

HOUSE COMMITTEE OF REFERENCE REPORT

Chairman of Committee

January 22, 2015

Date

Committee on Health, Insurance, & Environment.

After consideration on the merits, the Committee recommends the following:

HB15-1029 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

- 1 Amend printed bill, page 2, line 4, strike "**Telemedicine**" and substitute
2 "**Telehealth**".
- 3 Page 2, line 5, strike "telemedicine" and substitute "~~telemedicine~~
4 TELEHEALTH".
- 5 Page 2, line 6, strike "medical" and substitute "~~medical~~ HEALTH CARE".
- 6 Page 2, line 7, strike "person-to-person" and substitute "~~person-to-person~~
7 IN-PERSON".
- 8 Page 2, line 8, strike "2016," and substitute "2017,".
- 9 Page 2, line 11, strike "face-to-face" and substitute "~~face-to-face~~
10 IN-PERSON".
- 11 Page 2, line 12, strike "telemedicine, pursuant to".
- 12 Page 2, line 13, strike "section 12-36-106 (1) (g), C.R.S.," and substitute
13 "~~telemedicine, pursuant to section 12-36-106 (1) (g), C.R.S.,~~
14 TELEHEALTH,".
- 15 Page 2, line 15, strike "Health ~~benefits~~ CARE SERVICES".

- 1 Page 2, strike line 16 and substitute "~~health benefits provided through~~
2 ~~telemedicine shall meet the same standard of care as for in-person care.~~".
- 3 Page 3, line 1, strike "as IS REQUIRED for in-person care."
- 4 Page 3, line 2, strike "telemedicine" and substitute "~~telemedicine~~
5 TELEHEALTH".
- 6 Page 3, line 5, strike "TELEMEDICINE" and substitute "TELEHEALTH".
- 7 Page 3, line 8, strike "TELEMEDICINE." and substitute "TELEHEALTH."
- 8 Page 3, line 9, strike "A" and substitute "SUBJECT TO ALL TERMS AND
9 CONDITIONS OF THE HEALTH BENEFIT PLAN, A" and after "TREATING" insert
10 "PARTICIPATING".
- 11 Page 3, line 10, after "CONSULTING" insert "PARTICIPATING".
- 12 Page 3, line 12, strike "TELEMEDICINE SERVICES" and substitute
13 "TELEHEALTH".
- 14 Page 3, line 13, strike "COVERAGE" and substitute "REIMBURSING THAT
15 PROVIDER".
- 16 Page 3, line 14, strike "CONTACT." and substitute "CONTACT BY THAT
17 PROVIDER."
- 18 Page 3, line 15, before "BECAUSE" insert "THAT IS A COVERED BENEFIT".
- 19 Page 3, line 16, strike "TELEMEDICINE" and substitute "TELEHEALTH".
- 20 Page 3, line 17, strike "PROVIDER" and substitute "PARTICIPATING
21 PROVIDER OR, SUBJECT TO SECTION 10-16-704, THE NONPARTICIPATING
22 PROVIDER".
- 23 Page 3, line 19, strike "TELEMEDICINE." and substitute "TELEHEALTH.
24 SECTION 10-16-704 APPLIES TO THIS PARAGRAPH (b).".
- 25 Page 3, line 21, strike "TELEMEDICINE" and substitute "TELEHEALTH".
- 26 Page 3, line 23, strike "SERVICES." and substitute "SERVICES THROUGH

1 TELEHEALTH; EXCEPT THAT, FOR PURPOSES OF THIS PARAGRAPH (c), THE
2 ORIGINATING SITE DOES NOT INCLUDE A PRIVATE RESIDENCE AT WHICH
3 THE COVERED PERSON IS LOCATED WHEN HE OR SHE RECEIVES HEALTH
4 CARE SERVICES THROUGH TELEHEALTH."

