

1.1 ..... moves to amend H.F. No. 1246 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[62A.67] SHORT TITLE.**

1.4 Sections 62A.67 to 62A.672 may be cited as the "Minnesota Telemedicine Act."

1.5 Sec. 2. **[62A.671] DEFINITIONS.**

1.6 Subdivision 1. **Applicability.** For purposes of sections 62A.67 to 62A.672, the  
1.7 terms defined in this section have the meanings given.

1.8 Subd. 2. **Distant site.** "Distant site" means a site at which a licensed health care  
1.9 provider is located while providing health care services or consultations by means of  
1.10 telemedicine.

1.11 Subd. 3. **Health care provider.** "Health care provider" has the meaning provided  
1.12 in section 62A.63, subdivision 2.

1.13 Subd. 4. **Heath carrier.** "Health carrier" has the meaning provided in section  
1.14 62A.011, subdivision 2.

1.15 Subd. 5. **Health plan.** "Health plan" means a health plan as defined in section  
1.16 62A.011, subdivision 3, and includes dental plans as defined in section 62Q.76, subdivision  
1.17 3, but does not include dental plans that provide indemnity-based benefits, regardless of  
1.18 expenses incurred and are designed to pay benefits directly to the policyholder.

1.19 Subd. 6. **Licensed health care provider.** "Licensed health care provider" means a  
1.20 health care provider who is:

1.21 (1) licensed under chapter 147, 147A, 148, 148B, 148E, 148F, 150A, or 153; a  
1.22 mental health professional as defined under section 245.462, subdivision 18, or 245.4871,  
1.23 subdivision 27; or vendor of medical care defined in section 256B.02, subdivision 7; and

1.24 (2) authorized within their respective scope of practice to provide the particular  
1.25 service with no supervision or under general supervision.

2.1 Subd. 7. **Originating site.** "Originating site" means a site including, but not limited  
2.2 to, a health care facility at which a patient is located at the time health care services are  
2.3 provided to the patient by means of telemedicine.

2.4 Subd. 8. **Store-and-forward technology.** "Store-and-forward technology" means  
2.5 the transmission of a patient's medical information from an originating site to a health care  
2.6 provider at a distant site without the patient being present, or the delivery of telemedicine  
2.7 that does not occur in real time via synchronous transmissions.

2.8 Subd. 9. **Telemedicine.** "Telemedicine" means the delivery of health care services  
2.9 or consultations while the patient is at an originating site and the licensed health care  
2.10 provider is at a distant site. A communication between licensed health care providers  
2.11 that consists solely of a telephone conversation, e-mail, or facsimile transmissions does  
2.12 not constitute telemedicine consultations or services. Telemedicine may be provided by  
2.13 means of real-time two-way, interactive audio and visual communications, including the  
2.14 application of secure video conferencing or store-and-forward technology to provide or  
2.15 support health care delivery, which facilitate the assessment, diagnosis, consultation,  
2.16 treatment, education, and care management of a patient's health care.

2.17 **Sec. 3. [62A.672] COVERAGE OF TELEMEDICINE SERVICES.**

2.18 Subdivision 1. **Coverage of telemedicine.** (a) A health plan sold, issued, or renewed  
2.19 by a health carrier for which coverage of benefits begins on or after January 1, 2017, shall  
2.20 include coverage for telemedicine benefits in the same manner as any other benefits covered  
2.21 under the policy, plan, or contract, and shall comply with the regulations of this section.

2.22 (b) Nothing in this section shall be construed to:

2.23 (1) require a health carrier to provide coverage for services that are not medically  
2.24 necessary;

2.25 (2) prohibit a health carrier from establishing criteria that a health care provider  
2.26 must meet to demonstrate the safety or efficacy of delivering a particular service via  
2.27 telemedicine for which the health carrier does not already reimburse other health  
2.28 care providers for delivering via telemedicine, so long as the criteria are not unduly  
2.29 burdensome or unreasonable for the particular service; or

2.30 (3) prevent a health carrier from requiring a health care provider to agree to certain  
2.31 documentation or billing practices designed to protect the health carrier or patients from  
2.32 fraudulent claims so long as the practices are not unduly burdensome or unreasonable  
2.33 for the particular service.

2.34 Subd. 2. **Parity between telemedicine and in-person services.** A health carrier  
2.35 shall not exclude a service for coverage solely because the service is provided via

3.1 telemedicine and is not provided through in-person consultation or contact between a  
3.2 licensed health care provider and a patient.

3.3 Subd. 3. **Reimbursement for telemedicine services.** (a) A health carrier shall  
3.4 reimburse the distant site licensed health care provider for covered services delivered via  
3.5 telemedicine on the same basis and at the same rate as the health carrier would apply to  
3.6 those services if the services had been delivered in person by the distant site licensed  
3.7 health care provider.

