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HOUSE BILL 1027

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State of Washington

68th Legislature

2023 Regular Session

By Representatives Riccelli and Schmick

Prefiled 12/12/22.

1 AN ACT Relating to extending the time frame in which real-time  
2 telemedicine using both audio and video technology may be used to  
3 establish a relationship for the purpose of providing audio-only  
4 telemedicine for certain health care services; and amending RCW  
5 41.05.700, 48.43.735, and 74.09.325.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 41.05.700 and 2022 c 213 s 1 are each amended to  
8 read as follows:

9 (1)(a) A health plan offered to employees, school employees, and  
10 their covered dependents under this chapter issued or renewed on or  
11 after January 1, 2017, shall reimburse a provider for a health care  
12 service provided to a covered person through telemedicine or store  
13 and forward technology if:

14 (i) The plan provides coverage of the health care service when  
15 provided in person by the provider;

16 (ii) The health care service is medically necessary;

17 (iii) The health care service is a service recognized as an  
18 essential health benefit under section 1302(b) of the federal patient  
19 protection and affordable care act in effect on January 1, 2015;

20 (iv) The health care service is determined to be safely and  
21 effectively provided through telemedicine or store and forward

1 technology according to generally accepted health care practices and  
2 standards, and the technology used to provide the health care service  
3 meets the standards required by state and federal laws governing the  
4 privacy and security of protected health information; and

5 (v) Beginning January 1, 2023, for audio-only telemedicine, the  
6 covered person has an established relationship with the provider.

7 (b) (i) Except as provided in (b) (ii) of this subsection, a health  
8 plan offered to employees, school employees, and their covered  
9 dependents under this chapter issued or renewed on or after January  
10 1, 2021, shall reimburse a provider for a health care service  
11 provided to a covered person through telemedicine the same amount of  
12 compensation the carrier would pay the provider if the health care  
13 service was provided in person by the provider.

14 (ii) Hospitals, hospital systems, telemedicine companies, and  
15 provider groups consisting of eleven or more providers may elect to  
16 negotiate an amount of compensation for telemedicine services that  
17 differs from the amount of compensation for in-person services.

18 (iii) For purposes of this subsection (1)(b), the number of  
19 providers in a provider group refers to all providers within the  
20 group, regardless of a provider's location.

21 (2) For purposes of this section, reimbursement of store and  
22 forward technology is available only for those covered services  
23 specified in the negotiated agreement between the health plan and  
24 health care provider.

25 (3) An originating site for a telemedicine health care service  
26 subject to subsection (1) of this section includes a:

27 (a) Hospital;

28 (b) Rural health clinic;

29 (c) Federally qualified health center;

30 (d) Physician's or other health care provider's office;

31 (e) Licensed or certified behavioral health agency;

32 (f) Skilled nursing facility;

33 (g) Home or any location determined by the individual receiving  
34 the service; or

35 (h) Renal dialysis center, except an independent renal dialysis  
36 center.

37 (4) Except for subsection (3)(g) of this section, any originating  
38 site under subsection (3) of this section may charge a facility fee  
39 for infrastructure and preparation of the patient. Reimbursement for  
40 a facility fee must be subject to a negotiated agreement between the

1 originating site and the health plan. A distant site, a hospital that  
2 is an originating site for audio-only telemedicine, or any other site  
3 not identified in subsection (3) of this section may not charge a  
4 facility fee.

5 (5) The plan may not distinguish between originating sites that  
6 are rural and urban in providing the coverage required in subsection  
7 (1) of this section.

8 (6) The plan may subject coverage of a telemedicine or store and  
9 forward technology health service under subsection (1) of this  
10 section to all terms and conditions of the plan including, but not  
11 limited to, utilization review, prior authorization, deductible,  
12 copayment, or coinsurance requirements that are applicable to  
13 coverage of a comparable health care service provided in person.

