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H.P. 237

House of Representatives, February 8, 2021

An Act Regarding Telehealth

Received by the Clerk of the House on February 4, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

ROBERT B. HUNT Clerk

R(+ B. Hunt

Presented by Representative HYMANSON of York.

Be it enacted by the People of the State of Maine as follows:

- **Sec. 1. 24 MRSA §2904, sub-§1,** ¶**A,** as amended by PL 2019, c. 289, §1, is further amended to read:
 - A. A licensed health care practitioner who voluntarily, without the expectation or receipt of monetary or other compensation either directly or indirectly, provides professional services, including services provided through telehealth as defined in Title 24-A, section 4316, subsection 1, paragraph \not E \not C, within the scope of that health care practitioner's licensure:
 - (1) To a nonprofit organization;
 - (2) To an agency of the State or any political subdivision of the State;
 - (3) To members or recipients of services of a nonprofit organization or state or local agency;
 - (4) To support the State's response to a public health threat as defined in Title 22, section 801, subsection 10;
 - (5) To support the State's response to an extreme public health emergency as defined in Title 22, section 801, subsection 4-A; or
 - (6) To support the State's response to a disaster as defined in Title 37-B, section 703, subsection 2;
- **Sec. 2. 24-A MRSA §4316, sub-§1, ¶C,** as enacted by PL 2019, c. 289, §2, is amended to read:
 - C. "Telehealth," as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of an enrollee's physical and mental health and includes real-time interaction between the enrollee and the telehealth provider, synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring. "Telehealth" includes the use of audio-only telephone when no means of interactive real-time visual and audio or other electronic media are available to the enrollee due to lack of such electronic media or of adequate broadband access or when the use of other means of interactive real-time visual and audio or other electronic media is infeasible, impractical or otherwise not medically advisable, as determined by the provider providing telehealth services to the enrollee or as determined by another provider with an existing relationship with the enrollee. "Telehealth" does not include the use of audio-only telephone, facsimile machine, e-mail or texting.
- **Sec. 3. 24-A MRSA §4316, sub-§1,** ¶E, as enacted by PL 2019, c. 289, §2, is repealed.
- **Sec. 4. 24-A MRSA §4316, sub-§2,** as corrected by RR 2019, c. 2, Pt. A, §28, is amended to read:
- 2. Parity for telehealth services. A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it were provided through in-person consultation between an enrollee and a provider. Coverage for health care services provided through

telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. A carrier shall reimburse a provider for the diagnosis, consultation with or treatment of an enrollee delivered through telehealth services on the same basis and at least at the rate of reimbursement at which the carrier reimburses a provider for the provision of the same, or substantially similar, service through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services. A carrier may not offer a health plan under which any deductible applied to health care services delivered through telehealth accumulates separately from the deductible that applies in the aggregate to all services covered under the health plan. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to a comparable service provided through in-person consultation. A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

Sec. 5. 24-A MRSA §4316, sub-§3, ¶G is enacted to read:

- G. The carrier may not place any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.
- **Sec. 6. 24-A MRSA §4316, sub-§5,** as enacted by PL 2019, c. 289, §2, is repealed.
- **Sec. 7. 24-A MRSA §4316, sub-§6,** as enacted by PL 2019, c. 289, §2, is amended to read:
- **6. Utilization review.** This section does not prohibit or limit a carrier from conducting a utilization review for telehealth services as long as the utilization review is conducted in the same manner, is applied no more stringently and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.
- **Sec. 8. Application.** The requirements of this Act apply to health plans, as defined in the Maine Revised Statutes, Title 24-A, section 4301-A, subsection 7, executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2022. For purposes of this Act, all health plan contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

35 SUMMARY

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This bill makes changes to the provisions governing health insurance coverage of telehealth services.

- 1. It authorizes the delivery of health care services through telehealth by audio-only telephone.
- 2. It clarifies that reimbursement for telehealth services must be made on the same basis and at the same rate as if the services were delivered in person.

3. It clarifies that a carrier may not establish separate deductible limits for telehealth services that are not applied in the aggregate with other services covered under a health plan.

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6 7 4. It prohibits a carrier from placing restrictions on prescribing medication through telehealth that are more restrictive than requirements of applicable state and federal law for prescribing medication in person.

The bill applies to health plans issued or renewed on or after January 1, 2022.