

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1150

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DATE	D-PG	OFFICIAL STATUS
02/26/2015	438	Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act

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

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

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

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

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

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

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

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

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

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

Subd. 6. **Store-and-forward technology.** "Store-and-forward technology" means 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, consistent with applicable federal law and regulations, while such patient
2.5 is at an originating site and the health care provider is at a distant site. Telemedicine
2.6 may be provided by means of:

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

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

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

2.16 Subdivision 1. **Coverage of telemedicine.** A health plan issued or renewed by a
2.17 health carrier on or after August 1, 2015, shall include coverage for telemedicine benefits
2.18 in the same manner as any other benefits covered under the policy, plan, or contract, and
2.19 shall comply with the regulations of this section.

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

2.24 Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier shall
2.25 reimburse the treating or consulting health care provider for services delivered via
2.26 telemedicine on the same basis and at the same rate as the health carrier would apply to
2.27 in-person consultation, contacts, or services.

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

2.33 Subd. 4. **Payment for originating site costs.** A health carrier shall make payment
2.34 to a health care provider that provides the originating site for the operating, facility and
2.35 infrastructure, technology, and transmission costs associated with or incurred during the

3.1 delivery of telemedicine to the patient. The payment to the health care provider that
3.2 provides the originating site shall be in addition to the reimbursement to the treating or
3.3 consulting health care provider specified in subdivision 3. The payment shall not be
3.4 subject to any patient coinsurance or co-payment obligation solely for the use of the
3.5 telemedicine services.

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) Medical assistance covers a payment to a health care provider that provides the
3.21 originating site for the operating, facility and infrastructure, technology, and transmission
3.22 costs associated with or incurred during the delivery of telemedicine to the patient. The
3.23 payment to the health care provider that provides the originating site shall be in addition to
3.24 the reimbursement to the treating or consulting health care provider.

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

3.26 Sections 1 and 2 are effective August 1, 2015.