14 (7) This section does not require the plan to reimburse:

15 (a) An originating site for professional fees;

16 (b) A provider for a health care service that is not a covered  
17 benefit under the plan; or

18 (c) An originating site or health care provider when the site or  
19 provider is not a contracted provider under the plan.

20 (8)(a) If a provider intends to bill a patient or the patient's  
21 health plan for an audio-only telemedicine service, the provider must  
22 obtain patient consent for the billing in advance of the service  
23 being delivered.

24 (b) If the health care authority has cause to believe that a  
25 provider has engaged in a pattern of unresolved violations of this  
26 subsection (8), the health care authority may submit information to  
27 the appropriate disciplining authority, as defined in RCW 18.130.020,  
28 for action. Prior to submitting information to the appropriate  
29 disciplining authority, the health care authority may provide the  
30 provider with an opportunity to cure the alleged violations or  
31 explain why the actions in question did not violate this subsection  
32 (8).

33 (c) If the provider has engaged in a pattern of unresolved  
34 violations of this subsection (8), the appropriate disciplining  
35 authority may levy a fine or cost recovery upon the provider in an  
36 amount not to exceed the applicable statutory amount per violation  
37 and take other action as permitted under the authority of the  
38 disciplining authority. Upon completion of its review of any  
39 potential violation submitted by the health care authority or  
40 initiated directly by an enrollee, the disciplining authority shall

1 notify the health care authority of the results of the review,  
2 including whether the violation was substantiated and any enforcement  
3 action taken as a result of a finding of a substantiated violation.

4 (9) For purposes of this section:

5 (a) (i) "Audio-only telemedicine" means the delivery of health  
6 care services through the use of audio-only technology, permitting  
7 real-time communication between the patient at the originating site  
8 and the provider, for the purpose of diagnosis, consultation, or  
9 treatment.

10 (ii) For purposes of this section only, "audio-only telemedicine"  
11 does not include:

12 (A) The use of facsimile or email; or

13 (B) The delivery of health care services that are customarily  
14 delivered by audio-only technology and customarily not billed as  
15 separate services by the provider, such as the sharing of laboratory  
16 results;

17 (b) "Disciplining authority" has the same meaning as in RCW  
18 18.130.020;

19 (c) "Distant site" means the site at which a physician or other  
20 licensed provider, delivering a professional service, is physically  
21 located at the time the service is provided through telemedicine;

22 (d) "Established relationship" means the provider providing  
23 audio-only telemedicine has access to sufficient health records to  
24 ensure safe, effective, and appropriate care services and:

25 (i) For health care services included in the essential health  
26 benefits category of mental health and substance use disorder  
27 services, including behavioral health treatment:

28 (A) The covered person has had, within the past three years, at  
29 least one in-person appointment, or at least one real-time  
30 interactive appointment using both audio and video technology, with  
31 the provider providing audio-only telemedicine or with a provider  
32 employed at the same medical group, at the same clinic, or by the  
33 same integrated delivery system operated by a carrier licensed under  
34 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
35 telemedicine; or

36 (B) The covered person was referred to the provider providing  
37 audio-only telemedicine by another provider who has had, within the  
38 past three years, at least one in-person appointment, or at least one  
39 real-time interactive appointment using both audio and video

1 technology, with the covered person and has provided relevant medical  
2 information to the provider providing audio-only telemedicine;

3 (ii) For any other health care service:

4 (A) The covered person has had, within the past two years, at  
5 least one in-person appointment, or, until (~~January~~) July 1, 2024,  
6 at least one real-time interactive appointment using both audio and  
7 video technology, with the provider providing audio-only telemedicine  
8 or with a provider employed at the same medical group, at the same  
9 clinic, or by the same integrated delivery system operated by a  
10 carrier licensed under chapter 48.44 or 48.46 RCW as the provider  
11 providing audio-only telemedicine; or

