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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2012

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A N A C T

RELATING TO INSURANCE - TELEHEALTH SERVICES

Introduced By: Representative Joseph M. McNamara

Date Introduced: February 28, 2012

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
2 Corporations" is hereby amended by adding thereto the following section:

3 **27-19-62. Telehealth services.** – (a) The general assembly finds and declares the
4 following:

5 (1) Chronic health conditions cause Rhode Island residents to have high rehospitalization
6 rates, which are a major driver of spiraling healthcare costs.

7 (2) It is the intent of the general assembly to create a parity of telehealth with other health
8 care delivery modes, to actively promote telehealth as a tool to advance stakeholders' goals
9 regarding health status and health system improvement, and to create opportunities and flexibility
10 for telehealth to be used in new models of care and system improvements.

11 (3) Telehealth is a mode of delivering health care services and public health utilizing
12 information and communication technologies to enable the diagnosis, consultation, treatment,
13 education, care management, and self-management of patients at a distance from health care
14 providers.

15 (4) Significant data exists that demonstrate the effectiveness and cost efficiency of using
16 technology to help manage chronic conditions allowing intervention prior to symptom
17 exasperation thus avoiding more costly intervention.

18 (5) The use of information and telecommunication technologies to deliver health services
19 has the potential to reduce costs, improve quality, change the conditions of practice, and improve

1 access to health care, particularly in medically underserved areas.

2 (6) Telehealth will assist in maintaining or improving the physical and economic health
3 of medically underserved communities by keeping the source of medical care in the local area,
4 strengthening the health infrastructure, and preserving health care related jobs.

5 (7) Consumers of health care will benefit from telehealth in many ways, including
6 expanded access to providers, faster and more convenient treatment, better continuity of care,
7 reduction of lost work time and travel costs, and the ability to remain with support networks.

8 (8) It is the intent of the general assembly that the fundamental health care provider-
9 patient relationship cannot only be preserved, but can also be augmented and enhanced, through
10 the use of telehealth as a tool to be integrated into practices.

11 (9) Without the assurance of payment and the resolution of legal and policy barriers, the
12 full potential of telehealth will not be realized.

13 (b) As used in this section:

14 (1) “Asynchronous store and forward” means the transmission of a patient’s medical
15 information from an originating site to the health care provider at a distant site without the
16 presence of the patient.

17 (2) “Distant site” means a site where a health care provider who provides health care
18 services is located while providing these services via a telecommunications system.

19 (3) “Health care provider” means a person who is licensed under this section.

20 (4) “Originating site” means a site where a patient is located at the time health care
21 services are provided via a telecommunications system or where the asynchronous store and
22 forward service originates.

23 (5) “Synchronous interaction” means a real-time interaction between a patient and a
24 health care provider located at a distant site.

25 (6) “Telehealth” means the mode of delivering health care services and public health via
26 information and communication technologies to facilitate the diagnosis, consultation, treatment,
27 education, care management, and self-management of a patient’s health care while the patient is
28 at the originating site and the health care provider is at a distant site. Telehealth facilitates patient
29 self-management and caregiver support for patients and includes synchronous interactions and
30 asynchronous store and forward transfers.

31 (c) All state and federal laws regarding the confidentiality of health care information and
32 a patient’s rights to his or her medical information shall apply to telehealth interactions.

33 (d) It is the intent of the general assembly to recognize the practice of telehealth as a
34 legitimate means by which an individual may receive health care services from a health care

1 provider without in-person contact with the health care provider.

2 (e) Every individual or group health insurance contract, plan or policy delivered, issued
3 for delivery or renewed in this state on or after January 1, 2013, which provides medical coverage
4 that includes coverage for physician services in a physician's office and every policy, which
5 provides major medical or similar comprehensive type coverage shall provide coverage for
6 telehealth services as defined in this section.

7 (f) A health insurance contract, plan or policy may require prior authorization for
8 telehealth services in the same manner that prior authorization is required for any other covered
9 benefit.

10 (g) Notwithstanding any other provision, this section shall not be interpreted to authorize
11 a health care service plan to require the use of telehealth when the health care provider has
12 determined that it is not appropriate.

