

First Regular Session
Seventieth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 15-0145.01 Christy Chase x2008

HOUSE BILL 15-1029

HOUSE SPONSORSHIP

Buck and Ginal,

SENATE SPONSORSHIP

Kefalas and Martinez Humenik,

House Committees

Health, Insurance, & Environment

Senate Committees

A BILL FOR AN ACT

101 CONCERNING COVERAGE UNDER A HEALTH BENEFIT PLAN FOR HEALTH
102 CARE SERVICES DELIVERED THROUGH TELEMEDICINE IN ANY
103 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/bills summaries>.)

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

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

delivery via telemedicine.

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.

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

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

4 **10-16-123. Telemedicine - definitions.** (1) It is the intent of the
5 general assembly to recognize the practice of telemedicine as a legitimate
6 means by which an individual ~~in a rural area~~ may receive medical services
7 from a provider without person-to-person contact with the provider.

8 (2) (a) On or after January 1, ~~2002, no~~ 2016, A health benefit plan
9 that is issued, amended, or renewed ~~for a person residing in a county with~~
10 ~~one hundred fifty thousand or fewer residents may~~ IN THIS STATE SHALL
11 NOT require face-to-face contact between a provider and a covered person
12 for services appropriately provided through telemedicine, pursuant to
13 section 12-36-106 (1) (g), C.R.S., subject to all terms and conditions of
14 the health benefit plan. ~~if such county has the technology necessary for~~
15 ~~the provisions of telemedicine. Any Health benefits~~ CARE SERVICES
16 provided through telemedicine ~~shall~~ MUST meet the same standard of care

1 as IS REQUIRED for in-person care. Nothing in this section shall require
2 REQUIRES the use of telemedicine when in-person care by a participating
3 provider is available to a covered person within the carrier's network and
4 within the member's geographic area A PROVIDER DETERMINES THAT
5 DELIVERY OF CARE THROUGH TELEMEDICINE IS NOT APPROPRIATE. A
6 PROVIDER IS NOT OBLIGATED TO DOCUMENT OR DEMONSTRATE THAT A
7 BARRIER TO IN-PERSON CARE EXISTS TO TRIGGER COVERAGE UNDER A
8 HEALTH BENEFIT PLAN FOR SERVICES PROVIDED THROUGH TELEMEDICINE.

9 (b) A CARRIER SHALL REIMBURSE THE TREATING PROVIDER OR THE
10 CONSULTING PROVIDER FOR THE DIAGNOSIS, CONSULTATION, OR
11 TREATMENT OF THE COVERED PERSON DELIVERED THROUGH
12 TELEMEDICINE SERVICES ON THE SAME BASIS THAT THE CARRIER IS
13 RESPONSIBLE FOR COVERAGE FOR THE PROVISION OF THE SAME SERVICE
14 THROUGH IN-PERSON CONSULTATION OR CONTACT. A CARRIER SHALL NOT
15 DENY COVERAGE OF A HEALTH CARE SERVICE BECAUSE THE SERVICE IS
16 PROVIDED THROUGH TELEMEDICINE RATHER THAN IN-PERSON
17 CONSULTATION OR CONTACT BETWEEN THE PROVIDER AND THE COVERED
18 PERSON WHERE THE HEALTH CARE SERVICE IS APPROPRIATELY PROVIDED
19 THROUGH TELEMEDICINE.

20 (c) A CARRIER SHALL INCLUDE IN THE PAYMENT FOR
21 TELEMEDICINE INTERACTIONS REASONABLE COMPENSATION TO THE
22 ORIGINATING SITE FOR THE TRANSMISSION COST INCURRED DURING THE
23 DELIVERY OF HEALTH CARE SERVICES.

24 (d) A CARRIER MAY OFFER A HEALTH COVERAGE PLAN CONTAINING
25 A DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT FOR A
26 HEALTH CARE SERVICE PROVIDED THROUGH TELEMEDICINE, BUT THE
27 DEDUCTIBLE, COPAYMENT, OR COINSURANCE AMOUNT MUST NOT EXCEED

1 THE DEDUCTIBLE, COPAYMENT, OR COINSURANCE APPLICABLE IF THE SAME
2 HEALTH CARE SERVICES ARE PROVIDED THROUGH IN-PERSON DIAGNOSIS,
3 CONSULTATION, OR TREATMENT.

4 (e) A CARRIER SHALL NOT IMPOSE:

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

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

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

21 (II) THIS SECTION DOES NOT APPLY TO:

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

24 (B) POLICIES OR CONTRACTS DESIGNED FOR ISSUANCE TO PERSONS
25 ELIGIBLE FOR COVERAGE UNDER TITLE XVIII OF THE "SOCIAL SECURITY
26 ACT", AS AMENDED, OR ANY OTHER SIMILAR COVERAGE UNDER STATE OR
27 FEDERAL GOVERNMENTAL PLANS.

1 (4) AS USED IN THIS SECTION:

2 (a) "DISTANT SITE" MEANS A SITE AT WHICH A HEALTH CARE
3 PROVIDER IS LOCATED WHILE PROVIDING HEALTH CARE SERVICES BY
4 MEANS OF TELEMEDICINE.

5 (b) "ORIGINATING SITE" MEANS A SITE AT WHICH A PATIENT IS
6 LOCATED AT THE TIME HEALTH CARE SERVICES ARE PROVIDED TO HIM OR
7 HER BY MEANS OF TELEMEDICINE.

8 (c) "STORE-AND-FORWARD TRANSFER" MEANS THE TRANSMISSION
9 OF A PATIENT'S MEDICAL INFORMATION FROM AN ORIGINATING SITE TO THE
10 PROVIDER AT THE DISTANT SITE WHEN THE PATIENT IS NOT PRESENT.

11 (d) "TELEMEDICINE" MEANS THE DELIVERY OF CLINICAL HEALTH
12 CARE SERVICES BY MEANS OF REAL-TIME, TWO-WAY ELECTRONIC
13 AUDIO-VISUAL COMMUNICATIONS, INCLUDING THE APPLICATION OF
14 SECURE VIDEO CONFERENCING OR STORE-AND-FORWARD TRANSFER
15 TECHNOLOGY TO PROVIDE OR SUPPORT THE DELIVERY OF HEALTH CARE
16 SERVICES AND FACILITATE THE ASSESSMENT, DIAGNOSIS, CONSULTATION,
17 TREATMENT, EDUCATION, CARE MANAGEMENT, OR SELF-MANAGEMENT OF
18 A PATIENT'S HEALTH CARE WHILE THE PATIENT IS AT AN ORIGINATING SITE
19 AND THE HEALTH CARE PROVIDER IS AT A DISTANT SITE.

20 **SECTION 2. Act subject to petition - effective date -**
21 **applicability.** (1) This act takes effect January 1, 2016; except that, if a
22 referendum petition is filed pursuant to section 1 (3) of article V of the
23 state constitution against this act or an item, section, or part of this act
24 within the ninety-day period after final adjournment of the general
25 assembly, then the act, item, section, or part will not take effect unless
26 approved by the people at the general election to be held in November
27 2016 and, in such case, will take effect on the date of the official

- 1 declaration of the vote thereon by the governor.
- 2 (2) This act applies to health benefit plans issued, amended, or
- 3 renewed on or after the applicable effective date of this act.