A BILL FOR AN ACT

Concerning coverage under a health benefit plan for health care services delivered through telemedicine in any area of the state.

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://www.leg.state.co.us/billsummaries.)

Under current law, health benefit plans issued, amended, or renewed in this state cannot require in-person health care delivery for a person covered under the plan who resides in a county with 150,000 or fewer residents if the care can be appropriately delivered through telemedicine and the county has the technology necessary for care...
Starting January 1, 2016, the bill removes the population restrictions and precludes a health benefit plan from requiring in-person care delivery when telemedicine is appropriate, regardless of the geographic location of the health care provider and the recipient of care. A provider need not demonstrate that a barrier to in-person care exists for coverage of telemedicine under a health benefit plan to apply.

In addition, carriers:

- Must reimburse providers who deliver care through telemedicine on the same basis that the carrier is responsible for coverage of services delivered in person;
- Cannot charge deductible, copayment, or coinsurance amounts that are not equally imposed on all terms and services covered under the health benefit plan; and
- Cannot impose an annual or lifetime dollar maximum that applies separately to telemedicine services.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 10-16-123, amend (1) and (2); and add (4) as follows:

10-16-123. Telemedicine - definitions. (1) It is the intent of the general assembly to recognize the practice of telemedicine as a legitimate means by which an individual in a rural area may receive medical services from a provider without person-to-person contact with the provider.

(2) (a) On or after January 1, 2002, no 2016, a health benefit plan that is issued, amended, or renewed for a person residing in a county with one hundred fifty thousand or fewer residents may NOT require face-to-face contact between a provider and a covered person for services appropriately provided through telemedicine, pursuant to section 12-36-106 (1) (g), C.R.S., subject to all terms and conditions of the health benefit plan. if such county has the technology necessary for the provisions of telemedicine. Any Health benefits CARE SERVICES provided through telemedicine shall MUST meet the same standard of care.
as is required for in-person care. Nothing in this section shall require
requires the use of telemedicine when in-person care by a participating
provider is available to a covered person within the carrier's network and
within the member's geographic area. A provider determines that
delivery of care through telemedicine is not appropriate. A
provider is not obligated to document or demonstrate that a
barrier to in-person care exists to trigger coverage under a
health benefit plan for services provided through telemedicine.

(b) A carrier shall reimburse the treating provider or the
consulting provider for the diagnosis, consultation, or
treatment of the covered person delivered through
telemedicine services on the same basis that the carrier is
responsible for coverage for the provision of the same service
through in-person consultation or contact. A carrier shall not
deny coverage of a health care service because the service is
provided through telemedicine rather than in-person
consultation or contact between the provider and the covered
person where the health care service is appropriately provided
through telemedicine.

(c) A carrier shall include in the payment for
telemedicine interactions reasonable compensation to the
originating site for the transmission cost incurred during the
delivery of health care services.

(d) A carrier may offer a health coverage plan containing
a deductible, copayment, or coinsurance requirement for a
health care service provided through telemedicine, but the
deductible, copayment, or coinsurance amount must not exceed
THE DEDUCTIBLE, COPAYMENT, OR COINSURANCE APPLICABLE IF THE SAME
HEALTH CARE SERVICES ARE PROVIDED THROUGH IN-PERSON DIAGNOSIS,
CONSULTATION, OR TREATMENT.

(e) A CARRIER SHALL NOT IMPOSE:

(I) AN ANNUAL OR LIFETIME DOLLAR MAXIMUM ON COVERAGE FOR
HEALTH CARE SERVICES DELIVERED THROUGH TELEMEDICINE, OTHER
_THAN AN ANNUAL OR LIFETIME DOLLAR MAXIMUM THAT APPLIES IN THE
AGGREGATE TO ALL ITEMS AND SERVICES COVERED UNDER THE HEALTH
BENEFIT PLAN; OR

(II) UPON ANY PERSON RECEIVING BENEFITS PURSUANT TO THIS
SECTION, A COPAYMENT, COINSURANCE, OR DEDUCTIBLE AMOUNT, OR ANY
POLICY YEAR, CALENDAR YEAR, LIFETIME, OR OTHER DURATIONAL BENEFIT
LIMITATION OR MAXIMUM FOR BENEFITS OR SERVICES, THAT IS NOT
EQUALLY IMPOSED UPON ALL TERMS AND SERVICES COVERED UNDER THE
HEALTH BENEFIT PLAN.

(f) (I) THE REQUIREMENTS OF THIS SECTION APPLY TO ALL HEALTH
BENEFIT PLANS DELIVERED, ISSUED FOR DELIVERY, AMENDED, OR
RENEWED IN THIS STATE ON OR AFTER JANUARY 1, 2016, OR AT ANY TIME
AFTER THAT DATE WHEN A TERM OF THE PLAN IS CHANGED OR A PREMIUM
ADJUSTMENT IS MADE.

(II) THIS SECTION DOES NOT APPLY TO:

(A) SHORT-TERM TRAVEL, ACCIDENT-ONLY, LIMITED OR SPECIFIED
DISEASE, OR INDIVIDUAL CONVERSION POLICY OR CONTRACTS; OR

(B) POLICIES OR CONTRACTS DESIGNED FOR ISSUANCE TO PERSONS
ELIGIBLE FOR COVERAGE UNDER TITLE XVIII OF THE "SOCIAL SECURITY
ACT", AS AMENDED, OR ANY OTHER SIMILAR COVERAGE UNDER STATE OR
FEDERAL GOVERNMENTAL PLANS.
(4) As used in this section:

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

(b) "Originating site" means a site at which a patient is located at the time health care services are provided to him or her by means of telemedicine.

(c) "Store-and-forward transfer" means the transmission of a patient's medical information from an originating site to the provider at the distant site when the patient is not present.

(d) "Telemedicine" means the delivery of clinical health care services by means of real-time, two-way electronic audio-visual communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support the delivery of health care services and facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a patient's health care while the patient is at an originating site and the health care provider is at a distant site.

SECTION 2. Act subject to petition - effective date - applicability. (1) This act takes effect January 1, 2016; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within the ninety-day period after final adjournment of the general assembly, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2016 and, in such case, will take effect on the date of the official
declaration of the vote thereon by the governor.

(2) This act applies to health benefit plans issued, amended, or renewed on or after the applicable effective date of this act.