



# HOUSE BILL 149: Improving Access to Care Through Telehealth.

2021-2022 General Assembly

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<b>Committee:</b>	House Health. If favorable, re-refer to Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	<b>Date:</b>	March 29, 2021
<b>Introduced by:</b>	Reps. Lambeth, White, Potts, K. Baker	<b>Prepared by:</b>	Jessica Boney Staff Attorney
<b>Analysis of:</b>	First Edition		

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**OVERVIEW:** *House Bill 149 would require health benefit plans to provide coverage for the delivery of health care services through telehealth.*

**CURRENT LAW:** Under current law, private health insurance plans are not statutorily required to provide coverage for telehealth services.

## **BILL ANALYSIS:**

House Bill 149 would create a new section in the Insurance Chapter of the General Statutes requiring coverage for health care services delivered through telehealth and would create a definition for telehealth. It would require private health insurance plans to provide reimbursement for provider-to-provider consultations conducted through telehealth if it would do so for face-to-face consultations. It would state telehealth may not be used for an abortion, except in the case of an emergency therapeutic abortion.

House Bill 149 would prevent a health benefit plan from:

- Excluding health care services from coverage solely because those services were provided via telehealth.
- Requiring a deductible, copayment, or coinsurance for telehealth services that is greater than that required for in-person services.
- Requiring prior authorization of the delivery of health care services through telehealth if it would not require it for face-to-face services.
- Placing limits on the originating site or the distant site for the delivery of health care services through telehealth.

**EFFECTIVE DATE:** This act would be effective October 1, 2021 and would apply to contracts issued, renewed, or amended on or after that date.

**BACKGROUND:** In response to the COVID-19 pandemic, most private health insurance plans are voluntarily providing temporary reimbursement for telehealth services if reimbursement guidelines are met.

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