

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

Senate Bill 688

BY SENATORS TAKUBO, BALDWIN, CLINE, AND STOLLINGS

[Introduced February 3, 2020; referred
to the Committee on Health and Human Resources]

1 A BILL to amend and reenact §30-3-13a of the Code of West Virginia, 1931, as amended; to
 2 amend and reenact §30-14-12d of said code; to amend said code by adding thereto a new
 3 section, designated §33-15-4u; to amend said code by adding thereto a new section,
 4 designated §33-16-3ff; to amend said code by adding thereto a new section, designated
 5 §33-24-7u; and to amend said code by adding thereto a new section, designated §33-25-
 6 8r, all relating to telemedicine practice; addressing originating site of a telemedicine
 7 encounter and permissible telemedicine technologies; and requiring insurance coverage
 8 for telemedicine services in the same manner as any other covered services.

Be it enacted by the Legislature of West Virginia:

CHAPTER 30. PROFESSIONS AND OCCUPATIONS.

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

§30-3-13a. Telemedicine practice; requirements; exceptions; definitions; rule-making.

1 (a) *Definitions.* – For the purposes of this section:

2 (1) “Chronic nonmalignant pain” means pain that has persisted after reasonable medical
 3 efforts have been made to relieve the pain or cure its cause and that has continued, either
 4 continuously or episodically, for longer than three continuous months. “Chronic nonmalignant
 5 pain” does not include pain associated with a terminal condition or illness or with a progressive
 6 disease that, in the normal course of progression, may reasonably be expected to result in a
 7 terminal condition or illness.

8 (2) “Originating site” means the location where a patient is physically present during a
 9 telemedicine encounter where telemedicine technologies are used.

10 ~~(2)~~ (3) “Physician” means a person licensed by the West Virginia Board of Medicine to
 11 practice allopathic medicine in West Virginia.

12 ~~(3)~~ (4) “Store and forward telemedicine” means the asynchronous computer-based
 13 communication of medical data or images from an originating location to a physician or podiatrist

14 at another site for the purpose of diagnostic or therapeutic assistance.

15 (4) (5) "Telemedicine" means the practice of medicine using tools such as electronic
16 communication, information technology, store and forward telecommunication, or other means of
17 interaction between a physician or podiatrist in one location and a patient in another location, with
18 or without an intervening health care provider.

19 (5) (6) "Telemedicine technologies" means technologies and devices which enable secure
20 electronic communications and information exchange in the practice of telemedicine, and typically
21 involve the application of secure real-time audio/video conferencing or similar secure video
22 services, remote monitoring or store and forward digital image technology to provide or support
23 health care delivery by replicating the interaction of a traditional in-person encounter between a
24 physician or podiatrist and a patient. Personal computers, laptop computers, computer tablets,
25 mobile telephones, and other similar devices which enable a secure application of real-time,
26 interactive audio and video transmission are permissible telemedicine technologies.

27 (b) *Licensure.* –

28 (1) The practice of medicine occurs ~~where the patient is located at the time the~~
29 ~~telemedicine technologies are used~~ at the originating site.

30 (2) A physician or podiatrist who practices telemedicine must be licensed as provided in
31 this article.

32 (3) This section does not apply to:

33 (A) An informal consultation or second opinion, at the request of a physician or podiatrist
34 who is licensed to practice medicine or podiatry in this state, ~~provided that~~ if the physician or
35 podiatrist requesting the opinion retains authority and responsibility for the patient's care; and

36 (B) Furnishing of medical assistance by a physician or podiatrist in case of an emergency
37 or disaster, if no charge is made for the medical assistance.

38 (c) *Physician-patient or podiatrist-patient relationship through telemedicine encounter.* –

39 (1) A physician-patient or podiatrist-patient relationship may not be established through:

40 (A) Audio-only communication;

41 (B) Text-based communications such as e-mail, Internet questionnaires, text-based
42 messaging or other written forms of communication; or

43 (C) Any combination thereof.

44 (2) If an existing physician-patient or podiatrist-patient relationship does not exist prior to
45 the utilization to telemedicine technologies, or if services are rendered solely through telemedicine
46 technologies, a physician-patient or podiatrist-patient relationship may only be established:

47 (A) Through the use of telemedicine technologies which incorporate interactive audio
48 using store and forward technology, real-time videoconferencing or similar secure video services
49 during the initial physician-patient or podiatrist-patient encounter; or

50 (B) For the practice of pathology and radiology, a physician-patient relationship may be
51 established through store and forward telemedicine or other similar technologies.

