

HB0431S02 compared with HB0431S01

~~text~~ shows text that was in HB0431S01 but was deleted in HB0431S02.

Inserted text shows text that was not in HB0431S01 but was inserted into HB0431S02.

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 Ken Ivory proposes the following substitute bill:

TELEMEDICINE REIMBURSEMENT AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Ken Ivory

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends provisions regarding reimbursement for telemedicine services.

Highlighted Provisions:

This bill:

- ▶ requires the Medicaid program and the Public Employees' Benefit and Insurance Program to reimburse for certain telemedicine services at commercially reasonable rates ~~described in this bill~~;
- ▶ amends telemedicine reporting and study requirements; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

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None

Utah Code Sections Affected:

AMENDS:

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

26-60-105, as enacted by Laws of Utah 2017, Chapter 241

49-20-414, as enacted by Laws of Utah 2017, Chapter 241

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. Telemedicine services reimbursement.

(1) As used in this section[:], "telemedicine services" means the same as that term is defined in Section 26-60-102.

~~[(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.]~~

(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~~] on the same basis that the Medicaid program reimburses for other health care services.

(4) Before [~~December 1, 2017~~] November 1, 2018, 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);

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- (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.

Section 2. Section **26-60-105** is amended to read:

26-60-105. Study by Public Utilities, Energy, and Technology Interim Committee and Health Reform Task Force.

The Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform Task Force shall receive the reports required in Sections 26-18-13.5 and 49-20-414 and, during the 2018 interim, study:

(1) the result of the reimbursement requirement described in Sections 26-18-13.5 and 49-20-414;

(2) practices and efforts of private health care facilities, health care providers, self-funded employers, third-party payors, and health maintenance organizations to reimburse for telehealth services;

(3) existing and potential uses of telehealth and telemedicine services;

(4) issues of reimbursement to a provider offering telehealth and telemedicine services;

and

(5) potential rules or legislation related to:

(a) providers offering and insurers reimbursing for telehealth and telemedicine services; and

(b) increasing access to health care, increasing the efficiency of health care, and decreasing the costs of health care.

Section 3. Section **49-20-414** is amended to read:

49-20-414. Telemedicine services reimbursement.

(1) As used in this section:

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~~[(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 the same as that term is defined in Section 26-18-13.5.]~~

~~[(c)]~~ (a) "Network provider" means a health care provider who has an agreement with the program to provide health care services to a patient with an expectation of receiving payment, other than coinsurance, copayments, or deductibles, directly from the managed care organization.

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

~~[(e)]~~ (b) "Telemedicine services" means the same as that term is defined in Section 26-60-102.

(2) This section applies to the risk pool established for the state under Subsection 49-20-201(1)(a).

(3) The program shall, at the provider's request, reimburse a network provider for ~~[personal mental health therapy office visits provided through]~~ medically appropriate telemedicine services ~~{}~~ at a ~~[rate set by the program]~~ at a commercially reasonable rate.

(4) Before ~~[December 1, 2017]~~ November 1, 2018, the program 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;

and

(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) telemedicine services that the program declined to cover because the telemedicine services that were requested were not medically appropriate.