

HB0267S01 compared with HB0267

~~{deleted text}~~ shows text that was in HB0267 but was deleted in HB0267S01.

inserted text shows text that was not in HB0267 but was inserted into HB0267S01.

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 Sahara Hayes proposes the following substitute bill:

TELEMEDICINE AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jon Hawkins

Senate Sponsor: ~~{_____}~~ Evan J. Vickers

LONG TITLE

General Description:

This bill amends provisions relating to reimbursement for telemedicine services.

Highlighted Provisions:

This bill:

- ▶ makes technical corrections;
- ▶ conditionally requires a health benefit plan to reimburse a provider for ~~{certain}~~ delivering telemedicine services at ~~{the same}~~ a rate that is at minimum 90% of the rate the plan reimburses the provider for delivering the same services ~~{delivered}~~ in-person ~~{, and~~
→ ~~makes technical corrections}~~ in Utah.

Money Appropriated in this Bill:

None

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Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-22-649.5, as last amended by Laws of Utah 2023, Chapter 328

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

Section 1. Section **31A-22-649.5** is amended to read:

31A-22-649.5. Insurance parity for telemedicine services -- Method of technology used.

(1) As used in this section:

(a) "Mental health condition" means a mental disorder or a substance-related disorder that falls under a diagnostic category listed in the ~~[Diagnostic and Statistical Manual]~~ Diagnostic and Statistical Manual of Mental Disorders, as periodically revised.

(b) "Telemedicine services" means the same as that term is defined in Section 26B-4-704.

(2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market shall:

(a) provide coverage, at a minimum, for:

(i) telemedicine services that are covered by Medicare; and

(ii) treatment of a mental health condition through telemedicine services if:

(A) the health benefit plan provides coverage for the treatment of the mental health condition through in-person services; and

(B) the health benefit plan determines treatment of the mental health condition through telemedicine services meets the appropriate standard of care; ~~[and]~~

(b) reimburse a network provider that provides the telemedicine services described in Subsection (2)(a) at a negotiated commercially reasonable rate~~[-]; and~~

(c) for a health benefit plan entered into or renewed on or after January 1, 2025, ~~if a network provider delivers health care services at an in-person location in the state, reimburse telemedicine services that are delivered by}~~ reimburse the network provider ~~{, other than}~~ for telemedicine services ~~{that are specifically included as part of a contracted arrangement that~~

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~~shares risk or bundles payment, } at a rate that is {~~

~~(i) for services for treatment of a mental health condition, the same rate that is contracted with the network provider for the same health care services that are delivered in-person; or~~

~~(ii) for services other than for treatment of a mental health condition, } at ~~{least}~~ minimum 90% of the rate that is paid to the network provider for the same health care services ~~{that are}~~ when delivered in-person in Utah, if:~~

(i) the network provider is the patient's provider and not exclusively an online telemedicine provider;

(ii) the network provider delivers health care services in-person within the state; and

(iii) the services provided are not telemedicine services related to urgent care, as defined in 29 C.F.R. Sec. 2560.503-1.

(3) (a) Notwithstanding Section 31A-45-303, a health benefit plan providing coverage under Subsection (2)(a) may not impose originating site restrictions, geographic restrictions, or 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.