52 (3) Once a physician-patient or podiatrist-patient relationship has been established, either
53 through an in-person encounter or in accordance with subdivision (2) of this subsection, the
54 physician or podiatrist may utilize any telemedicine technology that meets the standard of care
55 and is appropriate for the patient presentation.

56 (d) *Telemedicine practice.* –

57 (i) A physician or podiatrist using telemedicine technologies to practice medicine or
58 podiatry shall:

59 (1) Verify the identity and location of the patient;

60 (2) Provide the patient with confirmation of the identity and qualifications of the physician
61 or podiatrist;

62 (3) Provide the patient with the physical location and contact information of the physician;

63 (4) Establish or maintain a physician-patient or podiatrist-patient relationship that conforms
64 to the standard of care;

65 (5) Determine whether telemedicine technologies are appropriate for the patient

66 presentation for which the practice of medicine or podiatry is to be rendered;

67 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

68 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional
69 standards of care for the patient presentation;

70 (8) Create and maintain health care records for the patient which justify the course of
71 treatment and which verify compliance with the requirements of this section; and

72 (9) The requirements of subdivisions (1) through (8), inclusive, of this subsection do not
73 apply to the practice of pathology or radiology medicine through store and forward telemedicine.

74 (ii) An originating site for a telemedicine encounter may include a patient's place of
75 residence, a day program, a physician's or podiatrist's office, a hospital, or an alternate location
76 in which the patient is physically present and telemedicine technologies can be effectively used.

77 (e) *Standard of care.* –

78 The practice of medicine or podiatry provided via telemedicine technologies, including the
79 establishment of a physician-patient or podiatrist-patient relationship and issuing a prescription
80 via electronic means as part of a telemedicine encounter, are subject to the same standard of
81 care, professional practice requirements and scope of practice limitations as traditional in-person
82 physician-patient or podiatrist-patient encounters. Treatment, including issuing a prescription,
83 based solely on an online questionnaire, does not constitute an acceptable standard of care.

84 (f) *Patient records.* –

85 The patient record established during the use of telemedicine technologies shall be
86 accessible and documented for both the physician or podiatrist and the patient, consistent with
87 the laws and legislative rules governing patient health care records. All laws governing the
88 confidentiality of health care information and governing patient access to medical records shall
89 apply to records of practice of medicine or podiatry provided through telemedicine technologies.
90 A physician or podiatrist solely providing services using telemedicine technologies shall make
91 documentation of the encounter easily available to the patient, and subject to the patient's

92 consent, to any identified care provider of the patient.

93 (g) *Prescribing limitations.* –

94 (1) A physician or podiatrist who practices medicine to a patient solely through the
95 utilization of telemedicine technologies may not prescribe to that patient any controlled
96 substances listed in Schedule II of the Uniform Controlled Substances Act.

97 (2) The prescribing limitations in this subsection do not apply when a physician is providing
98 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary
99 or secondary education program and are diagnosed with intellectual or developmental disabilities,
100 neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance
101 with guidelines as set forth by organizations such as the American Psychiatric Association, the
102 American Academy of Child and Adolescent Psychiatry or the American Academy of Pediatrics.
103 The physician must maintain records supporting the diagnosis and the continued need of
104 treatment.

105 (3) The prescribing limitations in this subsection do not apply to a hospital, excluding the
106 emergency department, when a physician submits an order to dispense a controlled substance,
107 listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate
108 administration in a hospital.

109 (4) A physician or podiatrist may not prescribe any pain-relieving controlled substance
110 listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of
111 treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

112 (5) A physician or health care provider may not prescribe any drug with the intent of
113 causing an abortion. The term “abortion” has the same meaning ascribed to it in §16-2F-2 of this
114 code.

115 (h) *Exceptions.* –

116 This article does not prohibit the use of audio-only or text-based communications by a
117 physician or podiatrist who is:

118 (1) Responding to a call for patients with whom a physician-patient or podiatrist-patient
 119 relationship has been established through an in-person encounter by the physician or podiatrist;

120 (2) Providing cross coverage for a physician or podiatrist who has established a physician-
 121 patient or podiatrist-patient relationship with the patient through an in-person encounter; or

122 (3) Providing medical assistance in the event of an emergency.

