

## CHAPTER 1055

### INSURANCE COVERAGE FOR TELEHEALTH HEALTH CARE SERVICES

H.F. 2305

**AN ACT** relating to insurance coverage for health care services delivered by telehealth, and including applicability provisions.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. NEW SECTION. **514C.32 Health care services delivered by telehealth — coverage.**

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

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

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

c. “Telehealth” means the delivery of health care services through the use of interactive audio and video. “Telehealth” does not include the delivery of health care services 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. 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.

4. [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.

5. [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.

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

Approved March 29, 2018