

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 739 Session of 2023

INTRODUCED BY VOGEL, HAYWOOD, SANTARSIERO, LANGERHOLC, KANE, STEFANO, BARTOLOTTA, SCHWANK, COSTA, PENNYCUICK, J. WARD, LAUGHLIN, MARTIN, ROTHMAN, BAKER, YAW, AUMENT, ROBINSON, COLLETT, STREET, ARGALL AND BROWN, JUNE 2, 2023

AS AMENDED ON THIRD CONSIDERATION, MAY 7, 2024

AN ACT

1 ~~Relating to telemedicine; authorizing the regulation of~~ <--
2 ~~telemedicine by professional licensing boards; and providing~~
3 ~~for insurance coverage of telemedicine.~~

4 AMENDING TITLE 40 (INSURANCE) OF THE PENNSYLVANIA CONSOLIDATED <--
5 STATUTES, IN REGULATION OF INSURERS AND RELATED PERSONS
6 GENERALLY, PROVIDING FOR TELEMEDICINE.

7 The General Assembly of the Commonwealth of Pennsylvania
8 hereby enacts as follows:

9 ~~Section 1. Short title.~~ <--

10 ~~This act shall be known and may be cited as the Telemedicine~~
11 ~~Act.~~

12 ~~Section 2. Definitions.~~

13 ~~The following words and phrases when used in this act shall~~
14 ~~have the meanings given to them in this section unless the~~
15 ~~context clearly indicates otherwise:~~

16 ~~"Agreement with the Department of Human Services." An~~
17 ~~agreement between an MA or CHIP managed care plan and the~~
18 ~~Department of Human Services to manage the purchase and~~
19 ~~provision of services. The term includes a county or multicounty~~

1 ~~agreement with the Department of Human Services for behavioral~~  
2 ~~health services.~~

3 ~~"Asynchronous interaction." An exchange of information~~  
4 ~~between a patient and a health care provider that does not occur~~  
5 ~~in real time, including the secure collection and transmission~~  
6 ~~of a patient's medical information, clinical data, clinical~~  
7 ~~images, laboratory results and self-reported medical history.~~

8 ~~"Emergency medical services." As defined in 35 Pa.C.S. §~~  
9 ~~8103 (relating to definitions).~~

10 ~~"Emergency service." As follows:~~

11 ~~(1) A health care service, including behavioral health~~  
12 ~~services, provided to a patient after the sudden onset of a~~  
13 ~~medical condition that manifests itself by acute symptoms of~~  
14 ~~sufficient severity or severe pain such that a prudent~~  
15 ~~layperson who possesses an average knowledge of health and~~  
16 ~~medicine could reasonably expect the absence of immediate~~  
17 ~~medical attention to result in:~~

18 ~~(i) placing the health of the patient in serious~~  
19 ~~jeopardy or, with respect to a pregnant woman, the health~~  
20 ~~of the woman or the unborn child in serious jeopardy;~~

21 ~~(ii) serious impairment to bodily functions; or~~

22 ~~(iii) serious dysfunction of any bodily organ or~~  
23 ~~part.~~

24 ~~(2) The term includes emergency transportation, related~~  
25 ~~emergency service or emergency medical services provided by~~  
26 ~~an emergency medical services agency as defined in 35 Pa.C.S.~~  
27 ~~§ 8103.~~

28 ~~"Enrollee." An individual who is entitled to receive health~~  
29 ~~care services under an agreement with the Department of Human~~  
30 ~~Services.~~

1       ~~"Health care facility." An entity that is licensed to~~  
2 ~~provide a health care service under Article X of the act of June~~  
3 ~~13, 1967 (P.L.31, No.21), known as the Human Services Code, or~~  
4 ~~the act of July 19, 1979 (P.L.130, No.48), known as the Health-~~  
5 ~~Care Facilities Act. The term includes a federally qualified~~  
6 ~~health center and a rural health clinic as defined in 42 U.S.C.~~  
7 ~~§ 1395x(aa)(2) and (4) (relating to definitions).~~

8       ~~"Health care provider." A health care facility, medical-~~  
9 ~~equipment supplier or person that is licensed, certified or~~  
10 ~~otherwise regulated to provide health care services under the~~  
11 ~~laws of this Commonwealth or another state.~~

12       ~~"Health care service." Any treatment, admission, procedure,~~  
13 ~~medical supplies and equipment or other services, including~~  
14 ~~behavioral health, prescribed or otherwise provided or proposed~~  
15 ~~to be provided by a health care provider to a patient for the~~  
16 ~~diagnosis, prevention, treatment, cure or relief of a health-~~  
17 ~~condition, illness, injury or disease.~~