123 (i) *Rulemaking.* –

124 The West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine
 125 may propose joint rules for legislative approval in accordance with §29A-3-1 *et seq.* of this code
 126 to implement standards for and limitations upon the utilization of telemedicine technologies in the
 127 practice of medicine and podiatry in this state.

128 (j) *Preserving traditional physician-patient or podiatrist-patient relationship.* –

129 Nothing in this section changes the rights, duties, privileges, responsibilities, and liabilities
 130 incident to the physician-patient or podiatrist-patient relationship, nor is it meant or intended to
 131 change in any way the personal character of the physician-patient or podiatrist-patient
 132 relationship. This section does not alter the scope of practice of any health care provider or
 133 authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized
 134 by law.

ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.

§30-14-12d. Telemedicine practice; requirements; exceptions; definitions; rulemaking.

1 (a) *Definitions.* – For the purposes of this section:

2 (1) “Chronic nonmalignant pain” means pain that has persisted after reasonable medical
 3 efforts have been made to relieve the pain or cure its cause and that has continued, either
 4 continuously or episodically, for longer than three continuous months. “Chronic nonmalignant
 5 pain” does not include pain associated with a terminal condition or illness or with a progressive
 6 disease that, in the normal course of progression, may reasonably be expected to result in a
 7 terminal condition or illness.

8 (2) “Originating site” means the location where a patient is physically present during a
9 telemedicine encounter where telemedicine technologies are used.

10 ~~(2)~~ (3) “Physician” means a person licensed by the West Virginia Board of Osteopathic
11 Medicine to practice osteopathic medicine in West Virginia.

12 ~~(3)~~ (4) “Store and forward telemedicine” means the asynchronous computer-based
13 communication of medical data or images from an originating location to a physician at another
14 site for the purpose of diagnostic or therapeutic assistance.

15 ~~(4)~~ (5) “Telemedicine” means the practice of medicine using tools such as electronic
16 communication, information technology, store and forward telecommunication or other means of
17 interaction between a physician in one location and a patient in another location, with or without
18 an intervening health care provider.

19 ~~(5)~~ (6) “Telemedicine technologies” means technologies and devices which enable secure
20 electronic communications and information exchange in the practice of telemedicine, and typically
21 involve the application of secure real-time audio/video conferencing or similar secure video
22 services, remote monitoring or store and forward digital image technology to provide or support
23 health care delivery by replicating the interaction of a traditional in-person encounter between a
24 physician and a patient. Personal computers, laptop computers, computer tablets, mobile
25 telephones, and other similar devices which enable a secure application of real-time, interactive
26 audio and video transmission are permissible telemedicine technologies.

27 (b) *Licensure.* –

28 (1) The practice of medicine occurs ~~where the patient is located at the time the~~
29 ~~telemedicine technologies are used~~ at the originating site.

30 (2) A physician who practices telemedicine must be licensed as provided in this article.

31 (3) This section does not apply to:

32 (A) An informal consultation or second opinion, at the request of a physician who is
33 licensed to practice medicine in this state, ~~provided that~~ if the physician requesting the opinion

34 retains authority and responsibility for the patient's care; and

35 (B) Furnishing of medical assistance by a physician in case of an emergency or disaster
36 if no charge is made for the medical assistance.

37 (c) Physician-patient relationship through telemedicine encounter. –

38 (1) A physician-patient relationship may not be established through:

39 (A) Audio-only communication;

40 (B) Text-based communications such as e-mail, Internet questionnaires, text-based
41 messaging or other written forms of communication; or

42 (C) Any combination thereof.

43 (2) If an existing physician-patient relationship is not present prior to the utilization to
44 telemedicine technologies, or if services are rendered solely through telemedicine technologies,
45 a physician-patient relationship may only be established:

46 (A) Through the use of telemedicine technologies which incorporate interactive audio
47 using store and forward technology, real-time videoconferencing or similar secure video services
48 during the initial physician-patient encounter; or

49 (B) For the practice of pathology and radiology, a physician-patient relationship may be
50 established through store and forward telemedicine or other similar technologies.

