

**First Regular Session  
Seventieth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 15-0145.01 Christy Chase x2008

**HOUSE BILL 15-1029**

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**HOUSE SPONSORSHIP**

**Buck and Ginal,**

**SENATE SPONSORSHIP**

**Kefalas and Martinez Humenik,**

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**House Committees**

Health, Insurance, & Environment

**Senate Committees**

Health & Human Services

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**A BILL FOR AN ACT**

101      **CONCERNING COVERAGE UNDER A HEALTH BENEFIT PLAN FOR HEALTH**  
102              **CARE SERVICES DELIVERED THROUGH TELEHEALTH IN ANY**  
103              **AREA OF THE STATE.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/bills summaries>.)*

Under current law, health benefit plans issued, amended, or renewed in this state cannot require in-person health care delivery for a person covered under the plan who resides in a county with 150,000 or fewer residents if the care can be appropriately delivered through telemedicine and the county has the technology necessary for care

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.*

HOUSE  
3rd Reading Unamended  
January 28, 2015

HOUSE  
Amended 2nd Reading  
January 27, 2015

delivery via telemedicine.

Starting January 1, 2016, the bill removes the population restrictions and precludes a health benefit plan from requiring in-person care delivery when telemedicine is appropriate, regardless of the geographic location of the health care provider and the recipient of care. A provider need not demonstrate that a barrier to in-person care exists for coverage of telemedicine under a health benefit plan to apply.

In addition, carriers:

- ! Must reimburse providers who deliver care through telemedicine on the same basis that the carrier is responsible for coverage of services delivered in person;
- ! Cannot charge deductible, copayment, or coinsurance amounts that are not equally imposed on all terms and services covered under the health benefit plan; and
- ! Cannot impose an annual or lifetime dollar maximum that applies separately to telemedicine services.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-123, **amend**  
3 (1) and (2); and **add** (4) as follows:

4 **10-16-123. Telehealth - definitions.** (1) It is the intent of the  
5 general assembly to recognize the practice of ~~telemedicine~~ TELEHEALTH  
6 as a legitimate means by which an individual ~~in a rural area~~ may receive  
7 ~~medical~~ HEALTHCARE services from a provider without ~~person-to-person~~  
8 ~~IN-PERSON~~ contact with the provider.

9 (2) (a) On or after January 1, ~~2002, no~~ 2017, A health benefit plan  
10 that is issued, amended, or renewed ~~for a person residing in a county with~~  
11 ~~one hundred fifty thousand or fewer residents may~~ IN THIS STATE SHALL  
12 NOT require ~~face-to-face~~ IN-PERSON contact between a provider and a  
13 covered person for services appropriately provided through   
14 ~~telemedicine, pursuant to section 12-36-106(1)(g), C.R.S.,~~ TELEHEALTH,  
15 subject to all terms and conditions of the health benefit plan. ~~if such~~  
16 ~~county has the technology necessary for the provisions of telemedicine.~~

1 Any health benefits provided through telemedicine shall meet the  
2 same standard of care as for in-person care. Nothing in this section  
3 shall require REQUIRES the use of telemedicine TELEHEALTH when  
4 in-person care by a participating provider is available to a covered person  
5 within the carrier's network and within the member's geographic area A  
6 PROVIDER DETERMINES THAT DELIVERY OF CARE THROUGH TELEHEALTH  
7 IS NOT APPROPRIATE OR WHEN A COVERED PERSON CHOOSES NOT TO  
8 RECEIVE CARE THROUGH TELEHEALTH. A PROVIDER IS NOT OBLIGATED TO  
9 DOCUMENT OR DEMONSTRATE THAT A BARRIER TO IN-PERSON CARE EXISTS  
10 TO TRIGGER COVERAGE UNDER A HEALTH BENEFIT PLAN FOR SERVICES  
11 PROVIDED THROUGH TELEHEALTH.

