

SECOND REGULAR SESSION

HOUSE BILL NO. 2566

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HELMS.

5399H.021

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 191.1145 and 376.1900, RSMo, and to enact in lieu thereof two new sections relating to telehealth services.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 191.1145 and 376.1900, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 191.1145 and 376.1900, to read as follows:

191.1145. 1. As used in sections 191.1145 and 191.1146, the following terms shall mean:

2 (1) "Asynchronous store-and-forward transfer", the collection of a patient's relevant
3 health information and the subsequent transmission of that information from an originating site
4 to a health care provider at a distant site without the patient being present;

5 (2) "Clinical staff", any health care provider licensed in this state;

6 (3) "Distant site", a site at which a health care provider is located while providing health
7 care services by means of telemedicine;

8 (4) "Health care provider", as that term is defined in section 376.1350;

9 (5) "Originating site", a site at which a patient is located at the time health care services
10 are provided to him or her by means of telemedicine. For the purposes of asynchronous
11 store-and-forward transfer, originating site shall also mean the location at which the health care
12 provider transfers information to the distant site;

13 (6) "Telehealth" or "telemedicine", the delivery of health care services by means of
14 information and communication technologies which facilitate the assessment, diagnosis,
15 consultation, treatment, education, care management, and self-management of a patient's health
16 care while such patient is at the originating site and the health care provider is at the distant site.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

18 2. Any licensed health care provider shall be authorized to provide telehealth services
19 if such services are within the scope of practice for which the health care provider is licensed and
20 are provided with the same standard of care as services provided in person. This section shall
21 not be construed to prohibit a health carrier, as defined in section 376.1350, from reimbursing
22 nonclinical staff for services otherwise allowed by law.

23 3. In order to treat patients in this state through the use of telemedicine or telehealth,
24 health care providers shall be fully licensed to practice in this state and shall be subject to
25 regulation by their respective professional boards **or, if not licensed in this state, health care**
26 **providers shall:**

27 **(1) Hold an active, unencumbered license for a health care profession that is issued**
28 **by another state, a territory of the United States, or the District of Columbia;**

29 **(2) Have never held a license to provide health care services that has been subject**
30 **to discipline by a licensing agency in any state or federal jurisdiction, excluding any**
31 **action related to nonpayment of fees related to a license;**

32 **(3) Act in compliance with existing requirements regarding the maintenance of**
33 **liability insurance;**

34 **(4) Remain subject to state jurisdiction if either the patient or the provider is**
35 **located in the state at the time services are provided; and**

36 **(5) Have never had a controlled substance license or permit suspended or revoked**
37 **by a state or the United States Drug Enforcement Administration.**

38 4. Nothing in subsection 3 of this section shall apply to:

39 (1) Informal consultation performed by a health care provider licensed in another state,
40 outside of the context of a contractual relationship, and on an irregular or infrequent basis
41 without the expectation or exchange of direct or indirect compensation;

42 (2) Furnishing of health care services by a health care provider licensed and located in
43 another state in case of an emergency or disaster; provided that, no charge is made for the
44 medical assistance; or

45 (3) Episodic consultation by a health care provider licensed and located in another state
46 who provides such consultation services on request to a physician in this state.

47 5. Nothing in this section shall be construed to alter the scope of practice of any health
48 care provider or to authorize the delivery of health care services in a setting or in a manner not
49 otherwise authorized by the laws of this state.

50 6. No originating site for services or activities provided under this section shall be
51 required to maintain immediate availability of on-site clinical staff during the telehealth services,
52 except as necessary to meet the standard of care for the treatment of the patient's medical

53 condition if such condition is being treated by an eligible health care provider who is not at the
54 originating site, has not previously seen the patient in person in a clinical setting, and is not
55 providing coverage for a health care provider who has an established relationship with the
56 patient.

57 7. Nothing in this section shall be construed to alter any collaborative practice
58 requirement as provided in chapters 334 and 335.

