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**SENATE BILL 5821**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** Senators Muzzall and Randall

Prefiled 12/08/23.

1 AN ACT Relating to establishing a uniform standard for creating  
2 an established relationship for the purposes of coverage of audio-  
3 only telemedicine services by expanding the time in which a health  
4 care provider has seen the patient and removing the expiration of  
5 provisions allowing for the use of real-time interactive appointments  
6 using both audio and video technology; amending RCW 41.05.700 and  
7 48.43.735; and reenacting and amending RCW 74.09.325.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 **Sec. 1.** RCW 41.05.700 and 2023 c 8 s 1 are each amended to read  
10 as follows:

11 (1)(a) A health plan offered to employees, school employees, and  
12 their covered dependents under this chapter issued or renewed on or  
13 after January 1, 2017, shall reimburse a provider for a health care  
14 service provided to a covered person through telemedicine or store  
15 and forward technology if:

16 (i) The plan provides coverage of the health care service when  
17 provided in person by the provider;

18 (ii) The health care service is medically necessary;

19 (iii) The health care service is a service recognized as an  
20 essential health benefit under section 1302(b) of the federal patient  
21 protection and affordable care act in effect on January 1, 2015;

1 (iv) The health care service is determined to be safely and  
2 effectively provided through telemedicine or store and forward  
3 technology according to generally accepted health care practices and  
4 standards, and the technology used to provide the health care service  
5 meets the standards required by state and federal laws governing the  
6 privacy and security of protected health information; and

7 (v) Beginning January 1, 2023, for audio-only telemedicine, the  
8 covered person has an established relationship with the provider.

9 (b) (i) Except as provided in (b) (ii) of this subsection, a health  
10 plan offered to employees, school employees, and their covered  
11 dependents under this chapter issued or renewed on or after January  
12 1, 2021, shall reimburse a provider for a health care service  
13 provided to a covered person through telemedicine the same amount of  
14 compensation the carrier would pay the provider if the health care  
15 service was provided in person by the provider.

16 (ii) Hospitals, hospital systems, telemedicine companies, and  
17 provider groups consisting of eleven or more providers may elect to  
18 negotiate an amount of compensation for telemedicine services that  
19 differs from the amount of compensation for in-person services.

20 (iii) For purposes of this subsection (1) (b), the number of  
21 providers in a provider group refers to all providers within the  
22 group, regardless of a provider's location.

23 (2) For purposes of this section, reimbursement of store and  
24 forward technology is available only for those covered services  
25 specified in the negotiated agreement between the health plan and  
26 health care provider.

27 (3) An originating site for a telemedicine health care service  
28 subject to subsection (1) of this section includes a:

29 (a) Hospital;

30 (b) Rural health clinic;

31 (c) Federally qualified health center;

32 (d) Physician's or other health care provider's office;

33 (e) Licensed or certified behavioral health agency;

34 (f) Skilled nursing facility;

35 (g) Home or any location determined by the individual receiving  
36 the service; or

37 (h) Renal dialysis center, except an independent renal dialysis  
38 center.

39 (4) Except for subsection (3) (g) of this section, any originating  
40 site under subsection (3) of this section may charge a facility fee

1 for infrastructure and preparation of the patient. Reimbursement for  
2 a facility fee must be subject to a negotiated agreement between the  
3 originating site and the health plan. A distant site, a hospital that  
4 is an originating site for audio-only telemedicine, or any other site  
5 not identified in subsection (3) of this section may not charge a  
6 facility fee.

7 (5) The plan may not distinguish between originating sites that  
8 are rural and urban in providing the coverage required in subsection  
9 (1) of this section.

10 (6) The plan may subject coverage of a telemedicine or store and  
11 forward technology health service under subsection (1) of this  
12 section to all terms and conditions of the plan including, but not  
13 limited to, utilization review, prior authorization, deductible,  
14 copayment, or coinsurance requirements that are applicable to  
15 coverage of a comparable health care service provided in person.

16 (7) This section does not require the plan to reimburse:

17 (a) An originating site for professional fees;

18 (b) A provider for a health care service that is not a covered  
19 benefit under the plan; or

20 (c) An originating site or health care provider when the site or  
21 provider is not a contracted provider under the plan.