51 (3) Once a physician-patient relationship has been established, either through an in-
52 person encounter or in accordance with subdivision (2) of this subsection, the physician may
53 utilize any telemedicine technology that meets the standard of care and is appropriate for the
54 patient presentation.

55 (d) *Telemedicine practice.* – (i) A physician using telemedicine technologies to practice
56 medicine shall:

57 (1) Verify the identity and location of the patient;

58 (2) Provide the patient with confirmation of the identity and qualifications of the physician;

59 (3) Provide the patient with the physical location and contact information of the physician;

60 (4) Establish or maintain a physician-patient relationship which conforms to the standard
61 of care;

62 (5) Determine whether telemedicine technologies are appropriate for the patient
63 presentation for which the practice of medicine is to be rendered;

64 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

65 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional
66 standards of care for the patient presentation;

67 (8) Create and maintain health care records for the patient which justify the course of
68 treatment and which verify compliance with the requirements of this section; and

69 (9) The requirements of subdivisions (1) through (7), inclusive, of this subsection do not
70 apply to the practice of pathology or radiology medicine through store and forward telemedicine.

71 (ii) An originating site for a telemedicine encounter may include a patient's place of
72 residence, a day program, a physician's or podiatrist's office, a hospital, or an alternate location
73 in which the patient is physically present and telemedicine technologies can be effectively used.

74 (e) *Standard of care.* –

75 The practice of medicine provided via telemedicine technologies, including the
76 establishment of a physician-patient relationship and issuing a prescription via electronic means
77 as part of a telemedicine encounter, are subject to the same standard of care, professional
78 practice requirements and scope of practice limitations as traditional in-person physician-patient
79 encounters. Treatment, including issuing a prescription, based solely on an online questionnaire
80 does not constitute an acceptable standard of care.

81 (f) *Patient records.* –

82 The patient record established during the use of telemedicine technologies shall be
83 accessible and documented for both the physician and the patient, consistent with the laws and
84 legislative rules governing patient health care records. All laws governing the confidentiality of
85 health care information and governing patient access to medical records shall apply to records of

86 practice of medicine provided through telemedicine technologies. A physician solely providing
87 services using telemedicine technologies shall make documentation of the encounter easily
88 available to the patient, and subject to the patient's consent, to any identified care provider of the
89 patient.

90 (g) *Prescribing limitations.* –

91 (1) A physician or podiatrist who practices medicine to a patient solely through the
92 utilization of telemedicine technologies may not prescribe to that patient any controlled
93 substances listed in Schedule II of the Uniform Controlled Substances Act.

94 (2) The prescribing limitations in this subsection do not apply when a physician is providing
95 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary
96 or secondary education program and are diagnosed with intellectual or developmental disabilities,
97 neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance
98 with guidelines as set forth by organizations such as the American Psychiatric Association, the
99 American Academy of Child and Adolescent Psychiatry or the American Academy of Pediatrics.
100 The physician must maintain records supporting the diagnosis and the continued need of
101 treatment.

102 (3) The prescribing limitations in this subsection do not apply to a hospital, excluding the
103 emergency department, when a physician submits an order to dispense a controlled substance,
104 listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate
105 administration in a hospital.

106 (4) A physician or podiatrist may not prescribe any pain-relieving controlled substance
107 listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of
108 treatment for chronic nonmalignant pain solely based upon a telemedicine encounter.

109 (5) A physician or health care provider may not prescribe any drug with the intent of
110 causing an abortion. The term "abortion" has the same meaning ascribed to it in §16-2F-2 of this
111 code.

112 (h) *Exceptions.* –

113 This section does not prohibit the use of audio-only or text-based communications by a
114 physician who is:

115 (1) Responding to a call for patients with whom a physician-patient relationship has been
116 established through an in-person encounter by the physician;

117 (2) Providing cross coverage for a physician who has established a physician-patient or
118 relationship with the patient through an in-person encounter; or

119 (3) Providing medical assistance in the event of an emergency.

120 (i) *Rulemaking.* –

121 The West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine
122 may propose joint rules for legislative approval in accordance with §29A-3-1 *et seq.* of this code
123 to implement standards for and limitations upon the utilization of telemedicine technologies in the
124 practice of medicine in this state.

