# First Regular Session Seventy-first General Assembly STATE OF COLORADO

### **INTRODUCED**

LLS NO. 17-0623.01 Christy Chase x2008

**HOUSE BILL 17-1094** 

#### **HOUSE SPONSORSHIP**

Buck and Valdez,

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Crowder,

## **House Committees**

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**Senate Committees** 

Health, Insurance, & Environment

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

## **Bill Summary**

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

Under current law, health benefit plans are required to cover health care services delivered to a covered person by a provider via telehealth in the same manner that the plan covers health care services delivered by a provider in person. The bill clarifies that:

! A health plan cannot restrict or deny coverage of telehealth

- services based on the communication technology or application used to deliver the telehealth services;
- The availability of telehealth services does not change a carrier's obligation to contract with providers available in the community to provide in-person services who are willing to negotiate reasonable contract terms with the carrier;
- ! A covered person may receive telehealth services from a private residence, but the carrier is not required to pay for transmission costs the covered person incurs; and
- ! Telehealth includes health care services provided through audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone but does not include voice-only telephone communication or text messaging.

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

**SECTION 1.** In Colorado Revised Statutes, 10-16-123, **amend** 3 (2)(b), (2)(c), (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:
- (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

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1	(B) BASED ON THE COMMUNICATION TECHNOLOGY OR
2	APPLICATION USED TO DELIVER THE TELEHEALTH SERVICES.
3	(III) Section 10-16-704 applies to this <del>paragraph (b)</del> SUBSECTION
4	(2)(b), AND THE AVAILABILITY OF TELEHEALTH SERVICES DOES NOT
5	MODIFY THE REQUIREMENTS IMPOSED ON CARRIERS UNDER THAT SECTION

- 6 TO PROVIDE A SUFFICIENT NETWORK OF QUALIFIED PROVIDERS AVAILABLE
- 7 IN THE COMMUNITY TO PROVIDE IN-PERSON HEALTH CARE SERVICES AND
- 8 WHO ARE WILLING TO NEGOTIATE WITH THE CARRIER FOR REASONABLE
- 9 CONTRACT TERMS.

- (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) SUBSECTION (2)(c), IF the originating site does not include IS THE COVERED PERSON'S HOME OR a private residence at which WHERE the covered person is located when he or she receives health care services through telehealth, THE CARRIER IS NOT REQUIRED TO PAY OR REIMBURSE FOR ANY TRANSMISSION COSTS THE COVERED PERSON INCURRED FOR THE DELIVERY OF HEALTH CARE SERVICES THROUGH TELEHEALTH FROM THE COVERED PERSON'S HOME OR A PRIVATE RESIDENCE.
- (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 AUDIO-VISUAL COMMUNICATION OR THE USE OF A HIPAA-COMPLIANT APPLICATION VIA A CELLULAR TELEPHONE.
- 26 (4) As used in this section:
- (e) (I) "Telehealth" means a mode of delivery of health care

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1	services through telecommunications systems, including information,
2	electronic, and communication technologies, to facilitate the assessment
3	diagnosis, consultation, treatment, education, care management, or
4	self-management of a covered person's health care while the covered
5	person is located at an originating site and the provider is located at a
6	distant site. The term includes:
7	(A) Synchronous interactions; and
8	(B) Store-and-forward transfers; AND
9	(C) SERVICES PROVIDED THROUGH AUDIO-VISUAL
10	COMMUNICATION OR THE USE OF A HIPAA-COMPLIANT APPLICATION VIA
11	A CELLULAR TELEPHONE.
12	(II) "Telehealth" does not include the delivery of health care
13	services via:
14	(A) VOICE-ONLY telephone COMMUNICATION OR TEXT
15	MESSAGING;
16	(B) Facsimile machine; or
17	(C) Electronic mail systems.
18	SECTION 2. Effective date - applicability. This act takes effect
19	upon passage and applies to health benefit plans issued, amended, or
20	renewed on or after said date.
21	<b>SECTION 3. Safety clause.</b> The general assembly hereby finds
22	determines, and declares that this act is necessary for the immediate
23	preservation of the public peace, health, and safety.

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