5 Page 3, line 26, strike "TELEMEDICINE," and substitute "TELEHEALTH,".

6 Page 4, strike lines 4 through 15 and substitute:

7 "(e) A CARRIER SHALL NOT IMPOSE AN ANNUAL DOLLAR MAXIMUM
8 ON COVERAGE FOR HEALTH CARE SERVICES COVERED UNDER THE HEALTH
9 BENEFIT PLAN THAT ARE DELIVERED THROUGH TELEHEALTH, OTHER THAN
10 AN ANNUAL DOLLAR MAXIMUM THAT APPLIES TO THE SAME SERVICES
11 WHEN PERFORMED BY THE SAME PROVIDER THROUGH IN-PERSON CARE.

12 (f) IF A COVERED PERSON RECEIVES HEALTH CARE SERVICES
13 THROUGH TELEHEALTH, A CARRIER SHALL APPLY THE SAME COPAYMENT,
14 COINSURANCE, OR DEDUCTIBLE AMOUNT AND POLICY-YEAR,
15 CALENDAR-YEAR, LIFETIME, OR OTHER DURATIONAL BENEFIT LIMITATION
16 OR MAXIMUM BENEFITS OR SERVICES UNDER THE HEALTH BENEFIT PLAN TO
17 THE HEALTH CARE SERVICES DELIVERED VIA TELEHEALTH THAT THE
18 CARRIER APPLIES UNDER THE HEALTH BENEFIT PLAN TO THOSE HEALTH
19 CARE SERVICES WHEN PERFORMED BY THE SAME PROVIDER THROUGH
20 IN-PERSON CARE."

21 Reletter succeeding paragraph accordingly.

22 Page 4, line 18, strike "2016," and substitute "2017,".

23 Page 4, after line 27 insert:

24 "(h) NOTHING IN THIS SECTION PROHIBITS A CARRIER FROM
25 PROVIDING COVERAGE OR REIMBURSEMENT FOR HEALTH CARE SERVICES
26 APPROPRIATELY PROVIDED THROUGH TELEHEALTH TO A COVERED PERSON
27 WHO IS NOT LOCATED AT AN ORIGINATING SITE."

28 Page 5, line 2, strike "HEALTH CARE".

29 Page 5, line 4, strike "TELEMEDICINE." and substitute "TELEHEALTH.".

30 Page 5, line 7, strike "TELEMEDICINE." and substitute "TELEHEALTH.".

1 Page 5, line 8, strike "TRANSMISSION" and substitute "ELECTRONIC
2 TRANSFER".

3 Page 5, line 9, strike "FROM" and substitute "OR AN INTERACTION
4 BETWEEN PROVIDERS THAT OCCURS BETWEEN" and strike "TO THE".

5 Page 5, line 10, strike "PROVIDER AT THE DISTANT SITE" and substitute
6 "AND DISTANT SITES".

7 Page 5, strike lines 11 through 19 and substitute:

8 "(d) "SYNCHRONOUS INTERACTION" MEANS A REAL-TIME
9 INTERACTION BETWEEN A PATIENT LOCATED AT THE ORIGINATING SITE
10 AND A PROVIDER LOCATED AT A DISTANT SITE.

11 (e) (I) "TELEHEALTH" MEANS A MODE OF DELIVERY OF HEALTH
12 CARE SERVICES THROUGH TELECOMMUNICATIONS SYSTEMS, INCLUDING
13 INFORMATION, ELECTRONIC, AND COMMUNICATION TECHNOLOGIES, TO
14 FACILITATE THE ASSESSMENT, DIAGNOSIS, CONSULTATION, TREATMENT,
15 EDUCATION, CARE MANAGEMENT, OR SELF-MANAGEMENT OF A COVERED
16 PERSON'S HEALTH CARE WHILE THE COVERED PERSON IS LOCATED AT AN
17 ORIGINATING SITE AND THE PROVIDER IS LOCATED AT A DISTANT SITE. THE
18 TERM INCLUDES SYNCHRONOUS INTERACTIONS AND STORE-AND-FORWARD
19 TRANSFERS.

