AN ACT
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:

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

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

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

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

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

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

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

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

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

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

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

(b) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) It is the intent of the general assembly that the fundamental health care provider-

patient relationship cannot only be preserved, but can also be augmented and enhanced, through

the use of telehealth as a tool to be integrated into practices.

(9) Without the assurance of payment and the resolution of legal and policy barriers, the

full potential of telehealth will not be realized.

(b) As used in this section:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical

information from an originating site to the health care provider at a distant site without the

presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care

services is located while providing these services via a telecommunications system.

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

(4) “Originating site” means a site where a patient is located at the time health care

services are provided via a telecommunications system or where the asynchronous store and

forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a

health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via

information and communication technologies to facilitate the diagnosis, consultation, treatment,
education, care management, and self-management of a patient’s health care while the patient is
at the originating site and the health care provider is at a distant site. Telehealth facilitates patient
self-management and caregiver support for patients and includes synchronous interactions and
asynchronous store and forward transfers.

(c) All state and federal laws regarding the confidentiality of health care information and

a patient’s rights to his or her medical information shall apply to telehealth interactions.

(d) It is the intent of the general assembly to recognize the practice of telehealth as a

legitimate means by which an individual may receive health care services from a health care
provider without in-person contact with the health care provider.

(e) Every individual or group health insurance contract, plan or policy delivered, issued

for delivery or renewed in this state on or after January 1, 2013, which provides medical coverage
that includes coverage for physician services in a physician's office and every policy, which
provides major medical or similar comprehensive type coverage shall provide coverage for
telehealth services as defined in this section.
(f) A health insurance contract, plan or policy may require prior authorization for telehealth services in the same manner that prior authorization is required for any other covered benefit.

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

SECTION 4. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N   A C T
RELATING TO INSURANCE - TELEHEALTH SERVICES

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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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