

26	31A-22-649.5. Insurance parity for telemedicine services Method of technology
27	used.
28	(1) As used in this section:
29	(a) "Mental health condition" means a mental disorder or a substance-related disorder
30	that falls under a diagnostic category listed in the [Diagnostic and Statistical Manual]
31	Diagnostic and Statistical Manual of Mental Disorders, as periodically revised.
32	(b) "Telemedicine services" means the same as that term is defined in Section
33	26B-4-704.
34	(2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
35	offered in the individual market, the small group market, or the large group market shall:
36	(a) provide coverage, at a minimum, for:
37	(i) telemedicine services that are covered by Medicare; and
38	(ii) treatment of a mental health condition through telemedicine services if:
39	(A) the health benefit plan provides coverage for the treatment of the mental health
40	condition through in-person services; and
41	(B) the health benefit plan determines treatment of the mental health condition through
42	telemedicine services meets the appropriate standard of care; [and]
43	(b) reimburse a network provider that provides the telemedicine services described in
44	Subsection (2)(a) at a negotiated commercially reasonable rate[:]; and
45	(c) for a health benefit plan entered into or renewed on or after January 1, 2025,
46	reimburse the network provider for telemedicine services at a rate that is at minimum 90% of
47	the rate that is paid to the network provider for the same health care services when delivered
48	in-person in Utah, if:
49	(i) the network provider is the patient's provider and not exclusively an online
50	telemedicine provider;
51	(ii) the network provider delivers health care services in-person within the state; and
52	(iii) the services provided are not telemedicine services related to urgent care, as
53	defined in 29 C.F.R. Sec. 2560.503-1.
54	(3) (a) Notwithstanding Section 31A-45-303, a health benefit plan providing coverage
55	under Subsection (2)(a) may not impose originating site restrictions, geographic restrictions, or
56	distance-based restrictions.

- (b) A network provider that provides the telemedicine services described in Subsection
 (2)(a) may utilize any synchronous audiovisual technology for the telemedicine services that is
 compliant with the federal Health Insurance Portability and Accountability Act of 1996.
 Section 2. Effective date.
- This bill takes effect on May 1, 2024.