22 (8)(a) If a provider intends to bill a patient or the patient's  
23 health plan for an audio-only telemedicine service, the provider must  
24 obtain patient consent for the billing in advance of the service  
25 being delivered.

26 (b) If the health care authority has cause to believe that a  
27 provider has engaged in a pattern of unresolved violations of this  
28 subsection (8), the health care authority may submit information to  
29 the appropriate disciplining authority, as defined in RCW 18.130.020,  
30 for action. Prior to submitting information to the appropriate  
31 disciplining authority, the health care authority may provide the  
32 provider with an opportunity to cure the alleged violations or  
33 explain why the actions in question did not violate this subsection  
34 (8).

35 (c) If the provider has engaged in a pattern of unresolved  
36 violations of this subsection (8), the appropriate disciplining  
37 authority may levy a fine or cost recovery upon the provider in an  
38 amount not to exceed the applicable statutory amount per violation  
39 and take other action as permitted under the authority of the  
40 disciplining authority. Upon completion of its review of any

1 potential violation submitted by the health care authority or  
2 initiated directly by an enrollee, the disciplining authority shall  
3 notify the health care authority of the results of the review,  
4 including whether the violation was substantiated and any enforcement  
5 action taken as a result of a finding of a substantiated violation.

6 (9) For purposes of this section:

7 (a) (i) "Audio-only telemedicine" means the delivery of health  
8 care services through the use of audio-only technology, permitting  
9 real-time communication between the patient at the originating site  
10 and the provider, for the purpose of diagnosis, consultation, or  
11 treatment.

12 (ii) For purposes of this section only, "audio-only telemedicine"  
13 does not include:

14 (A) The use of facsimile or email; or

15 (B) The delivery of health care services that are customarily  
16 delivered by audio-only technology and customarily not billed as  
17 separate services by the provider, such as the sharing of laboratory  
18 results;

19 (b) "Disciplining authority" has the same meaning as in RCW  
20 18.130.020;

21 (c) "Distant site" means the site at which a physician or other  
22 licensed provider, delivering a professional service, is physically  
23 located at the time the service is provided through telemedicine;

24 (d) "Established relationship" means the provider providing  
25 audio-only telemedicine has access to sufficient health records to  
26 ensure safe, effective, and appropriate care services and:

27 (i) ~~((For health care services included in the essential health  
28 benefits category of mental health and substance use disorder  
29 services, including behavioral health treatment:~~

30 ~~(A))~~) The covered person has had, within the past three years, at  
31 least one in-person appointment, or at least one real-time  
32 interactive appointment using both audio and video technology, with  
33 the provider providing audio-only telemedicine or with a provider  
34 employed at the same medical group, at the same clinic, or by the  
35 same integrated delivery system operated by a carrier licensed under  
36 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
37 telemedicine; or

38 ~~((B))~~) (ii) The covered person was referred to the provider  
39 providing audio-only telemedicine by another provider who has had,  
40 within the past three years, at least one in-person appointment, or

1 at least one real-time interactive appointment using both audio and  
2 video technology, with the covered person and has provided relevant  
3 medical information to the provider providing audio-only  
4 telemedicine;

5 ~~((ii) For any other health care service:~~

6 ~~(A) The covered person has had, within the past two years, at~~  
7 ~~least one in-person appointment, or, until July 1, 2024, at least one~~  
8 ~~real-time interactive appointment using both audio and video~~  
9 ~~technology, with the provider providing audio-only telemedicine or~~  
10 ~~with a provider employed at the same medical group, at the same~~  
11 ~~clinic, or by the same integrated delivery system operated by a~~  
12 ~~carrier licensed under chapter 48.44 or 48.46 RCW as the provider~~  
13 ~~providing audio-only telemedicine; or~~

14 ~~(B) The covered person was referred to the provider providing~~  
15 ~~audio-only telemedicine by another provider who has had, within the~~  
16 ~~past two years, at least one in-person appointment, or, until July 1,~~  
17 ~~2024, at least one real-time interactive appointment using both audio~~  
18 ~~and video technology, with the covered person and has provided~~  
19 ~~relevant medical information to the provider providing audio-only~~  
20 ~~telemedicine;))~~

