2021 -- S 0004 SUBSTITUTE A

LC000597/SUB A/2

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

AN ACT

RELATING TO INSURANCE -- THE TELEMEDICINE COVERAGE ACT

<u>Introduced By:</u> Senators Miller, Goldin, Valverde, Goodwin, Felag, Coyne, Burke, Cano, Seveney, Lawson, and Kallman

Date Introduced: January 11, 2021

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Sections 27-81-3 and 27-81-4 of the General Laws in Chapter 27-81 entitled
"The Telemedicine Coverage Act" are hereby amended to read as follows:

27-81-3. Definitions.

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- 4 As used in this chapter:
- 5 (1) "Distant site" means a site at which a healthcare provider is located while providing 6 healthcare services by means of telemedicine.
 - (2) "Healthcare facility" means an institution providing healthcare services or a healthcare 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) "Healthcare professional" means a physician or other healthcare practitioner licensed, accredited, or certified to perform specified healthcare services consistent with state law.
- 13 (4) "Healthcare provider" means a healthcare professional or a healthcare facility.
- 14 (5) "Healthcare services" means any services included in the furnishing to any individual 15 of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or 16 hospitalization, and the furnishing to any person of any and all other services for the purpose of 17 preventing, alleviating, curing, or healing human illness, injury, or physical disability.
- 18 (6) "Health insurer" means any person, firm, or corporation offering and/or insuring 19 healthcare 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.

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- 2 (7) "Health maintenance organization" means a health maintenance organization as defined 3 in chapter 41 of this title.
- (8) "Nonprofit service corporation" means a nonprofit hospital-service corporation as 5 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 healthcare services are provided to them by means of telemedicine, which can be include a patient's home where medically or clinically appropriate; provided, however, notwithstanding any other provision of law, health insurers and healthcare 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 healthcare provider at the distant site without the patient being present.
 - (12) "Telemedicine" means the delivery of clinical healthcare services by means of real time, two-way telephone-audio-only communications or electronic audiovisual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare 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 healthcare provider is at a distant site, consistent with applicable federal laws 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 healthcare services and/or provides a healthcare plan for healthcare services shall provide coverage for the cost of such covered healthcare services provided through telemedicine services, as provided in this section.
- (b)(1) A health insurer shall not exclude a healthcare service for coverage solely because the healthcare service is provided through telemedicine and is not provided through in-person consultation or contact, so long as such healthcare services are medically or clinically appropriate to be provided through telemedicine services and, as such, may be subject to the terms and

1	conditions of a telemedicine agreement between the insurer and the participating healthcare
2	provider or provider group .
3	(2) As is in effect on January 1, 2021, all such medically or clinically appropriate, medically
4	necessary telemedicine services delivered by in-network providers shall be reimbursed at rates not
5	lower than services delivered through in-person methods. This shall remain in effect as long as the
6	state of emergency that was in effect on January 1, 2021 is still active. Once the state of emergency
7	has been rescinded this provision will remain in effect unless or until the office of the health
8	insurance commissioner revises which service categories shall be reimbursed at rates not lower
9	than the reimbursement rates for the same service categories delivered through in-person methods
10	based on recommendations described under § 27-81-7.
11	(c) Notwithstanding subsection (b) of this section, medically or clinically appropriate
12	telemedicine services delivered by in-network primary care and behavioral healthcare providers
13	shall be reimbursed at rates not lower than the reimbursement rates for the same services delivered
14	<u>in-person.</u>
15	(e)(d) Benefit plans offered by a health insurer may impose a deductible, copayment, or
16	coinsurance requirement for a healthcare service provided through telemedicine shall not impose a
17	deductible, copayment, or coinsurance requirement for a healthcare service delivered through
18	telemedicine in excess of what would normally be charged for the same healthcare service when
19	performed in-person.
20	(e) Prior authorization requirements for medically or clinically appropriate telemedicine
21	services shall not be more stringent than prior authorization requirements for in-person care. No
22	more stringent medical or benefit determination and utilization review requirements shall be
23	imposed on any telemedicine service than is imposed upon the same service when performed in-
24	person.
25	(f) Except for requiring compliance with applicable state and federal laws, regulations
26	and/or guidance, no health insurer shall impose any specific requirements as to the technologies
27	used to deliver medically or clinically appropriate telemedicine services.
28	(d)(g) The requirements of this section shall apply to all policies and health plans issued,
29	reissued, or delivered in the state of Rhode Island on and after January 1, 2018.
30	(e)(h) This chapter shall not apply to: short-term travel, accident-only, limited or specified
31	disease; or individual conversion policies or health plans; nor to policies or health plans designed
32	for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known
33	as Medicare; or any other similar coverage under state or federal governmental plans.
34	SECTION 2. Chapter 27-81 of the General Laws entitled "The Telemedicine Coverage

