Sixty-eighth Legislative Assembly of North Dakota

SENATE BILL NO. 2160

Introduced by

Senators Lee, Hogan, K. Roers

Representatives Dobervich, Porter, Weisz

- 1 A BILL for an Act to amend and reenact section 26.1-36-09.15 of the North Dakota Century
- 2 Code, relating to health insurance coverage of telehealth.

3 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

4 SECTION 1. AMENDMENT. Section 26.1-36-09.15 of the North Dakota Century Code is 5 amended and reenacted as follows: 6 26.1-36-09.15. Coverage of telehealth services. 7 As used in this section: 8 "Behavioral health" has the same meaning as provided under section 50-06-01. 9 "Distant site" means a site at which a health care provider or health care facility is 10 located while providing medical services by means of telehealth. 11 "E-visit" means a face-to-face digital communication initiated by a patient to a 12 provider through the provider's online patient portal. 13 C. "Health benefit plan" has the same meaning as provided under section 14 26.1-36.3-01. 15 "Health care facility" means any office or institution at which health services are 16 provided. The term includes hospitals; clinics; ambulatory surgery centers; 17 outpatient care facilities; nursing homes; nursing, basic, long-term, or assisted 18 living facilities; laboratories; and offices of any health care provider. 19 "Health care provider" includes an individual licensed under chapter 43-05, d.<u>c.</u>e. 20 43-06, 43-12.1 as a registered nurse or as an advanced practice registered 21 nurse, 43-13, 43-15, 43-17, 43-26.1, 43-28, 43-32, 43-37, 43-40, 43-41, 43-42, 22 43-44, 43-45, 43-47, 43-58, or 43-60. 23 "Nonpublic facing product" means a remote communication product that, as a e. 24 default, allows only the intended parties to participate in the communication.

1 "Originating site" means a site at which a patient is located at the time health f.<u>d.</u> 2 services are provided to the patient by means of telehealth. 3 "Policy" means an accident and health insurance policy, contract, or evidence of g.<u>e.</u> 4 coverage on a group, individual, blanket, franchise, or association basis. 5 "Secure connection" means a connection made using a nonpublic facing remoteh. 6 communication product that employs end-to-end encryption, and which allows-7 only an individual and the person with whom the individual is communicating to-8 see what is transmitted. 9 "Store-and-forward technology" means asynchronous electronic information, <u>i.f.g.</u> 10 imaging, and communication that is transferred, recorded, or otherwise stored in 11 order to be reviewed at a distant site at a later date by a health care provider or 12 health care facility without the patient present in real time. The term includes 13 telehome monitoring and interactive audio, video, and data-14 communication transfer or transmission of a patient's medical information or data 15 from an originating site to a distant site for the purpose of diagnostic and 16 therapeutic assistance in the care of a patient. 17 j.g.h. "Telehealth": 18 (1) Means the use of interactive audio, video, or other telecommunications 19 technology that is used by a health care provider or health care facility at a 20 distant site to deliver health services at an originating site and that is 21 delivered over a secure connection that complies with the requirements of 22 state and federal laws delivery of health services or consultations through 23 the use of real-time two-way interactive audio and visual communications to 24 provide or support health care delivery and facilitate the assessment, 25 diagnosis, consultation, treatment, education, and care management of a 26 patient's health care. 27 (2) Includes the use of electronic media for consultation relating to the health-28 care diagnosis or treatment of a patient in real time or through the use of 29 store-and-forward technology application of secure video conferencing, 30 store-and-forward technology, and synchronous interactions between a

1				patient located at an originating site and a health care provider located at a			
2				distant site.			
3			(3)	Includes audio-only communication between a health care provider and a			
4				patient as authorized under this section.			
5			<u>(4)</u>	Does not include the use of electronic mail, facsimile transmissions, or			
6				audio-only telephone unless for the purpose of e-visits or a virtual-			
7				check-incommunication between health care providers which consists solely			
8				of a telephone conversation, electronic mail, or facsimile transmission.			
9			<u>(5)</u>	Does not include communication between a health care provider and a			
10				patient which consists solely of an electronic mail or facsimile transmission.			
11			<u>(6)</u>	Does not include telemonitoring services.			
12		k.	"Virt	tual check-in" means a brief communication via telephone or other			
13			tele	communications device to decide whether an office visit or other service is			
14		needed					
15		<u>h.i.</u>	<u>"Tel</u>	emonitoring services" means the remote monitoring of clinical data related to			
16			the	patient's vital signs or biometric data by a monitoring device or equipment			
17			<u>that</u>	transmits the data electronically to a health care provider for analysis.			
18			<u>Tele</u>	emonitoring is intended to collect a patient's health-related data for the			
19			purp	pose of assisting a health care provider in assessing and monitoring the			
20			patie	ent's medical condition or status.			
21	2.	An i	insure	er may not deliver, issue, execute, or renew a policy <u>health benefit plan</u> that			
22		prov	vides	health benefits coverage unless that policyhealth benefit plan provides			
23		coverage for medically necessary health services delivered by means of telehealth					
24		which is the same as the coverage for covered medically necessary health services					
25	delivered by in-person means.						
26		<u>a.</u>	This	s subsection does not require a health care provider to provide telehealth			
27			serv	vices if the provider determines the delivery of a health service through			
28			<u>telel</u>	health is not appropriate or if a patient chooses not to receive a health care			
29			serv	vice through telehealth.			
30		<u>b.</u>	<u>An i</u>	nsurer may establish criteria a health care provider is required to meet to			
31			dem	constrate safety or efficacy of delivering a health care service through			