12 (b) SUBJECT TO ALL TERMS AND CONDITIONS OF THE HEALTH  
13 BENEFIT PLAN, A CARRIER SHALL REIMBURSE THE TREATING  
14 PARTICIPATING PROVIDER OR THE CONSULTING PARTICIPATING PROVIDER  
15 FOR THE DIAGNOSIS, CONSULTATION, OR TREATMENT OF THE COVERED  
16 PERSON DELIVERED THROUGH TELEHEALTH ON THE SAME BASIS THAT THE  
17 CARRIER IS RESPONSIBLE FOR REIMBURSING THAT PROVIDER FOR THE  
18 PROVISION OF THE SAME SERVICE THROUGH IN-PERSON CONSULTATION OR  
19 CONTACT BY THAT PROVIDER. A CARRIER SHALL NOT DENY COVERAGE OF  
20 A HEALTH CARE SERVICE THAT IS A COVERED BENEFIT BECAUSE THE  
21 SERVICE IS PROVIDED THROUGH TELEHEALTH RATHER THAN IN-PERSON  
22 CONSULTATION OR CONTACT BETWEEN THE PARTICIPATING PROVIDER OR,  
23 SUBJECT TO SECTION 10-16-704, THE NONPARTICIPATING PROVIDER AND  
24 THE COVERED PERSON WHERE THE HEALTH CARE SERVICE IS  
25 APPROPRIATELY PROVIDED THROUGH TELEHEALTH. SECTION 10-16-704  
26 APPLIES TO THIS PARAGRAPH (b).

27 (c) A CARRIER SHALL INCLUDE IN THE PAYMENT FOR TELEHEALTH

1 INTERACTIONS REASONABLE COMPENSATION TO THE ORIGINATING SITE  
2 FOR THE TRANSMISSION COST INCURRED DURING THE DELIVERY OF  
3 HEALTH CARE SERVICES THROUGH TELEHEALTH; EXCEPT THAT, FOR  
4 PURPOSES OF THIS PARAGRAPH (c), THE ORIGINATING SITE DOES NOT  
5 INCLUDE A PRIVATE RESIDENCE AT WHICH THE COVERED PERSON IS  
6 LOCATED WHEN HE OR SHE RECEIVES HEALTH CARE SERVICES THROUGH  
7 TELEHEALTH.

8 (d) A CARRIER MAY OFFER A HEALTH COVERAGE PLAN  
9 CONTAINING A DEDUCTIBLE, COPAYMENT, OR COINSURANCE  
10 REQUIREMENT FOR A HEALTH CARE SERVICE PROVIDED THROUGH  
11 TELEHEALTH, BUT THE DEDUCTIBLE, COPAYMENT, OR COINSURANCE  
12 AMOUNT MUST NOT EXCEED THE DEDUCTIBLE, COPAYMENT, OR  
13 COINSURANCE APPLICABLE IF THE SAME HEALTH CARE SERVICES ARE  
14 PROVIDED THROUGH IN-PERSON DIAGNOSIS, CONSULTATION, OR  
15 TREATMENT.

16 (e) A CARRIER SHALL NOT IMPOSE AN ANNUAL DOLLAR MAXIMUM  
17 ON COVERAGE FOR HEALTH CARE SERVICES COVERED UNDER THE HEALTH  
18 BENEFIT PLAN THAT ARE DELIVERED THROUGH TELEHEALTH, OTHER THAN  
19 AN ANNUAL DOLLAR MAXIMUM THAT APPLIES TO THE SAME SERVICES  
20 WHEN PERFORMED BY THE SAME PROVIDER THROUGH IN-PERSON CARE.

21 (f) IF A COVERED PERSON RECEIVES HEALTH CARE SERVICES  
22 THROUGH TELEHEALTH, A CARRIER SHALL APPLY THE SAME COPAYMENT,  
23 COINSURANCE, OR DEDUCTIBLE AMOUNT AND POLICY-YEAR,  
24 CALENDAR-YEAR, LIFETIME, OR OTHER DURATIONAL BENEFIT LIMITATION  
25 OR MAXIMUM BENEFITS OR SERVICES UNDER THE HEALTH BENEFIT PLAN  
26 TO THE HEALTH CARE SERVICES DELIVERED VIA TELEHEALTH THAT THE  
27 CARRIER APPLIES UNDER THE HEALTH BENEFIT PLAN TO THOSE HEALTH