21 (e) "Health care service" has the same meaning as in RCW  
22 48.43.005;

23 (f) "Hospital" means a facility licensed under chapter 70.41,  
24 71.12, or 72.23 RCW;

25 (g) "Originating site" means the physical location of a patient  
26 receiving health care services through telemedicine;

27 (h) "Provider" has the same meaning as in RCW 48.43.005;

28 (i) "Store and forward technology" means use of an asynchronous  
29 transmission of a covered person's medical information from an  
30 originating site to the health care provider at a distant site which  
31 results in medical diagnosis and management of the covered person,  
32 and does not include the use of audio-only telephone, facsimile, or  
33 email; and

34 (j) "Telemedicine" means the delivery of health care services  
35 through the use of interactive audio and video technology, permitting  
36 real-time communication between the patient at the originating site  
37 and the provider, for the purpose of diagnosis, consultation, or  
38 treatment. For purposes of this section only, "telemedicine" includes  
39 audio-only telemedicine, but does not include facsimile or email.

1       **Sec. 2.** RCW 48.43.735 and 2023 c 8 s 2 are each amended to read  
2 as follows:

3       (1) (a) For health plans issued or renewed on or after January 1,  
4 2017, a health carrier shall reimburse a provider for a health care  
5 service provided to a covered person through telemedicine or store  
6 and forward technology if:

7       (i) The plan provides coverage of the health care service when  
8 provided in person by the provider;

9       (ii) The health care service is medically necessary;

10       (iii) The health care service is a service recognized as an  
11 essential health benefit under section 1302(b) of the federal patient  
12 protection and affordable care act in effect on January 1, 2015;

13       (iv) The health care service is determined to be safely and  
14 effectively provided through telemedicine or store and forward  
15 technology according to generally accepted health care practices and  
16 standards, and the technology used to provide the health care service  
17 meets the standards required by state and federal laws governing the  
18 privacy and security of protected health information; and

19       (v) Beginning January 1, 2023, for audio-only telemedicine, the  
20 covered person has an established relationship with the provider.

21       (b) (i) Except as provided in (b) (ii) of this subsection, for  
22 health plans issued or renewed on or after January 1, 2021, a health  
23 carrier shall reimburse a provider for a health care service provided  
24 to a covered person through telemedicine the same amount of  
25 compensation the carrier would pay the provider if the health care  
26 service was provided in person by the provider.

27       (ii) Hospitals, hospital systems, telemedicine companies, and  
28 provider groups consisting of eleven or more providers may elect to  
29 negotiate an amount of compensation for telemedicine services that  
30 differs from the amount of compensation for in-person services.

31       (iii) For purposes of this subsection (1) (b), the number of  
32 providers in a provider group refers to all providers within the  
33 group, regardless of a provider's location.

34       (2) For purposes of this section, reimbursement of store and  
35 forward technology is available only for those covered services  
36 specified in the negotiated agreement between the health carrier and  
37 the health care provider.

38       (3) An originating site for a telemedicine health care service  
39 subject to subsection (1) of this section includes a:

40       (a) Hospital;

- 1 (b) Rural health clinic;
- 2 (c) Federally qualified health center;
- 3 (d) Physician's or other health care provider's office;
- 4 (e) Licensed or certified behavioral health agency;
- 5 (f) Skilled nursing facility;
- 6 (g) Home or any location determined by the individual receiving
- 7 the service; or
- 8 (h) Renal dialysis center, except an independent renal dialysis
- 9 center.

10 (4) Except for subsection (3)(g) of this section, any originating  
11 site under subsection (3) of this section may charge a facility fee  
12 for infrastructure and preparation of the patient. Reimbursement for  
13 a facility fee must be subject to a negotiated agreement between the  
14 originating site and the health carrier. A distant site, a hospital  
15 that is an originating site for audio-only telemedicine, or any other  
16 site not identified in subsection (3) of this section may not charge  
17 a facility fee.

18 (5) A health carrier may not distinguish between originating  
19 sites that are rural and urban in providing the coverage required in  
20 subsection (1) of this section.

