

Representative Ken Ivory proposes the following substitute bill:

TELEMEDICINE REIMBURSEMENT AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Ken Ivory

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends provisions regarding reimbursement for telemedicine services.

Highlighted Provisions:

This bill:

- ▶ requires the Medicaid program and the Public Employees' Benefit and Insurance Program to reimburse for certain telemedicine services at commercially reasonable rates;
- ▶ amends telemedicine reporting and study requirements; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-18-13.5, as enacted by Laws of Utah 2017, Chapter 241

26-60-105, as enacted by Laws of Utah 2017, Chapter 241

49-20-414, as enacted by Laws of Utah 2017, Chapter 241



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Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-18-13.5** is amended to read:

26-18-13.5. Telemedicine services reimbursement.

(1) As used in this section[;], "telemedicine services" means the same as that term is defined in Section 26-60-102.

~~[(a) "Mental health therapy" means the same as the term "practice of mental health therapy" is defined in Section 58-60-102.]~~

~~[(b) "Mental illness" means a mental or emotional condition defined in an approved diagnostic and statistical manual for mental disorders generally recognized in the professions of mental health therapy listed in Section 58-60-102.]~~

~~[(c) "Telehealth services" means the same as that term is defined in Section 26-60-102.]~~

~~[(d) "Telemedicine services" means the same as that term is defined in Section 26-60-102.]~~

(2) This section applies to:

- (a) a managed care organization that contracts with the Medicaid program; and
- (b) a provider who is reimbursed for health care services under the Medicaid program.

(3) The Medicaid program shall reimburse for ~~[personal mental health therapy office visits provided through]~~ telemedicine services ~~[at a rate set by the Medicaid program]~~ on the same basis that the Medicaid program reimburses for other health care services.

(4) Before ~~[December 1, 2017]~~ November 1, 2018, the department shall report to the Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform Task Force on:

- (a) the result of the reimbursement requirement described in Subsection (3);
 - (b) existing and potential uses of telehealth and telemedicine services;
 - (c) issues of reimbursement to a provider offering telehealth and telemedicine services;
 - (d) potential rules or legislation related to:
 - (i) providers offering and insurers reimbursing for telehealth and telemedicine services;
- and
- (ii) increasing access to health care, increasing the efficiency of health care, and

57 decreasing the costs of health care; and

58 (e) the department's efforts to obtain a waiver from the federal requirement that
59 telemedicine communication be face-to-face communication.

60 Section 2. Section **26-60-105** is amended to read:

61 **26-60-105. Study by Public Utilities, Energy, and Technology Interim Committee**
62 **and Health Reform Task Force.**

63 The Legislature's Public Utilities, Energy, and Technology Interim Committee and
64 Health Reform Task Force shall receive the reports required in Sections [26-18-13.5](#) and
65 [49-20-414](#) and, during the 2018 interim, study:

66 (1) the result of the reimbursement requirement described in Sections [26-18-13.5](#) and
67 [49-20-414](#);

68 (2) practices and efforts of private health care facilities, health care providers,
69 self-funded employers, third-party payors, and health maintenance organizations to reimburse
70 for telehealth services;

71 (3) existing and potential uses of telehealth and telemedicine services;

72 (4) issues of reimbursement to a provider offering telehealth and telemedicine services;

73 and

74 (5) potential rules or legislation related to:

75 (a) providers offering and insurers reimbursing for telehealth and telemedicine
76 services; and

77 (b) increasing access to health care, increasing the efficiency of health care, and
78 decreasing the costs of health care.

79 Section 3. Section **49-20-414** is amended to read:

80 **49-20-414. Telemedicine services reimbursement.**

81 (1) As used in this section:

82 [~~(a) "Mental health therapy" means the same as the term "practice of mental health~~
83 ~~therapy" is defined in Section [58-60-102](#).]~~

84 [~~(b) "Mental illness" means the same as that term is defined in Section [26-18-13.5](#).]~~

85 [(c)] (a) "Network provider" means a health care provider who has an agreement with
86 the program to provide health care services to a patient with an expectation of receiving
87 payment, other than coinsurance, copayments, or deductibles, directly from the managed care

88 organization.

89 ~~[(d) "Telehealth services" means the same as that term is defined in Section~~

90 ~~26-60-102.]~~

91 ~~[(e)]~~ (b) "Telemedicine services" means the same as that term is defined in Section

92 26-60-102.

93 (2) This section applies to the risk pool established for the state under Subsection

94 49-20-201(1)(a).

95 (3) The program shall, at the provider's request, reimburse a network provider for

96 ~~[personal mental health therapy office visits provided through]~~ medically appropriate

97 telemedicine services at a ~~[rate set by the program]~~ commercially reasonable rate.

98 (4) Before ~~[December 1, 2017]~~ November 1, 2018, the program shall report to the

99 Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform

100 Task Force on:

101 (a) the result of the reimbursement requirement described in Subsection (3);

102 (b) existing and potential uses of telehealth and telemedicine services;

103 (c) issues of reimbursement to a provider offering telehealth and telemedicine services;

104 and

105 (d) potential rules or legislation related to:

106 (i) providers offering and insurers reimbursing for telehealth and telemedicine services;

107 ~~[and]~~

108 (ii) increasing access to health care, increasing the efficiency of health care, and

109 decreasing the costs of health care~~[-];~~ and

110 (e) telemedicine services that the program declined to cover because the telemedicine

111 services that were requested were not medically appropriate.