

HB0139S02 compared with HB0139S01

~~text~~ shows text that was in HB0139S01 but was deleted in HB0139S02.

Inserted text shows text that was not in HB0139S01 but was inserted into HB0139S02.

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

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 certain health benefit plans to provide coverage for the use of physician-to-physician psychiatric consultations using telehealth services.

Money Appropriated in this Bill:

None

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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

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) the health records of the patient, provided from the patient or the referring physician;

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

(~~iii~~) telehealth services that meet industry security and privacy standards, including compliance with the:

(A) Health Insurance Portability and Accountability Act; and

(B) ~~federal~~ Health Information Technology for Economic and Clinical Health Act,

Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

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(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) the health records of the patient, provided from the patient or the referring physician;

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

(iii) telehealth services that meet industry security and privacy standards, including compliance with the:

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(A) Health Insurance Portability and Accountability Act; and

(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 a telepsychiatric ~~{consultations}~~ ~~consultation during or after an initial visit between the patient and a referring in-network physician;~~

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

(c) ~~{separately identify and}~~ reimburse ~~for~~ the services described in Subsections (2)(a) and (b) at ~~{usual and customary rates.~~

~~———~~ ~~{3}~~ ~~the equivalent in-network or out-of-network rate set by the health benefit plan after taking into account cost-sharing that may be required under the health benefit plan.~~

~~(3) A single telepsychiatric consultation includes all contacts, services, discussion, and information review required to complete an individual request from a referring physician for a patient.~~

~~(4) An insurer may satisfy the requirement ~~to cover a telepsychiatric consultation described~~ in Subsection (2)(a) ~~{if}~~ ~~for a patient by:~~~~

(a) ~~{the insurer provides}~~ providing coverage for ~~{in-person}~~ behavioral health treatment, as defined in Section 31A-22-642, ~~in-person or using telehealth services;~~ and

(b) ~~ensuring that~~ the patient receives an appointment for the ~~{in-person}~~ behavioral health treatment ~~in person or using telehealth services~~ on a date that is within seven business days after the initial request is made by the ~~in-network referring~~ physician.

~~{4}~~ 5) A ~~referring~~ physician who uses a telepsychiatric consultation for a patient shall, at the time that the questionnaire described in Subsection (1)(b) ~~{if}~~ ~~ii~~ is completed, notify the patient that:

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

(b) additional charges ~~to the patient~~ may apply.

~~(6) (a) An insurer may receive a temporary waiver from the department from the~~

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requirements in this section if the insurer demonstrates to the department that the insurer is unable to provide the benefits described in this section due to logistical reasons.

(b) An insurer that receives a waiver from the department under Subsection (6)(a) is subject to the requirements of this section beginning July 1, 2019.

(7) This section does not limit an insurer from engaging in activities that ensure payment integrity or facilitate review and investigation of improper practices by health care providers.