

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 2049

(SENATE AUTHORS: KORAN)

DATE	D-PG	OFFICIAL STATUS
03/15/2021	904	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health insurance; modifying provisions governing telehealth; amending

1.3 Minnesota Statutes 2020, sections 62A.671, subdivisions 3, 6, 9; 62A.672,

1.4 subdivisions 1, 3.

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

1.6 Section 1. Minnesota Statutes 2020, section 62A.671, subdivision 3, is amended to read:

1.7 Subd. 3. **Health care provider.** "Health care provider" ~~has the meaning provided in~~

1.8 ~~section 62A.63, subdivision 2.~~ means a licensed health care provider as defined in subdivision

1.9 6 or a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871,

1.10 subdivision 26, working under the supervision of a mental health professional and authorized

1.11 within the applicable scope of practice to provide the particular service.

1.12 Sec. 2. Minnesota Statutes 2020, section 62A.671, subdivision 6, is amended to read:

1.13 Subd. 6. **Licensed health care provider.** "Licensed health care provider" means a health

1.14 care provider who is:

1.15 (1) licensed under chapter 147, 147A, 147C, 148, 148B, 148E, 148F, 150A, or 153; a

1.16 mental health professional as defined under section 245.462, subdivision 18, or 245.4871,

1.17 subdivision 27; or vendor of medical care defined in section 256B.02, subdivision 7; and

1.18 (2) authorized within their respective scope of practice to provide the particular service

1.19 with no supervision or under general supervision.

2.1 Sec. 3. Minnesota Statutes 2020, section 62A.671, subdivision 9, is amended to read:

2.2 Subd. 9. **Telemedicine.** "Telemedicine" means the delivery of health care services or
2.3 consultations while the patient is at an originating site and the licensed health care provider
2.4 is at a distant site. A communication between licensed health care providers that consists
2.5 solely of a telephone conversation, e-mail, or facsimile transmission does not constitute
2.6 telemedicine consultations or services. A communication between a licensed health care
2.7 provider and a patient that consists solely of an e-mail or facsimile transmission does not
2.8 constitute telemedicine consultations or services. Telemedicine may be provided by means
2.9 of real-time two-way, interactive audio and visual communications, including the application
2.10 of secure video conferencing or store-and-forward technology to provide or support health
2.11 care delivery, ~~which~~ or a scheduled telephone conversation, to facilitate the assessment,
2.12 diagnosis, consultation, treatment, education, and care management of a patient's health
2.13 care.

2.14 Sec. 4. Minnesota Statutes 2020, section 62A.672, subdivision 1, is amended to read:

2.15 Subdivision 1. **Coverage of telemedicine.** (a) A health plan sold, issued, or renewed by
2.16 a health carrier for which coverage of benefits begins on or after January 1, 2017, shall
2.17 include coverage for telemedicine benefits in the same manner as any other benefits covered
2.18 under the policy, plan, or contract, and shall comply with the regulations of this section.

2.19 (b) Nothing in this section shall be construed to:

2.20 (1) require a health carrier to provide coverage for services that are not medically
2.21 necessary;

2.22 (2) prohibit a health carrier from (i) establishing criteria that a health care provider must
2.23 meet to demonstrate the safety or efficacy of delivering a particular service via telemedicine
2.24 for which the health carrier does not already reimburse other health care providers for
2.25 delivering via telemedicine or via a specific mode of communication used for a telemedicine
2.26 service, so long as the criteria are not unduly burdensome or unreasonable for the particular
2.27 service, or (ii) using reasonable medical management techniques; or

2.28 (3) prevent a health carrier from requiring a health care provider to agree to certain
2.29 documentation or billing practices designed to protect the health carrier or patients from
2.30 fraudulent claims so long as the practices are not unduly burdensome or unreasonable for
2.31 the particular service.

3.1 Sec. 5. Minnesota Statutes 2020, section 62A.672, subdivision 3, is amended to read:

3.2 Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier ~~shall~~ may
3.3 reimburse the distant site licensed health care provider for covered services delivered via
3.4 telemedicine on the same basis and at the same rate as the health carrier would apply to
3.5 those services if the services had been delivered in person by the distant site licensed health
3.6 care provider. Nothing prohibits a health carrier and licensed health care provider from
3.7 agreeing to a different contracted reimbursement rate or total cost of care arrangement for
3.8 covered telemedicine. A different contract reimbursement rate or arrangement agreed to by
3.9 a health carrier and a licensed health care provider is not a violation of this subdivision.

3.10 (b) It is not a violation of this subdivision for a health carrier to include a deductible,
3.11 co-payment, or coinsurance requirement for a health care service provided via telemedicine;
3.12 ~~provided that the deductible, co-payment, or coinsurance is not in addition to, and does not~~
3.13 ~~exceed, the deductible, co-payment, or coinsurance applicable if the same services were~~
3.14 ~~provided through in-person contact.~~

3.15 Sec. 6. **EFFECTIVE DATE.**

3.16 Sections 1 to 4 are effective 60 days after the date the peacetime emergency initially
3.17 declared by the governor under Executive Order 20-01 is terminated or rescinded by proper
3.18 authority, whichever occurs first.