18       ~~"Health Information Technology for Economic and Clinical-~~  
19 ~~Health Act." The Health Information Technology for Economic and~~  
20 ~~Clinical Health Act (Public Law 111-5, 123 Stat. 226-279 and~~  
21 ~~467-496).~~

22       ~~"Health insurance policy." A policy, subscriber contract,~~  
23 ~~certificate or plan issued by an insurer that provides medical-~~  
24 ~~or health care coverage. The term includes a dental only and a~~  
25 ~~vision only policy. The term does not include:~~

26           ~~(1) An accident only policy.~~

27           ~~(2) A credit only policy.~~

28           ~~(3) A long term care or disability income policy.~~

29           ~~(4) A specified disease policy.~~

30           ~~(5) A Medicare supplement policy.~~

1           ~~(6) A TRICARE policy, including a Civilian Health and~~  
2 ~~Medical Program of the Uniformed Services (CHAMPUS)~~  
3 ~~supplement policy.~~

4           ~~(7) A fixed indemnity policy.~~

5           ~~(8) A hospital indemnity policy.~~

6           ~~(9) A worker's compensation policy.~~

7           ~~(10) An automobile medical payment policy under 75-~~  
8 ~~Pa.C.S. (relating to vehicles).~~

9           ~~(11) A homeowner's insurance policy.~~

10           ~~(12) Any other similar policies providing for limited~~  
11 ~~benefits.~~

12           ~~"Health Insurance Portability and Accountability Act of~~  
13 ~~1996." The Health Insurance Portability and Accountability Act~~  
14 ~~of 1996 (Public Law 104 191, 110 Stat. 1936).~~

15           ~~"Insurer." An entity licensed by the Insurance Department~~  
16 ~~that offers, issues or renews a health insurance policy and~~  
17 ~~governed under any of the following:~~

18           ~~(1) The act of May 17, 1921 (P.L.682, No.284), known as~~  
19 ~~The Insurance Company Law of 1921, including section 630 and~~  
20 ~~Article XXIV.~~

21           ~~(2) The act of December 29, 1972 (P.L.1701, No.364),~~  
22 ~~known as the Health Maintenance Organization Act.~~

23           ~~(3) 40 Pa.C.S. Ch. 61 (relating to hospital plan~~  
24 ~~corporations).~~

25           ~~(4) 40 Pa.C.S. Ch. 63 (relating to professional health~~  
26 ~~services plan corporations).~~

27           ~~"Licensure board." Each licensing board within the Bureau of~~  
28 ~~Professional and Occupational Affairs of the Department of State~~  
29 ~~with jurisdiction over a health care provider.~~

30           ~~"Medical Assistance or Children's Health Insurance Program~~

1 ~~managed care plan" or "MA or CHIP managed care plan." A health~~  
2 ~~care plan that uses a gatekeeper to manage the utilization of~~  
3 ~~health care services by medical assistance or children's health~~  
4 ~~insurance program enrollees and integrates the financing and~~  
5 ~~delivery of health care services.~~

6 ~~"Participating network provider." A health care provider~~  
7 ~~that has entered a contractual or operating relationship with an~~  
8 ~~insurer or MA or CHIP managed care plan to participate in one or~~  
9 ~~more networks of the insurer or MA or CHIP managed care plan to~~  
10 ~~provide health care services under the terms of a health~~  
11 ~~insurance policy or an agreement with the Department of Human~~  
12 ~~Services.~~

13 ~~"Remote patient monitoring." The collection of physiological~~  
14 ~~data from a patient in one location, which is transmitted via an~~  
15 ~~electronic communication technology to a health care provider in~~  
16 ~~a different location for use in care and related support of the~~  
17 ~~patient.~~

18 ~~"State." A state of the United States, the District of~~  
19 ~~Columbia, the Commonwealth of Puerto Rico and any territory or~~  
20 ~~possession of the United States.~~

21 ~~"Synchronous interaction." A two way or multiple way~~  
22 ~~exchange of information between a patient and a health care~~  
23 ~~provider that occurs in real time via audio or video~~  
24 ~~conferencing.~~

25 ~~"Telemedicine." The delivery of health care services to a~~  
26 ~~patient by a health care provider who is at a different~~  
27 ~~location, through synchronous interactions, asynchronous~~  
28 ~~interactions or remote patient monitoring that meets the~~  
29 ~~requirements of the Health Insurance Portability and~~  
30 ~~Accountability Act of 1996, the Health Information Technology~~

~~1 for Economic and Clinical Health Act or other applicable Federal  
2 law or law of this Commonwealth regarding the privacy and  
3 security of electronic transmission of health information.~~

