

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

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HOUSE BILL 721  
PROPOSED COMMITTEE SUBSTITUTE H721-PCS30443-BC-28

Short Title: Increase Access to Telehealth Services.

(Public)

Sponsors:

Referred to:

April 15, 2019

1 A BILL TO BE ENTITLED  
2 AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO  
3 MAKE CERTAIN CHANGES TO THE MEDICAID AND NC HEALTH CHOICE  
4 POLICIES RELATING TO TELEHEALTH AND TO REQUIRE HEALTH BENEFIT  
5 PLAN TELEHEALTH COVERAGE.

6 The General Assembly of North Carolina enacts:

7  
8 **PART I. MEDICAID AND NC HEALTH CHOICE TELEHEALTH POLICIES**

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

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

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

- 29 (1) Promote access to health care for Medicaid and NC Health Choice recipients  
30 through telehealth services.  
31 (2) Require that any prior authorization requests for a referral or consultation for  
32 specialty care be processed by the patient's primary care provider, and require  
33 that the specialist coordinate care with the primary care provider.  
34 (3) Require all Medicaid providers providing telehealth services be licensed in  
35 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) Every health benefit plan offered by an insurer in this State shall reimburse for  
12 covered services provided to an insured through telehealth.

13 (c) Telehealth coverage and reimbursement shall be equivalent to the coverage and  
14 reimbursement for the same service provided in person.

15 (d) An insurer may not require a provider to be physically present with a patient or a  
16 client, unless the health care provider determines that it is necessary to perform the health care  
17 services in person.

18 (e) An insurer may not require prior authorization, medical review, or administrative  
19 clearance for telehealth that would not be required if the health care service were provided in  
20 person. An insurer may not require that a health care provider demonstrate that it is necessary to  
21 provide health care services to an insured through telehealth.

22 (f) An insurer may not require a health care provider to be employed by another provider  
23 or agency in order to provide telehealth services that would not be required if the service being  
24 provided was provided in person.

25 (g) A health benefit plan may not exclude from coverage under the plan services provided  
26 via telehealth solely because the service is not provided via an in-person consultation or in-person  
27 delivery of services. Any services provided through telehealth must be delivered over a secure  
28 communications connection that complies with the federal Health Insurance Portability and  
29 Accountability Act of 1996, and an insurer may require a provider to demonstrate compliance  
30 with this subsection.

31 (h) No insurer may require a provider to be part of a telehealth network in order to  
32 participate in any health benefit plan.

33 (i) Nothing in this section shall be construed to require coverage of telehealth services  
34 that are not medically necessary."

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

36 **"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**  
37 **Statutes.**

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

39 ...

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

41 ~~(13)~~(14) G.S. 58-67-88, Continuity of care."

### 42 **PART III. EFFECTIVE DATE**

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