The Arkansas State Medical Board (ASMB) has recently created a Telemedicine Advisory Committee whose purpose is to advise the ASMB on “how to pursue telemedicine regulations and/or statutory changes that support the prudent practice of telemedicine in Arkansas that protects public health and preserves the patient-physician relationship.” The ASMB recognizes that telemedicine has great potential to improve patient access to health care while fulfilling the Board’s mission to ensure that access protects the safety and welfare of the patient.

Telemedicine can expedite access to specialty care in rural areas. Arkansas telemedicine programs such as ANGELS (maternal fetal medicine) and the Arkansas SAVES (stroke intervention) have successfully functioned within the state. Many hospitals routinely use E-ICU and other monitoring programs that have improved patient care and safety. The ASMB is cognizant of the benefits these programs have provided the citizens and going forward recognize that additional services implemented without careful scrutiny could create the potential for suboptimal care as well as cause potential harm.

Act 887 of 2015 (The Telemedicine Act) empowers the ASMB to write rules concerning telemedicine. The Telemedicine Act and Regulation 2.8 from the ASMB currently require the physician to conduct an in-person history and physician examination to establish a physician/patient relationship prior to the treatment and prescribing of medications. Currently, there are several narrow specialty exceptions such as radiology and pathology that neither treat nor prescribe medications directly. In addition, the regulation allows for cross-coverage by a telemedicine physician with the patient’s primary care physician (PCP) where the physician/patient relationship has been established and where coverage is allowed by a contractual relationship with a cross-coverage service.

The advances in technology, the amount of information that can be gathered and provided electronically allows the Board to consider alternatives beyond current Arkansas law. It is important to note that even the most thoroughly thought out rules and regulations could have unintended negative consequences therefore, it is imperative that changes be analyzed from all sides.

Several stakeholders are involved in this process: patients, healthcare providers, employers, insurers, technology investors and vendors, medical corporations, as well as state governing bodies. In order for consideration to be all inclusive, the Committee invites any interested parties to assist by submitting in writing any viewpoint you wish the Committee to consider. Specifically, the Committee is soliciting any interested party’s comments on how to facilitate expanded telemedicine services in Arkansas that protect public health, while also expanding access to services.

The Committee requests that any interested parties submit answers to the following questions by Monday, August 3, 2015 for consideration by the Committee at its upcoming meeting. Please include the name of the person submitting comments and organization/company, if any, that the submitter represents.
1. Please describe in detail what you consider to be an optimal form of telemedicine that protects public health while increasing access to physician services in Arkansas.

2. Explain how your answer to Question 1 will benefit patients in Arkansas.

3. Describe the minimum technology requirements needed to support the type of telemedicine that you described in your answer to Question 1.

4. Explain the relationship that should exist between the telemedicine practitioner and primary care physician. What is the best way to ensure continuity of care between these two providers?

5. What safety mechanisms do you believe should exist to protect patients from suboptimal care being delivered through telemedicine?

6. Describe the minimum standards that should be required to establish a patient-physician relationship through telemedicine.