

TMB Adopts Rules Expanding Telemedicine Opportunities

The Texas Medical Board adopted telemedicine rules on April 10, representing the best balance of convenience and safety by ensuring quality health care for the citizens of Texas. The rules expand opportunities for patients to interact with their physicians beyond the traditional office visit and clarify that a physician-patient relationship can be established through a “face-to-face” visit held either in person or via telemedicine. Essentially the only scenario prohibited in Texas is one in which a physician treats an unknown patient using telemedicine, without any objective diagnostic data, and no ability to follow up with the patient.

The rules authorize the following types of telemedicine:

- **Patients can interact with their physicians via telemedicine beyond the traditional office visit** including receiving appropriate care from their homes, between multiple health care settings, and from other medical sites like a school nurse’s office, a fire station or even an oil rig.

Example: A patient with a heart condition on an oil rig in the Gulf of Mexico can receive telemedicine treatment from a cardiac specialist in Houston as long as the rig has sufficient diagnostic equipment and a trained medical professional, such as a licensed vocational nurse, available to assist in presenting the patient’s vital signs and other objective medical information needed by the Houston physician.

- **Once a physician has made an initial diagnosis of a patient through a face-to face visit held either in person or via telemedicine, the physician can treat a patient for their preexisting condition, via telemedicine, for up to one year in their home.** The presence of another medical provider to assist in communicating the patient’s diagnostic information to the physician is only required for the initial consultation.

Example: A patient with diabetes in rural north Texas is treated and prescribed medication at home via telemedicine by a doctor in Dallas. The initial relationship was established through face-to-face videoconferencing at the patient’s home where a state licensed or certified health care professional was present to transmit the patient’s vital signs and other objective diagnostic data to the physician.*

- **A physician can provide mental health services to a patient via telemedicine at the patient’s home, which can include a group or institutional setting where the patient is a resident.** No other health care provider is required to be with the patient to present the patient’s symptoms to the physician unless there is a behavioral emergency.

Example: A west Texas patient in an assisted living facility can be treated for bipolar disorder with a mood stabilizer via telemedicine, in keeping with federal guidelines, by an Austin psychiatrist without an additional medical professional being present.

Given the amount of misinformation published about the rules, below are key clarifications on what the rules do not do. **The rules do not:**

- **limit a patient to an in-person visit to establish a physician-patient relationship before receiving treatment,** the relationship can also be established via appropriate face-to-face telemedicine;
- **change traditional on-call coverage used by many physicians’ offices;** physicians, who are in the same medical specialty and provide reciprocal services, may provide on-call telemedicine medical services for each other’s active patients;
- **severely restrict the types of telemedicine scenarios authorized in Texas;** the rules expand the scenarios already allowed to include greater access to treatment from a patient’s home and greater access to treatment for behavioral and mental health.

* There was confusion in the original release with the use of the term “medical assistant” in a practice example. A medical assistant is not licensed or certified in the state of Texas. Board rules require a patient site presenter to be a licensed or certified health care professional in the state, such as an emergency medical technician (EMT), nurse, physician assistant, pharmacist, etc. See [§174.2\(7\)](#).