1	H.118
2	Introduced by Representatives Donahue of Northfield, Ancel of Calais, Briglin
3	of Thetford, Chesnut-Tangerman of Middletown Springs, Cina
4	of Burlington, Dunn of Essex, Gage of Rutland City, Gamache
5	of Swanton, Joseph of North Hero, McFaun of Barre Town,
6	Morrissey of Bennington, Ode of Burlington, and Pugh of
7	South Burlington
8	Referred to Committee on
9	Date:
10	Subject: Health; health insurance; telemedicine; health care providers
11	Statement of purpose of bill as introduced: This bill proposes to require
12	Medicaid and health insurance coverage for telemedicine services delivered in
13	or outside a health care facility by several types of health care providers.
14 15	An act relating to insurance coverage for telemedicine services delivered in or outside a health care facility
16	It is hereby enacted by the General Assembly of the State of Vermont:
17	Sec. 1. 8 V.S.A. § 4100k is amended to read:
18	§ 4100k. COVERAGE OF TELEMEDICINE SERVICES
19	(a) All health insurance plans in this State shall provide coverage for
20	telemedicine services delivered by a health care provider to a patient in or

 covered if they were provided through in-person consultation. (b) A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation. (c) A health insurance plan may limit coverage to health care providers in the plan's network and may require originating site health care providers to
 coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation. (c) A health insurance plan may limit coverage to health care providers in
it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.(c) A health insurance plan may limit coverage to health care providers in
in-person consultation.(c) A health insurance plan may limit coverage to health care providers in
(c) A health insurance plan may limit coverage to health care providers in
the plan's network and may require originating site health care providers to
document the reason the services are being provided by telemedicine rather
than in person. A health insurance plan shall not impose limitations on the
number of telemedicine consultations a covered person may receive that
exceed limitations otherwise placed on in-person covered services.
(d) Nothing in this section shall be construed to prohibit a health insurance
plan from providing coverage for only those services that are medically
plan from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.
necessary, subject to the terms and conditions of the covered person's policy.
necessary, subject to the terms and conditions of the covered person's policy. (e) A health insurance plan may reimburse for teleophthalmology or

1	(f) Nothing in this section shall be construed to require a health insurance
2	plan to reimburse the distant site health care provider if the distant site health
3	care provider has insufficient information to render an opinion.
4	(g) In order to facilitate the use of telemedicine in treating substance use
5	disorder, health insurers and the Department of Vermont Health Access shall
6	ensure that both the treating clinician and the hosting facility are reimbursed
7	for the services rendered, unless the health care providers at both the host and
8	service sites are employed by the same entity.
9	(h) As used in this subchapter:
10	(1) "Health insurance plan" means any health insurance policy or health
11	benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well
12	as Medicaid and any other public health care assistance program offered or
13	administered by the State or by any subdivision or instrumentality of the State.
14	The term does not include policies or plans providing coverage for specified
15	disease or other limited benefit coverage.
16	(2) "Health care facility" shall have the same meaning as in 18 V.S.A. §
17	9402.
18	(3) <u>"Health care provider" means:</u>
19	(A) a physician licensed pursuant to 26 V.S.A. chapter 23 or 33;
20	(B) a naturopathic physician licensed pursuant to 26 V.S.A.
21	<u>chapter 81;</u>

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1	(C) an advanced practice registered nurse licensed pursuant to
2	26 V.S.A. chapter 28, subchapter 3;
3	(D) a physician assistant licensed pursuant to 26 V.S.A. chapter 31;
4	(E) a psychologist licensed pursuant to 26 V.S.A. chapter 55;
5	(F) a social worker licensed pursuant to 26 V.S.A. chapter 61;
6	(G) an alcohol and drug abuse counselor licensed pursuant to
7	<u>26 V.S.A. chapter 62;</u>
8	(H) a clinical mental health counselor licensed pursuant to 26 V.S.A.
9	<u>chapter 65;</u>
10	(I) a marriage and family therapist licensed pursuant to 26 V.S.A.
11	chapter 76; and
12	(J) a psychoanalyst licensed pursuant to 26 V.S.A. chapter 77.
13	(4) "Store and forward" means an asynchronous transmission of medical
14	information to be reviewed at a later date by a health care provider at a distant
15	site who is trained in the relevant specialty and by which the health care
16	provider at the distant site reviews the medical information without the patient
17	present in real time.
18	(4)(5) "Telemedicine" means the delivery of health care services such as
19	diagnosis, consultation, or treatment through the use of live interactive audio
20	and video over a secure connection that complies with the requirements of the
21	Health Insurance Portability and Accountability Act of 1996, Public Law

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- 1 104-191. Telemedicine does not include the use of audio-only telephone,
- 2 e-mail, or facsimile.
- 3 Sec. 2. REPEAL
- 4 <u>33 V.S.A. § 1901i (Medicaid coverage for primary care telemedicine) is</u>
- 5 <u>repealed.</u>
- 6 Sec. 3. EFFECTIVE DATE
- 7 This act shall take effect on October 1, 2017 and shall apply to Medicaid on
- 8 that date and to all other health insurance plans on or after October 1, 2017 on
- 9 the date a health insurer issues, offers, or renews the health insurance plan, but
- 10 <u>in no event later than October 1, 2018.</u>