125 (j) *Preservation of the traditional physician-patient relationship.* –

126 Nothing in this section changes the rights, duties, privileges, responsibilities and liabilities
127 incident to the physician-patient relationship, nor is it meant or intended to change in any way the
128 personal character of the physician-patient relationship. This section does not alter the scope of
129 practice of any health care provider or authorize the delivery of health care services in a setting,
130 or in a manner, not otherwise authorized by law.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4u. Telemedicine coverage and reimbursement parity.

1 (a) For the purposes of this section, the terms “telemedicine” and “telemedicine
2 technologies” have the same meanings ascribed by §30-3-13a and §30-14-12d of this code.

3 (b) All insurance contracts, plans, agreements, or policies issued by an insurer pursuant

4 to this article that are issued, delivered, reissued, adjusted, renewed, extended, or otherwise
5 modified on or after July 1, 2020 shall comply with the requirements of this section.

6 (c) An insurance contract, plan, agreement, or policy by an insurer pursuant to this article
7 shall include coverage for a telemedicine service in the same manner as any other service
8 covered under the contract, plan, agreement, or policy, and may not exclude a service for
9 coverage solely because the service is provided via telemedicine technologies and is not provided
10 through in-person encounter.

11 (d) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
12 article shall provide reimbursement for a telemedicine service on the same basis and at the same
13 rate under a contract, plan, agreement, or policy as if the service is provided through an in-person
14 encounter rather than provided via telemedicine technologies.

15 (e) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
16 article may contain a deductible, copayment, or coinsurance requirement for a telemedicine
17 service, if the deductible, copayment, or coinsurance requirement is not in addition to and does
18 not exceed the deductible, copayment, or coinsurance requirement applicable if the service is
19 provided through an in-person encounter rather than provided via telemedicine technologies.

20 (f) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
21 article may include a utilization review process to determine the appropriateness of a telemedicine
22 service, if the process is applied in the same manner as if the service is provided through an in-
23 person encounter rather than provided via telemedicine technologies. The utilization review
24 process may not require preauthorization of an emergent telemedicine service.

25 (g) This section does not:

26 (1) Require an insurer to provide coverage for a service that is not medically necessary;
27 or

28 (2) Prevent an insurer from requiring a health care provider to agree to certain
29 documentation or billing practices designed to protect the insurer or patients from fraudulent

30 claims so long as the practices are not unduly burdensome or unreasonable for the particular
31 service.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3ff. Telemedicine coverage and reimbursement parity.

1 (a) For the purposes of this section, the terms “telemedicine” and “telemedicine
2 technologies” shall have the same meanings ascribed by §30-3-13a and §30-14-12d of this code.

3 (b) All insurance contracts, plans, agreements, or policies issued by an insurer pursuant
4 to this article that are issued, delivered, reissued, adjusted, renewed, extended, or otherwise
5 modified on or after July 1, 2020 shall comply with the requirements of this section.

6 (c) An insurance contract, plan, agreement, or policy by an insurer pursuant to this article
7 shall include coverage for a telemedicine service in the same manner as any other service
8 covered under the contract, plan, agreement, or policy, and may not exclude a service for
9 coverage solely because the service is provided via telemedicine technologies and is not provided
10 through in-person encounter.

11 (d) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
12 article shall provide reimbursement for a telemedicine service on the same basis and at the same
13 rate under a contract, plan, agreement, or policy as if the service is provided through an in-person
14 encounter rather than provided via telemedicine technologies.

15 (e) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
16 article may contain a deductible, copayment, or coinsurance requirement for a telemedicine
17 service, if the deductible, copayment, or coinsurance requirement is not in addition to and does
18 not exceed the deductible, copayment, or coinsurance requirement applicable if the service is
19 provided through an in-person encounter rather than provided via telemedicine technologies.

20 (f) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
21 article may include a utilization review process to determine the appropriateness of a telemedicine
22 service, if the process is applied in the same manner as if the service is provided through an in-

23 person encounter rather than provided via telemedicine technologies. The utilization review
24 process may not require preauthorization of an emergent telemedicine service.

25 (g) This section does not:

26 (1) Require an insurer to provide coverage for a service that is not medically necessary;

27 or

28 (2) Prevent an insurer from requiring a health care provider to agree to certain
29 documentation or billing practices designed to protect the insurer or patients from fraudulent
30 claims so long as the practices are not unduly burdensome or unreasonable for the particular
31 service.

**ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE
CORPORATIONS, DENTAL SERVICE CORPORATIONS AND HEALTH
SERVICE CORPORATIONS.**

§33-24-7u. Telemedicine coverage and reimbursement parity.

1 (a) For the purposes of this section, the terms “telemedicine” and “telemedicine
2 technologies” have the same meanings ascribed by §30-3-13a and §30-14-12d of this code.

3 (b) All insurance contracts, plans, agreements, or policies issued by an insurer pursuant
4 to this article that are issued, delivered, reissued, adjusted, renewed, extended, or otherwise
5 modified on or after July 1, 2020 shall comply with the requirements of this section.

6 (c) An insurance contract, plan, agreement, or policy by an insurer pursuant to this article
7 shall include coverage for a telemedicine service in the same manner as any other service
8 covered under the contract, plan, agreement, or policy, and may not exclude a service for
9 coverage solely because the service is provided via telemedicine technologies and is not provided
10 through in-person encounter.

11 (d) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
12 article shall provide reimbursement for a telemedicine service on the same basis and at the same

13 rate under a contract, plan, agreement, or policy as if the service is provided through an in-person
14 encounter rather than provided via telemedicine technologies.

15 (e) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
16 article may contain a deductible, copayment, or coinsurance requirement for a telemedicine
17 service, if the deductible, copayment, or coinsurance requirement is not in addition to and does
18 not exceed the deductible, copayment, or coinsurance requirement applicable if the service is
19 provided through an in-person encounter rather than provided via telemedicine technologies.

20 (f) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
21 article may include a utilization review process to determine the appropriateness of a telemedicine
22 service, if the process is applied in the same manner as if the service is provided through an in-
23 person encounter rather than provided via telemedicine technologies. The utilization review
24 process may not require preauthorization of an emergent telemedicine service.

25 (g) This section does not:

26 (1) Require an insurer to provide coverage for a service that is not medically necessary;

27 or

28 (2) Prevent an insurer from requiring a health care provider to agree to certain
29 documentation or billing practices designed to protect the insurer or patients from fraudulent
30 claims so long as the practices are not unduly burdensome or unreasonable for the particular
31 service.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8r. Telemedicine coverage and reimbursement parity.

1 (a) For the purposes of this section, the terms “telemedicine” and “telemedicine
2 technologies” have the same meanings ascribed by §30-3-13a and §30-14-12d of this code.

3 (b) All insurance contracts, plans, agreements, or policies issued by an insurer pursuant
4 to this article that are issued, delivered, reissued, adjusted, renewed, extended or otherwise
5 modified on or after July 1, 2020 shall comply with the requirements of this section.

6 (c) An insurance contract, plan, agreement, or policy by an insurer pursuant to this article
7 shall include coverage for a telemedicine service in the same manner as any other service
8 covered under the contract, plan, agreement, or policy, and may not exclude a service for
9 coverage solely because the service is provided via telemedicine technologies and is not provided
10 through in-person encounter.

11 (d) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
12 article shall provide reimbursement for a telemedicine service on the same basis and at the same
13 rate under a contract, plan, agreement, or policy as if the service is provided through an in-person
14 encounter rather than provided via telemedicine technologies.

15 (e) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
16 article may contain a deductible, copayment or coinsurance requirement for a telemedicine
17 service, if the deductible, copayment or coinsurance requirement is not in addition to and does
18 not exceed the deductible, copayment or coinsurance requirement applicable if the service is
19 provided through an in-person encounter rather than provided via telemedicine technologies.

20 (f) An insurance contract, plan, agreement, or policy issued by an insurer pursuant to this
21 article may include a utilization review process to determine the appropriateness of a telemedicine
22 service, if the process is applied in the same manner as if the service is provided through an in-
23 person encounter rather than provided via telemedicine technologies. The utilization review
24 process may not require preauthorization of an emergent telemedicine service.

25 (g) This section does not:

26 (1) Require an insurer to provide coverage for a service that is not medically necessary;

27 or

28 (2) Prevent an insurer from requiring a health care provider to agree to certain
29 documentation or billing practices designed to protect the insurer or patients from fraudulent
30 claims so long as the practices are not unduly burdensome or unreasonable for the particular
31 service.

NOTE: The purpose of this bill is to require insurance coverage for telemedicine services in the same manner as other covered services.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.