~~4 Section 3. Oversight of telemedicine by professional licensure  
5 boards.~~

~~6 Each licensure board shall regulate health care providers  
7 under the licensure's board jurisdiction to ensure that the use  
8 of telemedicine is consistent with the health care provider's  
9 scope of practice and that health care services provided by  
10 telemedicine meet the same standard of care applicable to the  
11 same health care service provided in an in person setting. A  
12 licensure board may not establish a separate standard of care  
13 for telemedicine.~~

~~14 Section 4. Compliance.~~

~~15 A health care provider providing health care services through  
16 telemedicine to a patient shall comply with Federal law, the  
17 laws of this Commonwealth and applicable regulations. Failure to  
18 comply with applicable laws and regulations shall subject the  
19 health care provider to discipline by the applicable  
20 Commonwealth authority.~~

~~21 Section 5. Evaluation and treatment.~~

~~22 (a) Requirements. A health care provider who provides  
23 health care services through telemedicine to a patient shall  
24 comply with the following:~~

~~25 (1) For a telemedicine encounter in which the health  
26 care provider does not have an established provider patient  
27 relationship, disclose the health care provider's identity  
28 and applicable state and type of license, certificate or  
29 state regulated credentials.~~

~~30 (2) Verify the state location and identity of the~~

1 ~~patient receiving care by requesting that the patient provide~~  
2 ~~at least two patient identifiers, such as name and date of~~  
3 ~~birth.~~

4 ~~(3) Obtain and document consent in accordance with the~~  
5 ~~act of December 16, 1999 (P.L.971, No.69), known as the~~  
6 ~~Electronic Transactions Act, from the patient or other person~~  
7 ~~acting in a health care decision making capacity for the~~  
8 ~~patient after disclosure regarding the delivery models and~~  
9 ~~treatment methods or limitations of telemedicine, including~~  
10 ~~when it is advisable to seek in person care. The patient or~~  
11 ~~other person acting in a health care decision making~~  
12 ~~capacity, including the parent or legal guardian of a child~~  
13 ~~in accordance with the act of February 13, 1970 (P.L.19,~~  
14 ~~No.10), entitled "An act enabling certain minors to consent~~  
15 ~~to medical, dental and health services, declaring consent~~  
16 ~~unnecessary under certain circumstances," has the right to~~  
17 ~~choose the form of health care service delivery, which~~  
18 ~~includes the right to refuse telemedicine without~~  
19 ~~jeopardizing the patient's access to in person health care~~  
20 ~~services.~~

21 ~~(4) Perform a clinical evaluation that is appropriate~~  
22 ~~for the patient and the condition with which the patient~~  
23 ~~presents before providing treatment or issuing a prescription~~  
24 ~~using telemedicine.~~

25 ~~(5) Establish a diagnosis and treatment plan consistent~~  
26 ~~with the health care provider's scope of practice.~~

27 ~~(6) Document in the patient's medical record the health~~  
28 ~~care services rendered using telemedicine according to the~~  
29 ~~same standard as required for in person services.~~

30 ~~(7) Create a visit summary and offer to the patient.~~

1           ~~(8) Have an emergency action plan in place for medical~~  
2           ~~and behavioral health emergencies and referrals.~~

3           ~~(b) Applicability.~~

4           ~~(1) Subsection (a) (1) and (2) do not apply to emergency~~  
5           ~~services.~~

6           ~~(2) A health care provider licensed, certified or~~  
7           ~~otherwise regulated under the laws of this Commonwealth may~~  
8           ~~provide telemedicine to patients physically located in this~~  
9           ~~Commonwealth at the time of the health care service.~~

10           ~~Telemedicine may be provided to patients physically located~~  
11           ~~outside this Commonwealth to the extent permissible by the~~  
12           ~~laws of the state where the patient is located.~~

13           ~~(3) A health care provider licensed, certified or~~  
14           ~~otherwise regulated solely under the laws of another state~~  
15           ~~may provide telemedicine to patients located in this~~  
16           ~~Commonwealth only in the following circumstances:~~

17           ~~(i) A patient for whom the health care provider has~~  
18           ~~an existing provider patient relationship in the state in~~  
19           ~~which the provider is licensed, certified or otherwise~~  
20           ~~regulated, and the patient is temporarily located within~~  
21           ~~this Commonwealth. If the health care provider becomes~~  
22           ~~aware that the patient's location within this~~  
23           ~~Commonwealth is no longer temporary, the health care~~  
24           ~~provider shall transition care with the patient's consent~~  
25           ~~to a health care provider licensed, certified or~~  
26           ~~otherwise regulated within this Commonwealth.~~

27           ~~(ii) A patient located within this Commonwealth~~  
28           ~~prospectively seeking care or receiving follow up care~~  
29           ~~from a health care provider licensed, certified or~~  
30           ~~otherwise regulated in another state for a health care~~