3.8 (b) It is not a violation of this subdivision for a health carrier to include a  
3.9 deductible, co-payment, or coinsurance requirement for a health care service provided via  
3.10 telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition  
3.11 to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same  
3.12 services were provided through in-person contact.

3.13 Subd. 4. **Originating site facility fee payment.** If a health care provider provides  
3.14 the facility used as the originating site for the delivery of telemedicine to a health carrier's  
3.15 insured or enrollee, the health carrier shall make a facility fee payment to the originating  
3.16 site health care provider. The facility fee payment to the originating site health care  
3.17 provider shall be in addition to the reimbursement to the distant site licensed health care  
3.18 provider specified in subdivision 3. The facility fee payment shall not be subject to any  
3.19 patient coinsurance, deductible, or co-payment obligation.

3.20 Sec. 4. Minnesota Statutes 2014, section 256B.0625, subdivision 3b, is amended to read:

3.21 Subd. 3b. **Telemedicine consultations services.** (a) Medical assistance covers  
3.22 medically necessary services and consultations delivered by a licensed health care provider  
3.23 via telemedicine consultations. ~~Telemedicine consultations must be made via two-way,~~  
3.24 ~~interactive video or store-and-forward technology. Store-and-forward technology includes~~  
3.25 ~~telemedicine consultations that do not occur in real time via synchronous transmissions,~~  
3.26 ~~and that do not require a face-to-face encounter with the patient for all or any part of any~~  
3.27 ~~such telemedicine consultation. The patient record must include a written opinion from the~~  
3.28 ~~consulting physician providing the telemedicine consultation. A communication between~~  
3.29 ~~two physicians that consists solely of a telephone conversation is not a telemedicine~~  
3.30 ~~consultation~~ in the same manner as if the service or consultation was delivered in person.  
3.31 Coverage is limited to three telemedicine ~~consultations~~ services per recipient enrollee per  
3.32 calendar week. Telemedicine ~~consultations~~ services shall be paid at the full allowable rate.

3.33 (b) The commissioner shall establish criteria that a health care provider must attest  
3.34 to in order to demonstrate the safety or efficacy of delivering a particular service via  
3.35 telemedicine. The attestation may include that the health care provider:

4.1 (1) has identified the categories or types of services the health care provider will  
4.2 provide via telemedicine;

4.3 (2) has written policies and procedures specific to telemedicine services that are  
4.4 regularly reviewed and updated;

4.5 (3) has policies and procedures that adequately address patient safety before, during,  
4.6 and after the telemedicine service is rendered;

4.7 (4) has established protocols addressing how and when to discontinue telemedicine  
4.8 services; and

4.9 (5) has an established quality assurance process related to telemedicine services.

4.10 (c) As a condition of payment, a licensed health care provider must document  
4.11 each occurrence of a health service provided by telemedicine to a medical assistance  
4.12 enrollee. Health care service records for services provided by telemedicine must meet  
4.13 the requirements set forth in Minnesota Rules, chapter 9505.2175, subparts 1 and 2,  
4.14 and must document:

4.15 (1) the type of service provided by telemedicine;

4.16 (2) the time the service began and the time the service ended, including an a.m. and  
4.17 p.m. designation;

4.18 (3) documentation of the licensed health care provider's basis for determining that  
4.19 telemedicine is an appropriate and effective means for delivering the service to the enrollee;

4.20 (4) the mode of transmission of the telemedicine service and records evidencing that  
4.21 a particular mode of transmission was utilized;

4.22 (5) the location of the originating site and the distant site;

4.23 (6) if the claim for payment is based on a physician's telemedicine consultation  
4.24 with another physician, the written opinion from the consulting physician providing the  
4.25 telemedicine consultation; and

4.26 (7) documentation of compliance with the criteria attested to by the health care  
4.27 provider in accordance with paragraph (b).

4.28 (d) If a health care provider provides the facility used as the originating site for the  
4.29 delivery of telemedicine to a patient, the commissioner shall make a facility fee payment  
4.30 to the originating site health care provider in an amount equivalent to the originated site  
4.31 fee paid by Medicare. No facility fee shall be paid to a health care provider that is being  
4.32 paid under a cost-based methodology or if Medicare has already paid the facility fee for an  
4.33 enrollee who is dually eligible for Medicare and medical assistance.

4.34 (e) For purposes of this subdivision, "telemedicine" is defined under section  
4.35 62A.671, subdivision 9; "licensed health care provider" is defined under section 62A.671,

5.1 subdivision 6; "health care provider" is defined under section 62A.671, subdivision 3; and  
5.2 "originating site" is defined under section 62A.671, subdivision 7.

5.3 Sec. 5. **EFFECTIVE DATE.**

5.4 Sections 1 to 4 are effective January 1, 2016."

5.5 Amend the title accordingly