

# SENATE . . . . . No. 529

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## The Commonwealth of Massachusetts

PRESENTED BY:

***Michael O. Moore***

*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 relative to telemedicine.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Michael O. Moore</i>	<i>Second Worcester</i>
<i>Timothy R. Whelan</i>	<i>1st Barnstable</i>
<i>Susannah M. Whipps Lee</i>	<i>2nd Franklin</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>
<i>Paul K. Frost</i>	<i>7th Worcester</i>

# SENATE . . . . . No. 529

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By Mr. Moore, a petition (accompanied by bill, Senate, No. 529) of Michael O. Moore, Timothy R. Whelan, Chris Walsh, Bruce E. Tarr and others for legislation relative to telemedicine. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 467 OF 2013-2014.]

## The Commonwealth of Massachusetts

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In the One Hundred and Eighty-Ninth General Court  
(2015-2016)  
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An Act relative to telemedicine.

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

1           SECTION 1. Chapter 32A of the General Laws is hereby amended by adding the  
2 following section:-

3           Section 26. (a) As used in this section the following words shall, unless the context  
4 clearly requires otherwise, have the following meanings:-

5           “Health Benefit Policy”, Any individual or group plan, policy, or contract for healthcare  
6 services issued, delivered, issued for delivery, executed, or renewed in this state, including, but  
7 not limited to, those contracts executed by the Commonwealth on behalf of state employees.

8 “Insurer”, an accident and sickness insurer, fraternal benefit society, hospital service  
9 corporation, medical service corporation, health care corporation, managed care entity, or any  
10 similar entity authorized to issue contracts under this title or to provide health benefit policies.

11 “Telemedicine”, the use of audio, video or other electronic media for the purpose of  
12 diagnosis, consultation, or treatment as it pertains to the delivery of healthcare services.  
13 Telemedicine does not include the use of audio only telephone or facsimile.

14 (b) The commission shall provide to an active or retired employee of the commonwealth  
15 who is insured under the group insurance commission benefits on a nondiscriminatory basis for  
16 the application of telemedicine for covered services provided within the scope of practice of a  
17 physician or health care provider as a method of delivery of medical care by which an individual  
18 shall receive medical services from a health care provider without in person contact with the  
19 provider.

20 (c) The commission may not deny coverage of the sole basis that the coverage is  
21 provided through telemedicine if the health care service would be covered if it were provided  
22 through in-person consultation between the covered person and a health care provider.

23 (d) Nothing in this section shall prohibit an insurer from providing coverage for only  
24 those services that are medically necessary and subject to the terms and conditions of the covered  
25 person’s policy.

26 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after  
27 section 47AA the following section:-

Section 47BB. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

“Health Benefit Policy”, Any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, executed, or renewed in this state, including, but not limited to, those contracts executed by the Commonwealth on behalf of state employees.

“Insurer”, an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, managed care entity, or any similar entity authorized to issue contracts under this title or to provide health benefit policies.

“Telemedicine”, the use of audio, video or other electronic media for the purpose of diagnosis, consultation, or treatment as it pertains to the delivery of healthcare services. Telemedicine does not include the use of audio only telephone or facsimile.

(b) An individual policy of accident and sickness insurance issued under section 108 that provides hospital expense and surgical expense insurance and any group blanket or general policy of accident and sickness insurance issued under section 110 that provides hospital expense and surgical expense insurance, which is issued or renewed within or without the commonwealth, shall provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all policyholders having a principal place of employment in the commonwealth for the application of telemedicine for covered services provided within the scope of practice of a physician or health care provider as a method of delivery of medical care by which an individual shall receive medical services from a health care provider without in person contact with the provider.

(c) The commission may not deny coverage of the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

(d) Nothing in this section shall prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.

SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 8DD the following section:-

Section 8EE. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Health Benefit Policy", Any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, executed, or renewed in this state, including, but not limited to, those contracts executed by the Commonwealth on behalf of state employees.

