

CHAPTER 36

INSURANCE

HOUSE BILL 17-1094

BY REPRESENTATIVE(S) Buck and Valdez, Arndt, Becker K., Danielson, Esgar, Ginal, Hamner, Herod, Hooton, Kennedy, Kraft-Tharp, Lontine, Mitsch Bush, Pabon, Rosenthal, Saine, Van Winkle, Young, Duran;
also SENATOR(S) Crowder and Donovan, Fields, Garcia, Gardner, Jahn, Jones, Kefalas, Kerr, Merrifield, Moreno, Tate, Todd, Zenzinger, Grantham.

AN ACT**CONCERNING MODIFICATIONS TO THE REQUIREMENTS FOR HEALTH BENEFIT PLANS TO COVER HEALTH CARE SERVICES DELIVERED VIA TELEHEALTH.**

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 10-16-123, **amend** (2)(b), (2)(c), (2)(f), (3), and (4)(e) as follows:

10-16-123. Telehealth - definitions. (2) (b) (I) Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.

(II) A carrier shall not RESTRICT OR deny coverage of a health care service that is a covered benefit SOLELY:

(A) Because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to section 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; OR

(B) BASED ON THE COMMUNICATION TECHNOLOGY OR APPLICATION USED TO DELIVER THE TELEHEALTH SERVICES PURSUANT TO THIS SECTION.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(III) Section 10-16-704 applies to this ~~paragraph (b)~~ SUBSECTION (2)(b), AND THE AVAILABILITY OF TELEHEALTH SERVICES DOES NOT MODIFY THE REQUIREMENTS IMPOSED ON CARRIERS UNDER THAT SECTION TO PROVIDE A SUFFICIENT NETWORK OF PROVIDERS AVAILABLE IN THE COMMUNITY TO PROVIDE IN-PERSON HEALTH CARE SERVICES.

(c) A carrier shall include in the payment for telehealth interactions reasonable compensation to the originating site for the transmission cost incurred during the delivery of health care services through telehealth; except that, for purposes of this ~~paragraph (c), the originating site does not include a private residence at which the covered person is located when he or she receives health care services through telehealth~~ SUBSECTION (2)(c), THE CARRIER IS NOT REQUIRED TO PAY OR REIMBURSE FOR ANY TRANSMISSION COSTS THE COVERED PERSON INCURRED OR ORIGINATING SITE FEES, REGARDLESS OF HOW OR BY WHOM THE FEES ARE BILLED, FOR THE DELIVERY OF HEALTH CARE SERVICES THROUGH TELEHEALTH TO OR FROM THE COVERED PERSON'S HOME OR A PRIVATE RESIDENCE.

(f) If a covered person receives health care services through telehealth, a carrier shall apply the ~~same~~ APPLICABLE copayment, coinsurance, or deductible amount ~~and policy-year, calendar-year, lifetime, or other durational benefit limitation or maximum benefits or services~~ TO THE TELEHEALTH SERVICES under the health benefit plan, ~~to the health care services delivered via telehealth that the carrier applies under the health benefit plan~~ WHICH COPAYMENT, COINSURANCE, OR DEDUCTIBLE AMOUNT SHALL NOT EXCEED THE AMOUNTS APPLICABLE to those health care services when performed by the same provider through in-person care.

(3) A health benefit plan ~~shall~~ IS NOT BE required to pay for consultation provided by a provider by telephone or facsimile UNLESS THE CONSULTATION IS PROVIDED THROUGH HIPAA-COMPLIANT INTERACTIVE AUDIO-VISUAL COMMUNICATION OR THE USE OF A HIPAA-COMPLIANT APPLICATION VIA A CELLULAR TELEPHONE.

(4) As used in this section:

(e) (I) "Telehealth" means a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site. The term includes:

(A) Synchronous interactions; ~~and~~

(B) Store-and-forward transfers; AND

(C) SERVICES PROVIDED THROUGH HIPAA-COMPLIANT INTERACTIVE AUDIO-VISUAL COMMUNICATION OR THE USE OF A HIPAA-COMPLIANT APPLICATION VIA A CELLULAR TELEPHONE.

(II) "Telehealth" does not include the delivery of health care services via:

(A) VOICE-ONLY telephone COMMUNICATION OR TEXT MESSAGING;

(B) Facsimile machine; or

(C) Electronic mail systems.

SECTION 2. Effective date - applicability. This act takes effect upon passage and applies to health benefit plans issued, amended, or renewed on or after said date.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 16, 2017