59 **8. Nothing in this section shall be construed to shield a health care provider who**
60 **provides telehealth services from personal jurisdiction by the court system of this state.**

61 **9. Nothing in this section shall be construed to shield a health care provider who**
62 **provides telehealth services from any requirements or protections of the Health Insurance**
63 **Portability and Accountability Act of 1996.**

376.1900. 1. As used in this section, the following terms shall mean:

2 (1) "Electronic visit", or "e-visit", an online electronic medical evaluation and
3 management service completed using a secured web-based or similar electronic-based
4 communications network for a single patient encounter. An electronic visit shall be initiated by
5 a patient or by the guardian of a patient with the health care provider, be completed using a
6 federal Health Insurance Portability and Accountability Act (HIPAA)-compliant online
7 connection, and include a permanent record of the electronic visit;

8 (2) "Health benefit plan" shall have the same meaning ascribed to it in section 376.1350;

9 (3) "Health care provider" shall have the same meaning ascribed to it in section
10 376.1350;

11 (4) "Health care service", a service for the diagnosis, prevention, treatment, cure or relief
12 of a physical or mental health condition, illness, injury or disease;

13 (5) "Health carrier" shall have the same meaning ascribed to it in section 376.1350;

14 (6) "Telehealth" shall have the same meaning ascribed to it in section 208.670.

15 2. Each health carrier or health benefit plan that offers or issues health benefit plans
16 which are delivered, issued for delivery, continued, or renewed in this state on or after January
17 1, 2014, shall not deny coverage for a health care service on the basis that the health care service
18 is provided through telehealth if the same service would be covered if provided through
19 face-to-face diagnosis, consultation, or treatment.

20 3. A health carrier may not exclude an otherwise covered health care service from
21 coverage solely because the service is provided through telehealth rather than face-to-face
22 consultation or contact between a health care provider and a patient.

23 4. **(1)** A health carrier shall not be required to reimburse a telehealth provider or a
24 consulting provider for site origination fees or costs for the provision of telehealth services[;
25 ~~however,~~].

26 (2) Subject to correct coding, a health carrier shall reimburse a health care provider
27 **licensed in this state** for the diagnosis, consultation, or treatment of an insured or enrollee when
28 the health care service is delivered through telehealth on the same basis that the health carrier
29 covers the service when it is delivered in person; **however, a health carrier shall not be**
30 **required to reimburse a health care provider authorized to treat patients under Section**
31 **191.1145 if such provider is not licensed in this state.**

32 5. A health care service provided through telehealth shall not be subject to any greater
33 deductible, co-payment, or coinsurance amount than would be applicable if the same health care
34 service was provided through face-to-face diagnosis, consultation, or treatment.

35 6. A health carrier shall not impose upon any person receiving benefits under this section
36 any co-payment, coinsurance, or deductible amount, or any policy year, calendar year, lifetime,
37 or other durational benefit limitation or maximum for benefits or services that is not equally
38 imposed upon all terms and services covered under the policy, contract, or health benefit plan.

39 7. Nothing in this section shall preclude a health carrier from undertaking utilization
40 review to determine the appropriateness of telehealth as a means of delivering a health care
41 service, provided that the determinations shall be made in the same manner as those regarding
42 the same service when it is delivered in person.

43 8. A health carrier or health benefit plan may limit coverage for health care services that
44 are provided through telehealth to health care providers that are in a network approved by the
45 plan or the health carrier.

46 9. Nothing in this section shall be construed to require a health care provider to be
47 physically present with a patient where the patient is located unless the health care provider who
48 is providing health care services by means of telehealth determines that the presence of a health
49 care provider is necessary.

50 10. The provisions of this section shall not apply to a supplemental insurance policy,
51 including a life care contract, accident-only policy, specified disease policy, hospital policy
52 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
53 short-term major medical policies of six months' or less duration, or any other supplemental
54 policy as determined by the director of the department of commerce and insurance.

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