

1 S.50

2 Introduced by Senator Ingram

3 Referred to Committee on Finance

4 Date: January 26, 2017

5 Subject: Health; health insurance; telemedicine

6 Statement of purpose of bill as introduced: This bill proposes to require
7 Medicaid and health insurance coverage for telemedicine services delivered in
8 or outside a health care facility by several types of health care providers.

9 An act relating to insurance coverage for telemedicine services delivered in
10 or outside a health care facility

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

12 ~~Sec. 1, 8 V.S.A. § 4100k is amended to read:~~

13 § 4100k. COVERAGE OF TELEMEDICINE SERVICES

14 (a) All health insurance plans in this State shall provide coverage for
15 telemedicine services delivered by a health care provider to a patient in or
16 outside a health care facility to the same extent that the services would be
17 covered if they were provided through in-person consultation.

18 (b) A health insurance plan may charge a deductible, co-payment, or
19 coinsurance for a health care service provided through telemedicine so long as
20 ~~it does not exceed the deductible, co-payment, or coinsurance applicable to an~~

1 in person consultation.

2 (c) A health insurance plan may limit coverage to health care providers in
3 the plan's network and may require originating site health care providers to
4 document the reason the services are being provided by telemedicine rather
5 than in person. A health insurance plan shall not impose limitations on the
6 number of telemedicine consultations a covered person may receive that
7 exceed limitations otherwise placed on in-person covered services.

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

11 (e) A health insurance plan may reimburse for teleophthalmology or
12 teledermatology provided by store and forward means and may require the
13 distant site health care provider to document the reason the services are being
14 provided by store and forward means.

15 (f) Nothing in this section shall be construed to require a health insurance
16 plan to reimburse the distant site health care provider if the distant site health
17 care provider has insufficient information to render an opinion.

18 (g) In order to facilitate the use of telemedicine in treating substance use
19 disorder, health insurers and the Department of Vermont Health Access shall
20 ensure that both the treating clinician and the hosting facility are reimbursed
21 for the services rendered, unless the health care providers at both the host and

1 ~~service sites are employed by the same entity.~~

2 (h) As used in this subchapter:

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

9 (2) "Health care facility" shall have the same meaning as in 18 V.S.A.
10 § 9402.

11 (3) "Health care provider" means

12 (A) a physician licensed pursuant to 26 V.S.A. chapter 23 or 33;

13 (B) a naturopathic physician licensed pursuant to 26 V.S.A.

14 chapter 81;

15 (C) an advanced practice registered nurse licensed pursuant to
16 26 V.S.A. chapter 28, subchapter 3;

17 (D) a physician assistant licensed pursuant to 26 V.S.A. chapter 31;

18 (E) a psychologist licensed pursuant to 26 V.S.A. chapter 55;

19 (F) a social worker licensed pursuant to 26 V.S.A. chapter 61;

20 (G) an alcohol and drug abuse counselor licensed pursuant to

21 26 V.S.A. chapter 62,

1 ~~(H) a clinical mental health counselor licensed pursuant to 26 V.S.A.~~

2 chapter 65;

3 ~~(I) a marriage and family therapist licensed pursuant to 26 V.S.A.~~

4 chapter 76; and

5 ~~(J) a psychoanalyst licensed pursuant to 26 V.S.A. chapter 77.~~

6 (4) "Store and forward" means an asynchronous transmission of medical
7 information to be reviewed at a later date by a health care provider at a distant
8 site who is trained in the relevant specialty and by which the health care
9 provider at the distant site reviews the medical information without the patient
10 present in real time.

11 (4)(5) "Telemedicine" means the delivery of health care services such as
12 diagnosis, consultation, or treatment through the use of live interactive audio
13 and video over a secure connection that complies with the requirements of the
14 Health Insurance Portability and Accountability Act of 1996, Public Law 104-
15 191. Telemedicine does not include the use of audio-only telephone, e-mail, or
16 facsimile.

Sec. 1. 8 V.S.A. § 4100k is amended to read:

§ 4100k. COVERAGE OF TELEMEDICINE SERVICES

(a) ALL health insurance plans in this State shall provide coverage for telemedicine services delivered by a health care provider at a distant site to a patient in a health care facility at an originating site 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 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 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 distant site health care provider to document the reason the services are being provided by store and forward means.

(f) Nothing in this section shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion.

(g) In order to facilitate the use of telemedicine in treating substance use disorder, health insurers and the Department of Vermont Health Access shall ensure that both the treating clinician and the hosting facility are reimbursed for the services rendered, unless the health care providers at both the host and service sites are employed by the same entity.

(h) As used in this subchapter:

(1) "Distant site" means the location of the health care provider delivering services through telemedicine at the time the services are provided.

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

~~(3)~~(4) "Health care provider" means:

(A) a physician licensed pursuant to 26 V.S.A. chapter 23 or 33;

(B) a naturopathic physician licensed pursuant to 26 V.S.A.

chapter 81;

(C) an advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28, subchapter 3;

(D) a physician assistant licensed pursuant to 26 V.S.A. chapter 31;

(E) a psychologist licensed pursuant to 26 V.S.A. chapter 55;

(F) a social worker licensed pursuant to 26 V.S.A. chapter 61;

(G) an alcohol and drug abuse counselor licensed pursuant to 26 V.S.A. chapter 62;

(H) a clinical mental health counselor licensed pursuant to 26 V.S.A. chapter 65;

(I) a marriage and family therapist licensed pursuant to 26 V.S.A. chapter 76;

(J) a psychoanalyst licensed pursuant to 26 V.S.A. chapter 77;

(K) a physical therapist licensed pursuant to 26 V.S.A. chapter 38;

(L) an occupational therapist licensed pursuant to 26 V.S.A. chapter 71;

(M) a speech-language pathologist licensed pursuant to 26 V.S.A. chapter 87; and

(N) a dietician certified pursuant to 26 V.S.A. chapter 73.

(5) “Originating site” means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider’s office, a hospital, or a health care facility, or the patient’s home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient’s workplace.

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

(4)(7) “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.

1 Sec. 2. REPEAL

2 33 V.S.A. § 1901i (Medicaid coverage for primary care telemedicine) is
3 repealed.

4 Sec. 3. EFFECTIVE DATE

5 This act shall take effect on October 1, 2017 and shall apply to Medicaid on
6 that date and to all other health insurance plans on or after October 1, 2017 on
7 the date a health insurer issues, offers, or renews the health insurance plan, but
8 in no event later than October 1, 2018.