

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2743

(SENATE AUTHORS: UTKE)

DATE

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03/20/2025

OFFICIAL STATUS

Introduction and first reading
Referred to Health and Human Services

1.1

A bill for an act

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relating to human services; extending medical assistance coverage of audio-only

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telehealth; amending Minnesota Statutes 2024, section 256B.0625, subdivision

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3b.

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

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Section 1. Minnesota Statutes 2024, section 256B.0625, subdivision 3b, is amended to

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read:

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Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services

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and consultations delivered by a health care provider through telehealth in the same manner

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as if the service or consultation was delivered through in-person contact. Services or

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consultations delivered through telehealth shall be paid at the full allowable rate.

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(b) The commissioner may establish criteria that a health care provider must attest to in

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order to demonstrate the safety or efficacy of delivering a particular service through

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telehealth. The attestation may include that the health care provider:

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(1) has identified the categories or types of services the health care provider will provide

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through telehealth;

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(2) has written policies and procedures specific to services delivered through telehealth

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that are regularly reviewed and updated;

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(3) has policies and procedures that adequately address patient safety before, during,

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and after the service is delivered through telehealth;

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(4) has established protocols addressing how and when to discontinue telehealth services;

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and

(5) has an established quality assurance process related to delivering services through telehealth.

(c) As a condition of payment, a licensed health care provider must document each occurrence of a health service delivered through telehealth to a medical assistance enrollee. Health care service records for services delivered through telehealth must meet the requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

(1) the type of service delivered through telehealth;

(2) the time the service began and the time the service ended, including an a.m. and p.m. designation;

(3) the health care provider's basis for determining that telehealth is an appropriate and effective means for delivering the service to the enrollee;

(4) the mode of transmission used to deliver the service through telehealth and records evidencing that a particular mode of transmission was utilized;

(5) the location of the originating site and the distant site;

(6) if the claim for payment is based on a physician's consultation with another physician through telehealth, the written opinion from the consulting physician providing the telehealth consultation; and

(7) compliance with the criteria attested to by the health care provider in accordance with paragraph (b).

(d) Telehealth visits provided through audio and visual communication or accessible video-based platforms may be used to satisfy the face-to-face requirement for reimbursement under the payment methods that apply to a federally qualified health center, rural health clinic, Indian health service, 638 tribal clinic, and certified community behavioral health clinic, if the service would have otherwise qualified for payment if performed in person.

(e) For purposes of this subdivision, unless otherwise covered under this chapter:

(1) "telehealth" means the delivery of health care services or consultations using real-time two-way interactive audio and visual communication or accessible telehealth video-based platforms to provide or support health care delivery and facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care. Telehealth includes: the application of secure video conferencing consisting of a real-time, full-motion synchronized video; store-and-forward technology; and synchronous interactions, between

a patient located at an originating site and a health care provider located at a distant site. Telehealth does not include communication between health care providers, or between a health care provider and a patient that consists solely of an audio-only communication, email, or facsimile transmission or as specified by law, except that between July 1, 2025, and July 1, 2028, telehealth includes communication between a health care provider and a patient that solely consists of audio-only communication;

(2) "health care provider" means a health care provider as defined under section 62A.673; a community paramedic as defined under section 144E.001, subdivision 5f; a community health worker who meets the criteria under subdivision 49, paragraph (a); a mental health certified peer specialist under section 245I.04, subdivision 10; a mental health certified family peer specialist under section 245I.04, subdivision 12; a mental health rehabilitation worker under section 245I.04, subdivision 14; a mental health behavioral aide under section 245I.04, subdivision 16; a treatment coordinator under section 245G.11, subdivision 7; an alcohol and drug counselor under section 245G.11, subdivision 5; or a recovery peer under section 245G.11, subdivision 8; and

(3) "originating site," "distant site," and "store-and-forward technology" have the meanings given in section 62A.673, subdivision 2.

EFFECTIVE DATE. This section is effective July 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.