First Regular Session Seventy-first General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 17-0623.01 Christy Chase x2008

HOUSE BILL 17-1094

HOUSE SPONSORSHIP

Buck and Valdez,

SENATE SPONSORSHIP

Crowder and Donovan,

House Committees Health, Insurance, & Environment

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Senate Committees

A BILL FOR AN ACT
CONCERNING MODIFICATIONS TO THE REQUIREMENTS FOR HEALTH
BENEFIT PLANS TO COVER HEALTH CARE SERVICES DELIVERED
VIA TELEHEALTH.

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.)

Under current law, health benefit plans are required to cover health care services delivered to a covered person by a provider via telehealth in the same manner that the plan covers health care services delivered by a provider in person. The bill clarifies that:

! A health plan cannot restrict or deny coverage of telehealth

- services based on the communication technology or application used to deliver the telehealth services;
- The availability of telehealth services does not change a carrier's obligation to contract with providers available in the community to provide in-person services who are willing to negotiate reasonable contract terms with the carrier;
- ! A covered person may receive telehealth services from a private residence, but the carrier is not required to pay for transmission costs the covered person incurs; and
- ! Telehealth includes health care services provided through audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone but does not include voice-only telephone communication or text messaging.

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

2 SECTION 1. In Colorado Revised Statutes, 10-16-123, amend

(2)(b), (2)(c), (2)(f), (3), and (4)(e) as follows:

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10-16-123. Telehealth - definitions. (2) (b) (I) Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.

- (II) A carrier shall not RESTRICT OR deny coverage of a health care service that is a covered benefit SOLELY:
- (A) Because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to section 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; OR

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1	(B) BASED ON THE COMMUNICATION TECHNOLOGY OR
2	APPLICATION USED TO DELIVER THE TELEHEALTH SERVICES PURSUANT TO
3	THIS SECTION.
4	(III) Section 10-16-704 applies to this paragraph (b) SUBSECTION
5	(2)(b), AND THE AVAILABILITY OF TELEHEALTH SERVICES DOES NOT
6	MODIFY THE REQUIREMENTS IMPOSED ON CARRIERS UNDER THAT SECTION
7	TO PROVIDE A SUFFICIENT NETWORK OF PROVIDERS AVAILABLE IN THE
8	COMMUNITY TO PROVIDE IN-PERSON HEALTH CARE SERVICES.
9	(c) A carrier shall include in the payment for telehealth
10	interactions reasonable compensation to the originating site for the
11	transmission cost incurred during the delivery of health care services
12	through telehealth; except that, for purposes of this paragraph (c), the
13	originating site does not include a private residence at which the covered
14	person is located when he or she receives health care services through
15	telehealth SUBSECTION (2)(c), THE CARRIER IS NOT REQUIRED TO PAY OR
16	REIMBURSE FOR ANY TRANSMISSION COSTS THE COVERED PERSON
17	INCURRED OR ORIGINATING SITE FEES, REGARDLESS OF HOW OR BY WHOM
18	THE FEES ARE BILLED, FOR THE DELIVERY OF HEALTH CARE SERVICES
19	THROUGH TELEHEALTH TO OR FROM THE COVERED PERSON'S HOME OR A
20	PRIVATE RESIDENCE.
21	(f) If a covered person receives health care services through
22	telehealth, a carrier shall apply the same APPLICABLE copayment,
23	coinsurance, or deductible amount and policy-year, calendar-year,
24	lifetime, or other durational benefit limitation or maximum benefits or
25	services TO THE TELEHEALTH SERVICES under the health benefit plan, to
26	the health care services delivered via telehealth that the carrier applies
27	under the health benefit plan WHICH COPAYMENT, COINSURANCE, OR

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1	DEDUCTIBLE AMOUNT SHALL NOT EXCEED THE AMOUNTS APPLICABLE to
2	those health care services when performed by the same provider through
3	in-person care.
4	(3) A health benefit plan shall IS not be required to pay for
5	consultation provided by a provider by telephone or facsimile UNLESS THE
6	CONSULTATION IS PROVIDED THROUGH HIPAA-COMPLIANT INTERACTIVE
7	AUDIO-VISUAL COMMUNICATION OR THE USE OF A HIPAA-COMPLIANT
8	APPLICATION VIA A CELLULAR TELEPHONE.
9	(4) As used in this section:
10	(e) (I) "Telehealth" means a mode of delivery of health care
11	services through telecommunications systems, including information,
12	electronic, and communication technologies, to facilitate the assessment,
13	diagnosis, consultation, treatment, education, care management, or
14	self-management of a covered person's health care while the covered
15	person is located at an originating site and the provider is located at a
16	distant site. The term includes:
17	(A) Synchronous interactions; and
18	(B) Store-and-forward transfers; AND
19	(C) SERVICES PROVIDED THROUGH HIPAA-COMPLIANT
20	INTERACTIVE AUDIO-VISUAL COMMUNICATION OR THE USE OF A
21	HIPAA-COMPLIANT APPLICATION VIA A CELLULAR TELEPHONE.
22	(II) "Telehealth" does not include the delivery of health care
23	services via:
24	(A) VOICE-ONLY telephone COMMUNICATION OR TEXT
25	MESSAGING;
26	(B) Facsimile machine; or
27	(C) Electronic mail systems.

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1	SECTION 2. Effective date - applicability. This act takes effect
2	upon passage and applies to health benefit plans issued, amended, or
3	renewed on or after said date.
4	SECTION 3. Safety clause. The general assembly hereby finds,
5	determines, and declares that this act is necessary for the immediate
5	preservation of the public peace, health, and safety.

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