients had to see each other in person before private insurance would pay for all or part of the visit. In approving telemedicine encounters, patients insured by Blue Cross/Blue Shield Michigan, HMOs and private insurers, join Michigan Medicaid and Medicare beneficiaries in having increased access to covered health services. Virtual office visits may occur in patients’ homes. Patients may receive care in hospitals by physicians far away who are virtually rounding. This new opportunity gives greater meaning to “the doctor will see you now.” These care giving methods have the potential to revolutionize the way in which care is delivered to the elderly, individuals with mobility issues, those in rural areas and virtually everyone else. According to Telemedicine.com, Inc., the top three uses of telemedicine currently are radiology, dermatology and psychiatry.

Telemedicine uses telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information to patients and health professionals in different locations. Telemedicine includes interactive audio, video, remote patient monitoring devices and other electronic media as an interface between health practitioners and patients. The term usually does not include services provided using audio or video-only, telephone, e-mail or fax transmissions, as these do not permit real time, two-way, interactive communication between the parties.

Doctors and patients will have a wide array of ways to interact with one another in addition to face-to-face visits and have insurance coverage. To be considered “telemedicine” under private insurance coverage, health care professionals have to be able to examine the patient via a real-time, interactive audition, or video, or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided. Telemedicine services must be provided by a health professional that is licensed, registered, or otherwise authorized to engage in his or her health profession in the state where the patient is located. For example, a physician could provide telemedical care to a Michigan patient if licensed in Michigan, but if the patient was a Florida snowbird, could only provide telemedical care to the patient in Florida if also licensed in Florida.

Insurance coverage for telemedical services will revolutionize options for care in Michigan. Telemedicine fills a void in health care delivery to patients without adequate, customary access to health professionals. An Ann Arbor psychiatrist can treat a college student in Houghton at home. A dermatologist in Grand Rapids can view skin malignancies on a patient in a correctional facility. A Traverse City cardiologist can monitor a heart attack patient in a rural hospital in St. Ignace. With Michigan law now requiring private payer reimbursement of telemedicine services, Michigan health professionals, patients and their insurers can expect to see the widespread adoption of telemedicine services.

The fiscal impact statements issued with the two laws anticipate that there will be an increase in covered services provided by private health insurers, with an associated increase in costs. However, the substitution of telemedicine for other services, such as ambulance, emergency room or outpatient clinic visits, could result in a cost reduction. The fiscal impact on State and local governments as employers was indeterminate. It was noted that Michigan Medicaid already covers telemedicine services, as does Medicare in certain situations. Another consequence is that geography will no longer be a barrier to access to care and there will be competition to deliver health care services via telemedicine services throughout the State by academic medical centers and hospital systems and physician groups, regardless of traditional bricks and mortar infrastructure. Professional services can be provided by anyone anywhere with the capital and expertise to harness information technology. Health care will never be the same.

With the onset of the many changes to health care delivery the effective use of telemedicine as an option for interaction should be an aid to health care professionals allowing them to leverage their time and resources while at the same time controlling costs. The reimbursement for these services will also allow health professionals to maximize their practice efforts. "The doctor will see you now" has become a reality. And that is good for patients too.

Susan H. Patton

734.213.3432

patton@butzel.com

Robert H. Schwartz

248.258.2611

schwartzrh@butzel.com

Health Care Industry Group

Robert H. Schwartz

248 258 2611

schwartzrh@butzel.com

Thomas R. McAskin

248 258 2511

mcaskin@butzel.com

Susan H. Patton

734 213 3432

patton@butzel.com

Adele P. Jorissen

248 258 7864

jorissena@butzel.com

Debra A. Geroux

248 258 2603

geroux@butzel.com

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