21 (6) A health carrier may subject coverage of a telemedicine or  
22 store and forward technology health service under subsection (1) of  
23 this section to all terms and conditions of the plan in which the  
24 covered person is enrolled including, but not limited to, utilization  
25 review, prior authorization, deductible, copayment, or coinsurance  
26 requirements that are applicable to coverage of a comparable health  
27 care service provided in person.

28 (7) This section does not require a health carrier to reimburse:

29 (a) An originating site for professional fees;

30 (b) A provider for a health care service that is not a covered  
31 benefit under the plan; or

32 (c) An originating site or health care provider when the site or  
33 provider is not a contracted provider under the plan.

34 (8)(a) If a provider intends to bill a patient or the patient's  
35 health plan for an audio-only telemedicine service, the provider must  
36 obtain patient consent for the billing in advance of the service  
37 being delivered.

38 (b) If the commissioner has cause to believe that a provider has  
39 engaged in a pattern of unresolved violations of this subsection (8),  
40 the commissioner may submit information to the appropriate

1 disciplining authority, as defined in RCW 18.130.020, for action.  
2 Prior to submitting information to the appropriate disciplining  
3 authority, the commissioner may provide the provider with an  
4 opportunity to cure the alleged violations or explain why the actions  
5 in question did not violate this subsection (8).

6 (c) If the provider has engaged in a pattern of unresolved  
7 violations of this subsection (8), the appropriate disciplining  
8 authority may levy a fine or cost recovery upon the provider in an  
9 amount not to exceed the applicable statutory amount per violation  
10 and take other action as permitted under the authority of the  
11 disciplining authority. Upon completion of its review of any  
12 potential violation submitted by the commissioner or initiated  
13 directly by an enrollee, the disciplining authority shall notify the  
14 commissioner of the results of the review, including whether the  
15 violation was substantiated and any enforcement action taken as a  
16 result of a finding of a substantiated violation.

17 (9) For purposes of this section:

18 (a) (i) "Audio-only telemedicine" means the delivery of health  
19 care services through the use of audio-only technology, permitting  
20 real-time communication between the patient at the originating site  
21 and the provider, for the purpose of diagnosis, consultation, or  
22 treatment.

23 (ii) For purposes of this section only, "audio-only telemedicine"  
24 does not include:

25 (A) The use of facsimile or email; or

26 (B) The delivery of health care services that are customarily  
27 delivered by audio-only technology and customarily not billed as  
28 separate services by the provider, such as the sharing of laboratory  
29 results;

30 (b) "Disciplining authority" has the same meaning as in RCW  
31 18.130.020;

32 (c) "Distant site" means the site at which a physician or other  
33 licensed provider, delivering a professional service, is physically  
34 located at the time the service is provided through telemedicine;

35 (d) "Established relationship" means the provider providing  
36 audio-only telemedicine has access to sufficient health records to  
37 ensure safe, effective, and appropriate care services and:

38 (i) ~~((For health care services included in the essential health  
39 benefits category of mental health and substance use disorder  
40 services, including behavioral health treatment:~~



1       ~~(A))~~) The covered person has had, within the past three years, at  
2 least one in-person appointment, or at least one real-time  
3 interactive appointment using both audio and video technology, with  
4 the provider providing audio-only telemedicine or with a provider  
5 employed at the same medical group, at the same clinic, or by the  
6 same integrated delivery system operated by a carrier licensed under  
7 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
8 telemedicine; or

9       ~~((B))~~) (ii) The covered person was referred to the provider  
10 providing audio-only telemedicine by another provider who has had,  
11 within the past three years, at least one in-person appointment, or  
12 at least one real-time interactive appointment using both audio and  
13 video technology, with the covered person and has provided relevant  
14 medical information to the provider providing audio-only  
15 telemedicine;

16       ~~((ii) For any other health care service:~~

17       ~~(A) The covered person has had, within the past two years, at~~  
18 ~~least one in-person appointment, or, until July 1, 2024, at least one~~  
19 ~~real-time interactive appointment using both audio and video~~  
20 ~~technology, with the provider providing audio-only telemedicine or~~  
21 ~~with a provider employed at the same medical group, at the same~~  
22 ~~clinic, or by the same integrated delivery system operated by a~~  
23 ~~carrier licensed under chapter 48.44 or 48.46 RCW as the provider~~  
24 ~~providing audio-only telemedicine; or~~

