

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

PREAMENDED

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

LLS NO. 21-0681.01 Yelana Love x2295

SENATE BILL 21-139

SENATE SPONSORSHIP

Fields and Simpson,

HOUSE SPONSORSHIP

Lontine and Soper,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

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

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

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. In Colorado Revised Statutes, 25.5-5-320, amend**
24 **(7) as follows:**

25 **"25.5-5-320. Telemedicine - reimbursement - disclosure**
26 **statement - definition - repeal. (7) As used in this section, "health-care**
27 **or mental health-care services" includes speech therapy, physical therapy,**

1 occupational therapy, DENTAL CARE, hospice care, home health care, and
2 pediatric behavioral health care.

3 **SECTION 3. Applicability.** This act applies to dental plans
4 issued or renewed on or after the effective date of this act.

5 **SECTION 4. Safety clause.** The general assembly hereby finds,
6 determines, and declares that this act is necessary for the immediate
7 preservation of the public peace, health, or safety.