12 (B) The covered person was referred to the provider providing  
13 audio-only telemedicine by another provider who has had, within the  
14 past two years, at least one in-person appointment, or, until  
15 (~~January~~) July 1, 2024, at least one real-time interactive  
16 appointment using both audio and video technology, with the covered  
17 person and has provided relevant medical information to the provider  
18 providing audio-only telemedicine;

19 (e) "Health care service" has the same meaning as in RCW  
20 48.43.005;

21 (f) "Hospital" means a facility licensed under chapter 70.41,  
22 71.12, or 72.23 RCW;

23 (g) "Originating site" means the physical location of a patient  
24 receiving health care services through telemedicine;

25 (h) "Provider" has the same meaning as in RCW 48.43.005;

26 (i) "Store and forward technology" means use of an asynchronous  
27 transmission of a covered person's medical information from an  
28 originating site to the health care provider at a distant site which  
29 results in medical diagnosis and management of the covered person,  
30 and does not include the use of audio-only telephone, facsimile, or  
31 email; and

32 (j) "Telemedicine" means the delivery of health care services  
33 through the use of interactive audio and video technology, permitting  
34 real-time communication between the patient at the originating site  
35 and the provider, for the purpose of diagnosis, consultation, or  
36 treatment. For purposes of this section only, "telemedicine" includes  
37 audio-only telemedicine, but does not include facsimile or email.

38 **Sec. 2.** RCW 48.43.735 and 2022 c 213 s 2 are each amended to  
39 read as follows:

1 (1) (a) For health plans issued or renewed on or after January 1,  
2 2017, a health carrier shall reimburse a provider for a health care  
3 service provided to a covered person through telemedicine or store  
4 and forward technology if:

5 (i) The plan provides coverage of the health care service when  
6 provided in person by the provider;

7 (ii) The health care service is medically necessary;

8 (iii) The health care service is a service recognized as an  
9 essential health benefit under section 1302(b) of the federal patient  
10 protection and affordable care act in effect on January 1, 2015;

11 (iv) The health care service is determined to be safely and  
12 effectively provided through telemedicine or store and forward  
13 technology according to generally accepted health care practices and  
14 standards, and the technology used to provide the health care service  
15 meets the standards required by state and federal laws governing the  
16 privacy and security of protected health information; and

17 (v) Beginning January 1, 2023, for audio-only telemedicine, the  
18 covered person has an established relationship with the provider.

19 (b) (i) Except as provided in (b) (ii) of this subsection, for  
20 health plans issued or renewed on or after January 1, 2021, a health  
21 carrier shall reimburse a provider for a health care service provided  
22 to a covered person through telemedicine the same amount of  
23 compensation the carrier would pay the provider if the health care  
24 service was provided in person by the provider.

25 (ii) Hospitals, hospital systems, telemedicine companies, and  
26 provider groups consisting of eleven or more providers may elect to  
27 negotiate an amount of compensation for telemedicine services that  
28 differs from the amount of compensation for in-person services.

29 (iii) For purposes of this subsection (1) (b), the number of  
30 providers in a provider group refers to all providers within the  
31 group, regardless of a provider's location.

32 (2) For purposes of this section, reimbursement of store and  
33 forward technology is available only for those covered services  
34 specified in the negotiated agreement between the health carrier and  
35 the health care provider.

36 (3) An originating site for a telemedicine health care service  
37 subject to subsection (1) of this section includes a:

38 (a) Hospital;

39 (b) Rural health clinic;

40 (c) Federally qualified health center;

- 1 (d) Physician's or other health care provider's office;
- 2 (e) Licensed or certified behavioral health agency;
- 3 (f) Skilled nursing facility;
- 4 (g) Home or any location determined by the individual receiving
- 5 the service; or
- 6 (h) Renal dialysis center, except an independent renal dialysis
- 7 center.

8 (4) Except for subsection (3)(g) of this section, any originating  
9 site under subsection (3) of this section may charge a facility fee  
10 for infrastructure and preparation of the patient. Reimbursement for  
11 a facility fee must be subject to a negotiated agreement between the  
12 originating site and the health carrier. A distant site, a hospital  
13 that is an originating site for audio-only telemedicine, or any other  
14 site not identified in subsection (3) of this section may not charge  
15 a facility fee.

