

## HB0139S01 compared with HB0139

~~{deleted text}~~ shows text that was in HB0139 but was deleted in HB0139S01.

Inserted text shows text that was not in HB0139 but was inserted into HB0139S01.

**DISCLAIMER:** This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Steve Eliason proposes the following substitute bill:

### TELEPSYCHIATRIC CONSULTATION ACCESS{

#### }\_AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor: {\_\_\_\_\_} Curtis S. Bramble

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#### LONG TITLE

##### General Description:

This bill amends the Insurance Code to provide health benefit plan coverage for the use of telepsychiatric consultations.

##### Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ requires the state Medicaid program to reimburse for telepsychiatric consultations; and
- ▶ requires ~~{a}~~certain health benefit ~~{plan offered or renewed in the individual or large group market}~~plans to provide coverage for the use of physician-to-physician

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psychiatric consultations using telehealth services.

### Money Appropriated in this Bill:

None

### Other Special Clauses:

None

### Utah Code Sections Affected:

AMENDS:

**26-18-13.5**, as enacted by Laws of Utah 2017, Chapter 241

ENACTS:

**31A-22-647**, Utah Code Annotated 1953

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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **26-18-13.5** is amended to read:

**26-18-13.5. Mental health telehealth services -- Reimbursement -- Reporting.**

(1) As used in this section:

(a) "Mental health therapy" means the same as the term "practice of mental health therapy" is defined in Section 58-60-102.

(b) "Mental illness" means a mental or emotional condition defined in an approved diagnostic and statistical manual for mental disorders generally recognized in the professions of mental health therapy listed in Section 58-60-102.

(c) "Telehealth services" means the same as that term is defined in Section 26-60-102.

(d) "Telemedicine services" means the same as that term is defined in Section 26-60-102.

(e) "Telepsychiatric consultation" means a consultation between a physician and a board certified psychiatrist, both of whom are licensed to engage in the practice of medicine in the state, that utilizes:

(i) a written, evidence-based patient questionnaire; and

(ii) telehealth services that ~~f~~:

~~— (A) use asynchronous store and forward transfer or use synchronous interaction; and~~

~~— (B) ~~f~~ meet industry security and privacy standards, including compliance with the ~~f~~ federal ~~f~~;~~

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(A) Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and the

(B) federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

(2) This section applies to:

- (a) a managed care organization that contracts with the Medicaid program; and
- (b) a provider who is reimbursed for health care services under the Medicaid program.

(3) The Medicaid program shall reimburse for personal mental health therapy office visits provided through telemedicine services at a rate set by the Medicaid program.

(4) Before December 1, 2017, the department shall report to the Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform Task Force on:

- (a) the result of the reimbursement requirement described in Subsection (3);
- (b) existing and potential uses of telehealth and telemedicine services;
- (c) issues of reimbursement to a provider offering telehealth and telemedicine services;
- (d) potential rules or legislation related to:
  - (i) providers offering and insurers reimbursing for telehealth and telemedicine services;

and

(ii) increasing access to health care, increasing the efficiency of health care, and decreasing the costs of health care; and

(e) the department's efforts to obtain a waiver from the federal requirement that telemedicine communication be face-to-face communication.

(5) The Medicaid program shall reimburse for telepsychiatric consultations at a rate set by the Medicaid program.

Section 2. Section **31A-22-647** is enacted to read:

### **31A-22-647. Coverage of telepsychiatric consultations.**

(1) As used in this section:

- (a) "Telehealth services" means the same as that term is defined in Section 26-60-102.
- (b) "Telepsychiatric consultation" means a consultation between a physician and a

board certified psychiatrist, both of whom are licensed to engage in the practice of medicine in the state, that utilizes:

- (i) a written, evidence-based patient questionnaire; and

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(ii) telehealth services that ~~+~~:

~~(A) use asynchronous store and forward transfer or use synchronous interaction; and~~

~~(B) meet industry security and privacy standards, including compliance with the federal:~~

~~(A) Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and the~~

~~(B) federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.~~

(2) ~~+~~ Beginning January 1, 2019, a health benefit plan that offers coverage for mental health services shall:

(a) provide coverage for telepsychiatric consultations;

(b) provide coverage for a telepsychiatric consultation from an out-of-network provider if a telepsychiatric consultation is not made available to a physician within ~~five~~ seven business days after the initial request is made by the physician to an in-network provider; and

(c) separately identify and reimburse the services described in Subsections (2)(a) and ~~(b) +~~.

### Legislative Review Note

~~Office of Legislative Research and General Counsel~~ at usual and customary rates.

(3) An insurer may satisfy the requirement in Subsection (2)(a) if:

(a) the insurer provides coverage for in-person behavioral health treatment, as defined in Section 31A-22-642; and

(b) the patient receives an appointment for the in-person behavioral health treatment on a date that is within seven business days after the initial request is made by the physician.

(4) A physician who uses a telepsychiatric consultation for a patient shall, at the time that the questionnaire described in Subsection (1)(b)(i) is completed, notify the patient that:

(a) the physician plans to request a telepsychiatric consultation; and

(b) additional charges may apply.

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