1 ~~service that would be or has been provided outside this~~  
2 ~~Commonwealth.~~

3 ~~(c) Standard of care. A health care provider providing~~  
4 ~~health care services through telemedicine shall be subject to~~  
5 ~~the same standard of care that would apply to the health care~~  
6 ~~services in an in person setting.~~

7 ~~Section 6. Insurance coverage and reimbursement of~~  
8 ~~telemedicine.~~

9 ~~(a) General rule.—~~

10 ~~(1) A health insurance policy issued, delivered,~~  
11 ~~executed or renewed in this Commonwealth shall provide~~  
12 ~~coverage for medically necessary health care services~~  
13 ~~provided through telemedicine and delivered by a~~  
14 ~~participating network provider who provides a covered health~~  
15 ~~care service through telemedicine consistent with the~~  
16 ~~insurer's medical policies. A health insurance policy may not~~  
17 ~~exclude a health care service from coverage solely because~~  
18 ~~the health care service is provided through telemedicine.~~

19 ~~(2) Subject to paragraph (1), an insurer shall reimburse~~  
20 ~~a participating network provider for covered health care~~  
21 ~~services delivered through telemedicine and pursuant to a~~  
22 ~~health insurance policy in accordance with the terms and~~  
23 ~~conditions of the contract as negotiated between the insurer~~  
24 ~~and the participating network provider. A contract that~~  
25 ~~includes reimbursement for covered health care services~~  
26 ~~delivered through telemedicine may not prohibit reimbursement~~  
27 ~~solely because a health care service is provided by~~  
28 ~~telemedicine. Reimbursement may not be conditioned upon the~~  
29 ~~use of an exclusive proprietary telemedicine technology or~~  
30 ~~vendor.~~

1 ~~(b) Applicability.~~

2 ~~(1) Subsection (a) does not apply if the telemedicine~~  
3 ~~enabling device, technology or service fails to comply with~~  
4 ~~applicable law and regulatory guidance.~~

5 ~~(2) For a health insurance policy for which either rates~~  
6 ~~or forms are required to be filed with the Federal Government~~  
7 ~~or the Insurance Department, this section shall apply to a~~  
8 ~~policy for which a form or rate is first filed on or after~~  
9 ~~180 days after the effective date of this paragraph.~~

10 ~~(3) For a health insurance policy for which neither~~  
11 ~~rates nor forms are required to be filed with the Federal~~  
12 ~~Government or the Insurance Department, this section shall~~  
13 ~~apply to a policy issued or renewed on or after 180 days~~  
14 ~~after the effective date of this paragraph.~~

15 ~~(c) Construction. This section may not be construed to:~~

16 ~~(1) Prohibit an insurer from reimbursing other health~~  
17 ~~care providers for covered health care services provided~~  
18 ~~through telemedicine.~~

19 ~~(2) Require an insurer to reimburse an out-of-network~~  
20 ~~health care provider for health care services provided~~  
21 ~~through telemedicine.~~

22 ~~(3) Require an insurer to reimburse a participating~~  
23 ~~network provider if the provision of the health care service~~  
24 ~~through telemedicine would be inconsistent with the standard~~  
25 ~~of care.~~

26 ~~Section 7. Medical assistance and children's health insurance~~  
27 ~~program coverage.~~

28 ~~(a) MA or CHIP managed care plan payment.~~

29 ~~(1) MA or CHIP managed care plan payments shall be made~~  
30 ~~on behalf of enrollees for medically necessary health care~~

1 ~~services provided through telemedicine, as specified under~~  
2 ~~sections 2, 4 and 5, if all of the following apply:~~

3 ~~(i) The health care service would be covered through~~  
4 ~~an in person encounter.~~

5 ~~(ii) The provision of the health care service~~  
6 ~~through telemedicine is consistent with Federal law and~~  
7 ~~the laws of this Commonwealth, applicable regulations and~~  
8 ~~clinical guidance.~~

9 ~~(iii) Federal approval, if necessary for the~~  
10 ~~provision of the health care service through~~  
11 ~~telemedicine, has been received by the Department of~~  
12 ~~Human Services.~~

13 ~~(2) The MA or CHIP managed care plan shall reimburse a~~  
14 ~~participating network provider for covered health care~~  
15 ~~services delivered through telemedicine in accordance with~~  
16 ~~the terms and conditions of the contract as negotiated~~  
17 ~~between the MA or CHIP managed care plan, the participating~~  
18 ~~network provider and the agreement with the Department of~~  
19 ~~Human Services.~~

20 ~~(b) Applicability. Subsection (a) does not apply if the~~  
21 ~~telemedicine enabling device, technology or service fails to~~  
22 ~~comply with applicable law and regulatory guidance.~~