16 (5) A health carrier may not distinguish between originating  
17 sites that are rural and urban in providing the coverage required in  
18 subsection (1) of this section.

19 (6) A health carrier may subject coverage of a telemedicine or  
20 store and forward technology health service under subsection (1) of  
21 this section to all terms and conditions of the plan in which the  
22 covered person is enrolled including, but not limited to, utilization  
23 review, prior authorization, deductible, copayment, or coinsurance  
24 requirements that are applicable to coverage of a comparable health  
25 care service provided in person.

26 (7) This section does not require a health carrier to reimburse:

27 (a) An originating site for professional fees;

28 (b) A provider for a health care service that is not a covered  
29 benefit under the plan; or

30 (c) An originating site or health care provider when the site or  
31 provider is not a contracted provider under the plan.

32 (8)(a) If a provider intends to bill a patient or the patient's  
33 health plan for an audio-only telemedicine service, the provider must  
34 obtain patient consent for the billing in advance of the service  
35 being delivered.

36 (b) If the commissioner has cause to believe that a provider has  
37 engaged in a pattern of unresolved violations of this subsection (8),  
38 the commissioner may submit information to the appropriate  
39 disciplining authority, as defined in RCW 18.130.020, for action.  
40 Prior to submitting information to the appropriate disciplining

1 authority, the commissioner may provide the provider with an  
2 opportunity to cure the alleged violations or explain why the actions  
3 in question did not violate this subsection (8).

4 (c) If the provider has engaged in a pattern of unresolved  
5 violations of this subsection (8), the appropriate disciplining  
6 authority may levy a fine or cost recovery upon the provider in an  
7 amount not to exceed the applicable statutory amount per violation  
8 and take other action as permitted under the authority of the  
9 disciplining authority. Upon completion of its review of any  
10 potential violation submitted by the commissioner or initiated  
11 directly by an enrollee, the disciplining authority shall notify the  
12 commissioner of the results of the review, including whether the  
13 violation was substantiated and any enforcement action taken as a  
14 result of a finding of a substantiated violation.

15 (9) For purposes of this section:

16 (a) (i) "Audio-only telemedicine" means the delivery of health  
17 care services through the use of audio-only technology, permitting  
18 real-time communication between the patient at the originating site  
19 and the provider, for the purpose of diagnosis, consultation, or  
20 treatment.

21 (ii) For purposes of this section only, "audio-only telemedicine"  
22 does not include:

23 (A) The use of facsimile or email; or

24 (B) The delivery of health care services that are customarily  
25 delivered by audio-only technology and customarily not billed as  
26 separate services by the provider, such as the sharing of laboratory  
27 results;

28 (b) "Disciplining authority" has the same meaning as in RCW  
29 18.130.020;

30 (c) "Distant site" means the site at which a physician or other  
31 licensed provider, delivering a professional service, is physically  
32 located at the time the service is provided through telemedicine;

33 (d) "Established relationship" means the provider providing  
34 audio-only telemedicine has access to sufficient health records to  
35 ensure safe, effective, and appropriate care services and:

36 (i) For health care services included in the essential health  
37 benefits category of mental health and substance use disorder  
38 services, including behavioral health treatment:

39 (A) The covered person has had, within the past three years, at  
40 least one in-person appointment, or at least one real-time



1 interactive appointment using both audio and video technology, with  
2 the provider providing audio-only telemedicine or with a provider  
3 employed at the same medical group, at the same clinic, or by the  
4 same integrated delivery system operated by a carrier licensed under  
5 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
6 telemedicine; or

7 (B) The covered person was referred to the provider providing  
8 audio-only telemedicine by another provider who has had, within the  
9 past three years, at least one in-person appointment, or at least one  
10 real-time interactive appointment using both audio and video  
11 technology, with the covered person and has provided relevant medical  
12 information to the provider providing audio-only telemedicine;