13
14 SECTION 2. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
15 Corporations" is hereby amended by adding thereto the following section:

16 **27-20-57. Telehealth services.** – (a) The general assembly finds and declares the
17 following:

18 (1) Chronic health conditions cause Rhode Island residents to have high rehospitalization
19 rates, which are a major driver of spiraling healthcare costs.

20 (2) It is the intent of the general assembly to create a parity of telehealth with other health
21 care delivery modes, to actively promote telehealth as a tool to advance stakeholders' goals
22 regarding health status and health system improvement, and to create opportunities and flexibility
23 for telehealth to be used in new models of care and system improvements.

24 (3) Telehealth is a mode of delivering health care services and public health utilizing
25 information and communication technologies to enable the diagnosis, consultation, treatment,
26 education, care management, and self-management of patients at a distance from health care
27 providers.

28 (4) Significant data exists that demonstrate the effectiveness and cost efficiency of using
29 technology to help manage chronic conditions allowing intervention prior to symptom
30 exasperation thus avoiding more costly intervention.

31 (5) The use of information and telecommunication technologies to deliver health services
32 has the potential to reduce costs, improve quality, change the conditions of practice, and improve
33 access to health care, particularly in medically underserved areas.

34 (6) Telehealth will assist in maintaining or improving the physical and economic health
35 of medically underserved communities by keeping the source of medical care in the local area.

1 strengthening the health infrastructure, and preserving health care related jobs.

2 (7) Consumers of health care will benefit from telehealth in many ways, including
3 expanded access to providers, faster and more convenient treatment, better continuity of care,
4 reduction of lost work time and travel costs, and the ability to remain with support networks.

5 (8) It is the intent of the general assembly that the fundamental health care provider-
6 patient relationship cannot only be preserved, but can also be augmented and enhanced, through
7 the use of telehealth as a tool to be integrated into practices.

8 (9) Without the assurance of payment and the resolution of legal and policy barriers, the
9 full potential of telehealth will not be realized.

10 (b) As used in this section:

11 (1) “Asynchronous store and forward” means the transmission of a patient’s medical
12 information from an originating site to the health care provider at a distant site without the
13 presence of the patient.

14 (2) “Distant site” means a site where a health care provider who provides health care
15 services is located while providing these services via a telecommunications system.

16 (3) “Health care provider” means a person who is licensed under this section.

17 (4) “Originating site” means a site where a patient is located at the time health care
18 services are provided via a telecommunications system or where the asynchronous store and
19 forward service originates.

20 (5) “Synchronous interaction” means a real-time interaction between a patient and a
21 health care provider located at a distant site.

22 (6) “Telehealth” means the mode of delivering health care services and public health via
23 information and communication technologies to facilitate the diagnosis, consultation, treatment,
24 education, care management, and self-management of a patient’s health care while the patient is
25 at the originating site and the health care provider is at a distant site. Telehealth facilitates patient
26 self-management and caregiver support for patients and includes synchronous interactions and
27 asynchronous store and forward transfers.

28 (c) All state and federal laws regarding the confidentiality of health care information and
29 a patient’s rights to his or her medical information shall apply to telehealth interactions.

30 (d) It is the intent of the general assembly to recognize the practice of telehealth as a
31 legitimate means by which an individual may receive health care services from a health care
32 provider without in-person contact with the health care provider.

33 (e) Every individual or group health insurance contract, plan or policy delivered, issued
34 for delivery or renewed in this state on or after January 1, 2013, which provides medical coverage

1 that includes coverage for physician services in a physician's office and every policy, which
2 provides major medical or similar comprehensive type coverage shall provide coverage for
3 telehealth services as defined in this section.

4 (f) A health insurance contract, plan or policy may require prior authorization for
5 telehealth services in the same manner that prior authorization is required for any other covered
6 benefit.

7 (g) Notwithstanding any other provision, this section shall not be interpreted to authorize
8 a health care service plan to require the use of telehealth when the health care provider has
9 determined that it is not appropriate.

