

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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HOUSE BILL 149
PROPOSED COMMITTEE SUBSTITUTE H149-PCS10450-BC-29

Short Title: Improving Access to Care Through Telehealth.

(Public)

Sponsors:

Referred to:

February 25, 2021

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE HEALTH BENEFIT PLAN COVERAGE FOR THE DELIVERY OF
3 HEALTH CARE SERVICES THROUGH TELEHEALTH.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.** Part 7 of Article 50 of Chapter 58 of the General Statutes is amended
6 by adding a new section to read as follows:

7 **"§ 58-50-305. Coverage for the delivery of health care services through telehealth.**

8 (a) For the purposes of this section, the following definitions shall apply:

9 (1) Health benefit plan. – As defined in G.S. 58-3-167.

10 (2) Telehealth. – The delivery of health care services by a health care provider
11 who is licensed in this State through (i) an encounter conducted through
12 real-time interactive audio and video technology, (ii) store and forward
13 services that are provided by asynchronous technologies as the standard
14 practice of care where medical information is sent to a provider for evaluation,
15 or (iii) a communication in which the provider has access to the patient's
16 medical history prior to the telehealth encounter. Any requirement for a
17 face-to-face, in-person encounter shall be satisfied with the use of
18 asynchronous telecommunications technologies in which the health care
19 provider has access to the patient's medical history prior to the telehealth
20 encounter. Telehealth shall include audio communication only if additional
21 medical history and clinical information is communicated electronically
22 between the provider and patient. Telehealth shall not include the delivery of
23 services solely through electronic mail, text chat, or fax.

24 (b) All of the following shall apply to all health benefit plans offered in this State:

25 (1) A health benefit plan may not exclude from coverage a health care service or
26 procedure delivered by a health care professional to an insured through
27 telehealth solely because the health care service or procedure is not provided
28 through an in-person, face-to-face consultation. This includes reimbursement
29 for patient monitoring using telehealth.

30 (2) A health benefit plan shall reimburse for provider-to-provider consultations
31 that are conducted using telehealth if the health benefit plan would provide
32 reimbursement for that consult had it taken place in person, face-to-face.

33 (3) A health benefit plan may require a deductible, a copayment, or coinsurance
34 for a covered health care service or procedure delivered by a preferred or
35 contracted health professional to an insured through telehealth. The amount
36 of the deductible, copayment, or coinsurance may not exceed the amount of



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- 1 the deductible, copayment, or coinsurance required had the covered health
- 2 care service been provided in person, face-to-face.
- 3 (4) No health benefit plan may require prior authorization for the delivery of
- 4 health care services through telehealth if prior authorization is not required
- 5 had the health care service taken place in person, face-to-face.
- 6 (5) No health benefit plan may put limits on the originating site or the distant site
- 7 for the delivery of health care through telehealth.
- 8 (6) In accordance with G.S. 90-21.82(1), telehealth shall not be used for any
- 9 health care services related to an abortion, including a medication abortion,
- 10 except in the case of a medical emergency as defined in G.S. 90-21.81(5)."
- 11 **SECTION 2.** This act becomes effective October 1, 2021, and applies to health
- 12 benefit plan contracts issued, renewed, or amended on or after that date.