13 (ii) For any other health care service:

14 (A) The covered person has had, within the past two years, at  
15 least one in-person appointment, or, until (~~January~~) July 1, 2024,  
16 at least one real-time interactive appointment using both audio and  
17 video technology, with the provider providing audio-only telemedicine  
18 or with a provider employed at the same medical group, at the same  
19 clinic, or by the same integrated delivery system operated by a  
20 carrier licensed under chapter 48.44 or 48.46 RCW as the provider  
21 providing audio-only telemedicine; or

22 (B) The covered person was referred to the provider providing  
23 audio-only telemedicine by another provider who has had, within the  
24 past two years, at least one in-person appointment, or, until  
25 (~~January~~) July 1, 2024, at least one real-time interactive  
26 appointment using both audio and video technology, with the covered  
27 person and has provided relevant medical information to the provider  
28 providing audio-only telemedicine;

29 (e) "Health care service" has the same meaning as in RCW  
30 48.43.005;

31 (f) "Hospital" means a facility licensed under chapter 70.41,  
32 71.12, or 72.23 RCW;

33 (g) "Originating site" means the physical location of a patient  
34 receiving health care services through telemedicine;

35 (h) "Provider" has the same meaning as in RCW 48.43.005;

36 (i) "Store and forward technology" means use of an asynchronous  
37 transmission of a covered person's medical information from an  
38 originating site to the health care provider at a distant site which  
39 results in medical diagnosis and management of the covered person,

1 and does not include the use of audio-only telephone, facsimile, or  
2 email; and

3 (j) "Telemedicine" means the delivery of health care services  
4 through the use of interactive audio and video technology, permitting  
5 real-time communication between the patient at the originating site  
6 and the provider, for the purpose of diagnosis, consultation, or  
7 treatment. For purposes of this section only, "telemedicine" includes  
8 audio-only telemedicine, but does not include facsimile or email.

9 (10) The commissioner may adopt any rules necessary to implement  
10 this section.

11 **Sec. 3.** RCW 74.09.325 and 2022 c 213 s 4 are each amended to  
12 read as follows:

13 (1)(a) Upon initiation or renewal of a contract with the  
14 Washington state health care authority to administer a medicaid  
15 managed care plan, a managed health care system shall reimburse a  
16 provider for a health care service provided to a covered person  
17 through telemedicine or store and forward technology if:

18 (i) The medicaid managed care plan in which the covered person is  
19 enrolled provides coverage of the health care service when provided  
20 in person by the provider;

21 (ii) The health care service is medically necessary;

22 (iii) The health care service is a service recognized as an  
23 essential health benefit under section 1302(b) of the federal patient  
24 protection and affordable care act in effect on January 1, 2015;

25 (iv) The health care service is determined to be safely and  
26 effectively provided through telemedicine or store and forward  
27 technology according to generally accepted health care practices and  
28 standards, and the technology used to provide the health care service  
29 meets the standards required by state and federal laws governing the  
30 privacy and security of protected health information; and

31 (v) Beginning January 1, 2023, for audio-only telemedicine, the  
32 covered person has an established relationship with the provider.

33 (b)(i) Except as provided in (b)(ii) of this subsection, upon  
34 initiation or renewal of a contract with the Washington state health  
35 care authority to administer a medicaid managed care plan, a managed  
36 health care system shall reimburse a provider for a health care  
37 service provided to a covered person through telemedicine the same  
38 amount of compensation the managed health care system would pay the

1 provider if the health care service was provided in person by the  
2 provider.

3 (ii) Hospitals, hospital systems, telemedicine companies, and  
4 provider groups consisting of eleven or more providers may elect to  
5 negotiate an amount of compensation for telemedicine services that  
6 differs from the amount of compensation for in-person services.

7 (iii) For purposes of this subsection (1)(b), the number of  
8 providers in a provider group refers to all providers within the  
9 group, regardless of a provider's location.

