1	TELEMEDICINE REIMBURSEMENT AMENDMENTS
2	2019 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Ken Ivory
5	Senate Sponsor: Kirk A. Cullimore
6	
7	LONG TITLE
8	General Description:
9	This bill amends provisions regarding reimbursement for telemedicine services.
10	Highlighted Provisions:
11	This bill:
12	 requires the Medicaid program to reimburse for certain telemedicine services at
13	rates set by the Medicaid program;
14	 requires the Public Employees' Benefit and Insurance Program to reimburse for
15	certain telemedicine services at commercially reasonable rates;
16	amends telemedicine reporting and study requirements; and
17	makes technical changes.
18	Money Appropriated in this Bill:
19	None
20	Other Special Clauses:
21	None
22	Utah Code Sections Affected:
23	AMENDS:
24	26-18-13.5, as last amended by Laws of Utah 2018, Chapter 119
25	26-60-105, as enacted by Laws of Utah 2017, Chapter 241
26	49-20-414, as enacted by Laws of Utah 2017, Chapter 241
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28	Be it enacted by the Legislature of the state of Utah:
29	Section 1. Section 26-18-13.5 is amended to read:
30	26-18-13.5. Mental health telehealth services Reimbursement Reporting
31	Telepsychiatric consultations.
32	(1) As used in this section:
33	[(a) "Mental health therapy" means the same as the term "practice of mental health
34	therapy" is defined in Section 58-60-102.
35	[(b) "Mental illness" means a mental or emotional condition defined in an approved
36	diagnostic and statistical manual for mental disorders generally recognized in the professions of
37	mental health therapy listed in Section 58-60-102.]
38	[(e)] (a) "Telehealth services" means the same as that term is defined in Section
39	26-60-102.
40	[(d)] (b) "Telemedicine services" means the same as that term is defined in Section
41	26-60-102.
42	[(e)] (c) "Telepsychiatric consultation" means a consultation between a physician and a
43	board certified psychiatrist, both of whom are licensed to engage in the practice of medicine in
44	the state, that utilizes:
45	(i) the health records of the patient, provided from the patient or the referring
46	physician;
47	(ii) a written, evidence-based patient questionnaire; and
48	(iii) telehealth services that meet industry security and privacy standards, including
49	compliance with the:
50	(A) Health Insurance Portability and Accountability Act; and
51	(B) Health Information Technology for Economic and Clinical Health Act, Pub. L. No.
52	111-5, 123 Stat. 226, 467, as amended.
53	(2) This section applies to:
54	(a) a managed care organization that contracts with the Medicaid program; and
55	(b) a provider who is reimbursed for health care services under the Medicaid program.
56	(3) The Medicaid program shall reimburse for [personal mental health therapy office
57	visits provided through] telemedicine services [at a rate set by] at the same rate that the
58	Medicaid program reimburses for other health care services.

59	(4) Before [December 1, 2017] November 1, 2019, the department shall report to the
60	Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform
61	Task Force on:
62	(a) the result of the reimbursement requirement described in Subsection (3);
63	(b) existing and potential uses of telehealth and telemedicine services;
64	(c) issues of reimbursement to a provider offering telehealth and telemedicine services;
65	(d) potential rules or legislation related to:
66	(i) providers offering and insurers reimbursing for telehealth and telemedicine services;
67	and
68	(ii) increasing access to health care, increasing the efficiency of health care, and
69	decreasing the costs of health care; and
70	(e) the department's efforts to obtain a waiver from the federal requirement that
71	telemedicine communication be face-to-face communication.
72	(5) The Medicaid program shall reimburse for telepsychiatric consultations at a rate set
73	by the Medicaid program.
74	Section 2. Section 26-60-105 is amended to read:
75	26-60-105. Study by Public Utilities, Energy, and Technology Interim Committee
76	and Health Reform Task Force.
77	The Legislature's Public Utilities, Energy, and Technology Interim Committee and
78	Health Reform Task Force shall receive the reports required in Sections 26-18-13.5 and
79	49-20-414 and, during the 2019 interim, study:
80	(1) the result of the reimbursement requirement described in Sections 26-18-13.5 and
81	49-20-414;
82	(2) practices and efforts of private health care facilities, health care providers,
83	self-funded employers, third-party payors, and health maintenance organizations to reimburse
84	for telehealth services;
85	(3) existing and potential uses of telehealth and telemedicine services;
86	(4) issues of reimbursement to a provider offering telehealth and telemedicine services;
87	and
88	(5) potential rules or legislation related to:
89	(a) providers offering and insurers reimbursing for telehealth and telemedicine

90	services; and
91	(b) increasing access to health care, increasing the efficiency of health care, and
92	decreasing the costs of health care.
93	Section 3. Section 49-20-414 is amended to read:
94	49-20-414. Mental health telemedicine services Reimbursement Reporting.
95	(1) As used in this section:
96	[(a) "Mental health therapy" means the same as the term "practice of mental health
97	therapy" is defined in Section 58-60-102.
98	[(b) "Mental illness" means the same as that term is defined in Section 26-18-13.5.]
99	[(c)] (a) "Network provider" means a health care provider who has an agreement with
100	the program to provide health care services to a patient with an expectation of receiving
101	payment, other than coinsurance, copayments, or deductibles, directly from the managed care
102	organization.
103	[(d) "Telehealth services" means the same as that term is defined in Section
104	26-60-102.]
105	[(e)] (b) "Telemedicine services" means the same as that term is defined in Section
106	26-60-102.
107	(2) This section applies to the risk pool established for the state under Subsection
108	49-20-201(1)(a).
109	(3) The program shall, at the provider's request, reimburse a network provider for
110	[personal mental health therapy office visits provided through] medically appropriate
111	telemedicine services at a [rate set by the program] commercially reasonable rate.
112	(4) Before [December 1, 2017] November 1, 2019, the program shall report to the
113	Legislature's Public Utilities, Energy, and Technology Interim Committee and Health Reform
114	Task Force on:
115	(a) the result of the reimbursement requirement described in Subsection (3);
116	(b) existing and potential uses of telehealth and telemedicine services;
117	(c) issues of reimbursement to a provider offering telehealth and telemedicine services;
118	[and]
119	(d) potential rules or legislation related to:
120	(i) providers offering and insurers reimbursing for telehealth and telemedicine services;

121	and
122	(ii) increasing access to health care, increasing the efficiency of health care, and
123	decreasing the costs of health care[-]; and
124	(e) telemedicine services that the program declined to cover because the telemedicine
125	services that were requested were not medically appropriate.