"Insurer", an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, managed care entity, or any similar entity authorized to issue contracts under this title or to provide health benefit policies.

"Telemedicine", the use of audio, video or other electronic media for the purpose of diagnosis, consultation, or treatment as it pertains to the delivery of healthcare services. Telemedicine does not include the use of audio only telephone or facsimile.

(b) A contract between a subscriber and the corporation under an individual or group hospital service plan which is issued or renewed within or without the commonwealth shall

70 provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all  
71 policyholders having a principal place of employment in the commonwealth for the application  
72 of telemedicine for covered services provided within the scope of practice of a physician or  
73 health care provider as a method of delivery of medical care by which an individual shall receive  
74 medical services from a health care provider without in person contact with the provider.

75 (c) The commission may not deny coverage of the sole basis that the coverage is  
76 provided through telemedicine if the health care service would be covered if it were provided  
77 through in-person consultation between the covered person and a health care provider.

78 (d) Nothing in this section shall prohibit an insurer from providing coverage for only  
79 those services that are medically necessary and subject to the terms and conditions of the covered  
80 person's policy.

81 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after  
82 section 4DD the following section:-

83 Section 4EE. (a) As used in this section the following words shall, unless the context  
84 clearly requires otherwise, have the following meanings:-

85 "Health Benefit Policy", Any individual or group plan, policy, or contract for healthcare  
86 services issued, delivered, issued for delivery, executed, or renewed in this state, including, but  
87 not limited to, those contracts executed by the Commonwealth on behalf of state employees.

88 "Insurer", an accident and sickness insurer, fraternal benefit society, hospital service  
89 corporation, medical service corporation, health care corporation, managed care entity, or any  
90 similar entity authorized to issue contracts under this title or to provide health benefit policies.

“Telemedicine”, the use of audio, video or other electronic media for the purpose of diagnosis, consultation, or treatment as it pertains to the delivery of healthcare services. Telemedicine does not include the use of audio only telephone or facsimile.

(b) A subscription certificate under an individual or group medical service agreement which is issued or renewed within or without the commonwealth shall provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all policyholders having a principal place of employment in the commonwealth for the application of telemedicine for covered services provided within the scope of practice of a physician or health care provider as a method of delivery of medical care by which an individual shall receive medical services from a health care provider without in person contact with the provider.

(c) The commission may not deny coverage of the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

(d) Nothing in this section shall prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person’s policy.

SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4V the following section:-

Section 4W. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:-

“Health Benefit Policy”, Any individual or group plan, policy, or contract for healthcare services issued, delivered, issued for delivery, executed, or renewed in this state, including, but not limited to, those contracts executed by the Commonwealth on behalf of state employees.

“Insurer”, an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, managed care entity, or any similar entity authorized to issue contracts under this title or to provide health benefit policies.

“Telemedicine”, the use of audio, video or other electronic media for the purpose of diagnosis, consultation, or treatment as it pertains to the delivery of healthcare services. Telemedicine does not include the use of audio only telephone or facsimile.

(b) A health maintenance contract issued or renewed within or without the commonwealth shall provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all policyholders having a principal place of employment in the commonwealth for the application of telemedicine for covered services provided within the scope of practice of a physician or health care provider as a method of delivery of medical care by which an individual shall receive medical services from a health care provider without in person contact with the provider.

(c) The commission may not deny coverage of the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

(d) Nothing in this section shall prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person’s policy.



133           SECTION 5. All policies, contracts and certificates of health insurance subject to section  
134   25 of chapter 32A, section 47AA of chapter 175, section 8DD of chapter 176A, section 4CC of  
135   chapter 176B, and section 4V of chapter 176G of the General Laws which are delivered, issued  
136   or renewed on or after January 1, 2012 shall conform with the provisions of this act. Form filings  
137   implementing this act shall be subject to the approval of the commissioner of insurance.