

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

House Bill 4003

BY DELEGATES MAYNARD, TONEY, LINVILLE,
PORTERFIELD, HOUSEHOLDER, SYPOLT, WESTFALL AND
BATES

[Introduced January 08, 2020; Referred to the
Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §33-4-24, relating to telehealth insurance requirements; defining terms;
 3 requiring insurance coverage of certain telehealth services; providing an effective date;
 4 and providing limitation of applicability.

Be it enacted by the Legislature of West Virginia:

ARTICLE 4. GENERAL PROVISIONS.

§33-4-24. Coverage for telemedicine services.

1 (a) As used in this section:

2 “Distant site” means the telehealth site where the provider is seeing the patient at a
 3 distance or consulting with a patient’s provider.

4 “Originating site” means the location where the patient is located, whether accompanied
 5 or not by a health care provider, at the time services are provided by a health care provider
 6 through telehealth, including, but not limited to, a health care provider’s office, hospital, critical
 7 access hospital, rural health clinic, federally qualified health center, a patient’s home, and other
 8 nonmedical environments such as school-based health centers, university-based health centers,
 9 or the work location of a patient.

10 “Remote patient monitoring services” means the delivery of home health services using
 11 telecommunications technology to enhance the delivery of home health care, including monitoring
 12 of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and
 13 other condition-specific data; medication adherence monitoring; and interactive video
 14 conferencing with or without digital image upload.

15 “Telemedicine services” means the use of electronic technology or media, including
 16 interactive audio or video, for the purpose of diagnosing or treating a patient, providing remote
 17 patient monitoring services, or consulting with other health care providers regarding a patient’s
 18 diagnosis or treatment. “Telemedicine services” does not include an audio-only telephone,

19 electronic mail message, facsimile transmission, or online questionnaire.

20 (b) Notwithstanding the provisions of §33-1-1 et seq. of this code an insurer subject to §5-
21 16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-
22 25A-1 of this code which issues or renews a health insurance policy on or after July 1, 2020, shall
23 provide coverage of health care services provided through telemedicine services if those same
24 services are covered through face-to-face consultation by the policy.

25 (c) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et
26 seq., §33-25-1 et seq., and §33-25A-1 of this code which issues or renews a health insurance
27 policy on or after July 1, 2020, may not exclude a service for coverage solely because the service
28 is provided through telehealth services and is not provided through face-to-face consultation or
29 contact between a health care provider and a patient for services appropriately provided through
30 telemedicine services.

31 (d) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et
32 seq., §33-25-1 et seq., and §33-25A-1 of this code is not required to reimburse the treating
33 provider or the consulting provider for technical fees or costs for the provision of telemedicine
34 services. However, that insurer shall reimburse the treating provider or the consulting provider for
35 the diagnosis, consultation, or treatment of the insured delivered through telemedicine services.

36 (e) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et
37 seq., §33-25-1 et seq., and §33-25A-1 of this code may offer a health plan containing a deductible,
38 copayment, or coinsurance requirement for a health care service provided through telemedicine
39 services, but the deductible, copayment, or coinsurance may not exceed the deductible,
40 copayment, or coinsurance applicable if the same services were provided through face-to-face
41 diagnosis, consultation, or treatment.

42 (f) An insurer subject to §5-16-1 et seq., §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et
43 seq., §33-25-1 et seq., and §33-25A-1 of this code may not impose any annual or lifetime dollar

44 maximum on coverage for telemedicine services other than an annual or lifetime dollar maximum
45 that applies in the aggregate to all items and services covered under the policy, or impose upon
46 any person receiving benefits pursuant to this section any copayment, coinsurance, or deductible
47 amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or
48 maximum for benefits or services, that is not equally imposed upon all terms and services covered
49 under the policy, contract, or plan.

50 (g) An originating site may charge an insurer subject to §5-16-1 et seq., §33-15-1 et seq.,
51 §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-25A-1 of this code a facility fee of
52 \$10 or up to 10 percent of the charge for the services provided.

53 (h) The coverage required by this section shall include the use of telemedicine
54 technologies as it pertains to medically necessary remote patient monitoring services to the full
55 extent that those services are available.

NOTE: The purpose of this bill is to establish standards for telehealth insurance coverage.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.