10 SECTION 3. Chapter 27-18 of the General Laws entitled "Accident and Sickness
11 Insurance Policies" is hereby amended by adding thereto the following section:

12 **27-18-71. Telehealth services.** -- (a) The general assembly finds and declares the
13 following:

14 (1) Chronic health conditions cause Rhode Island residents to have high rehospitalization
15 rates, which are a major driver of spiraling healthcare costs.

16 (2) It is the intent of the general assembly to create a parity of telehealth with other health
17 care delivery modes, to actively promote telehealth as a tool to advance stakeholders' goals
18 regarding health status and health system improvement, and to create opportunities and flexibility
19 for telehealth to be used in new models of care and system improvements.

20 (3) Telehealth is a mode of delivering health care services and public health utilizing
21 information and communication technologies to enable the diagnosis, consultation, treatment,
22 education, care management, and self-management of patients at a distance from health care
23 providers.

24 (4) Significant data exists that demonstrate the effectiveness and cost efficiency of using
25 technology to help manage chronic conditions allowing intervention prior to symptom
26 exasperation thus avoiding more costly intervention.

27 (5) The use of information and telecommunication technologies to deliver health services
28 has the potential to reduce costs, improve quality, change the conditions of practice, and improve
29 access to health care, particularly in medically underserved areas.

30 (6) Telehealth will assist in maintaining or improving the physical and economic health
31 of medically underserved communities by keeping the source of medical care in the local area,
32 strengthening the health infrastructure, and preserving health care related jobs.

33 (7) Consumers of health care will benefit from telehealth in many ways, including
34 expanded access to providers, faster and more convenient treatment, better continuity of care,

1 reduction of lost work time and travel costs, and the ability to remain with support networks.

2 (8) It is the intent of the general assembly that the fundamental health care provider-
3 patient relationship cannot only be preserved, but can also be augmented and enhanced, through
4 the use of telehealth as a tool to be integrated into practices.

5 (9) Without the assurance of payment and the resolution of legal and policy barriers, the
6 full potential of telehealth will not be realized.

7 (b) As used in this section:

8 (1) "Asynchronous store and forward" means the transmission of a patient's medical
9 information from an originating site to the health care provider at a distant site without the
10 presence of the patient.

11 (2) "Distant site" means a site where a health care provider who provides health care
12 services is located while providing these services via a telecommunications system.

13 (3) "Health care provider" means a person who is licensed under this section.

14 (4) "Originating site" means a site where a patient is located at the time health care
15 services are provided via a telecommunications system or where the asynchronous store and
16 forward service originates.

17 (5) "Synchronous interaction" means a real-time interaction between a patient and a
18 health care provider located at a distant site.

19 (6) "Telehealth" means the mode of delivering health care services and public health via
20 information and communication technologies to facilitate the diagnosis, consultation, treatment,
21 education, care management, and self-management of a patient's health care while the patient is
22 at the originating site and the health care provider is at a distant site. Telehealth facilitates patient
23 self-management and caregiver support for patients and includes synchronous interactions and
24 asynchronous store and forward transfers.

25 (c) All state and federal laws regarding the confidentiality of health care information and
26 a patient's rights to his or her medical information shall apply to telehealth interactions.

27 (d) It is the intent of the general assembly to recognize the practice of telehealth as a
28 legitimate means by which an individual may receive health care services from a health care
29 provider without in-person contact with the health care provider.

30 (e) Every individual or group health insurance contract, plan or policy delivered, issued
31 for delivery or renewed in this state on or after January 1, 2013, which provides medical coverage
32 that includes coverage for physician services in a physician's office and every policy, which
33 provides major medical or similar comprehensive type coverage shall provide coverage for
34 telehealth services as defined in this section.

1 (f) A health insurance contract, plan or policy may require prior authorization for
2 telehealth services in the same manner that prior authorization is required for any other covered
3 benefit.

4 (g) Notwithstanding any other provision, this section shall not be interpreted to authorize
5 a health care service plan to require the use of telehealth when the health care provider has
6 determined that it is not appropriate.

7 SECTION 4. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE - TELEHEALTH SERVICES

1 This act would create and establish “telehealth services” to be used as a tool to improve
2 and supplement health system services provided by non-profit hospital service corporations, non-
3 profit medical service corporations and accident and sickness insurance providers.

4 This act would take effect upon passage.

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