10 (iv) A rural health clinic shall be reimbursed for audio-only  
11 telemedicine at the rural health clinic encounter rate.

12 (2) For purposes of this section, reimbursement of store and  
13 forward technology is available only for those services specified in  
14 the negotiated agreement between the managed health care system and  
15 health care provider.

16 (3) An originating site for a telemedicine health care service  
17 subject to subsection (1) of this section includes a:

18 (a) Hospital;

19 (b) Rural health clinic;

20 (c) Federally qualified health center;

21 (d) Physician's or other health care provider's office;

22 (e) Licensed or certified behavioral health agency;

23 (f) Skilled nursing facility;

24 (g) Home or any location determined by the individual receiving  
25 the service; or

26 (h) Renal dialysis center, except an independent renal dialysis  
27 center.

28 (4) Except for subsection (3)(g) of this section, any originating  
29 site under subsection (3) of this section may charge a facility fee  
30 for infrastructure and preparation of the patient. Reimbursement for  
31 a facility fee must be subject to a negotiated agreement between the  
32 originating site and the managed health care system. A distant site,  
33 a hospital that is an originating site for audio-only telemedicine,  
34 or any other site not identified in subsection (3) of this section  
35 may not charge a facility fee.

36 (5) A managed health care system may not distinguish between  
37 originating sites that are rural and urban in providing the coverage  
38 required in subsection (1) of this section.

39 (6) A managed health care system may subject coverage of a  
40 telemedicine or store and forward technology health service under

1 subsection (1) of this section to all terms and conditions of the  
2 plan in which the covered person is enrolled including, but not  
3 limited to, utilization review, prior authorization, deductible,  
4 copayment, or coinsurance requirements that are applicable to  
5 coverage of a comparable health care service provided in person.

6 (7) This section does not require a managed health care system to  
7 reimburse:

8 (a) An originating site for professional fees;

9 (b) A provider for a health care service that is not a covered  
10 benefit under the plan; or

11 (c) An originating site or health care provider when the site or  
12 provider is not a contracted provider under the plan.

13 (8)(a) If a provider intends to bill a patient or a managed  
14 health care system for an audio-only telemedicine service, the  
15 provider must obtain patient consent for the billing in advance of  
16 the service being delivered and comply with all rules created by the  
17 authority related to restrictions on billing medicaid recipients. The  
18 authority may submit information on any potential violations of this  
19 subsection to the appropriate disciplining authority, as defined in  
20 RCW 18.130.020, or take contractual actions against the provider's  
21 agreement for participation in the medicaid program, or both.

22 (b) If the health care authority has cause to believe that a  
23 provider has engaged in a pattern of unresolved violations of this  
24 subsection (8), the health care authority may submit information to  
25 the appropriate disciplining authority for action. Prior to  
26 submitting information to the appropriate disciplining authority, the  
27 health care authority may provide the provider with an opportunity to  
28 cure the alleged violations or explain why the actions in question  
29 did not violate this subsection (8).

30 (c) If the provider has engaged in a pattern of unresolved  
31 violations of this subsection (8), the appropriate disciplining  
32 authority may levy a fine or cost recovery upon the provider in an  
33 amount not to exceed the applicable statutory amount per violation  
34 and take other action as permitted under the authority of the  
35 disciplining authority. Upon completion of its review of any  
36 potential violation submitted by the health care authority or  
37 initiated directly by an enrollee, the disciplining authority shall  
38 notify the health care authority of the results of the review,  
39 including whether the violation was substantiated and any enforcement  
40 action taken as a result of a finding of a substantiated violation.

1 (9) For purposes of this section:

2 (a) (i) "Audio-only telemedicine" means the delivery of health  
3 care services through the use of audio-only technology, permitting  
4 real-time communication between the patient at the originating site  
5 and the provider, for the purpose of diagnosis, consultation, or  
6 treatment.