1	Act" is hereby amended by adding thereto the following sections:
2	27-81-6. Rules and regulations.
3	The health insurance commissioner may promulgate such rules and regulations as are
4	necessary and proper to effectuate the purpose and for the efficient administration and enforcement
5	of this chapter.
6	27-81-7. Telemedicine data reporting and telemedicine advisory committee.
7	(a) Each health insurer shall collect and provide to the office of the health insurance
8	commissioner (OHIC), in a form and frequency acceptable to OHIC, information and data
9	reflecting its telemedicine policies, practices, and experience. OHIC shall provide this information
10	and data to the general assembly on or before January 1, 2022, and on or before each January 1
11	thereafter.
12	(b)(1)Upon the expiration of the state of emergency that was in effect on January 1, 2021,
13	OHIC will use data reporting required under subsection (a) of this section to help determine, with
14	the advice and participation of the executive office of health and human services, the department
15	of health, the health insurance advisory council, and the Rhode Island office of the attorney
16	general's office of the health care advocate, a list of in-network telemedicine service categories that
17	shall be reimbursed at rates not lower than the reimbursement rates for the same service categories
18	delivered through in-person methods. This list of service categories may be revised annually should
19	OHIC deem necessary.
20	(2) Notwithstanding subsection (b)(1) of this section, medically or clinically appropriate
21	telemedicine services delivered by in-network primary care and behavioral healthcare providers
22	shall be reimbursed at rates not lower than the reimbursement rates for the same services delivered
23	<u>in-person.</u>
24	SECTION 3. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human
25	Services" is hereby amended by adding thereto the following section:
26	42-7.2-21. Telemedicine.
27	(a) Statement of intent. Rhode Island Medicaid shall cover medically necessary, medically
28	or clinically appropriate, non-experimental, and cost-effective telemedicine services provided by
29	Medicaid providers. There are no geographic restrictions for telemedicine; services delivered via
30	telemedicine are covered statewide. Rhode Island Medicaid and its contracted managed care
31	entities shall promote the use of telemedicine to support an adequate provider network.
32	(b) Definition: "Telemedicine" means the delivery of clinical healthcare services by means
33	of real time, two-way telephone-audio-only communications or electronic audiovisual
34	communications, including the application of secure video conferencing or store-and-forward

