

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 2765

(SENATE AUTHORS: WIKLUND and Benson)

DATE
03/01/2018

D-PG

OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; allowing community health workers to provide telemedicine
1.3 services; eliminating the medical assistance limit for certain telemedicine
1.4 encounters; amending Minnesota Statutes 2016, section 62A.671, subdivision 6;
1.5 Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 3b.

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

1.7 Section 1. Minnesota Statutes 2016, section 62A.671, subdivision 6, is amended to read:

1.8 Subd. 6. **Licensed health care provider.** "Licensed health care provider" means a health
1.9 care provider who is:

1.10 (1) licensed under chapter 147, 147A, 148, 148B, 148E, 148F, 150A, or 153; a mental
1.11 health professional as defined under section 245.462, subdivision 18, or 245.4871,
1.12 subdivision 27; a community health worker meeting the criteria specified in section
1.13 256B.0625, subdivision 49, paragraph (a); or vendor of medical care defined in section
1.14 256B.02, subdivision 7; and

1.15 (2) authorized within their respective scope of practice to provide the particular service
1.16 with no supervision or under general supervision.

1.17 Sec. 2. Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 3b, is
1.18 amended to read:

1.19 Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary
1.20 services and consultations delivered by a licensed health care provider via telemedicine in
1.21 the same manner as if the service or consultation was delivered in person. Coverage is

2.1 limited to three telemedicine services per enrollee per calendar week, except as provided
2.2 in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

2.3 (b) The commissioner shall establish criteria that a health care provider must attest to
2.4 in order to demonstrate the safety or efficacy of delivering a particular service via
2.5 telemedicine. The attestation may include that the health care provider:

2.6 (1) has identified the categories or types of services the health care provider will provide
2.7 via telemedicine;

2.8 (2) has written policies and procedures specific to telemedicine services that are regularly
2.9 reviewed and updated;

2.10 (3) has policies and procedures that adequately address patient safety before, during,
2.11 and after the telemedicine service is rendered;

2.12 (4) has established protocols addressing how and when to discontinue telemedicine
2.13 services; and

2.14 (5) has an established quality assurance process related to telemedicine services.

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

2.19 (1) the type of service provided by telemedicine;

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

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

2.24 (4) the mode of transmission of the telemedicine service and records evidencing that a
2.25 particular mode of transmission was utilized;

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

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

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

3.1 (d) For purposes of this subdivision, unless otherwise covered under this chapter,
3.2 "telemedicine" is defined as the delivery of health care services or consultations while the
3.3 patient is at an originating site and the licensed health care provider is at a distant site. A
3.4 communication between licensed health care providers, or a licensed health care provider
3.5 and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission
3.6 does not constitute telemedicine consultations or services. Telemedicine may be provided
3.7 by means of real-time two-way, interactive audio and visual communications, including the
3.8 application of secure video conferencing or store-and-forward technology to provide or
3.9 support health care delivery, which facilitate the assessment, diagnosis, consultation,
3.10 treatment, education, and care management of a patient's health care.

3.11 (e) For purposes of this section, "licensed health care provider" means a licensed health
3.12 care provider under section 62A.671, subdivision 6, and a mental health practitioner defined
3.13 under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the
3.14 general supervision of a mental health professional; "health care provider" is defined under
3.15 section 62A.671, subdivision 3; and "originating site" is defined under section 62A.671,
3.16 subdivision 7.

3.17 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
3.18 does not apply if:

3.19 (1) the telemedicine services provided by the licensed health care provider are for the
3.20 treatment and control of an infectious disease; and

3.21 (2) the services are provided in a manner consistent with the recommendations and best
3.22 practices specified by the Centers for Disease Control and Prevention and the commissioner
3.23 of health.