7 (ii) For purposes of this section only, "audio-only telemedicine"  
8 does not include:

9 (A) The use of facsimile or email; or

10 (B) The delivery of health care services that are customarily  
11 delivered by audio-only technology and customarily not billed as  
12 separate services by the provider, such as the sharing of laboratory  
13 results;

14 (b) "Disciplining authority" has the same meaning as in RCW  
15 18.130.020;

16 (c) "Distant site" means the site at which a physician or other  
17 licensed provider, delivering a professional service, is physically  
18 located at the time the service is provided through telemedicine;

19 (d) "Established relationship" means the provider providing  
20 audio-only telemedicine has access to sufficient health records to  
21 ensure safe, effective, and appropriate care services and:

22 (i) For health care services included in the essential health  
23 benefits category of mental health and substance use disorder  
24 services, including behavioral health treatment:

25 (A) The covered person has had, within the past three years, at  
26 least one in-person appointment, or at least one real-time  
27 interactive appointment using both audio and video technology, with  
28 the provider providing audio-only telemedicine or with a provider  
29 employed at the same medical group, at the same clinic, or by the  
30 same integrated delivery system operated by a carrier licensed under  
31 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
32 telemedicine; or

33 (B) The covered person was referred to the provider providing  
34 audio-only telemedicine by another provider who has had, within the  
35 past three years, at least one in-person appointment, or at least one  
36 real-time interactive appointment using both audio and video  
37 technology, with the covered person and has provided relevant medical  
38 information to the provider providing audio-only telemedicine;

39 (ii) For any other health care service:

1 (A) The covered person has had, within the past two years, at  
2 least one in-person appointment, or, until (~~January~~) July 1, 2024,  
3 at least one real-time interactive appointment using both audio and  
4 video technology, with the provider providing audio-only telemedicine  
5 or with a provider employed at the same medical group, at the same  
6 clinic, or by the same integrated delivery system operated by a  
7 carrier licensed under chapter 48.44 or 48.46 RCW as the provider  
8 providing audio-only telemedicine; or

9 (B) The covered person was referred to the provider providing  
10 audio-only telemedicine by another provider who has had, within the  
11 past two years, at least one in-person appointment, or, until  
12 (~~January~~) July 1, 2024, at least one real-time interactive  
13 appointment using both audio and video technology, with the covered  
14 person and has provided relevant medical information to the provider  
15 providing audio-only telemedicine;

16 (e) "Health care service" has the same meaning as in RCW  
17 48.43.005;

18 (f) "Hospital" means a facility licensed under chapter 70.41,  
19 71.12, or 72.23 RCW;

20 (g) "Managed health care system" means any health care  
21 organization, including health care providers, insurers, health care  
22 service contractors, health maintenance organizations, health  
23 insuring organizations, or any combination thereof, that provides  
24 directly or by contract health care services covered under this  
25 chapter and rendered by licensed providers, on a prepaid capitated  
26 basis and that meets the requirements of section 1903(m)(1)(A) of  
27 Title XIX of the federal social security act or federal demonstration  
28 waivers granted under section 1115(a) of Title XI of the federal  
29 social security act;

30 (h) "Originating site" means the physical location of a patient  
31 receiving health care services through telemedicine;

32 (i) "Provider" has the same meaning as in RCW 48.43.005;

33 (j) "Store and forward technology" means use of an asynchronous  
34 transmission of a covered person's medical information from an  
35 originating site to the health care provider at a distant site which  
36 results in medical diagnosis and management of the covered person,  
37 and does not include the use of audio-only telephone, facsimile, or  
38 email; and

39 (k) "Telemedicine" means the delivery of health care services  
40 through the use of interactive audio and video technology, permitting

1 real-time communication between the patient at the originating site  
2 and the provider, for the purpose of diagnosis, consultation, or  
3 treatment. For purposes of this section only, "telemedicine" includes  
4 audio-only telemedicine, but does not include facsimile or email.

--- **END** ---