



HOUSE BILL 721: Increase Access to Telehealth Services.

2019-2020 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	Date:	May 6, 2019
Introduced by:	Reps. Saine, Lambeth, Dobson, Jones	Prepared by:	Jason Moran-Bates Staff Attorney
Analysis of:	Third Edition		

OVERVIEW: *House Bill 721 would require Medicaid and NC Health Choice promote access to care through telehealth services and establish guidelines for providing those services. It would also require private health insurance and the State Health Plan to provide coverage for telehealth services on terms equivalent to those for coverage of in-person services and prevent private health insurance and the State Health Plan from excluding services from coverage solely because they were provided via telehealth.*

CURRENT LAW: Under current law, Medicaid and NC Health Choice, private health insurance plans, and the State Health Plan are not statutorily required to provide coverage for telehealth services.

BILL ANALYSIS:

Part I of the bill would:

- Direct the Department of Health and Human Services to ensure that coverage of telehealth and telepsychiatry services by Medicaid or NC Health Choice are consistent with this act and to amend Clinical Coverage Policy 1H if necessary.
- Define "telehealth" to include (i) encounters through real-time audio and video technology, (ii) asynchronous store-and-forward services, or (iii) any asynchronous communication where the healthcare provider has access to the patient's history prior to initiating the encounter.
- Require DHHS to:
 - Promote telehealth for Medicaid and NC Health Choice recipients.
 - Require prior authorization requests for specialty care to be processed by the patient's primary care provider.
 - Require all Medicaid providers who provide healthcare services to be licensed to provide those services.
 - Require facilities that provide telehealth services to protect patient confidentiality.
 - Submit the necessary waivers to implement this act.
 - Report to the Joint Legislative Medicaid and NC Health Choice Oversight Committee and the Fiscal Research Division on expected changes, costs, savings, and outcomes.
- DHHS may not require healthcare providers to:
 - Be physically present with the patient, unless necessary.

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- Conduct a telehealth consultation if an in-person consultation is reasonably available.
- Require a prior authorization for a telehealth consultation if it would not be required for an in-person consultation.
- Be part of a telehealth network.
- Require Medicaid and NC Health Choice to provide coverage and reimbursement for telehealth on the same terms as they do for in-person services.

Part II of the bill would prevent private health insurance plans and the State Health Plan from excluding health care services from coverage solely because those services were provided via telehealth. It would also prevent private health benefit plans and the State Health Plan from requiring a deductible, copayment, or coinsurance for telehealth services that is greater than that required for in-person services.

EFFECTIVE DATE: This bill would be effective October 1, 2019. Part II of the bill would apply to contracts issued, renewed, or amended on or after that date.