

Chapter Med 24

TELEMEDICINE

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Med 24.01 Authority and scope. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., and govern the standards of the practice of medicine using telemedicine. The rules in this chapter may not be construed to prohibit any of the following:

(1) Consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians related to the care of patients in this state.

(2) Patient care in consultation with another physician who has an established physician–patient relationship with the patient.

(3) Patient care in on–call or cross–coverage situations in which the physician has access to patient records.

(4) Treating a patient with an emergency medical condition. In this subsection, “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

(5) Use of telemedicine by a physician assistant licensed by the medical examining board to provide patient care, treatment, or services within the licensee’s scope of practice under s. Med 8.07.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.02 Definition of telemedicine. In this chapter, “telemedicine” means the practice of medicine when patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine does not include the provision of health care services only through an audio–only telephone, email messages, text messages, facsimile transmission, mail or parcel service, or any combination thereof.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.03 Physician–patient relationship. A physician–patient relationship may be established through telemedicine.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.04 Wisconsin medical license required. A physician who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice medicine and surgery by the medical examining board.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.05 Standards of practice and conduct. A physician licensed to practice medicine and surgery by the medical examining board shall be held to the same standards of practice and conduct, including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.06 Equipment and technology. A physician licensed to practice medicine and surgery by the medical examining board who provides health care services by telemedicine is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment. The equipment and technology used by the physician to provide health care services by telemedicine shall provide, at a minimum, information that will enable the physician to meet or exceed the standard of minimally competent medical practice.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.

Med 24.07 Internet diagnosis and treatment.

(1) When a physician uses a website to communicate to a patient located in this state, the physician may not provide treatment recommendations, including issuing a prescription, unless the following requirements are met:

(a) The physician shall be licensed to practice medicine and surgery by the medical examining board as required under s. Med 24.04.

(b) The physician’s name and contact information have been made available to the patient.

(c) Informed consent as required under s. 448.30, Stats., and ch. Med 18.

(d) A documented patient evaluation has been performed. A patient evaluation shall include a medical history and, to the extent required to meet or exceed the standard of minimally competent medical practice, an examination or evaluation, or both, and diagnostic tests.

(e) A patient health care record is prepared and maintained as required under ch. Med 21.

(2) Providing treatment recommendations, including issuing a prescription, based only on a static electronic questionnaire does not meet the standard of minimally competent medical practice.

History: CR 15–087: cr. Register May 2017 No. 737, eff. 6–1–17.