Session of 2017

HOUSE BILL No. 2206

By Committee on Health and Human Services

1-30

AN ACT concerning health and healthcare; relating to coverage for
 telemedicine; pertaining to the Kansas program for medical assistance;
 the secretary for children and families; certain state licensing agencies;
 establishing parity between in-person and telemedicine-delivered health
 care services and providers; amending K.S.A. 2016 Supp. 40-2,103 and
 40-19c09 and repealing the existing sections.

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8 Be it enacted by the Legislature of the State of Kansas:

9 New Section 1. (a) The provisions of this section shall apply to any 10 individual or group health insurance policy, medical service plan, contract, 11 hospital service corporation contract, hospital and medical service 12 corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services and 13 14 that is delivered, issued for delivery, amended or renewed on or after 15 January 1, 2019, and that provides coverage for telemedicine or telehealth. The provisions of this section shall also apply to the Kansas program of 16 17 medical assistance.

(b) Each individual or group health insurance policy, medical service
plan, contract, hospital service corporation contract, hospital and medical
service corporation contract, fraternal benefit society or health
maintenance organization that provides coverage for telemedicine or
telehealth, and the Kansas program of medical assistance shall:

(1) Provide written notice, as currently required, to all enrollees,insureds or subscribers regarding the coverage required by this section;

(2) provide coverage and payment for health care services delivered
to a covered individual through telehealth or telemedicine on the same
basis as, and at least the same rate, as when the services are delivered
through in-person contact; and

(3) not charge any deductible, copayment or coinsurance for a health
 care service, delivered by telemedicine or telehealth, in an amount that
 exceeds the deductible, copayment or coinsurance that is applicable to an
 in-person consultation.

(c) No individual or group health insurance policy, medical service
 plan, contract, hospital service corporation contract, hospital and medical
 service corporation contract, fraternal benefit society or health
 maintenance organization that provides coverage for telemedicine or the

1 Kansas program for medical assistance shall:

(1) Deny to a patient eligibility, or continued eligibility, to enroll or to
 renew coverage under the terms of the plan, solely for the purpose of
 avoiding the requirements of this section;

5 (2) penalize or otherwise reduce or limit the reimbursement of an 6 attending provider, or provide incentives, monetary or otherwise, to an 7 attending provider, to induce such provider to provide care to an individual 8 participant or beneficiary in a manner inconsistent with this section;

9 (3) impose any annual or lifetime dollar maximum on coverage for 10 telemedicine or telehealth services, other than an annual or lifetime dollar maximum in the aggregate to all items and services covered under the 11 12 policy or impose upon any person receiving health benefits under this section, any copayment, coinsurance or deductible amounts, or any policy 13 year, calendar year, lifetime or other durational benefit limitations or 14 15 maximums for benefits or services that is not equally imposed upon all 16 terms and services covered by the policy, contract or plan; or

(4) exclude an otherwise covered health care service from coverage
solely because the service is provided through telemedicine or telehealth
rather than in-person contact.

20 (d) The provisions of this section shall not apply to any policy or 21 certificate that provides coverage for any specified disease, specified 22 accident or accident only coverage, credit, dental, disability income, 23 hospital indemnity, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, vision care or any other limited 24 25 supplemental benefit, nor to any medicare supplement policy of insurance as defined by the commissioner of insurance by rules and regulations, any 26 27 coverage issued as a supplement to liability insurance, workers 28 compensation or similar insurance, automobile medical-payment insurance 29 or any insurance under which benefits are payable with or without regard 30 to fault, whether written on a group, blanket or individual basis.

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(e) Each appropriate licensing agency shall:

32 (1) Maintain consistent licensure and certification standards and 33 standards of care requirements between in-person and telemedicine and 34 telehealth-provided practices. A provider who delivers health care services 35 through the use of telemedicine or telehealth shall not be subject to 36 differing state laws requiring licensure, certification or other authorization 37 to practice a health care profession and shall be held to the same standard 38 of professional practice as a similar licensee of the same practice area or 39 specialty that provides the same health care services through in-person 40 encounters:

41 (2) not establish a more restrictive standard of professional practice
42 for the practice of telemedicine or telehealth from that specifically
43 authorized by the provider's practice act or other specifically applicable

statute, including the prescribing and dispensing of controlled substances;
 and

3 (3) promulgate all rules and regulations necessary to authorize 4 telemedicine and telehealth as adequate to perform a physical examination 5 and establish a valid patient-provider relationship for the purposes of 6 issuing or dispensing a prescription. Adoption of rules and regulations to 7 provide for, promote and regulate the provider's practice shall not delay the 8 implementation and provision of telehealth or telemedicine by a provider 9 under this section.