20 (II) "TELEHEALTH" DOES NOT INCLUDE THE DELIVERY OF HEALTH
21 CARE SERVICES VIA TELEPHONE, FACSIMILE MACHINE, OR ELECTRONIC
22 MAIL SYSTEMS.

23 **SECTION 2.** In Colorado Revised Statutes, 10-16-102, **amend**
24 (33) as follows:

25 **10-16-102. Definitions - repeal.** As used in this article, unless the
26 context otherwise requires:

27 (33) "Health care services" means any services included in or
28 incidental to the furnishing of medical, mental, dental, or optometric care;
29 hospitalization; or nursing home care to an individual, as well as the
30 furnishing to any person of any other services for the purpose of
31 preventing, alleviating, curing, or healing human physical or mental
32 illness or injury. "Health care services" includes the rendering of the
33 services through the use of ~~telemedicine~~ TELEHEALTH, AS DEFINED IN
34 SECTION 10-16-123 (4) (e).

35 **SECTION 3.** In Colorado Revised Statutes, 10-16-704, **amend**
36 (1) (a), (9) (a.5), and (11) as follows:

37 **10-16-704. Network adequacy - rules - legislative declaration.**

1 (1) A carrier providing a managed care plan shall maintain a network that
2 is sufficient in numbers and types of providers to assure that all covered
3 benefits to covered persons will be accessible without unreasonable delay.
4 In the case of emergency services, covered persons shall have access to
5 health care services twenty-four hours per day, seven days per week.
6 Sufficiency shall be determined in accordance with the requirements of
7 this section and may be established by reference to any reasonable criteria
8 used by the carrier, including but not limited to:

9 (a) Provider-covered person ratios by specialty, which may
10 include the use of providers through ~~telemedicine~~ TELEHEALTH for
11 services that may appropriately be provided through ~~telemedicine~~
12 TELEHEALTH;

13 (9) Beginning January 1, 1998, a carrier shall maintain and make
14 available upon request of the commissioner, the executive director of the
15 department of public health and environment, or the executive director of
16 the department of health care policy and financing, in a manner and form
17 that reflects the requirements specified in paragraphs (a) to (k) of this
18 subsection (9), an access plan for each managed care network that the
19 carrier offers in this state. The carrier shall make the access plans, absent
20 confidential information as specified in section 24-72-204 (3), C.R.S.,
21 available on its business premises and shall provide them to any interested
22 party upon request. In addition, all health benefit plans and marketing
23 materials shall clearly disclose the existence and availability of the access
24 plan. All rights and responsibilities of the covered person under the health
25 benefit plan, however, shall be included in the contract provisions,
26 regardless of whether or not such provisions are also specified in the
27 access plan. The carrier shall prepare an access plan prior to offering a
28 new managed care network and shall update an existing access plan
29 whenever the carrier makes any material change to an existing managed
30 care network, but not less than annually. The access plan of a carrier
31 offering a managed care plan shall demonstrate the following:

32 (a.5) An adequate number of accessible specialists and
33 sub-specialists within a reasonable distance or travel time, or both, or who
34 may be available through the use of ~~telemedicine~~ TELEHEALTH;

35 (11) The division of insurance, in cooperation with the chief
36 medical officer for the state, shall evaluate a carrier's network adequacy
37 plan concerning the use of ~~telemedicine~~ TELEHEALTH for providers who
38 are specialists and sub-specialists for rural areas. ~~Such~~ THE DIVISION AND
39 CHIEF MEDICAL OFFICER SHALL CONDUCT THE review ~~shall occur~~ in a
40 timely fashion so as not to delay access to health care services."

- 1 Renumber succeeding section accordingly.
- 2 Page 5, line 21, strike "2016;" and substitute "2017;".
- 3 Page 1, line 102, strike "**TELEMEDICINE**" and substitute "**TELEHEALTH**".

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