

House File 348 - Introduced

HOUSE FILE 348

BY HEATON

A BILL FOR

1 An Act relating to health insurance coverage for telehealth.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.31 Telehealth coverage.

2 1. As used in this section, unless the context otherwise
3 requires:

4 a. "*Distant site*" means the site at which a health care
5 professional delivering services through telehealth is located
6 at the time the telehealth service is provided.

7 b. "*Health care professional*" means a person who is
8 licensed, certified, or otherwise authorized or permitted by
9 the law of this state to administer health care in the ordinary
10 course of business or in the practice of a profession, or
11 in an approved education or training program, as long as the
12 person is operating within the person's professional scope of
13 practice.

14 c. "*Originating site*" means the site at which a patient
15 is located at the time services are provided by a health care
16 professional through telehealth.

17 d. "*Professional relationship*" means a relationship
18 established between a health care professional and a patient
19 that meets any of the following conditions:

20 (1) The health care professional has previously conducted
21 an in-person examination of the patient and is available to
22 provide appropriate follow-up health care services, when
23 necessary, at medically necessary intervals.

24 (2) The health care professional personally knows the
25 patient and the patient's relevant health status through an
26 ongoing personal or professional relationship, and is available
27 to provide appropriate follow-up health care services, when
28 necessary, at medically necessary intervals.

29 (3) The health care services provided via telehealth are
30 provided by a health care professional in consultation with,
31 or upon referral by, another health care professional who has
32 an ongoing relationship with the patient and who has agreed to
33 supervise the patient's treatment, including follow-up health
34 care services.

35 (4) An on-call or cross-coverage arrangement exists between

1 the health care professional and the patient's regular treating
2 health care professional.

3 (5) A professional relationship exists in other
4 circumstances as defined by rule of the professional board
5 having jurisdiction over the health care professional.

6 e. *"Remote patient monitoring"* means using telehealth to
7 enable the health care professional to monitor and manage a
8 patient's medical, functional, and environmental needs if such
9 needs can be appropriately met through telehealth intervention.

10 f. *"Store-and-forward technology"* means the asynchronous
11 communications between a patient and a health care professional
12 or between a referring health care professional and a medical
13 specialist at a distant site, supported by telecommunications
14 technology for the purpose of diagnosis, consultation,
15 treatment, or therapeutic assistance in the provision of
16 care to the patient, including the transferring of medical
17 data from one site to another through the use of a camera
18 or similar device that records or stores an image that is
19 sent or forwarded via telecommunications to another site for
20 consultation.

21 g. *"Telehealth"* includes the use of real-time, interactive
22 audio or video telecommunications or electronic technology,
23 remote patient monitoring, or store-and-forward technology by
24 a health care professional to deliver health care services
25 to a patient within the scope of practice of the health care
26 professional, for the purposes of diagnosis, consultation,
27 treatment, transfer of medical data, or exchange of medical
28 education information. *"Telehealth"* does not include an
29 audio-only telephone call, electronic mail message, or
30 facsimile transmission.

31 2. a. Notwithstanding the uniformity of treatment
32 requirements of section 514C.6, a contract, policy, or plan
33 providing for third-party payment or prepayment for health,
34 medical, or surgical coverage benefits shall provide coverage
35 for health care services provided as telehealth if the services

1 would be covered if provided in person. Health care services
2 provided in-person or through telehealth shall be treated as
3 equivalent services for the purposes of coverage.

4 *b.* Telehealth coverage shall only be provided pursuant
5 to paragraph "a" if the health care professional providing
6 telehealth at a distant site to a patient located at an
7 originating site in this state has a professional relationship
8 with the patient. However, a health care professional shall
9 not be required to have a professional relationship with a
10 patient if either of the following applies:

11 (1) In an emergency where the life or health of the patient
12 is in danger or imminent danger.

13 (2) The health care professional is only providing
14 information of a generic nature, not specific to the individual
15 patient.

16 3. If health care coverage is provided for telehealth under
17 this section, all of the following shall apply:

18 *a.* This section shall not be interpreted as preventing
19 a third-party payment provider from imposing deductibles or
20 copayment or coinsurance requirements for a health care service
21 provided through telehealth if the deductible, copayment, or
22 coinsurance does not exceed the deductible, copayment, or
23 coinsurance applicable to in-person consultation for the same
24 health care service. A third-party payment provider shall not
25 impose annual or lifetime maximums on coverage of telehealth
26 unless the annual or lifetime maximum applies in the aggregate
27 to all items and health care services under the contract,
28 policy, or plan.