1 telehealth if the insurer does not already reimburse other health care providers 2 for delivery of that health service through telehealth. 3 An insurer may establish reasonable medical management techniques if a <u>C.</u> 4 particular technique is not unduly burdensome or unreasonable for a particular 5 health service. 6 <u>d.</u> An insurer may require documentation or billing practices designed to protect the 7 health insurer or patient from fraudulent claims if the practices are not unduly 8 burdensome or unreasonable for a particular health service. 9 This section does not require coverage of an audio-only communication unless <u>e.</u> 10 the communication was a scheduled appointment and the standard of care for 11 that service can be met through the use of audio-only communication. 12 An insurer may not require a patient to pay a fee to download a specific 13 communication technology or application. 14 3. Payment or reimbursement of expenses for covered health services delivered by 15 means of telehealth under this sectionsubsection 2 may be established through 16 negotiations conducted by the insurer with the health services providers in the same 17 manner as the insurer establishes payment or reimbursement of expenses for covered 18 health services that are delivered by in-person means. 19 4. An insurer may not deliver, issue, execute, or renew a policyhealth benefit plan that 20 provides behavioral health benefits coverage for behavioral health unless that 21 policyhealth benefit plan provides the same coverage and rate of reimbursement for 22 medically necessary health services for behavioral health services delivered by means 23 of telehealth which is the same as the coverage and rate of reimbursement for covered 24 medically necessary behavioral health services delivered by in-person means. 25 Under this subsection, an insurer may not deny or limit reimbursement based <u>a.</u> 26 solely on a health care provider delivering the service or consultation through 27 telehealth instead of through in-person means. 28 -Under this subsection, an insurer may not deny or limit the rate of reimbursement 29 based solely on the technology and equipment used by the health care provider 30 to deliver the behavioral health care services or consultation through telehealth, if

1			the technology and equipment used by the behavioral health care-provider meets		
2			the requirements of this section and is appropriate for the health service.		
3	:	<u>e.b.</u>	This subsection does not prohibit a health insurer and health care provider from		
4			entering a contract that includes a value-based reimbursement arrangement for		
5			the delivery of covered health services that may include services delivered		
6			through telehealth, and the arrangement does not constitute a violation of this		
7			section.		
8	:	<u>d.c.</u>	Under this subsection, notwithstanding subsection 2, behavioral health services		
9			delivered through telehealth are covered regardless of whether provided by		
10			means of audio-only communication and regardless of whether provided as part		
11			of a scheduled appointment if the communication was initiated by the patient		
12			while in an emergency or crisis situation and a scheduled appointment was not		
13			possible due to the need for an immediate response.		
14	<u>5.</u>	Cov	erage under this section may be subject to deductible, coinsurance, and		
15		copa	copayment provisions that are no different from the provisions for in-person means.		
16		Cov	erage under this section may be subject to prior authorization if prior authorization		
17		<u>is re</u>	quired before the delivery of the same health care service by in-person means. An		
18		<u>insu</u>	rer may require utilization review for health services delivered through telehealth if		
19		the I	utilization review is conducted in the same manner and uses the same clinical		
20		revie	ew criteria as a utilization review for the same services delivered through in-person		
21		mea	nns.		
22	5. <u>6.</u>	This	This section does not require:		
23		a.	A policy health benefit plan to provide coverage for health services that are not		
24			medically necessary, subject to the terms and conditions of the policy health		
25			benefit plan;		
26		b.	A policyhealth benefit plan to provide coverage for health services delivered by		
27			means of telehealth if the policyhealth benefit plan would not provide coverage		
28	ı		for the health services if delivered by in-person means;		
29		C.	A policyhealth benefit plan to reimburse a health care provider or health care		
30			facility for expenses for health services delivered by means of telehealth if the		

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1		policy health benefit plan would not reimburse that health care provider or health
2		care facility if the health services had been delivered by in-person means; or
3	d.	A health care provider to be physically present with a patient at the originating
4		site unless the health care provider who is delivering health services by means of
5		telehealth determines the presence of a health care provider is necessary.