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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. **1246**

02/25/2015 Authored by Mack, Schomacker, Schoen, Backer, Schultz and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/16/2015 Adoption of Report: Amended and re-referred to the Committee on Commerce and Regulatory Reform

1.1 A bill for an act
1.2 relating to health insurance; requiring coverage for telemedicine for health carriers
1.3 and medical assistance; amending Minnesota Statutes 2014, section 256B.0625,
1.4 subdivision 3b; proposing coding for new law in Minnesota Statutes, chapter 62A.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[62A.67] SHORT TITLE.**

1.7 Sections 62A.67 to 62A.672 may be cited as the "Minnesota Telemedicine Act."

1.8 Sec. 2. **[62A.671] DEFINITIONS.**

1.9 Subdivision 1. **Distant site.** "Distant site" means a site at which a health care provider
1.10 is located while providing health care services or consultations by means of telemedicine.

1.11 Subd. 2. **Health care provider.** "Health care provider" has the meaning provided
1.12 in section 62A.63, subdivision 2.

1.13 Subd. 3. **Heath carrier.** "Health carrier" has the meaning provided in section
1.14 62A.011, subdivision 2.

1.15 Subd. 4. **Health plan.** "Health plan" means a health plan as defined in section
1.16 62A.011, subdivision 3, and includes dental plans as defined in section 62Q.76,
1.17 subdivision 3.

1.18 Subd. 5. **Originating site.** "Originating site" means a site including, but not limited
1.19 to, a health care facility at which a patient is located at the time health care services are
1.20 provided to the patient by means of telemedicine.

1.21 Subd. 6. **Store-and-forward technology.** "Store-and-forward technology" means
1.22 the transmission of a patient's medical information from an originating site to a health care

2.1 provider at a distant site without the patient being present, or the delivery of telemedicine
2.2 that does not occur in real time via synchronous transmissions.

2.3 Subd. 7. **Telemedicine.** "Telemedicine" means the delivery of health care services
2.4 or consultations while such patient is at an originating site and the health care provider
2.5 is at a distant site. A communication between health care providers that consists solely
2.6 of a telephone conversation is not a telemedicine consultation. Telemedicine may be
2.7 provided by means of:

2.8 (1) real-time two-way, interactive audio and visual communications, including the
2.9 application of secure video conferencing or store-and-forward technology to provide or
2.10 support health care delivery, which facilitate the assessment, diagnosis, consultation,
2.11 treatment, education, care management, and self-management of a patient's health care; or

2.12 (2) information and communications technologies consisting of telephones, remote
2.13 patient monitoring devices, or other electronic means which facilitate the assessment,
2.14 diagnosis, consultation, treatment, education, care management, and self-management
2.15 of a patient's health care.

2.16 **Sec. 3. [62A.672] COVERAGE OF TELEMEDICINE SERVICES.**

2.17 Subdivision 1. **Coverage of telemedicine.** A health plan issued or renewed by a
2.18 health carrier on or after August 1, 2016, shall include coverage for telemedicine benefits
2.19 in the same manner as any other benefits covered under the policy, plan, or contract, and
2.20 shall comply with the regulations of this section.

2.21 Subd. 2. **Parity between telemedicine and in-person services.** A health carrier
2.22 shall not exclude a service for coverage solely because the service is provided via
2.23 telemedicine and is not provided through in-person consultation or contact between a
2.24 health care provider and a patient.

2.25 Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier shall
2.26 reimburse the distant site health care provider for services delivered via telemedicine on
2.27 the same basis and at the same rate as the health carrier would apply to those services if
2.28 they had been delivered in person.

2.29 (b) It is not a violation of this subdivision for a health carrier to include a
2.30 deductible, co-payment, or coinsurance requirement for a health care service provided via
2.31 telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition
2.32 to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same
2.33 services were provided through in-person contact.

2.34 Subd. 4. **Originating site facility fee payment.** If a health care provider provides
2.35 the facility used as the originating site for the delivery of telemedicine to a health carrier's

3.1 insured or enrollee, the health carrier shall make a facility fee payment to the originating
3.2 site health care provider. The facility fee payment to the originating site health care
3.3 provider shall be in addition to the reimbursement to the distant site provider specified in
3.4 subdivision 3. The facility fee payment shall not be subject to any patient coinsurance,
3.5 deductible, or co-payment obligation.

3.6 Sec. 4. Minnesota Statutes 2014, section 256B.0625, subdivision 3b, is amended to read:

3.7 Subd. 3b. **Telemedicine consultations.** (a) Medical assistance covers services
3.8 and consultations delivered via telemedicine consultations. Telemedicine consultations
3.9 must be made via two-way, interactive video or store-and-forward technology.
3.10 Store-and-forward technology includes telemedicine consultations that do not occur in real
3.11 time via synchronous transmissions, and that do not require a face-to-face encounter with
3.12 the patient for all or any part of any such telemedicine consultation, as defined in section
3.13 62A.671, subdivision 7, in the same manner as if the service or consultation was delivered
3.14 in person. The patient record must include a written opinion from the consulting physician
3.15 health care provider providing the telemedicine consultation. A communication between
3.16 two physicians health care providers that consists solely of a telephone conversation is
3.17 not a telemedicine consultation. Coverage is limited to three telemedicine consultations
3.18 services per recipient per calendar week. Telemedicine consultations services shall be paid
3.19 at the full allowable rate.

3.20 (b) If a health care provider provides the facility used as the originating site for the
3.21 delivery of telemedicine to a patient, medical assistance shall make a facility fee payment
3.22 to the originating site health care provider. The facility payment fee to the originating
3.23 site health care provider shall be in addition to the reimbursement for the telemedicine
3.24 service specified in paragraph (a).

3.25 Sec. 5. **EFFECTIVE DATE.**

3.26 Sections 1 and 2 are effective August 1, 2016.