HOUSE DOCKET, NO. 3054 FILED ON: 1/18/2013

HOUSE . . . . . No. 1951

The Commonwealth of Massachusetts

PRESENTED BY:

Gloria L. Fox

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act health insurance; mandated coverage for telemedicine services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Gloria L. Fox	*7th Suffolk*
Linda Dorcena Forry	*12th Suffolk*
Cheryl A. Coakley-Rivera	*10th Hampden*

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HOUSE . . . . . No. 1951

By Ms. Fox of Boston, a petition (accompanied by bill, House, No. 1951) of Gloria L. Fox, Linda Dorcena Forry and Cheryl A. Coakley-Rivera relative patient access to health care services. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act health insurance; mandated coverage for telemedicine services.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

PREAMBLE

Today, more and more people take advantage of telemedicine and e-health opportunities, including consultations with doctors and joining monitoring programs for patients with chronic disease. By connecting Americans with geographically distant specialists, telemedicine can improve the quality of care Americans can expect to receive, and also cut costs by providing services that might otherwise require long distance travel or admission to a health care facility.

SECTION 1: Let the definition of telemedicine services be the use of synchronous video conferencing, remote patient monitoring, and asynchronous health images or other health transmissions supported by mobile devices (mHealth) or other telecommunications technology by a health care provider to deliver health care services at a site other than the site where the provider is located relating to the health care diagnosis or treatment of a patient.

SECTION 2: Let health insurers, health care subscription plans, and health maintenance organizations provide coverage for the cost of telemedicine services when the services are appropriately provided through such means.

SECTION 3: Let decisions denying coverage of services provided via telemedicine be subject to utilization review procedures.

SECTION 4: Let the requirements of the bill apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made. The bill does not apply

to short-term travel, accident-only, limited or specified disease, or individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Medicare, or any other similar coverage under state or federal governmental plans.

SECTION 5: Let the Medicaid plan not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the recipient and a health care provider. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided through in-person consultation. Specifically included is statewide coverage, services originating from a recipients home or wherever else they may be, all health professionals authorized to provide services by a telehealth method to the extent otherwise covered in the State's plan, and timely asynchronous telehealth services.

SECTION 6: Let this bill also require a statewide medical assistance benefit of a health home for individuals with chronic conditions (defined under 42 U.S.C 1396a).

SECTION 7: Let the Department of Health lead an interagency study and report to the Legislature within 12 months on comprehensive plans that include telehealth services and multi-payer coverage and reimbursement for stroke diagnosis, high-risk pregnancies and premature births, and emergency services.

SECTION 8: Let the health professional licensing boards modify, as necessary, requirements for telemedicine-provided practices to be the same as for in-person practices. Further, a professional should be able to consult with an out-of-state peer professional, such as a sub-specialist, without the need for an additional state license.

BODY

Requires insurers to offer coverage for telemedicine services. The bill provides that when a policy contract, plan, certificate or evidence of coverage includes coverage for telemedicine services, the definition of "adverse decision" includes a determination that the use of telemedicine services rendered or proposed to be rendered was or is not covered under the policy. The definition of "utilization review" will include reviews related to whether coverage of the delivery by a health care provider or health care services through the use of interactive audio, video or other telecommunications technology is required pursuant to § 38.2-3418.16. The bill requires insurers to provide coverage for the treatment of telemedicine services. "Telemedicine services" means the use of interactive audio, video, or other telecommunications technology by a health care provider to deliver health care services within the scope of the provider's practice at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient. "Telemedicine services" do not include an audio-only telephone conversation, electronic mail message, or facsimile transmission between a health care provider and a patient. An insurer, corporation, or HMO cannot exclude a service for coverage solely because the service is provided through

57 telemedicine and is not provided through face-to-face consultation or contact between a health
58 care provider and a patient for services appropriately provided through telehealth services. A
59 determination by an insurer, corporation, or HMO that the delivery by a health care provider of
60 health care services through the use of interactive audio, video or other telecommunications
61 technology is not covered will be subject to utilization review and independent external review
62 of adverse utilization review decisions pursuant to § 32.1-137.7 and § 38.2-5900 et seq. No
63 insurer, corporation, or HMO can impose any annual or lifetime dollar maximum on coverage
64 for telemedicine services other than an annual or lifetime dollar maximum that applies in the
65 aggregate to all items and services covered under the policy, or impose upon any person
66 receiving benefits pursuant to this section any co-payment, coinsurance, or deductible amounts,
67 or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for
68 benefits or services that is not equally imposed upon all terms and services covered under the
69 policy, contract, or plan.

70 ENACTMENT

71 The requirements of the bill apply to all insurance policies, contracts, and plans delivered,
72 issued for delivery, reissued, or at any time thereafter when any term of the policy, contract, or
73 plan is changed or any premium adjustment is made. The bill does not apply to short-term travel,
74 accident-only, limited or specified disease, or individual conversion policies or contracts, or to
75 policies or contracts designed for issuance to persons eligible for coverage under Medicare, or
76 any other similar coverage under state or federal governmental plans.