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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

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A N A C T

RELATING TO INSURANCE -- TELEMEDICINE REIMBURSEMENT ACT

Introduced By: Representatives Kennedy, Shekarchi, Marshall, Azzinaro, and Keable

Date Introduced: February 12, 2015

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 27 of the General Laws entitled "INSURANCE" is hereby amended
2 by adding thereto the following chapter:

3 CHAPTER 81

4 THE TELEMEDICINE REIMBURSEMENT ACT

5 **27-81-1. Title.** – This act shall be known as and may be cited as the "telemedicine
6 reimbursement act".

7 **27-81-2. Purpose.** -- The general assembly hereby finds and declares that:

8 (1) The advancements and continued development of medical and communications
9 technology have had a profound impact on the practice of medicine and offer opportunities for
10 improving the delivery and accessibility of health care, particularly in the area of telemedicine.

11 (2) Geography, weather, availability of specialists, transportation, and other factors can
12 create barriers to accessing the appropriate health care, including behavioral health care, and one
13 way to provide, ensure, or enhance access to care given these barriers is through the appropriate
14 use of technology to allow health care consumers access to qualified health care providers.

15 (3) There is a need in this state to embrace efforts that will encourage health insurers and
16 health care providers to support the use of telemedicine and that will also encourage all state
17 agencies to evaluate and amend their policies and rules to remove any regulatory barriers
18 prohibiting the use of telemedicine services.

19 **27-81-3. Definitions.** – As used in this chapter, the following words have the meanings

1 indicated:

2 (1) "Distant site" means a site at which a health care provider is located while providing
3 health care services by means of telemedicine or telehealth.

4 (2) "Health care facility" means an institution providing health care services or a health
5 care setting, including, but not limited to, hospitals and other licensed inpatient centers,
6 ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers,
7 diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health
8 settings.

9 (3) "Health care professional" means a physician or other health care practitioner
10 licensed, accredited or certified to perform specified health care services consistent with state
11 law.

12 (4) "Health care provider" means a health care professional or a health care facility

13 (5) "Health care services" means any services included in the furnishing to any individual
14 of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or
15 hospitalization, and the furnishing to any person of any and all other services for the purpose of
16 preventing, alleviating, curing, or healing human illness, injury, or physical disability.

17 (6) "Health insurer" means any person, firm or corporation offering and/or insuring health
18 care services on a prepaid basis, including, but not limited to, a nonprofit service corporation, a
19 health maintenance organization, or an entity offering a policy of accident and sickness insurance.
20 It includes all persons, firm, or corporations providing health benefits coverage for employees on
21 a self-insurance basis without the intervention of other entities.

22 (7) "Health maintenance organization" means a health maintenance organization as
23 defined in chapter 41 of this title.

24 (8) "Nonprofit service corporation means a nonprofit hospital service corporation as
25 defined in chapter 19 of this title or a nonprofit medical service corporation as defined in chapter
26 20 of this title.

27 (9) "Originating site" means a site at which a patient is located at the time health care
28 services are provided to him or her by means of telemedicine or telehealth; provided, however,
29 notwithstanding any other provision of law, health insurers and health care providers may agree
30 to alternative siting arrangements deemed appropriate by the parties.

31 (10) "Policy of accident and sickness insurance" means a policy of accident and sickness
32 insurance as defined in chapter 18 of this title.

33 (11) "Store-and-forward technology" means the technology used to enable the
34 transmission of a patient's medical information from an originating site to the health care

1 provider at the distant site without the patient being present.

2 (12) "Telehealth" means delivering health care services by means of information and
3 communications technologies consisting of telephones, remote patient monitoring devices or
4 other electronic means that facilitate the assessment, diagnosis, consultation, treatment,
5 education, care management and self-management of a patient's health care while such patient is
6 at the originating site and the health care provider is at the distant site, consistent with federal
7 laws and regulations.

8 (13) "Telemedicine" means the delivery of clinical health care services by means of real
9 time two-way electronic audiovisual communications, including the application of secure video
10 conferencing or store-and-forward technology to provide or support health care delivery, which
11 facilitate the assessment, diagnosis, consultation, treatment education, care management and self-
12 management of a patient's health care while such patient is at an originating site and the health
13 care provider is at a distant site, consistent with applicable federal laws and regulations.

14 **27-81-4. Coverage of telemedicine services.** – (a) Each health insurer that issues
15 individual or group accident and sickness insurance policies for health care services and/or
16 provides a health care plan for health care services shall provide coverage for the cost of such
17 health care services provided through telemedicine services, as provided in this section.

18 (b) A health insurer shall not exclude a health care service for coverage solely because
19 the health care service is provided through telemedicine and is not provided through in-person
20 consultation or contact, so long as such health care services appropriately provided through
21 telemedicine services.

22 (c) A health insurer shall reimburse the treating health care provider or the consulting
23 health care provider for the diagnosis, consultation, or treatment of the insured delivered through
24 telemedicine services on the same basis that the health insurer is responsible for coverage for the
25 provision of the same service through in-person consultation or contact.

26 (d) A health insurer may offer a health plan contain a deductible, copayment or
27 coinsurance requirement for a health care service provided through telemedicine, provided that
28 such deductible, copayment, or coinsurance does not exceed the deductible, copayment, or
29 coinsurance applicable if the same health care services were provided through in-person
30 diagnosis, consultation, or treatment.

31 (e) No health insurer shall impose any annual or lifetime dollar maximum on coverage
32 for telemedicine services other than an annual or lifetime dollar maximum that applies in the
33 aggregate to all items and services covered under the policy or health plan, or impose upon any
34 person receiving benefits pursuant to this section any copayment, coinsurance, or deductible

1 amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or
2 maximum for benefits or service, that is not equally imposed upon all terms and services covered
3 under the policy or health plan.

4 (f) The requirements of this section shall apply to all policies and health plans issued,
5 reissued, or extended in the state of Rhode Island on and after the effective date of this chapter, or
6 at any time thereafter when any term of the policy or health plan is changed or any premium
7 adjustment is made.

8 (g) This chapter shall not apply to short-term travel, accident-only, limited or specified
9 disease, or individual conversion policies or health plans, nor to policies or health plans designed
10 for issuance to persons eligible for coverage under title XVIII of the Social Security Act, known
11 as Medicare, or any other similar coverage under state or federal governmental plans.

12 **27-81-5. Severability.** – If any provision of this chapter is held by a court to be invalid,
13 such invalidity shall not affect the remaining provisions of this chapter.

14 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO INSURANCE -- TELEMEDICINE REIMBURSEMENT ACT

1 This act would require health insurance policies, plans or contracts to include provisions
2 for the reimbursement of telemedicine services in the same manner as such policies, plans or
3 contracts reimburse for health care services provided through in-person consultation or contact.

4 This act would take effect upon passage.

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