



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

DEC 21 2012

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
COMMANDER, JOINT TASK FORCE NATIONAL CAPITAL
REGION-MEDICAL

SUBJECT: Waiver of Restrictive Licensure and Privileging Procedures to Facilitate the
Expansion of Telemedicine Services in the Military Health System

- References:
- (a) Department of Defense 6025.13-R, "Clinical Quality Assurance in the Military Health System," June 11, 2004
 - (b) Title 10, United States Code, Section 1094(d) (as amended by Section 713 of the National Defense Authorization Act for Fiscal Year 2012)
 - (c) Title 32, United States Code, Section 502(f) (2011)
 - (d) The Joint Commission Comprehensive Accreditation and Certification Manual, July 1, 2012 (see Standard Medical Staff 13.01.01 titled "Telemedicine")
 - (e) Sections 482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2) of Title 42, Code of Federal Regulations (Regulations of the Centers for Medicare and Medicaid Services)
 - (f) American Telemedicine Association, www.americantelemed.org, "Telemedicine Standards & Guidelines," current edition
 - (g) American Telemedicine Association, "Practice Guidelines for Videoconferencing-Based Telemental Health," current edition

In order to facilitate the expansion of telemedicine services in the Military Health System, this memorandum waives selective provisions of Reference (a). This waiver is conditioned on the specific provisions of this memorandum, and shall remain in effect, unless modified or revoked, until the cancellation and reissuance of Reference (a), or the issuance of a Department of Defense (DoD) Instruction for or including telemedicine.

A. Portability of State Licensure for Telemedicine Providers.

The requirements of Chapter 4 of Reference (a) that health care providers who are not members of the Armed Forces must have a local license in order to carry out official duties off-base is waived for purposes of performing authorized telemedicine services. Portability of state licensure regulations for members of the Armed Forces is expanded per Reference (b).

Licensed health care providers who are not members of the Armed Forces but who are performing authorized telemedicine duties consistent with Reference (b) are granted this waiver, subject to the following limitations:

1. The health care provider must be a civilian employee of DoD, DoD personal services contractor, a member of a non-DoD Uniformed Service assigned to DoD, a civilian employee of the Department of Veterans Affairs (VA), or a member of the National Guard performing training or duty under section 502(f) of Title 32 (Reference (c)) in response to an actual or potential disaster. This waiver does not cover non-personal services contractor personnel.

2. The health care provider must meet the same qualifications that apply to Active Duty personnel under paragraph C4.2.2 of Reference (a) and are subject to the same investigations and reports procedures as apply to military personnel under paragraph C4.2.4 of Reference (a).

3. Requirements to notify State Licensing boards per section C4.2.3.1 of Reference (a) are waived when services are provided via telemedicine.

B. Clinical Privileging for Telemedicine Providers.

For facilities that grant clinical privileges, the requirements of section C4.4 of Reference (a) for credentialing and granting of clinical privileges are modified such that the privileging authority of the facility where the patient is located (“originating site”) may choose to rely on the credentialing and privileging determinations of the facility where the provider is located (“distant site”) to make local privileging decisions. This is known as “privileging by proxy,” and decisions must incorporate applicable standards as identified by Reference (d) to include requirements of the originating site to make final privileging decisions. These modifications are conditional on the following:

1. The originating and distant site facilities are accredited by the Joint Commission, the Accreditation Association for Ambulatory Healthcare, or other appropriate accrediting entity designated by the Chief Medical Officer of TRICARE Management Activity. Hospitals must meet the standards in Reference (d) for privileging by proxy.

2. The distant site provider is privileged at the distant site facility to provide the identified services and is authorized to provide telemedicine services. The provider must request to the originating (“patient”) site facility permission to use current privileges to provide care to patients in the originating site. The request must be appropriately documented. The distant site facility must provide at a minimum a copy of the distant site provider’s current list of credentials, privileges, and proof of Health Insurance Portability and Accountability Act training.

3. The originating (“patient”) site facility has evidence of periodic internal reviews of the distant site practitioner’s performance of these privileges and receives such performance information, including all adverse events resulting from telemedicine services, for use in the periodic appraisals.

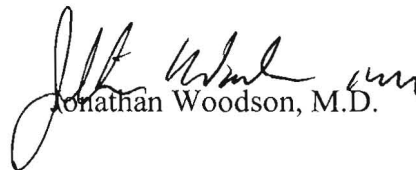
4. The privileging authority of the originating site may choose to use the Interfacility Credentials Transfer Brief (ICTB) as a source to rely upon the credentialing and privileging determinations of the distant site.

5. If the distant site facility is not a Military Treatment Facility (MTF) or VA hospital, or otherwise does not have access to ICTB, its medical staff credentialing and privileging process and standards at least meet the standards at Reference (e).

C. Additional Conditions.

The use of an originating or distant site that is not a MTF or VA medical facility, but is an installation, armory, or other non-medical fixed DoD location, a DoD mobile telemedicine platform, or a civilian sector hospital, clinic, or TRICARE network provider's office, is permissible under this memorandum unless restricted by the Surgeon General or designee(s) concerned, or Commander, Joint Task Force-National Capital Region Medical Command. Prior to engaging in telemedicine services, the applicable medical command(s) must ensure with respect to originating and distant sites and the providers involved that:

1. Patients and providers are provided with a secure and private setting.
2. Arrangements have been made for appropriate clinical support, including access by local emergency services, should the need arise.
3. The facilities and providers meet applicable telecommunication and technology guidelines of the American Telemedicine Association (References (f) and (g)).


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cc:
Surgeon General of the Army
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