23 ~~(c) Construction. This section may not be construed to:~~

24 ~~(1) Prohibit a MA or CHIP managed care plan from making~~  
25 ~~payments on behalf of enrollees to other health care~~  
26 ~~providers for covered health care services provided through~~  
27 ~~telemedicine.~~

28 ~~(2) Require a MA or CHIP managed care plan to reimburse~~  
29 ~~a participating network provider if the provision of the~~  
30 ~~health care service through telemedicine would be~~

1 ~~inconsistent with the standard of care.~~

2 ~~Section 8. Effective date.~~

3 ~~This act shall take effect as follows:~~

4 ~~(1) Sections 6 and 7 shall take effect in 90 days.~~

5 ~~(2) The remainder of this act shall take effect~~  
6 ~~immediately.~~

7 SECTION 1. TITLE 40 OF THE PENNSYLVANIA CONSOLIDATED  
8 STATUTES IS AMENDED BY ADDING A CHAPTER TO READ:

<--

9 CHAPTER 47

10 TELEMEDICINE

11 SEC.

12 4701. SCOPE OF CHAPTER.

13 4702. DEFINITIONS.

14 4703. INSURANCE COVERAGE AND REIMBURSEMENT OF TELEMEDICINE.

15 4704. MEDICAL ASSISTANCE AND CHILDREN'S HEALTH INSURANCE  
16 PROGRAM COVERAGE.

17 4705. STANDARD OF CARE.

18 § 4701. SCOPE OF CHAPTER.

19 THIS CHAPTER RELATES TO TELEMEDICINE.

20 § 4702. DEFINITIONS.

21 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS CHAPTER  
22 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE  
23 CONTEXT CLEARLY INDICATES OTHERWISE:

24 "AGREEMENT WITH THE DEPARTMENT OF HUMAN SERVICES." AS  
25 FOLLOWS:

26 (1) AN AGREEMENT BETWEEN AN MA OR CHIP MANAGED CARE PLAN  
27 AND THE DEPARTMENT OF HUMAN SERVICES TO MANAGE THE PURCHASE  
28 AND PROVISION OF SERVICES.

29 (2) THE TERM INCLUDES A COUNTY OR MULTICOUNTY AGREEMENT  
30 WITH THE DEPARTMENT OF HUMAN SERVICES FOR BEHAVIORAL HEALTH

1 SERVICES.  
2 "ASYNCHRONOUS INTERACTION." AN EXCHANGE OF INFORMATION  
3 BETWEEN A PATIENT AND A HEALTH CARE PROVIDER THAT DOES NOT OCCUR  
4 IN REAL TIME, INCLUDING THE SECURE COLLECTION AND TRANSMISSION  
5 OF A PATIENT'S MEDICAL INFORMATION, CLINICAL DATA, CLINICAL  
6 IMAGES, LABORATORY RESULTS AND SELF-REPORTED MEDICAL HISTORY.

7 "ENROLLEE." AN INDIVIDUAL WHO IS ENTITLED TO RECEIVE HEALTH  
8 CARE SERVICES UNDER AN AGREEMENT WITH THE DEPARTMENT OF HUMAN  
9 SERVICES.

10 "HEALTH CARE FACILITY." AS FOLLOWS:

11 (1) AN ENTITY THAT IS LICENSED TO PROVIDE A HEALTH CARE  
12 SERVICE UNDER ARTICLE X OF THE ACT OF JUNE 13, 1967 (P.L.31,  
13 NO.21), KNOWN AS THE HUMAN SERVICES CODE, OR THE ACT OF JULY  
14 19, 1979 (P.L.130, NO.48), KNOWN AS THE HEALTH CARE  
15 FACILITIES ACT.

16 (2) THE TERM INCLUDES A FEDERALLY QUALIFIED HEALTH  
17 CENTER AND A RURAL HEALTH CLINIC AS DEFINED IN 42 U.S.C. §  
18 1395X(AA) (2) AND (4) (RELATING TO DEFINITIONS).

19 "HEALTH CARE PROVIDER." A HEALTH CARE FACILITY, MEDICAL  
20 EQUIPMENT SUPPLIER OR PERSON THAT IS LICENSED, CERTIFIED OR  
21 OTHERWISE REGULATED TO PROVIDE HEALTH CARE SERVICES UNDER THE  
22 LAWS OF THIS COMMONWEALTH OR ANOTHER STATE.

23 "HEALTH CARE SERVICE." ANY TREATMENT, ADMISSION, PROCEDURE,  
24 MEDICAL SUPPLIES AND EQUIPMENT OR OTHER SERVICES, INCLUDING  
25 BEHAVIORAL HEALTH, PRESCRIBED OR OTHERWISE PROVIDED OR PROPOSED  
26 TO BE PROVIDED BY A HEALTH CARE PROVIDER TO A PATIENT FOR THE  
27 DIAGNOSIS, PREVENTION, TREATMENT, CURE OR RELIEF OF A HEALTH  
28 CONDITION, ILLNESS, INJURY OR DISEASE.

