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5	Senate Sponsor:
6 7	LONG TITLE
8	General Description:
9	This bill amends provisions regarding reimbursement for telemedicine services.
10	Highlighted Provisions:
11	This bill:
12	<ul> <li>requires the Medicaid program and the Public Employees' Benefit and Insurance</li> </ul>
13	Program to reimburse for telemedicine services on the same basis it reimburses for
14	other health care services;
15	<ul> <li>amends telemedicine reporting and study requirements; and</li> </ul>
16	► makes technical changes.
17	Money Appropriated in this Bill:
18	None
19	Other Special Clauses:
20	None
21	Utah Code Sections Affected:
22	AMENDS:
23	<b>26-18-13.5</b> , as enacted by Laws of Utah 2017, Chapter 241
24	<b>26-60-105</b> , as enacted by Laws of Utah 2017, Chapter 241
25	49-20-414, as enacted by Laws of Utah 2017, Chapter 241

TELEMEDICINE REIMBURSEMENT AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Ken Ivory** 



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

H.B. 431 02-20-18 2:31 PM

28	Section 1. Section <b>26-18-13.5</b> is amended to read:
29	26-18-13.5. Telemedicine services reimbursement.
30	(1) As used in this section[÷], "telemedicine services" means the same as that term is
31	defined in Section 26-60-102.
32	[(a) "Mental health therapy" means the same as the term "practice of mental health
33	therapy" is defined in Section 58-60-102.
34	[(b) "Mental illness" means a mental or emotional condition defined in an approved
35	diagnostic and statistical manual for mental disorders generally recognized in the professions of
36	mental health therapy listed in Section 58-60-102.
37	[(c) "Telehealth services" means the same as that term is defined in Section
38	<del>26-60-102.</del> ]
39	[(d) "Telemedicine services" means the same as that term is defined in Section
40	<del>26-60-102.</del> ]
41	(2) This section applies to:
42	(a) a managed care organization that contracts with the Medicaid program; and
43	(b) a provider who is reimbursed for health care services under the Medicaid program.
44	(3) The Medicaid program shall reimburse for [personal mental health therapy office
45	visits provided through] telemedicine services [at a rate set by the Medicaid program] on the
46	same basis that the Medicaid program reimburses for other health care services.
47	(4) Before [December 1, 2017] November 1, 2018, the department shall report to the
48	Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform
49	Task Force on:
50	(a) the result of the reimbursement requirement described in Subsection (3);
51	(b) existing and potential uses of telehealth and telemedicine services;
52	(c) issues of reimbursement to a provider offering telehealth and telemedicine services;
53	(d) potential rules or legislation related to:
54	(i) providers offering and insurers reimbursing for telehealth and telemedicine services;
55	and
56	(ii) increasing access to health care, increasing the efficiency of health care, and
57	decreasing the costs of health care; and
58	(e) the department's efforts to obtain a waiver from the federal requirement that

02-20-18 2:31 PM H.B. 431

59	telemedicine communication be face-to-face communication.
60	Section 2. Section <b>26-60-105</b> is amended to read:
61	26-60-105. Study by Public Utilities, Energy, and Technology Interim Committee
62	and Health Reform Task Force.
63	The Legislature's Public Utilities, Energy, and Technology Interim Committee and
64	Health Reform Task Force shall receive the reports required in Sections 26-18-13.5 and
65	49-20-414 and, during the 2018 interim, study:
66	(1) the result of the reimbursement requirement described in Sections 26-18-13.5 and
67	49-20-414;
68	(2) practices and efforts of private health care facilities, health care providers,
69	self-funded employers, third-party payors, and health maintenance organizations to reimburse
70	for telehealth services;
71	(3) existing and potential uses of telehealth and telemedicine services;
72	(4) issues of reimbursement to a provider offering telehealth and telemedicine services;
73	and
74	(5) potential rules or legislation related to:
75	(a) providers offering and insurers reimbursing for telehealth and telemedicine
76	services; and
77	(b) increasing access to health care, increasing the efficiency of health care, and
78	decreasing the costs of health care.
79	Section 3. Section 49-20-414 is amended to read:
80	49-20-414. Telemedicine services reimbursement.
81	(1) As used in this section:
82	[(a) "Mental health therapy" means the same as the term "practice of mental health
83	therapy" is defined in Section 58-60-102.]
84	[(b) "Mental illness" means the same as that term is defined in Section 26-18-13.5.]
85	[(e)] (a) "Network provider" means a health care provider who has an agreement with
86	the program to provide health care services to a patient with an expectation of receiving
87	payment, other than coinsurance, copayments, or deductibles, directly from the managed care
88	organization.
89	[(d) "Telehealth services" means the same as that term is defined in Section

H.B. 431 02-20-18 2:31 PM

90	<del>26-60-102.</del> ]
91	[(e)] (b) "Telemedicine services" means the same as that term is defined in Section
92	26-60-102.
93	(2) This section applies to the risk pool established for the state under Subsection
94	49-20-201(1)(a).
95	(3) The program shall reimburse a network provider for [personal mental health
96	therapy office visits provided through] telemedicine services [at a rate set by the program] on
97	the same basis that the program reimburses the network provider for other health care services.
98	(4) Before [December 1, 2017] November 1, 2018, the program shall report to the
99	Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform
100	Task Force on:
101	(a) the result of the reimbursement requirement described in Subsection (3);
102	(b) existing and potential uses of telehealth and telemedicine services;
103	(c) issues of reimbursement to a provider offering telehealth and telemedicine services;
104	and
105	(d) potential rules or legislation related to:
106	(i) providers offering and insurers reimbursing for telehealth and telemedicine services;
107	and
108	(ii) increasing access to health care, increasing the efficiency of health care, and
109	decreasing the costs of health care.

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