COMMITTEE ON HEALTH, HOSPITALS, AND HUMAN SERVICES

11/08/2018-REPORTED OUT TO THE COMMITTEE ON RULES AND THE JUDICIARY

BILL NO. 32-0147

Thirty-Second Legislature of the Virgin Islands

November 7, 2017

An Act amending the Virgin Islands Code title 27, chapter 1, subchapter I relating to the special restricted licensing of physicians and subchapter IIa relating to the practice of telemedicine; amending title 19, chapter 15, relating to the licensing, inspection and regulation of healthcare facilities and health services; and amending title 33, chapter 3, relating to exemptions from the payment of gross receipts on all Medicaid and Medicare payments

PROPOSED BY: Senator Nereida Rivera-O'Reilly

Be it enacted by the Legislature of the Virgin Islands:

SECTION 1. Title 27 Virgin Islands Code, chapter 1, subchapter I, section 7 is amended in the following instances:

(a) The term, "temporary" is stricken wherever it appears in the section and "special restricted" is inserted in its place.

(b) Subsection (a) is amended at the end of paragraph (1) by adding "If the applicant has an unrestricted license in any United States jurisdiction, no Special Purpose Examination of

the Federation of State Medical Boards of the United States (SPEX) or other examination is required."

(c) Subsection (b), paragraph (1), subparagraph (C) is amended by striking all the language after "terminate" and inserting "after 5 years, but is renewable upon the payment of the fee".

(d) Subsection (c) is amended by striking paragraph (5) in its entirety and re-designating the remaining paragraph accordingly.

SECTION 2. Title 27 Virgin Islands Code, chapter 1, subchapter IIa is amended in the following instances:

(a) Section 45a, is amended by:

(1) striking the language in subsection (b) and inserting new language that reads as follows: "Licensure for Telemedicine' means a telemedicine license or any current Virgin Islands physician licensure, including; unrestricted, institutional, special restricted and special unrestricted."

(2) striking subsection (c) and inserting a new subsection (c) that reads as follows:

"(c) "Originating site" means the location of the patient or attending healthcare professional anywhere within the Territory."

(3) striking in subsection (e) "inter-hospital cooperation" and inserting "a cooperative agreement" and inserting "or licensed physician" after "hospital".

(b) Section 45c is amended:

(1) in subsection (b) by striking "as a participant, of a group license for the practice of telemedicine in the Territory" and inserting "of a Virgin Islands medical license"; and

(2) by striking subsection (c) in its entirety and inserting a new subsection (c) that reads as follows: "(c) Telemedicine services in the Territory shall operate in accordance with current accepted core standards for telemedicine operations."

(c) Section 45d is amended:

(1) in the title by striking "Regulation" and inserting "licensure";

(2) by striking the terms, "institutional telemedicine group licensure" and "Institutional Telemedicine Group License" wherever they appear and inserting in their place "telemedicine licensure" or "telemedicine license", as appropriate;

(3) in subsection (a) by striking "group" and "as a group" in the first sentence, and in the second sentence by striking "group" and "institutional" and by inserting after the second sentence the following: "Any healthcare professional licensed in the Virgin Islands may practice telemedicine without restriction.";

(4) in subsection (b) by striking all the language after "examination room with" in the first sentence and inserting "the patient's Virgin Islands-licensed health care professional.";

(5) in subsection (c):

(A) in the introductory clause by striking "group"

(B) in paragraph (1) by striking "licensed as a member of a group" and inserting "holding only a telemedicine license";

(C) in paragraph (2), subparagraph (A) striking all the language and inserting new language that reads as follows: "Establishing a relationship and coordinating with the patient's Virgin Islands-licensed healthcare professional.";

(6) in subsection (d) by striking "through group licensure".

(7) In subsection (e) by inserting "and Virgin Islands-licensed health care professionals" after "medical centers" and by striking "group licensed telemedicine providers as institutional providers" and inserting "licensed providers of telemedicine services".

SECTION 3. Title 19 Virgin Islands Code, chapter 15 is amended in the following instances:

(a) Section 222 (2) is amended by striking "the obligation of capital expenditures".

(b) Section 225 is amended by:

(1) striking in the first sentence, the word, "Upon" and inserting in its place, "Not later than 60 days after" and by striking all the language after "shall" and inserting "issue a certificate of need"; and

(2) striking the second and third sentences in their entirety.

(c) Section 226 is amended:

(1) in subsection (a) by striking "refuse to issue a certificate of need or";

(2) in subsection (b), in the fourth sentence by striking "refusing to recommend the issuance of a certificate of need, or a decision"; and

(3) in subsection (c) by striking "but need not" and inserting "and must" and by striking "unless the decision is appealed pursuant to section 227 of this chapter".

SECTION 4. Title 33, chapter 3 is amended by adding section 43*l* to read:

"§ 43*l*. **Exemption from gross receipts taxes for receivers certain Healthcare payments.** All Medicaid, Medicare, Veterans' Administration, and uninsured payments and reimbursements made to Virgin Islands Physicians and Healthcare facilities are exempt from the payment of all gross receipts taxes imposed by the Government of the Virgin Islands."

BILL SUMMARY

Section 1 of this bill is designed to improve access to medical care for all Virgin Islands residents and visitors. Section 2 is intended to update and make usable the Virgin Islands telemedicine statutes. Section 3 is designed to make healthcare facilities and healthcare services more accessible to all Virgin Islands residents and visitors, improve the quality of healthcare facilities and equipment and lower healthcare costs.

Section 4 is designed to encourage all Virgin Islands healthcare providers to accept Medicare and Medicaid patients. Virgin Islands Health Care is on life support and in critical condition. Some major changes to the laws and regulations relating to the provision of health services in the Virgin Islands are needed. If we are to improve the quality of life in the Territory immediate action must be taken. Quality of life affects all aspects of our lives. It directly impacts the residents, visitors, and economic development.

The health care workforce is stretched to its limits. Despite programs aimed at recruiting and retaining primary care professionals, the need outpaces the supply. Also, many of the current primary care physicians are nearing retirement and the numbers to replace them are insufficient. Telemedicine has the potential to improve access to care and ease the physician shortage. It is also increasingly being seen as a tool to overcome access barriers for other populations, such as aging adults, as well as a means to reduce costs and burdens for patients.

Physician licensing and other regulations, a lack of reimbursement parity laws and other obstacles have hindered telemedicine's expansion.

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient).

The Virgin Islands must be willing to attract qualified medical professionals and make them feel wanted and a member of our community. This will take a re-thinking of reciprocity for medical licenses and a cultural acceptance.

Our hospitals are suffering from decaying infrastructure, and aged facilities. The use of Certificate of Needs as a means of protecting our hospitals and existing medical facilities is limiting growth in the health care industries and must be changed. With a greater selection of health care choices the quality of health care in the Territory will improve.

Many of our health care professionals are seriously re-considering the acceptance of Medicare and Medicaid due to the imposition of gross receipt taxes with makes such procedures a money losing proposition. VA and self-pay charges are generally negotiated at lower rates than insured charges. By exempting gross receipt taxes there will be a greater incentive for medical services to become more accessible to more people.

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