LC000597

STATE RHODE ISLAND OF

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

AN ACT

RELATING TO INSURANCE -- THE TELEMEDICINE COVERAGE ACT

Introduced By: Senators Miller, Goldin, Valverde, and Goodwin

Date Introduced: January 11, 2021

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 27-81-3 and 27-81-4 of the General Laws in Chapter 27-81 entitled

2 "The Telemedicine Coverage Act" are hereby amended to read as follows:

27-81-3. Definitions.

4 As used in this chapter:

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- (1) "Distant site" means a site at which a healthcare provider is located while providing healthcare services by means of telemedicine. 6
 - (2) "Healthcare facility" means an institution providing healthcare services or a healthcare setting, including, but not limited to: hospitals and other licensed, inpatient centers; ambulatory surgical or treatment centers; skilled nursing centers; residential treatment centers; diagnostic, laboratory and imaging centers; and rehabilitation and other therapeutic-health settings.
 - (3) "Healthcare professional" means a physician or other healthcare practitioner licensed, accredited, or certified to perform specified healthcare services consistent with state law.
- 13 (4) "Healthcare provider" means a healthcare professional or a healthcare facility.
 - (5) "Healthcare services" means any services included in the furnishing to any individual of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or hospitalization, and the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.
- 18 (6) "Health insurer" means any person, firm, or corporation offering and/or insuring 19 healthcare services on a prepaid basis, including, but not limited to, a nonprofit service corporation,

a health maintenance organization, or an entity offering a policy of accident and sickness insurance.

- 2 (7) "Health maintenance organization" means a health maintenance organization as defined 3 in chapter 41 of this title.
 - (8) "Nonprofit service corporation" means a nonprofit hospital-service corporation as defined in chapter 19 of this title, or a nonprofit medical-service corporation as defined in chapter 20 of this title.
 - (9) "Originating site" means a site at which a patient is located at the time healthcare services are provided to them by means of telemedicine, which can be include a patient's home where medically appropriate; provided, however, notwithstanding any other provision of law, health insurers and healthcare providers may agree to alternative siting arrangements deemed appropriate by the parties.
 - (10) "Policy of accident and sickness insurance" means a policy of accident and sickness insurance as defined in chapter 18 of this title.
 - (11) "Store-and-forward technology" means the technology used to enable the transmission of a patient's medical information from an originating site to the healthcare provider at the distant site without the patient being present.
 - (12) "Telemedicine" means the delivery of clinical healthcare services by means of real time, two-way electronic audiovisual communications, including the application of secure video conferencing or store-and-forward technology or telephone-audio-only communications to provide or support healthcare delivery, which facilitate the assessment, diagnosis, treatment, and care management of a patient's health care while such patient is at an originating site and the healthcare provider is at a distant site, consistent with applicable federal laws and regulations and guidance. Telemedicine does not include an audio only telephone conversation, email message, text message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions.

27-81-4. Coverage of telemedicine services.

- (a) Each health insurer that issues individual or group accident and sickness insurance policies for healthcare services and/or provides a healthcare plan for healthcare services shall provide coverage for the cost of such covered healthcare services provided through telemedicine services, as provided in this section.
- (b) A health insurer shall not exclude a healthcare service for coverage solely because the healthcare service is provided through telemedicine and is not provided through in-person consultation or contact, so long as such healthcare services are medically appropriate to be provided through telemedicine services and, as such, may be subject to the terms and conditions of a

•	telemented agreement services the insurer and the participating heatinedic provider of provider
2	group. The determination of the medical appropriateness of a health-care service to be provided
3	through telemedicine shall include taking into consideration any existing public health emergency.
4	The determination of the medical appropriateness of a health care service to be provided through
5	telemedicine may vary for health care services provided through audio-visual telemedicine versus
6	health care services provided through audio-only telemedicine.
7	(c) Benefit plans offered by a health insurer may impose a deductible, copayment, or
8	coinsurance requirement for a healthcare service provided through telemedicine in excess of what
9	would normally be charged for the same service when performed in-person.
10	(d) Medically appropriate telemedicine services delivered by in-network primary care and
11	behavioral health providers shall not be subject to prior authorization. No more stringent medical
12	or benefit determination and utilization review requirements shall be imposed on any telemedicine
13	service than is imposed upon the same service when performed in-person.
14	(e) Medically appropriate telemedicine services delivered by in-network providers shall be
15	reimbursed at rates not lower than the reimbursement rates for the same services delivered through
16	traditional (in-person) methods.
17	(f) Except for requiring compliance with applicable state and federal laws, regulations
18	and/or guidance, no health insurer shall impose any specific requirements as to the technologies
19	used to deliver medically appropriate telemedicine services.
20	(d)(g) The requirements of this section shall apply to all policies and health plans issued,
21	reissued, or delivered in the state of Rhode Island on and after January 1, 2018.
22	(e)(h) This chapter shall not apply to: short-term travel, accident-only, limited or specified
23	disease; or individual conversion policies or health plans; nor to policies or health plans designed
24	for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known
25	as Medicare; or any other similar coverage under state or federal governmental plans.
26	SECTION 2. Chapter 27-81 of the General Laws entitled "The Telemedicine Coverage
27	Act" is hereby amended by adding thereto the following section:
28	27-81-6. Rules and regulations.
29	The health insurance commissioner may promulgate such rules and regulations as are
30	necessary and proper to effectuate the purpose and for the efficient administration and enforcement
31	of this chapter.
32	SECTION 3. Chapter 27-18.9 of the General Laws entitled "Benefit Determination and
33	Utilization Review Act" is hereby amended by adding thereto the following section:
34	27-18 9-16 Temporary benefit determination review requirement during the