1 CARE SERVICES WHEN PERFORMED BY THE SAME PROVIDER THROUGH  
2 IN-PERSON CARE.

3 (g) (I) THE REQUIREMENTS OF THIS SECTION APPLY TO ALL HEALTH  
4 BENEFIT PLANS DELIVERED, ISSUED FOR DELIVERY, AMENDED, OR  
5 RENEWED IN THIS STATE ON OR AFTER JANUARY 1, 2017, OR AT ANY TIME  
6 AFTER THAT DATE WHEN A TERM OF THE PLAN IS CHANGED OR A PREMIUM  
7 ADJUSTMENT IS MADE.

8 (II) THIS SECTION DOES NOT APPLY TO:

9 (A) SHORT-TERM TRAVEL, ACCIDENT-ONLY, LIMITED OR SPECIFIED  
10 DISEASE, OR INDIVIDUAL CONVERSION POLICIES OR CONTRACTS; OR

11 (B) POLICIES OR CONTRACTS DESIGNED FOR ISSUANCE TO PERSONS  
12 ELIGIBLE FOR COVERAGE UNDER TITLE XVIII OF THE "SOCIAL SECURITY  
13 ACT", AS AMENDED, OR ANY OTHER SIMILAR COVERAGE UNDER STATE OR  
14 FEDERAL GOVERNMENTAL PLANS.

15 (h) NOTHING IN THIS SECTION PROHIBITS A CARRIER FROM  
16 PROVIDING COVERAGE OR REIMBURSEMENT FOR HEALTH CARE SERVICES  
17 APPROPRIATELY PROVIDED THROUGH TELEHEALTH TO A COVERED PERSON  
18 WHO IS NOT LOCATED AT AN ORIGINATING SITE.

19 (4) AS USED IN THIS SECTION:

20 (a) "DISTANT SITE" MEANS A SITE AT WHICH A PROVIDER IS  
21 LOCATED WHILE PROVIDING HEALTH CARE SERVICES BY MEANS OF  
22 TELEHEALTH.

23 (b) "ORIGINATING SITE" MEANS A SITE AT WHICH A PATIENT IS  
24 LOCATED AT THE TIME HEALTH CARE SERVICES ARE PROVIDED TO HIM OR  
25 HER BY MEANS OF TELEHEALTH.

26 (c) "STORE-AND-FORWARD TRANSFER" MEANS THE ELECTRONIC  
27 TRANSFER OF A PATIENT'S MEDICAL INFORMATION OR AN INTERACTION

1 BETWEEN PROVIDERS THAT OCCURS BETWEEN AN ORIGINATING SITE  
2 AND DISTANT SITES WHEN THE PATIENT IS NOT PRESENT.

3 (d) "SYNCHRONOUS INTERACTION" MEANS A REAL-TIME  
4 INTERACTION BETWEEN A PATIENT LOCATED AT THE ORIGINATING SITE  
5 AND A PROVIDER LOCATED AT A DISTANT SITE.

6 (e) (I) "TELEHEALTH" MEANS A MODE OF DELIVERY OF HEALTH  
7 CARE SERVICES THROUGH TELECOMMUNICATIONS SYSTEMS, INCLUDING  
8 INFORMATION, ELECTRONIC, AND COMMUNICATION TECHNOLOGIES, TO  
9 FACILITATE THE ASSESSMENT, DIAGNOSIS, CONSULTATION, TREATMENT,  
10 EDUCATION, CARE MANAGEMENT, OR SELF-MANAGEMENT OF A COVERED  
11 PERSON'S HEALTH CARE WHILE THE COVERED PERSON IS LOCATED AT AN  
12 ORIGINATING SITE AND THE PROVIDER IS LOCATED AT A DISTANT SITE. THE  
13 TERM INCLUDES SYNCHRONOUS INTERACTIONS AND STORE-AND-FORWARD  
14 TRANSFERS.

15 (II) "TELEHEALTH" DOES NOT INCLUDE THE DELIVERY OF HEALTH  
16 CARE SERVICES VIA TELEPHONE, FACSIMILE MACHINE, OR ELECTRONIC  
17 MAIL SYSTEMS.

