

514C.34 Health care services delivered by telehealth — coverage.

1. As used in [this section](#), unless the context otherwise requires:

a. “Covered person” means the same as defined in [section 514J.102](#).

b. “Facility” means the same as defined in [section 514J.102](#).

c. “Health care professional” means the same as defined in [section 514J.102](#).

d. “Health care services” means the same as defined in [section 514J.102](#) and includes services for mental health conditions, illnesses, injuries, or diseases.

e. “Health carrier” means the same as defined in [section 514J.102](#).

f. “Telehealth” means the delivery of health care services through the use of real-time interactive audio and video, or other real-time interactive electronic media, regardless of where the health care professional and the covered person are each located. “Telehealth” does not include the delivery of health care services delivered solely through an audio-only telephone, electronic mail message, or facsimile transmission.

2. Notwithstanding the uniformity of treatment requirements of [section 514C.6](#), a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth.

3. a. Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including all rules adopted by the appropriate professional licensing board, pursuant to [chapter 147](#), having oversight of the health care professional providing the health care services.

b. A health carrier shall not exclude a health care professional who provides services for mental health conditions, illnesses, injuries, or diseases and who is physically located out-of-state from participating as a provider, via telehealth, under a policy, plan, or contract offered by the health carrier in the state if all of the following requirements are met:

(1) The health care professional is licensed in this state by the appropriate professional licensing board and is able to deliver health care services for mental health conditions, illnesses, injuries, or diseases via telehealth in compliance with paragraph “a”.

(2) The health care professional is able to satisfy the same criteria that the health carrier uses to qualify a health care professional who is located in the state, and who holds the same license as the out-of-state professional, to participate as a provider, via telehealth, under a policy, plan, or contract offered by the health carrier in the state.

4. a. A health carrier shall reimburse a health care professional and a facility for health care services provided by telehealth to a covered person for a mental health condition, illness, injury, or disease on the same basis and at the same rate as the health carrier would apply to the same health care services for a mental health condition, illness, injury, or disease provided in person to a covered person by the health care professional or the facility.

b. As a condition of reimbursement pursuant to paragraph “a”, a health carrier shall not require that an additional health care professional be located in the same room as a covered person while health care services for a mental health condition, illness, injury, or disease are provided via telehealth by another health care professional to the covered person.

5. [This section](#) applies to the following classes of third-party payment provider policies, contracts, or plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2019:

a. Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

b. An individual or group hospital or medical service contract issued pursuant to [chapter 509](#), [514](#), or [514A](#).

c. An individual or group health maintenance organization contract regulated under [chapter 514B](#).

d. A plan established pursuant to [chapter 509A](#) for public employees.

6. [This section](#) shall not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense coverage as defined by the

commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.

7. The commissioner of insurance may adopt rules pursuant to [chapter 17A](#) as necessary to administer [this section](#).

[2018 Acts, ch 1055, §1](#); [2021 Acts, ch 177, §20 – 24](#); [2022 Acts, ch 1131, §76 – 78](#)

Referred to in [§280A.1, 514C.35](#)

2021 amendments to section apply to health care services for a mental health condition, illness, injury, or disease provided by a health care professional or a facility to a covered person by telehealth on or after January 1, 2021; [2021 Acts, ch 177, §24](#)

For applicability of 2022 amendment to subsection 3 to health carriers that deliver, issue for delivery, continue, or renew a policy, contract, or plan in this state, see [2022 Acts, ch 1131, §78](#); [2023 Acts, ch 66, §157, 159, 160](#)