

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1512 Session of 2023

INTRODUCED BY SAPPEY, HILL-EVANS, HANBIDGE, D. WILLIAMS, ISAACSON, BURGOS, MADDEN, GUENST, SANCHEZ, CIRESI, KINSEY, SCHLOSSBERG, VENKAT, GALLOWAY, HOHENSTEIN, SAMUELSON, DEASY, FREEMAN, CERRATO, KHAN, HOWARD, WARREN, OTTEN, HARRIS, KINKEAD, STURLA, CONKLIN, FLEMING, TAKAC, PARKER, GREEN, MADSEN, T. DAVIS AND WEBSTER, JUNE 26, 2023

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, APRIL 9, 2024

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
2 Statutes, in regulation of insurers and related persons
3 generally, providing for telemedicine.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Title 40 of the Pennsylvania Consolidated
7 Statutes is amended by adding a chapter to read:

CHAPTER 47

TELEMEDICINE

10 Sec.

11 4701. Definitions.

12 4702. Health insurance coverage of telemedicine services.

13 4703. Standard of care.

14 4704. Regulations.

15 § 4701. Definitions.

16 The following words and phrases when used in this chapter

1 shall have the meanings given to them in this section unless the
2 context clearly indicates otherwise:

3 "Covered person." A policyholder, subscriber or other
4 individual who is entitled to receive a covered health care
5 service under a health insurance policy.

6 "Health care provider." Any of the following:

7 (1) A health care practitioner as defined in section 103
8 of the act of July 19, 1979 (P.L.130, No.48), known as the
9 Health Care Facilities Act.

10 (2) A federally qualified health center as defined in 42
11 U.S.C. § 1395x(aa) (4) (relating to definitions).

12 (3) A rural health clinic as defined in 42 U.S.C. §
13 1395x(aa) (2).

14 (4) A general, mental, chronic disease or other type of
15 hospital licensed in this Commonwealth.

16 "Health care service." A service for the diagnosis,
17 prevention, treatment, habilitation, rehabilitation, cure or
18 relief of a health condition, injury, disease or illness.

19 "Health insurance policy." As follows:

20 (1) A policy, subscriber contract, certificate or plan
21 issued by a health insurer that provides medical or health
22 care coverage.

23 (2) The term does not include any of the following:

24 (i) An accident only policy.

25 (ii) A credit only policy.

26 (iii) A long-term care or disability income policy.

27 (iv) A specified disease policy.

28 (v) A Medicare supplement policy.

29 (vi) A fixed indemnity policy.

30 (vii) A dental only policy.

1 (viii) A vision only policy.

2 (ix) A workers' compensation policy.

3 (x) An automobile medical payment policy.

4 (xi) A policy under which benefits are provided by
5 the Federal Government to active or former military
6 personnel and their dependents.

7 (xii) A hospital indemnity policy.

8 (xiii) Any other similar policies providing for
9 limited benefits.

10 "Health insurer." An entity that offers, issues or renews an
11 individual or group health insurance policy that is offered or
12 governed under any of the following:

13 (1) The act of May 17, 1921 (P.L.682, No.284), known as
14 The Insurance Company Law of 1921, including section 630 and
15 Article XXIV of that act.

16 (2) The act of December 29, 1972 (P.L.1701, No.364),
17 known as the Health Maintenance Organization Act.

18 (3) Chapter 61 (relating to hospital plan corporations).

19 (4) Chapter 63 (relating to professional health services
20 plan corporations).

21 "Participating health care provider." A health care provider
22 that has entered into a contractual or operating relationship
23 with a health insurer to participate in one or more ~~designated~~ <--
24 networks of the health insurer and to provide covered health
25 care services to covered persons under the terms of the
26 contractual or operating agreement between the health insurer
27 and the health care provider.

28 "Telemedicine." As follows:

29 (1) The delivery of health care services by a health
30 care provider who is at a different physical location from

1 the covered person, through technology which satisfies the
2 requirements of the Health Insurance Portability and
3 Accountability Act of 1996 (Public Law 104-191, 110 Stat.
4 1936), the Health Information Technology for Economic and
5 Clinical Health Act (Public Law 111-5, 123 Stat. 226-279 and
6 467-496) or other applicable Federal or State law regarding
7 the privacy and security of electronic transmission of health
8 information.

9 (2) The term does not include the provision of health
10 care services solely through the use of voicemail, facsimile,
11 email or instant messaging or a combination thereof.

12 § 4702. Health insurance coverage of telemedicine services.

13 (a) Requirements.--

14 (1) The following apply to health insurers:

15 (i) A health insurer may not refuse to pay or to
16 reimburse a participating health care provider or a
17 covered person for a medically necessary and appropriate
18 covered health care service APPROPRIATELY provided <--
19 through telemedicine to a covered person.

20 (ii) The payment or reimbursement under this
21 paragraph shall be in accordance with the terms and
22 conditions of the health insurance policy and, if
23 applicable, the A network participation agreement as <--
24 negotiated between the insurer and the participating
25 health care provider.

26 (2) A health insurance policy offered, issued,
27 delivered, executed or renewed in this Commonwealth may not
28 contain a provision that refuses to pay or to reimburse a
29 participating health care provider or a covered person for a
30 medically necessary and appropriate covered health care

1 service APPROPRIATELY provided through telemedicine to a <--
2 covered person.

3 (3) The network participation agreement:

4 (i) May not prohibit payment or reimbursement
5 because a medically necessary and appropriate covered
6 health care service is APPROPRIATELY provided through <--
7 telemedicine.

8 (ii) May not condition payment or reimbursement upon
9 the use of an exclusive or proprietary telemedicine
10 technology or vendor.

11 (b) Construction.--Nothing in this section shall be
12 construed to require parity between payments or reimbursements
13 for health care services provided through telemedicine and
14 payments or reimbursements for health care services provided
15 through an in-person encounter.

16 § 4703. Standard of care.

17 Health care services provided through telemedicine shall meet
18 the same standard of care that would apply if the health care
19 service were rendered in an in-person setting.

20 § 4704. Regulations.

21 (a) Promulgation.--The department may promulgate regulations
22 to implement this chapter.

23 (b) Construction.--Nothing in this chapter shall be
24 construed to diminish a Commonwealth entity's ~~existing~~ <--
25 regulatory authority regarding health insurance policies or the
26 practice of health care.

27 Section 2. The following shall apply:

28 (1) For a health insurance policy for which either rates
29 or forms are required to be filed with the Federal Government
30 or the department, 40 Pa.C.S. Ch. 47 shall apply to a policy

1 for which a form or rate is first filed on or after 180 days
2 after the effective date of this paragraph.

3 (2) For a health insurance policy for which neither
4 rates nor forms are required to be filed with the Federal
5 Government or the department, 40 Pa.C.S. Ch. 47 shall apply
6 to a policy issued or renewed on or after 180 days after the
7 effective date of this paragraph.

8 Section 3. This act shall take effect in 60 days.