25       ~~(B) The covered person was referred to the provider providing~~  
26 ~~audio-only telemedicine by another provider who has had, within the~~  
27 ~~past two years, at least one in-person appointment, or, until July 1,~~  
28 ~~2024, at least one real-time interactive appointment using both audio~~  
29 ~~and video technology, with the covered person and has provided~~  
30 ~~relevant medical information to the provider providing audio-only~~  
31 ~~telemedicine;))~~

32       (e) "Health care service" has the same meaning as in RCW  
33 48.43.005;

34       (f) "Hospital" means a facility licensed under chapter 70.41,  
35 71.12, or 72.23 RCW;

36       (g) "Originating site" means the physical location of a patient  
37 receiving health care services through telemedicine;

38       (h) "Provider" has the same meaning as in RCW 48.43.005;

39       (i) "Store and forward technology" means use of an asynchronous  
40 transmission of a covered person's medical information from an

1 originating site to the health care provider at a distant site which  
2 results in medical diagnosis and management of the covered person,  
3 and does not include the use of audio-only telephone, facsimile, or  
4 email; and

5 (j) "Telemedicine" means the delivery of health care services  
6 through the use of interactive audio and video technology, permitting  
7 real-time communication between the patient at the originating site  
8 and the provider, for the purpose of diagnosis, consultation, or  
9 treatment. For purposes of this section only, "telemedicine" includes  
10 audio-only telemedicine, but does not include facsimile or email.

11 (10) The commissioner may adopt any rules necessary to implement  
12 this section.

13 **Sec. 3.** RCW 74.09.325 and 2023 c 51 s 38 and 2023 c 8 s 3 are  
14 each reenacted and amended to read as follows:

15 (1)(a) All managed care organizations contracted with the  
16 authority for the medicaid program shall reimburse a provider for a  
17 health care service provided to a covered person through telemedicine  
18 or store and forward technology if:

19 (i) The managed care organization in which the covered person is  
20 enrolled provides coverage of the health care service when provided  
21 in person by the provider;

22 (ii) The health care service is medically necessary;

23 (iii) The health care service is a service recognized as an  
24 essential health benefit under section 1302(b) of the federal patient  
25 protection and affordable care act in effect on January 1, 2015;

26 (iv) The health care service is determined to be safely and  
27 effectively provided through telemedicine or store and forward  
28 technology according to generally accepted health care practices and  
29 standards, and the technology used to provide the health care service  
30 meets the standards required by state and federal laws governing the  
31 privacy and security of protected health information; and

32 (v) Beginning January 1, 2023, for audio-only telemedicine, the  
33 covered person has an established relationship with the provider.

34 (b)(i) Except as provided in (b)(ii) of this subsection, a  
35 managed care organization shall reimburse a provider for a health  
36 care service provided to a covered person through telemedicine the  
37 same amount of compensation the managed care organization would pay  
38 the provider if the health care service was provided in person by the  
39 provider.

1 (ii) Hospitals, hospital systems, telemedicine companies, and  
2 provider groups consisting of eleven or more providers may elect to  
3 negotiate an amount of compensation for telemedicine services that  
4 differs from the amount of compensation for in-person services.

5 (iii) For purposes of this subsection (1)(b), the number of  
6 providers in a provider group refers to all providers within the  
7 group, regardless of a provider's location.

8 (iv) A rural health clinic shall be reimbursed for audio-only  
9 telemedicine at the rural health clinic encounter rate.

10 (2) For purposes of this section, reimbursement of store and  
11 forward technology is available only for those services specified in  
12 the negotiated agreement between the managed care organization and  
13 health care provider.

14 (3) An originating site for a telemedicine health care service  
15 subject to subsection (1) of this section includes a:

16 (a) Hospital;

17 (b) Rural health clinic;

18 (c) Federally qualified health center;

19 (d) Physician's or other health care provider's office;

20 (e) Licensed or certified behavioral health agency;

21 (f) Skilled nursing facility;

22 (g) Home or any location determined by the individual receiving  
23 the service; or

24 (h) Renal dialysis center, except an independent renal dialysis  
25 center.

