

**First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 21-0681.01 Yelana Love x2295

**SENATE BILL 21-139**

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**SENATE SPONSORSHIP**

**Fields and Simpson,**

**HOUSE SPONSORSHIP**

**Lontine and Soper,**

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**Senate Committees**  
Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING REIMBURSEMENT FOR DENTAL CARE SERVICES PROVIDED**  
102 **THROUGH TELEHEALTH.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

The bill requires each dental plan issued, amended, or renewed in this state to cover services offered to a covered person through telehealth.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.

1           **SECTION 1.** In Colorado Revised Statutes, 10-16-123, **amend**  
2 (2)(a), (2)(b)(I), (2)(d), (2)(e)(I), (2)(f), and (3); and **repeal** (2)(g)(I) as  
3 follows:

4           **10-16-123. Telehealth - definitions.** (2) (a) ~~On or after January~~  
5 ~~1, 2017,~~ A health benefit plan OR DENTAL PLAN that is issued, amended,  
6 or renewed in this state shall not require in-person contact between a  
7 provider and a covered person for services appropriately provided  
8 through telehealth, subject to all terms and conditions of the health  
9 benefit plan OR DENTAL PLAN. Nothing in this section requires the use of  
10 telehealth when a provider determines that delivery of care through  
11 telehealth is not appropriate or when a covered person chooses not to  
12 receive care through telehealth. A provider is not obligated to document  
13 or demonstrate that a barrier to in-person care exists to trigger coverage  
14 under a health benefit plan OR DENTAL PLAN for services provided  
15 through telehealth.

16           (b) (I) Subject to all terms and conditions of the health benefit  
17 plan OR DENTAL PLAN, a carrier shall reimburse the treating participating  
18 provider or the consulting participating provider for the diagnosis,  
19 consultation, or treatment of the covered person delivered through  
20 telehealth on the same basis that the carrier is responsible for reimbursing  
21 that provider for the provision of the same service through in-person  
22 consultation or contact by that provider.

23           (d) A carrier may offer a health coverage plan OR DENTAL PLAN  
24 containing a deductible, copayment, or coinsurance requirement for a  
25 health-care service provided through telehealth, but the deductible,  
26 copayment, or coinsurance amount must not exceed the deductible,  
27 copayment, or coinsurance applicable if the same health-care services are

1 provided through in-person diagnosis, consultation, or treatment.

2 (e) A carrier shall not:

3 (I) Impose an annual dollar maximum on coverage for health-care  
4 services covered under the health benefit plan OR DENTAL PLAN that are  
5 delivered through telehealth, other than an annual dollar maximum that  
6 applies to the same services when performed by the same provider  
7 through in-person care;

8 (f) If a covered person receives health-care services through  
9 telehealth, a carrier shall apply the applicable copayment, coinsurance, or  
10 deductible amount to the telehealth services under the health benefit plan  
11 OR DENTAL PLAN, which copayment, coinsurance, or deductible amount  
12 shall not exceed the amounts applicable to those health-care services  
13 when performed by the same provider through in-person care.

14 (g) ~~(I) The requirements of this section apply to all health benefit~~  
15 ~~plans delivered, issued, for delivery, amended, or renewed in this state on~~  
16 ~~or after January 1, 2017, or at any time after that date when a term of the~~  
17 ~~plan is changed or a premium adjustment is made.~~

18 (3) A health benefit plan OR DENTAL PLAN is not required to pay  
19 for consultation provided by a provider by telephone or facsimile unless  
20 the consultation is provided through HIPAA-compliant interactive  
21 audio-visual communication or the use of a HIPAA-compliant application  
22 via a cellular telephone.

23 **SECTION 2. Applicability.** This act applies to dental plans  
24 issued or renewed on or after the effective date of this act.

25 **SECTION 3. Safety clause.** The general assembly hereby finds,  
26 determines, and declares that this act is necessary for the immediate  
27 preservation of the public peace, health, or safety.