

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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HOUSE BILL 721
Committee Substitute Favorable 5/2/19
Committee Substitute #2 Favorable 5/6/19

Short Title: Increase Access to Telehealth Services.

(Public)

Sponsors:

Referred to:

April 15, 2019

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO MAKE CERTAIN CHANGES TO THE MEDICAID AND NC HEALTH CHOICE POLICIES RELATING TO TELEHEALTH AND TO REQUIRE HEALTH BENEFIT PLAN TELEHEALTH COVERAGE.

The General Assembly of North Carolina enacts:

PART I. MEDICAID AND NC HEALTH CHOICE TELEHEALTH POLICIES

SECTION 1.(a) The Department of Health and Human Services shall ensure that Medicaid and NC Health Choice coverage of telemedicine and telepsychiatry services are consistent with this act and shall amend Clinical Coverage Policy No: 1H as necessary. The term "telehealth" shall replace the term "telemedicine" for all clinical coverage policies.

SECTION 1.(b) For the purposes of Medicaid and NC Health Choice coverage, "telehealth" shall be defined as the delivery of health care-related services by a Medicaid or NC Health Choice provider licensed in North Carolina to a Medicaid or NC Health Choice recipient through (i) an encounter conducted through real-time interactive audio and video technology, (ii) store and forward services that are provided by asynchronous technologies as the standard practice of care where medical information is sent to a provider for evaluation, or (iii) an asynchronous communication in which the provider has access to the recipient's medical history prior to the telehealth encounter. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the recipient's medical history prior to the telehealth encounter. Telehealth shall not include the delivery of services solely through electronic mail, text chat, or audio-communication unless either (i) additional medical history and clinical information is communicated electronically between the provider and patient or (ii) the services delivered are behavioral health services.

SECTION 1.(c) With regard to Medicaid and NC Health Choice coverage of telehealth services, the Department of Health and Human Services shall do all of the following:

- (1) Promote access to health care for Medicaid and NC Health Choice recipients through telehealth services.
- (2) Require that any prior authorization requests for a referral or consultation for specialty care be processed by the patient's primary care provider, and require that the specialist coordinate care with the primary care provider.
- (3) Require all Medicaid providers providing telehealth services be licensed in this State to provide the service rendered through telehealth.



- 1 (4) Require health care facilities that receive reimbursement for telehealth
2 consultations and have a Medicaid provider who practices in that facility
3 establish quality-of-care protocols and patient confidentiality guidelines to
4 ensure all requirements and patient care standards are met as required by law.

5 **SECTION 1.(d)** The Department of Health and Human Services shall not require,
6 as a condition of Medicaid or NC Health Choice coverage of telehealth services, any of the
7 following:

- 8 (1) A provider be physically present with a patient or client, unless the provider
9 determines it is medically necessary to perform the health care services in
10 person.
11 (2) A provider to conduct a telehealth consultation if an in-person consultation
12 with a Medicaid provider is reasonably available where the patient resides,
13 works, or attends school, or if the patient prefers an in-person consultation.
14 (3) A prior authorization, medical review, or administrative clearance for
15 telehealth that would not be required if the health care service were provided
16 in person.
17 (4) A provider be employed by another provider or agency in order to provide
18 telehealth services if it would not be required of the provider if the same
19 service were provided in person.
20 (5) A provider be part of a telehealth network in order to bill for Medicaid or NC
21 Health Choice services.
22 (6) A provider to demonstrate it is necessary to provide services to a Medicaid or
23 NC Health Choice recipient through telehealth.
24 (7) A restriction or denial of coverage based solely on the technology used to
25 deliver telehealth services.

26 **SECTION 1.(e)** The Department of Health and Human Services shall ensure (i)
27 Medicaid and NC Health Choice coverage and reimbursement for telehealth services are
28 equivalent to the reimbursement and coverage for the same services if provided in person and (ii)
29 that any deductible, copayment, or coinsurance requirement is equivalent to the same service if
30 it was provided to the patient in person.

31 **SECTION 1.(f)** Nothing in this section shall be construed to require coverage of
32 telehealth services that are not medically necessary or to require reimbursement of fees charged
33 by a telehealth facility for the transmission of a telehealth encounter.

34 **SECTION 1.(g)** In implementing the requirements of this section, the Department
35 of Health and Human Services shall engage in activities designed to prevent fraud, waste, and
36 abuse of the Medicaid and NC Health Choice programs.

37 **SECTION 1.(h)** The Department of Health and Human Services shall submit to the
38 Centers for Medicare and Medicaid Services any waivers or amendments to the NC Medicaid
39 State Plan necessary to implement Section 1 of this act.

40 **SECTION 1.(i)** By September 1, 2020, the Department of Health and Human
41 Services shall submit a report on changes, expected costs, savings, and outcomes of telehealth
42 services required by Section 1 of this act to the Joint Legislative Medicaid and NC Health Choice
43 Oversight Committee and the Fiscal Research Division.
44

45 **PART II. TELEHEALTH INSURANCE REQUIREMENTS**

46 **SECTION 2.** Part 7 of Article 50 of Chapter 58 of the General Statutes is amended
47 by adding a new section to read as follows:

48 **"§ 58-50-305. Coverage for telehealth services.**

49 (a) For the purposes of this section, the term "telehealth" means the delivery of health
50 care-related services by a health care provider who is licensed in this State to a patient or client
51 through (i) an encounter conducted through real-time interactive audio and video technology, (ii)

1 store and forward services that are provided by asynchronous technologies as the standard
2 practice of care where medical information is sent to a provider for evaluation, or (iii) an
3 asynchronous communication in which the provider has access to the recipient's medical history
4 prior to the telehealth encounter. The requirement for a face-to-face encounter shall be satisfied
5 with the use of asynchronous telecommunications technologies in which the health care provider
6 has access to the recipient's medical history prior to the telehealth encounter. Telehealth shall not
7 include the delivery of services solely through electronic mail, text chat, or audio-communication
8 unless either (i) additional medical history and clinical information is communicated
9 electronically between the provider and patient or (ii) the services delivered are behavioral health
10 services.

11 (b) A health benefit plan may not exclude from coverage a covered health care service or
12 procedure delivered by a preferred or contracted health professional to a covered patient as a
13 telehealth service solely because the covered health care service or procedure is not provided
14 through an in-person consultation.

15 (c) A health benefit plan may require a deductible, a copayment, or coinsurance for a
16 covered health care service or procedure delivered by a preferred or contracted health
17 professional to a covered patient as a telehealth service. The amount of the deductible,
18 copayment, or coinsurance may not exceed the amount of the deductible, copayment, or
19 coinsurance required for the covered health care service or procedure provided through an
20 in-person consultation."

21 **SECTION 3.** G.S. 135-48.51 reads as rewritten:

22 **"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**
23 **Statutes.**

24 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

25 ...

26 (13) G.S. 58-50-305, Coverage for telehealth services.

27 ~~(13)~~(14) G.S. 58-67-88, Continuity of care."

29 **PART III. EFFECTIVE DATE**

30 **SECTION 4.** Sections 1, 2, and 3 of this act become effective October 1, 2019.
31 Sections 2 and 3 of this act apply to health benefit plan contracts issued, renewed, or amended
32 on or after that date.