1	COVID-19 pandemic.
2	(a) Through June 30, 2023, health care entities and, where applicable, review agents shall
3	suspend prior authorization requirements for all in-network non-pharmacy COVID-19 related
4	diagnostic and treatment services, including behavioral health services reasonably related to the
5	COVID-19 pandemic;
6	(b) Through June 30, 2023, health care entities and, where applicable, review agents shall
7	not replace prior authorization requirements suspended pursuant to subsection (a) of this section
8	with new retrospective review requirements;
9	SECTION 4. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human
10	Services" is hereby amended by adding thereto the following section:
11	42-7.2-21. Telemedicine.
12	(a) Statement of intent. Rhode Island Medicaid shall cover medically necessary, non-
13	experimental, and cost-effective telemedicine services provided by Medicaid providers. There are
14	no geographic restrictions for telemedicine; services delivered via telemedicine are covered
15	statewide. Rhode Island Medicaid and its contracted managed care entities shall promote the use
16	of telemedicine to support an adequate provider network.
17	(b) "Telemedicine" shall mean the delivery of clinical health-care services by means of real
18	time, two-way electronic audiovisual communications, including the application of secure video
19	conferencing or store-and-forward technology or telephone-audio-only communications to provide
20	or support health-care delivery, which facilitate the assessment, diagnosis, treatment, and care
21	management of a patient's health care while such patient is at an originating site and the health-care
22	provider is at a distant site, consistent with applicable federal laws, regulations and guidance.
23	"Telemedicine" does not include an email message, text message, or facsimile transmission
24	between the provider and patient, or an automated computer program used to diagnose and/or treat
25	ocular or refractive conditions.
26	(c) Coverage of telemedicine services. Rhode Island Medicaid and its contracted managed
27	care entities shall provide coverage for the cost of such covered health-care services provided
28	through telemedicine services, as provided in this section.
29	(1) Rhode Island Medicaid and its contracted managed care entities shall not exclude a
30	health-care service for coverage solely because the health-care service is provided through
31	telemedicine and is not provided through in-person consultation or contact, so long as such health-
32	care services are medically appropriate to be provided through telemedicine services. The

determination of the medical appropriateness of a health-care service to be provided through

telemedicine shall include taking into consideration any existing public health emergency. The

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1	determination of the medical appropriateness of a health-care service to be provided through
2	telemedicine may vary for health care services provided through audio-visual telemedicine versus
3	health care services provided through audio-only telemedicine.
4	(2) Medically appropriate telemedicine services delivered by in-network primary care and
5	behavioral health providers shall not be subject to prior authorization. No more stringent medical
6	or benefit determination and utilization review requirements shall be imposed on any telemedicine
7	service than is imposed upon the same service when performed in-person.
8	(3) Medically appropriate telemedicine services delivered by Rhode Island Medicaid and
9	its contracted managed care entities shall be reimbursed at rates not lower than the reimbursement
0	rates for the same services delivered through traditional (in-person) methods.
1	(4) Except for requiring compliance with applicable state and federal laws, regulations
2	and/or guidance, Rhode Island Medicaid and its contracted managed care entities shall not impose
.3	any specific requirements as to the technologies used to deliver medically appropriate telemedicine
4	services.
.5	(d) Rules and Regulations. The secretary may promulgate such rules and regulations as are
6	necessary and proper to effectuate the purpose and for the efficient administration and enforcement
.7	of this chapter.
.8	SECTION 5. This act shall take effect upon passage.
	LC000597

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- THE TELEMEDICINE COVERAGE ACT

1 This act would amend the provisions of the telemedicine coverage act and provide coverage 2 for telemedicine under Rhode Island Medicaid. 3 This act would take effect upon passage. LC000597