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(f) Nothing in this section shall be construed to:

(1) Prohibit an individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for telemedicine or telehealth or the Kansas program of medical assistance from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered individual's health benefits plan;

18 (2) allow an individual or group health insurance policy, medical 19 service plan, contract, hospital service corporation contract, hospital and 20 medical service corporation contract, fraternal benefit society or health 21 maintenance organization that provides coverage for telemedicine or 22 telehealth or the Kansas program of medical assistance to require a 23 covered individual to use telemedicine or telehealth in lieu of receiving an 24 in-person service or consultation from an in-network provider; or

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(3) create a new standard of care for any provider.

(g) The secretary shall promulgate all rules and regulations necessary
to administer the provisions of this section pertaining to the Kansas
program of medical assistance. At a minimum, such rules and regulations
shall provide that:

(1) In-person contact between a provider and a patient is not required
 as a prerequisite for payment for services appropriately provided through
 telehealth in accordance with generally accepted health care practices and
 standards prevailing in the applicable professional community at the time
 the services are provided;

(2) health care services provided through in-person consultations or
 through telemedicine or telehealth shall be treated as equivalent services
 for purposes of reimbursement;

(3) the department may not exclude an otherwise covered health care
service from coverage solely because the service is provided through
telemedicine or telehealth rather than in-person contact;

41 (4) for the purposes of payment of covered treatments or services
42 provided through telemedicine or telehealth, the department shall not limit
43 the type of setting where services are provided for the patient or by the

1 provider; and

2 (5) home-based telehealth, including remote patient monitoring, is 3 recognized as a reimburseable service by enrolled providers.

(h) For the purposes of this section:

5 (1) "Appropriate licensing agency" shall have the meaning ascribed 6 to it in K.S.A. 65-4921, and amendments thereto.

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(2) "Department" means the department for children and families.

8 (3) "Distant site" means the site at which a health care provider is 9 located while providing health care services by means of telemedicine or 10 telehealth.

11 (4) "Originating site" means a site at which a patient is located at the 12 time health care services are provided to such patient by means of 13 telemedicine or telehealth.

14 (5) "Provider" shall have the meaning ascribed to it in K.S.A. 40-15 4602, and amendments thereto.

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(6) "Secretary" means the secretary for children and families.

17 (7) "Telemedicine" or "telehealth" means the delivery of health care 18 services by means of telecommunications services that facilitates the 19 assessment, diagnosis, consultation, treatment, education, care 20 management and self-management of a patient's condition while the 21 patient and provider are at remote locations.

22 Sec. 2. K.S.A. 2016 Supp. 40-2,103 is hereby amended to read as 23 follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-2,104, 40-2,105, 40-2,114, 40-2,160, 40-2,165 through 40-2,170-24 inclusive, and 40-2250, K.S.A. 2016 Supp. 40-2,105a, 40-2,105b, 40-25 2,184, 40-2,190-and, 40-2,194 and section 1, and amendments thereto, 26 27 shall apply to all insurance policies, subscriber contracts or certificates of 28 insurance delivered, renewed or issued for delivery within or outside of 29 this state or used within this state by or for an individual who resides or is 30 employed in this state.

31 Sec. 3. K.S.A. 2016 Supp. 40-19c09 is hereby amended to read as 32 follows: 40-19c09. (a) Corporations organized under the nonprofit medical 33 and hospital service corporation act shall be subject to the provisions of 34 the Kansas general corporation code, articles 60-to through 74, inclusive, 35 of chapter 17 of the Kansas Statutes Annotated, and amendments thereto, 36 applicable to nonprofit corporations, to the provisions of K.S.A. 40-214, 37 40-215, 40-216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 38 40-230, 40-231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 39 40-251, 40-252, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-2,116, 40-2,117, 40-2,125, 40-2,153, 40-2,154, 40-2,160, 40-40 41 2,161, 40-2,163 through 40-2,170, inclusive, 40-2a01 et seq., 40-2111-to 42 through 40-2116, inclusive, 40-2215-to through 40-2220, inclusive, 40-43 2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254,

40-2401-to through 40-2421, inclusive, and 40-3301-to through 40-3313,
 inclusive, K.S.A. 2016 Supp. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190
 and, 40-2,194 and section 1, and amendments thereto, except as the
 context otherwise requires, and shall not be subject to any other provisions
 of the insurance code except as expressly provided in this act.

6 (b) No policy, agreement, contract or certificate issued by a 7 corporation to which this section applies shall contain a provision which 8 excludes, limits or otherwise restricts coverage because medicaid benefits 9 as permitted by title XIX of the social security act of 1965 are or may be 10 available for the same accident or illness.

11 (c) Violation of subsection (b) shall be subject to the penalties 12 prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

13 Sec. 4. K.S.A. 2016 Supp. 40-2,103 and 40-19c09 are hereby 14 repealed.

15 Sec. 5. This act shall take effect and be in force from and after 16 January 1, 2018, and its publication in the statute book.