29 "HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL  
30 HEALTH ACT." THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND

1 CLINICAL HEALTH ACT (PUBLIC LAW 111-5, 123 STAT. 226-279 AND  
2 467-496).

3 "HEALTH INSURANCE POLICY." AS FOLLOWS:

4 (1) A POLICY, SUBSCRIBER CONTRACT, CERTIFICATE OR PLAN  
5 ISSUED BY AN INSURER THAT PROVIDES MEDICAL OR HEALTH CARE  
6 COVERAGE.

7 (2) THE TERM INCLUDES A DENTAL ONLY AND A VISION ONLY  
8 POLICY.

9 (3) THE TERM DOES NOT INCLUDE:

10 (I) AN ACCIDENT ONLY POLICY.

11 (II) A CREDIT ONLY POLICY.

12 (III) A LONG-TERM CARE OR DISABILITY INCOME POLICY.

13 (IV) A SPECIFIED DISEASE POLICY.

14 (V) A MEDICARE SUPPLEMENT POLICY.

15 (VI) A TRICARE POLICY, INCLUDING A CIVILIAN HEALTH  
16 AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS)  
17 SUPPLEMENT POLICY.

18 (VII) A FIXED INDEMNITY POLICY.

19 (VIII) A HOSPITAL INDEMNITY POLICY.

20 (IX) A WORKER'S COMPENSATION POLICY.

21 (X) AN AUTOMOBILE MEDICAL PAYMENT POLICY UNDER 75  
22 PA.C.S. (RELATING TO VEHICLES).

23 (XI) A HOMEOWNER'S INSURANCE POLICY.

24 (XII) ANY OTHER SIMILAR POLICIES PROVIDING FOR  
25 LIMITED BENEFITS.

26 "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF  
27 1996." THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
28 OF 1996 (PUBLIC LAW 104-191, 110 STAT. 1936).

29 "INSURER." AN ENTITY LICENSED BY THE DEPARTMENT THAT OFFERS,  
30 ISSUES OR RENEWS A HEALTH INSURANCE POLICY AND GOVERNED UNDER

1 ANY OF THE FOLLOWING:

2 (1) THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS  
3 THE INSURANCE COMPANY LAW OF 1921, INCLUDING SECTION 630 AND  
4 ARTICLE XXIV OF THAT ACT.

5 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364),  
6 KNOWN AS THE HEALTH MAINTENANCE ORGANIZATION ACT.

7 (3) CHAPTER 61 (RELATING TO HOSPITAL PLAN CORPORATIONS).

8 (4) CHAPTER 63 (RELATING TO PROFESSIONAL HEALTH SERVICES  
9 PLAN CORPORATIONS).

10 "MEDICAL ASSISTANCE OR CHILDREN'S HEALTH INSURANCE PROGRAM  
11 MANAGED CARE PLAN" OR "MA OR CHIP MANAGED CARE PLAN." A HEALTH  
12 CARE PLAN THAT USES A GATEKEEPER TO MANAGE THE UTILIZATION OF  
13 HEALTH CARE SERVICES BY MEDICAL ASSISTANCE OR CHILDREN'S HEALTH  
14 INSURANCE PROGRAM ENROLLEES AND INTEGRATES THE FINANCING AND  
15 DELIVERY OF HEALTH CARE SERVICES.

16 "PARTICIPATING NETWORK PROVIDER." A HEALTH CARE PROVIDER  
17 THAT HAS ENTERED A CONTRACTUAL OR OPERATING RELATIONSHIP WITH AN  
18 INSURER OR MA OR CHIP MANAGED CARE PLAN TO PARTICIPATE IN ONE OR  
19 MORE NETWORKS OF THE INSURER OR MA OR CHIP MANAGED CARE PLAN TO  
20 PROVIDE HEALTH CARE SERVICES UNDER THE TERMS OF A HEALTH  
21 INSURANCE POLICY OR AN AGREEMENT WITH THE DEPARTMENT OF HUMAN  
22 SERVICES.

23 "REMOTE PATIENT MONITORING." THE COLLECTION OF PHYSIOLOGICAL  
24 DATA FROM A PATIENT IN ONE LOCATION, WHICH IS TRANSMITTED VIA AN  
25 ELECTRONIC COMMUNICATION TECHNOLOGY TO A HEALTH CARE PROVIDER IN  
26 A DIFFERENT LOCATION FOR USE IN CARE AND RELATED SUPPORT OF THE  
27 PATIENT.

