State of Rhode Island

In General Assembly

January Session, A.D. 2016

A N A C T

Relating to Insurance -- The Telemedicine Coverage Act

Introduced By: Representatives Kennedy, Shekarchi, Marshall, Azzinaro, and Keable

Date Introduced: January 14, 2016

Referred To: House Corporations

It is enacted by the General Assembly as follows:

SECTION 1. Title 27 of the General Laws entitled "Insurance" is hereby amended by adding thereto the following chapter:

CHAPTER 81

The Telemedicine Coverage Act

27-81-1. Title. -- This act shall be known as and may be cited as the "Telemedicine Coverage Act".

27-81-2. Purpose. -- The general assembly hereby finds and declares that:

(1) The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the delivery, cost, and accessibility of health care, particularly in the area of telemedicine.

(2) Geography, weather, availability of specialists, transportation, and other factors can create barriers to accessing the appropriate health care, including behavioral health care, and one way to provide, ensure, or enhance access to health care given these barriers is through the appropriate use of technology to allow health care consumers access to qualified health care providers.

(3) There is a need in this state to embrace efforts that will encourage health insurers and health care providers to support the use of telemedicine, and that will also encourage all state agencies to evaluate and amend their policies and rules to remove any regulatory barriers.
prohibiting the use of telemedicine services.

27-81-3. Definitions. -- As used in this chapter:

(1) "Distant site" means a site at which a health care provider is located while providing health care services by means of telemedicine.

(2) "Health care facility" means an institution providing health care services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

(3) "Health care professional" means a physician or other health care practitioner licensed, accredited or certified to perform specified health care services consistent with state law.

(4) "Health care provider" means a health care professional or a health care facility.

(5) "Health care services" means any services included in the furnishing to any individual of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or hospitalization, and the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.

(6) "Health insurer" means any person, firm or corporation offering and/or insuring health care services on a prepaid basis, including, but not limited to, a nonprofit service corporation, a health maintenance organization, or an entity offering a policy of accident and sickness insurance.

(7) "Health maintenance organization" means a health maintenance organization as defined in chapter 41 of this title.

(8) "Nonprofit service corporation" means a nonprofit hospital service corporation as defined in chapter 19 of this title, or a nonprofit medical service corporation as defined in chapter 20 of this title.

(9) "Originating site" means a site at which a patient is located at the time health care services are provided to them by means of telemedicine, which can be a patient's home where medically appropriate; provided, however, notwithstanding any other provision of law, health insurers and health care providers may agree to alternative siting arrangements deemed appropriate by the parties.

(10) "Policy of accident and sickness insurance" means a policy of accident and sickness insurance as defined in chapter 18 of this title.

(11) "Store-and-forward technology" means the technology used to enable the transmission of a patient's medical information from an originating site to the health care provider
at the distant site without the patient being present.

(12) "Telemedicine" means the delivery of clinical health care services by means of real
time two-way electronic audiovisual communications, including the application of secure video
conferencing or store-and-forward technology to provide or support health care delivery, which
facilitate the assessment, diagnosis, treatment, and care management of a patient's health care
while such patient is at an originating site and the health care provider is at a distant site,
consistent with applicable federal laws and regulations. Telemedicine does not include an audio-
only telephone conversation, email message or facsimile transmission between the provider and
patient, or an automated computer program used to diagnose and/or treat ocular or refractive
conditions.

27-81-4. Coverage of telemedicine services. -- (a) Each health insurer that issues
individual or group accident and sickness insurance policies for health care services and/or
provides a health care plan for health care services shall provide coverage for the cost of such
covered health care services provided through telemedicine services, as provided in this section.

(b) A health insurer shall not exclude a health care service for coverage solely because
the health care service is provided through telemedicine and is not provided through in-person
consultation or contact, so long as such health care services are medically appropriate to be
provided through telemedicine services and as such may be subject to the terms and conditions of
a telemedicine agreement between the insurer and the participating health care provider or
provider group.

(c) Benefit plans offered by a health insurer may impose a deductible, copayment, or
coinsurance requirement for a health care service provided through telemedicine.

(d) The requirements of this section shall apply to all policies and health plans issued,
reissued, or delivered in the state of Rhode Island on and after January 1, 2018.

(e) This chapter shall not apply to short-term travel, accident-only, limited or specified
disease, or individual conversion policies or health plans, nor to policies or health plans designed
for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known
as Medicare, or any other similar coverage under state or federal governmental plans.

27-81-5. Severability. -- If any provision of this chapter or of any rule or regulation
made under this chapter, or its application to any person or circumstance is held invalid by a court
of competent jurisdiction, the remainder of the chapter, rule, or regulation and the application of
the provision to other persons or circumstances shall not be affected by this invalidity. The
invalidity of any section or sections or parts of any section or sections shall not affect the validity
of the remainder of the chapter.
SECTION 2. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N   A C T
RELATING TO INSURANCE -- THE TELEMEDICINE COVERAGE ACT

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This act would require health insurance policies, plans or contracts issued, reissued or delivered on or after January 1, 2018, to include provisions for the reimbursement of telemedicine services in the same manner as such policies, plans or contracts reimburse for health care services provided through in-person consultation or contact.

This act would take effect upon passage.