
SUBSTITUTE SENATE BILL 6399

State of Washington**65th Legislature****2018 Regular Session**

By Senate Health & Long Term Care (originally sponsored by Senators Becker, Cleveland, Rivers, Brown, Bailey, Fain, Kuderer, and Van De Wege)

1 AN ACT Relating to telemedicine payment parity; and creating new
2 sections.

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

4 NEW SECTION. **Sec. 1.** The legislature understands that
5 telemedicine is an evolving field, and that there are variances
6 between federal and state programs in how services are paid. It is
7 the intent of the legislature to set the groundwork for future
8 payment prospects. One of the legislature's goals for telemedicine is
9 to reduce premiums and overall out-of-pocket spending for patients.
10 The legislature understands that telemedicine has the potential to
11 save lives, prevent unnecessary visits to the emergency room, and
12 help address the opioid epidemic. Telemedicine provides increasingly
13 cohesive care in the areas of diabetes, mental health, stroke,
14 chronic pain, and opioid dependence treatment. The legislature
15 intends to provide services including preventive, follow-up, and
16 lifesaving treatments by utilizing telemedicine, and to improve
17 outcomes for patients. The legislature intends to utilize
18 recommendations from the telemedicine collaborative to establish a
19 telemedicine payment parity pilot program to evaluate the benefits of
20 telemedicine.

1 NEW SECTION. **Sec. 2.** (1)(a) The collaborative shall review the
2 concept of telemedicine payment parity and develop recommendations on
3 reimbursing for telemedicine and store and forward technology at the
4 same rate as if the service were provided in person by the provider,
5 for treatment of:

- 6 (i) Diabetes mellitus;
- 7 (ii) Stroke;
- 8 (iii) Mental health conditions;
- 9 (iv) Opioid dependence; and
- 10 (v) Chronic pain.

11 (b) The collaborative shall include in its recommendations, a
12 review of various reimbursement methodologies, and shall consider
13 whether and to what extent facility fees should be reimbursed in the
14 provision of telemedicine services.

15 (c) The collaborative shall include in its recommendations,
16 parameters for a three to five-year telemedicine payment parity pilot
17 program, utilizing a recommended payment parity and facility fee
18 reimbursement methodology for reimbursing services utilized to treat
19 the five conditions listed in subsection (1)(a) of this section. The
20 pilot program parameters must outline procedures for the
21 collaborative, in conjunction with the office of financial
22 management, to analyze claims data in the all-payer health care
23 claims database to determine if any savings or increased telemedicine
24 or store and forward utilization are realized through the pilot
25 program.

26 (d) The collaborative shall also include in its recommendations,
27 the design of a training program to teach health care professionals
28 about telemedicine and proper billing methodologies.

29 (2) By December 1, 2018, and in compliance with RCW 43.01.036,
30 the collaborative must report its recommendations, including the
31 parameters for a telemedicine payment parity pilot program, to the
32 health care committees of the legislature.

33 (3) For purposes of this section, "the collaborative" means the
34 collaborative for the advancement of telemedicine created by section
35 2, chapter 68, Laws of 2016.

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