28 "STATE." A STATE OF THE UNITED STATES, THE DISTRICT OF  
29 COLUMBIA, THE COMMONWEALTH OF PUERTO RICO AND ANY TERRITORY OR  
30 POSSESSION OF THE UNITED STATES.

1 "SYNCHRONOUS INTERACTION." A TWO-WAY OR MULTIPLE-WAY  
2 EXCHANGE OF INFORMATION BETWEEN A PATIENT AND A HEALTH CARE  
3 PROVIDER THAT OCCURS IN REAL TIME VIA AUDIO OR VIDEO  
4 CONFERENCING.

5 "TELEMEDICINE." THE DELIVERY OF HEALTH CARE SERVICES TO A  
6 PATIENT BY A HEALTH CARE PROVIDER WHO IS AT A DIFFERENT  
7 LOCATION, THROUGH SYNCHRONOUS INTERACTIONS, ASYNCHRONOUS  
8 INTERACTIONS OR REMOTE PATIENT MONITORING THAT MEETS THE  
9 REQUIREMENTS OF THE HEALTH INSURANCE PORTABILITY AND  
10 ACCOUNTABILITY ACT OF 1996, THE HEALTH INFORMATION TECHNOLOGY  
11 FOR ECONOMIC AND CLINICAL HEALTH ACT OR OTHER APPLICABLE FEDERAL  
12 LAW OR LAW OF THIS COMMONWEALTH REGARDING THE PRIVACY AND  
13 SECURITY OF ELECTRONIC TRANSMISSION OF HEALTH INFORMATION.  
14 § 4703. INSURANCE COVERAGE AND REIMBURSEMENT OF TELEMEDICINE.

15 (A) GENERAL RULE.--

16 (1) A HEALTH INSURANCE POLICY ISSUED, DELIVERED,  
17 EXECUTED OR RENEWED IN THIS COMMONWEALTH SHALL PROVIDE  
18 COVERAGE FOR MEDICALLY NECESSARY HEALTH CARE SERVICES  
19 PROVIDED THROUGH TELEMEDICINE AND DELIVERED BY A  
20 PARTICIPATING NETWORK PROVIDER WHO PROVIDES A COVERED HEALTH  
21 CARE SERVICE THROUGH TELEMEDICINE CONSISTENT WITH THE  
22 INSURER'S MEDICAL POLICIES. A HEALTH INSURANCE POLICY MAY NOT  
23 EXCLUDE A HEALTH CARE SERVICE FROM COVERAGE SOLELY BECAUSE  
24 THE HEALTH CARE SERVICE IS PROVIDED THROUGH TELEMEDICINE.

25 (2) SUBJECT TO PARAGRAPH (1), AN INSURER SHALL REIMBURSE  
26 A PARTICIPATING NETWORK PROVIDER FOR COVERED HEALTH CARE  
27 SERVICES DELIVERED THROUGH TELEMEDICINE AND PURSUANT TO A  
28 HEALTH INSURANCE POLICY IN ACCORDANCE WITH THE TERMS AND  
29 CONDITIONS OF THE CONTRACT AS NEGOTIATED BETWEEN THE INSURER  
30 AND THE PARTICIPATING NETWORK PROVIDER. A CONTRACT THAT



1 INCLUDES REIMBURSEMENT FOR COVERED HEALTH CARE SERVICES  
2 DELIVERED THROUGH TELEMEDICINE MAY NOT PROHIBIT REIMBURSEMENT  
3 SOLELY BECAUSE A HEALTH CARE SERVICE IS PROVIDED BY  
4 TELEMEDICINE. REIMBURSEMENT MAY NOT BE CONDITIONED UPON THE  
5 USE OF AN EXCLUSIVE PROPRIETARY TELEMEDICINE TECHNOLOGY OR  
6 VENDOR.

7 (B) APPLICABILITY.--

8 (1) SUBSECTION (A) DOES NOT APPLY IF THE TELEMEDICINE-  
9 ENABLING DEVICE, TECHNOLOGY OR SERVICE FAILS TO COMPLY WITH  
10 APPLICABLE LAW AND REGULATORY GUIDANCE.

11 (2) FOR A HEALTH INSURANCE POLICY FOR WHICH EITHER RATES  
12 OR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT  
13 OR THE DEPARTMENT, THIS SECTION SHALL APPLY TO A POLICY FOR  
14 WHICH A FORM OR RATE IS FIRST FILED ON OR AFTER 180 DAYS  
15 AFTER THE EFFECTIVE DATE OF THIS PARAGRAPH.

16 (3) FOR A HEALTH INSURANCE POLICY FOR WHICH NEITHER  
17 RATES NOR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL  
18 GOVERNMENT OR THE DEPARTMENT, THIS SECTION SHALL APPLY TO A  
19 POLICY ISSUED OR RENEWED ON OR AFTER 180 DAYS AFTER THE  
20 EFFECTIVE DATE OF THIS PARAGRAPH.

