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H.37

Introduced by Representatives Wizowaty of Burlington and Till of Jericho
Referred to Committee on
Date:
Subject: Health; telemedicine
Statement of purpose: This bill proposes to require all health plans, including
Medicaid, to cover telemedicine services.

An act relating to telemedicine

It is hereby enacted by the General Assembly of the State of Vermont:

~~Sec. 1. 8 V.S.A. chapter 107, subchapter 14 is added to read:~~

Subchapter 14. Telemedicine

§ 4100k. COVERAGE FOR TELEMEDICINE SERVICES

(a) All health insurance plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered were they 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.

1 ~~(c) A health insurance plan may limit coverage to health care providers in a~~
2 ~~telemedicine network approved by the plan.~~

3 ~~(d) Nothing in this section shall be construed to prohibit a health insurance~~
4 ~~plan from providing coverage for only those services that are medically~~
5 ~~necessary, subject to the terms and conditions of the covered person's policy.~~

6 ~~(e) As used in this subchapter:~~

7 ~~(1) "Health insurance plan" means any health insurance policy or health~~
8 ~~benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well~~
9 ~~as Medicaid, the Vermont health access plan, and any other public health care~~
10 ~~assistance program offered or administered by the state or by any subdivision~~
11 ~~or instrumentality of the state. The term does not include policies or plans~~
12 ~~providing coverage for specified disease or other limited benefit coverage.~~

13 ~~(2) "Telemedicine" means the delivery of health care services such as~~
14 ~~diagnosis, consultation, or treatment through the use of interactive audio,~~
15 ~~video, or other electronic media. Telemedicine does not include the use of~~
16 ~~audio-only telephone, e-mail, or facsimile.~~

1 ~~Sec. 5. EFFECTIVE DATE~~

2 ~~(a) Sec. 1 of this act shall take effect on October 1, 2011 and shall apply to~~
3 ~~all health insurance plans on and after October 1, 2011 on such date as a health~~
4 ~~insurer offers, issues, or renews the health insurance plan, but in no event no~~
5 ~~later than October 1, 2012.~~

6 ~~(b) The remaining sections of this act shall take effect on passage.~~

Sec. 1. 8 V.S.A. chapter 107, subchapter 14 is added to read:

Subchapter 14. Telemedicine

§ 4100k. COVERAGE FOR TELEMEDICINE SERVICES

(a) All health insurance plans in this state shall provide coverage for
telemedicine services delivered to a patient in a health care facility to the same
extent that the services would be 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 health care providers to document the
reason the services are being provided by telemedicine rather than in person.

(d) Nothing in this section shall be construed to prohibit a health insurance plan from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

(e) A health insurance plan may reimburse for teleophthalmology or teledermatology provided by store and forward means and may require the remote health care provider to document the reason the services are being provided by store and forward means rather than in person or by telemedicine.

(f) Nothing in this section shall be construed to require a health insurance plan to provide coverage for telemedicine or store and forward services provided with equipment of insufficient quality to meet the procedural code being billed.

(g) As used in this subchapter:

(1) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and any other public health care assistance program offered or administered by the state or by any subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage.

(2) "Health care facility" shall have the same meaning as in 18 V.S.A. § 9402.

(3) “Store and forward” means an asynchronous transmission of medical information to be reviewed at a later date by a physician at a remote site who is trained in the relevant specialty and by which the physician at the remote site reviews the medical information without the patient present in real time.

(4) “Telemedicine” means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.

Sec. 2. 18 V.S.A. chapter 219 is redesignated to read:

CHAPTER 219. HEALTH INFORMATION TECHNOLOGY
AND TELEMEDICINE

Sec. 3. STATUTORY REVISION

18 V.S.A. §§ 9351–9352 shall be recodified as subchapter 1 (Health Information Technology) of chapter 219.

Sec. 4. 18 V.S.A. chapter 219, subchapter 2 is added to read:

Subchapter 2. Telemedicine

§ 9371. PRACTITIONERS PROVIDING TELEMEDICINE OR STORE AND
FORWARD SERVICES

(a) Subject to the limitations of the license under which the individual is practicing, a health care practitioner licensed in this state may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient either in person or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings. For purposes of this subchapter, “telemedicine” shall have the same meaning as in 8 V.S.A. § 4100k.

(b) A patient receiving teleophthalmology or teledermatology by store and forward means shall be informed of the right to receive interactive communication with the remote specialist physician and shall receive interactive communication with the remote specialist physician upon request. If requested, communication with the remote specialist physician may occur either at the time of the consultation or within 30 days of the patient’s notification of the results of the consultation. Health care providers involved in the store and forward process shall ensure informed consent from the

patient. For purposes of this subchapter, “store and forward” shall have the same meaning as in 8 V.S.A. § 4100k.

Sec. 5. RULEMAKING

(a) The commissioner of Vermont health access may adopt rules pursuant to 3 V.S.A. chapter 25 to carry out the purposes of this act.

(b) The commissioner of banking, insurance, securities, and health care administration may adopt rules pursuant to 3 V.S.A. chapter 25 to carry out the purposes of this act.

Sec. 6. EFFECTIVE DATE

(a) Sec. 1 of this act shall take effect on October 1, 2012 and shall apply to all health insurance plans on and after October 1, 2012 on such date as a health insurer offers, issues, or renews the health insurance plan, but in no event no later than October 1, 2013.

(b) The remaining sections of this act shall take effect on passage.