18 **SECTION 2.** In Colorado Revised Statutes, 10-16-102, **amend**  
19 (33) as follows:

20 **10-16-102. Definitions - repeal.** As used in this article, unless the  
21 context otherwise requires:

22 (33) "Health care services" means any services included in or  
23 incidental to the furnishing of medical, mental, dental, or optometric care;  
24 hospitalization; or nursing home care to an individual, as well as the  
25 furnishing to any person of any other services for the purpose of  
26 preventing, alleviating, curing, or healing human physical or mental  
27 illness or injury. "Health care services" includes the rendering of the

1 services through the use of ~~telemedicine~~ TELEHEALTH, AS DEFINED IN  
2 SECTION 10-16-123 (4) (e).

3 **SECTION 3.** In Colorado Revised Statutes, 10-16-704, **amend**  
4 (1) (a), (9) (a.5), and (11) as follows:

5 **10-16-704. Network adequacy - rules - legislative declaration.**

6 (1) A carrier providing a managed care plan shall maintain a network that  
7 is sufficient in numbers and types of providers to assure that all covered  
8 benefits to covered persons will be accessible without unreasonable delay.  
9 In the case of emergency services, covered persons shall have access to  
10 health care services twenty-four hours per day, seven days per week.  
11 Sufficiency shall be determined in accordance with the requirements of  
12 this section and may be established by reference to any reasonable criteria  
13 used by the carrier, including but not limited to:

14 (a) Provider-covered person ratios by specialty, which may  
15 include the use of providers through ~~telemedicine~~ TELEHEALTH for  
16 services that may appropriately be provided through ~~telemedicine~~  
17 TELEHEALTH;

18 (9) Beginning January 1, 1998, a carrier shall maintain and make  
19 available upon request of the commissioner, the executive director of the  
20 department of public health and environment, or the executive director of  
21 the department of health care policy and financing, in a manner and form  
22 that reflects the requirements specified in paragraphs (a) to (k) of this  
23 subsection (9), an access plan for each managed care network that the  
24 carrier offers in this state. The carrier shall make the access plans, absent  
25 confidential information as specified in section 24-72-204 (3), C.R.S.,  
26 available on its business premises and shall provide them to any  
27 interested party upon request. In addition, all health benefit plans and

1 marketing materials shall clearly disclose the existence and availability  
2 of the access plan. All rights and responsibilities of the covered person  
3 under the health benefit plan, however, shall be included in the contract  
4 provisions, regardless of whether or not such provisions are also specified  
5 in the access plan. The carrier shall prepare an access plan prior to  
6 offering a new managed care network and shall update an existing access  
7 plan whenever the carrier makes any material change to an existing  
8 managed care network, but not less than annually. The access plan of a  
9 carrier offering a managed care plan shall demonstrate the following:

10 (a.5) An adequate number of accessible specialists and  
11 sub-specialists within a reasonable distance or travel time, or both, or who  
12 may be available through the use of ~~telemedicine~~ TELEHEALTH;

13 (11) The division of insurance, in cooperation with the chief  
14 medical officer for the state, shall evaluate a carrier's network adequacy  
15 plan concerning the use of ~~telemedicine~~ TELEHEALTH for providers who  
16 are specialists and sub-specialists for rural areas. ~~Such~~ THE DIVISION AND  
17 CHIEF MEDICAL OFFICER SHALL CONDUCT THE review ~~shall occur~~ in a  
18 timely fashion so as not to delay access to health care services.

19 **SECTION 4. Act subject to petition - effective date -**  
20 **applicability.** (1) This act takes effect January 1, 2017; except that, if a  
21 referendum petition is filed pursuant to section 1 (3) of article V of the  
22 state constitution against this act or an item, section, or part of this act  
23 within the ninety-day period after final adjournment of the general  
24 assembly, then the act, item, section, or part will not take effect unless  
25 approved by the people at the general election to be held in November  
26 2016 and, in such case, will take effect on the date of the official  
27 declaration of the vote thereon by the governor.

- 1           (2) This act applies to health benefit plans issued, amended, or
- 2 renewed on or after the applicable effective date of this act.