21 (C) CONSTRUCTION.--THIS SECTION MAY NOT BE CONSTRUED TO:

22 (1) PROHIBIT AN INSURER FROM REIMBURSING OTHER HEALTH  
23 CARE PROVIDERS FOR COVERED HEALTH CARE SERVICES PROVIDED  
24 THROUGH TELEMEDICINE.

25 (2) REQUIRE AN INSURER TO REIMBURSE AN OUT-OF-NETWORK  
26 HEALTH CARE PROVIDER FOR HEALTH CARE SERVICES PROVIDED  
27 THROUGH TELEMEDICINE.

28 (3) REQUIRE AN INSURER TO REIMBURSE A PARTICIPATING  
29 NETWORK PROVIDER IF THE PROVISION OF THE HEALTH CARE SERVICE  
30 THROUGH TELEMEDICINE WOULD BE INCONSISTENT WITH THE STANDARD

1 OF CARE.

2 § 4704. MEDICAL ASSISTANCE AND CHILDREN'S HEALTH INSURANCE

3 PROGRAM COVERAGE.

4 (A) MA OR CHIP MANAGED CARE PLAN PAYMENT.--

5 (1) MA OR CHIP MANAGED CARE PLAN PAYMENTS SHALL BE MADE  
6 ON BEHALF OF ENROLLEES FOR MEDICALLY NECESSARY HEALTH CARE  
7 SERVICES PROVIDED THROUGH TELEMEDICINE, IF ALL OF THE  
8 FOLLOWING APPLY:

9 (I) THE HEALTH CARE SERVICE WOULD BE COVERED THROUGH  
10 AN IN-PERSON ENCOUNTER.

11 (II) THE PROVISION OF THE HEALTH CARE SERVICE  
12 THROUGH TELEMEDICINE IS CONSISTENT WITH FEDERAL LAW AND  
13 THE LAWS OF THIS COMMONWEALTH, APPLICABLE REGULATIONS AND  
14 CLINICAL GUIDANCE.

15 (III) FEDERAL APPROVAL, IF NECESSARY FOR THE  
16 PROVISION OF THE HEALTH CARE SERVICE THROUGH  
17 TELEMEDICINE, HAS BEEN RECEIVED BY THE DEPARTMENT OF  
18 HUMAN SERVICES.

19 (2) THE MA OR CHIP MANAGED CARE PLAN SHALL REIMBURSE A  
20 PARTICIPATING NETWORK PROVIDER FOR COVERED HEALTH CARE  
21 SERVICES DELIVERED THROUGH TELEMEDICINE IN ACCORDANCE WITH  
22 THE TERMS AND CONDITIONS OF THE CONTRACT AS NEGOTIATED  
23 BETWEEN THE MA OR CHIP MANAGED CARE PLAN, THE PARTICIPATING  
24 NETWORK PROVIDER AND THE AGREEMENT WITH THE DEPARTMENT OF  
25 HUMAN SERVICES.

26 (B) APPLICABILITY.--SUBSECTION (A) DOES NOT APPLY IF THE  
27 TELEMEDICINE-ENABLING DEVICE, TECHNOLOGY OR SERVICE FAILS TO  
28 COMPLY WITH APPLICABLE LAW AND REGULATORY GUIDANCE.

29 (C) CONSTRUCTION.--THIS SECTION MAY NOT BE CONSTRUED TO:

30 (1) PROHIBIT A MA OR CHIP MANAGED CARE PLAN FROM MAKING

1 PAYMENTS ON BEHALF OF ENROLLEES TO OTHER HEALTH CARE  
2 PROVIDERS FOR COVERED HEALTH CARE SERVICES PROVIDED THROUGH  
3 TELEMEDICINE.

4 (2) REQUIRE A MA OR CHIP MANAGED CARE PLAN TO REIMBURSE  
5 A PARTICIPATING NETWORK PROVIDER IF THE PROVISION OF THE  
6 HEALTH CARE SERVICE THROUGH TELEMEDICINE WOULD BE  
7 INCONSISTENT WITH THE STANDARD OF CARE.

8 § 4705. STANDARD OF CARE.

9 A HEALTH CARE PROVIDER PROVIDING HEALTH CARE SERVICES THROUGH  
10 TELEMEDICINE SHALL BE SUBJECT TO THE SAME STANDARD OF CARE THAT  
11 WOULD APPLY TO THE HEALTH CARE SERVICES IN AN IN-PERSON SETTING.

12 SECTION 2. THIS ACT SHALL TAKE EFFECT IN 90 DAYS.