

HOUSE RESEARCH

Bill Summary

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Overview

This bill creates the Minnesota Telemedicine Act. The bill requires that private insurance and medical assistance cover telemedicine services in the same way that the insurance would cover in-person services for a patient. The bill also requires reimbursement to the physician at the site that originated the telemedicine, in addition to the physician that provided the care via telemedicine.

Section

- 1** **Short title.** Adds § 62A.67. States that sections 62A.67 to 62A.672 may be cited as the “Minnesota Telemedicine Act.”
- 2** **Definitions.** Adds § 62A.671. Defines terms, including, but not limited to, “telemedicine” (subdivision 7). Telemedicine is defined as the delivery of health care services or consultations when a patient is at an originating site and a health care provider is at a distant site. The definitions provides for telemedicine to be provided by two means: (1) real-time two-way, interactive audio and visual communications; or (2) information and communications technologies of other electronic means. Specifically excludes solely a telephone conversation.
- 3** **Coverage of telemedicine services.** Adds § 62A.672.
 - Subd. 1. Coverage of telemedicine.** Requires a health plan issued or renewed by a health carrier on or after August 1, 2016, to include coverage for telemedicine benefits.

Section

Subd. 2. Parity between telemedicine and in-person services. Prohibits a health carrier from excluding a service for coverage solely because the service is provided via telemedicine and not provided through in-person consultation or contact.

Subd. 3. Reimbursement for telemedicine services. (a) Requires a health carrier to reimburse the treating or consulting health care provider for telemedicine services on the same basis as if the consultation was in-person.

(b) States that it is not a violation of this subdivision for a health carrier to include a deductible, co-payment, or coinsurance requirement for telemedicine services, so long as the cost-sharing is not in addition to, and does not exceed, what would be applicable if the same services were provided in-person.

Subd. 4. Originating site facility fee payment. Requires a health carrier to make a payment to the health care provider that provided the originating site. Specifies that this payment is in addition to the reimbursement to the treating or consulting provider in subdivision 3 and that the payment shall not be subject to any patient coinsurance or co-payment solely for the use of telemedicine services.

4 **Telemedicine consultations.** Amends § 256B.0625, subdivision 3b. (a) Makes conforming changes to medical assistance statute. This paragraph already required MA to cover telemedicine but the definition is now cross-referenced.

(b) Requires MA to cover payment to a health care provider that provides the originating site for delivery of telemedicine to the patient. States the payment to the originating site is in addition to reimbursement for the treating or consulting provider under paragraph (a).

5 **Effective date.** States that sections 1 and 2 are effective August 1, 2016.