29 *b.* This section shall not be interpreted to require a
30 third-party payment provider to provide reimbursement for
31 a health care service that is not a covered benefit or to
32 reimburse a health care professional who is not a covered
33 provider under the contract, policy, or plan.

34 *c.* This section shall not be interpreted to preclude a
35 third-party payment provider from performing utilization review

1 to determine the appropriateness of telehealth in the delivery
2 of health care services if the determination is made in the
3 same manner as those regarding the same health care service
4 when delivered in person.

5 *d.* This section shall not be interpreted to authorize a
6 third-party payment provider to require the use of telehealth
7 when the health care professional determines use of telehealth
8 is not appropriate.

9 *e.* The provisions of this section shall apply to all of the
10 following classes of third-party payment provider contracts,
11 policies, or plans delivered, issued for delivery, continued,
12 or renewed in this state on or after January 1, 2018:

13 (1) Individual or group accident and sickness insurance
14 providing coverage on an expense-incurred basis.

15 (2) An individual or group hospital or medical service
16 contract issued pursuant to chapter 509, 514, or 514A.

17 (3) An individual or group health maintenance organization
18 contract regulated under chapter 514B.

19 (4) An individual or group Medicare supplemental policy,
20 unless coverage pursuant to such policy is preempted by federal
21 law.

22 (5) A plan established pursuant to chapter 509A for public
23 employees.

24 *f.* This section shall not apply to accident-only, specified
25 disease, short-term hospital or medical, hospital confinement
26 indemnity, credit, dental, vision, long-term care, basic
27 hospital, and medical-surgical expense coverage as defined
28 by the commissioner, disability income insurance coverage,
29 coverage issued as a supplement to liability insurance,
30 workers' compensation or similar insurance, or automobile
31 medical payment insurance.

32 4. The commissioner of insurance shall adopt rules pursuant
33 to chapter 17A as necessary to administer this section.

34 EXPLANATION

35 The inclusion of this explanation does not constitute agreement with

1 the explanation's substance by the members of the general assembly.

2 This bill relates to health insurance coverage for
3 telehealth.

4 The bill provides definitions relative to telehealth
5 and requires that a contract, policy, or plan providing for
6 third-party payment or prepayment for health, medical, or
7 surgical coverage benefits cover telehealth. On or after
8 January 1, 2018, the contract, policy, or plan shall not
9 deny coverage of telehealth services on the basis that the
10 services are provided via telehealth if the services would be
11 covered if provided in person. Health care services provided
12 through in-person consultations or through telehealth shall be
13 treated as equivalent services for the purposes of coverage.
14 Telehealth coverage is only to be provided if the health
15 care professional providing telehealth at a distant site to
16 a patient located at an originating site in this state has a
17 professional relationship with the patient. This requirement
18 does not apply, however, in an emergency where the life or
19 health of the patient is in danger or imminent danger; or if
20 the health care professional is only providing information of a
21 generic nature, not specific to the individual patient.

22 The provision is not to be interpreted as preventing a
23 third-party payment provider from imposing deductibles or
24 copayment or coinsurance requirements for a health care service
25 provided through telehealth if the deductible, copayment, or
26 coinsurance does not exceed the deductible, copayment, or
27 coinsurance applicable to an in-person consultation for the
28 same health care service. The bill provides that a third-party
29 payment provider shall not impose annual or lifetime maximums
30 on coverage of telehealth unless the annual or lifetime maximum
31 applies in the aggregate to all items and health care services
32 under the contract, policy, or plan.

33 The bill provides that the Code section is not to be
34 interpreted to require a third-party payment provider to
35 provide reimbursement for a health care service that is not

1 a covered benefit or to reimburse a health care professional
2 who is not a covered provider under the contract, policy,
3 or plan; to preclude a third-party payment provider from
4 performing utilization review to determine the appropriateness
5 of telehealth in the delivery of health care services if the
6 determination is made in the same manner as those regarding
7 the same health care service when delivered in person; or to
8 authorize a third-party payment provider to require the use of
9 telehealth when the health care professional determines use of
10 telehealth is not appropriate.

11 The bill specifies the types of third-party payment provider
12 contracts, policies, or plans to which the bill applies and
13 those exempt from its application.

14 The commissioner of insurance is directed to adopt rules
15 pursuant to Code chapter 17A as necessary to administer the
16 bill.