1	technology to provide or support healthcare delivery, which facilitate the assessment, diagnosis,
2	treatment, and care management of a patient's health care while such patient is at an originating site
3	and the healthcare provider is at a distant site, consistent with applicable federal laws and
4	regulations. "Telemedicine" does not include an email message, or facsimile transmission between
5	the provider and patient, or an automated computer program used to diagnose and/or treat ocular
6	or refractive conditions.
7	(c) Coverage of telemedicine services. Rhode Island Medicaid and its contracted managed
8	care entities shall provide coverage for the cost of such covered healthcare services provided
9	through telemedicine services, as provided in this section.
10	(1) Rhode Island Medicaid and its contracted managed care entities shall not exclude a
11	healthcare service for coverage solely because the healthcare service is provided through
12	telemedicine and is not provided through in-person consultation or contact, as long as such health
13	care services are medically necessary, and medically or clinically appropriate to be provided
14	through telemedicine services.
15	(2) Benefit plans offered by a Medicaid managed care entity shall not impose a copayment,
16	or coinsurance requirement for a healthcare service delivered through telemedicine in excess of
17	what would normally be charged for the same healthcare service when performed in-person.
18	(3) Prior authorization requirements for medically necessary and medically or clinically
19	appropriate telemedicine services shall not be more stringent than prior authorization requirements
20	for in-person care. No more stringent medical or benefit determination and utilization review
21	requirements shall be imposed on any telemedicine service than is imposed upon the same service
22	when performed in person.
23	(4) As is in effect on January 1, 2021, all such medically or clinically appropriate, medically
24	necessary telemedicine services delivered by in-network providers shall be reimbursed at rates not
25	lower than services delivered through in-person methods. This shall remain in effect as long as the
26	state of emergency that was in effect on January 1, 2021 is still active. Once the state of emergency
27	has been rescinded this provision will remain in effect unless or until Rhode Island Medicaid revises
28	which service categories shall be reimbursed at rates not lower than the reimbursement rates for
29	the same service categories delivered through in-person methods based on recommendations
30	described under subsection (e) of this section.
31	(5) Notwithstanding subsection (c)(4) of this section medically necessary and medically or
32	clinically appropriate telemedicine services delivered by in-network primary care and behavioral
33	healthcare providers, for both fee-for-service and managed care delivery systems, shall be
34	reimbursed at rates not lower than the reimbursement rates for the same services delivered through

2	(6) Except for requiring compliance with applicable state and federal laws, regulations
3	and/or guidance, Rhode Island Medicaid and its contracted managed care entities shall not impose
4	any specific requirements as to the technologies used to deliver medically necessary and medically
5	or clinically appropriate telemedicine services.
6	(d) Telemedicine data reporting. Each of Rhode Island Medicaid's contracted managed care
7	entities shall collect and provide to the executive office of health and human services (EOHHS), in
8	a form and frequency acceptable to the executive office, information and data reflecting its
9	telemedicine policies, practices, and experience. This information and data shall be provided to the
10	general assembly on or before January 1, 2022, and on or before each January 1 thereafter. When
11	available, the information and data EOHHS provides shall include, but not be limited to:
12	(1) Any savings experienced in Medicaid covered services and/or any savings experienced
13	in government funded programs, such as potential changes in expenditures for non-emergency
14	medical transportation services or child care, due to expanded access and increased use of
15	telemedicine;
16	(2) Any correlations in non-Medicaid benefit use and costs for individuals who have
17	received telemedicine services; and
18	(3) Any additional expenditure changes experienced by patients or state agencies that
19	correlate with, or occur due to, expanded access and increased use of telemedicine.
20	(e) Upon the expiration of the state of emergency that was in effect on January 1, 2021,
21	EOHHS will use data reporting required under subsection(d) of this section to help determine, with
22	the advice and participation of the office of the health insurance commissioner, the department of
23	health, the health insurance advisory council, and the Rhode Island office of the attorney general's
24	office of the health care advocate, a list of in-network telemedicine service categories that shall be
25	reimbursed at rates not lower than the reimbursement rates for the same service categories delivered
26	through in-person methods. This list of service categories may be revised annually should EOHHS
27	deem necessary.
28	(f) Rules and regulations. The secretary of EOHHS may promulgate such rules and
29	regulations as are necessary and proper to effectuate the purpose and for the efficient administration
30	and enforcement of this chapter.
31	SECTION 4. This act shall take effect upon passage.
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1 <u>in-person methods.</u>

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- THE TELEMEDICINE COVERAGE ACT

This act would amend the provisions of the telemedicine coverage act and provide coverage
for telemedicine under Rhode Island Medicaid.

This act would take effect upon passage.

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