26 (4) Except for subsection (3)(g) of this section, any originating  
27 site under subsection (3) of this section may charge a facility fee  
28 for infrastructure and preparation of the patient. Reimbursement for  
29 a facility fee must be subject to a negotiated agreement between the  
30 originating site and the managed care organization. A distant site, a  
31 hospital that is an originating site for audio-only telemedicine, or  
32 any other site not identified in subsection (3) of this section may  
33 not charge a facility fee.

34 (5) A managed care organization may not distinguish between  
35 originating sites that are rural and urban in providing the coverage  
36 required in subsection (1) of this section.

37 (6) A managed care organization may subject coverage of a  
38 telemedicine or store and forward technology health service under  
39 subsection (1) of this section to all terms and conditions of the  
40 plan in which the covered person is enrolled including, but not

1 limited to, utilization review, prior authorization, deductible,  
2 copayment, or coinsurance requirements that are applicable to  
3 coverage of a comparable health care service provided in person.

4 (7) This section does not require a managed care organization to  
5 reimburse:

6 (a) An originating site for professional fees;

7 (b) A provider for a health care service that is not a covered  
8 benefit under the plan; or

9 (c) An originating site or health care provider when the site or  
10 provider is not a contracted provider under the plan.

11 (8) (a) If a provider intends to bill a patient or a managed care  
12 organization for an audio-only telemedicine service, the provider  
13 must obtain patient consent for the billing in advance of the service  
14 being delivered and comply with all rules created by the authority  
15 related to restrictions on billing medicaid recipients. The authority  
16 may submit information on any potential violations of this subsection  
17 to the appropriate disciplining authority, as defined in RCW  
18 18.130.020, or take contractual actions against the provider's  
19 agreement for participation in the medicaid program, or both.

20 (b) If the health care authority has cause to believe that a  
21 provider has engaged in a pattern of unresolved violations of this  
22 subsection (8), the health care authority may submit information to  
23 the appropriate disciplining authority for action. Prior to  
24 submitting information to the appropriate disciplining authority, the  
25 health care authority may provide the provider with an opportunity to  
26 cure the alleged violations or explain why the actions in question  
27 did not violate this subsection (8).

28 (c) If the provider has engaged in a pattern of unresolved  
29 violations of this subsection (8), the appropriate disciplining  
30 authority may levy a fine or cost recovery upon the provider in an  
31 amount not to exceed the applicable statutory amount per violation  
32 and take other action as permitted under the authority of the  
33 disciplining authority. Upon completion of its review of any  
34 potential violation submitted by the health care authority or  
35 initiated directly by an enrollee, the disciplining authority shall  
36 notify the health care authority of the results of the review,  
37 including whether the violation was substantiated and any enforcement  
38 action taken as a result of a finding of a substantiated violation.

39 (9) For purposes of this section:

1 (a) (i) "Audio-only telemedicine" means the delivery of health  
2 care services through the use of audio-only technology, permitting  
3 real-time communication between the patient at the originating site  
4 and the provider, for the purpose of diagnosis, consultation, or  
5 treatment.

6 (ii) For purposes of this section only, "audio-only telemedicine"  
7 does not include:

8 (A) The use of facsimile or email; or

9 (B) The delivery of health care services that are customarily  
10 delivered by audio-only technology and customarily not billed as  
11 separate services by the provider, such as the sharing of laboratory  
12 results;

13 (b) "Disciplining authority" has the same meaning as in RCW  
14 18.130.020;

15 (c) "Distant site" means the site at which a physician or other  
16 licensed provider, delivering a professional service, is physically  
17 located at the time the service is provided through telemedicine;

18 (d) "Established relationship" means the provider providing  
19 audio-only telemedicine has access to sufficient health records to  
20 ensure safe, effective, and appropriate care services and:

21 ~~(i) ((For health care services included in the essential health  
22 benefits category of mental health and substance use disorder  
23 services, including behavioral health treatment:~~

24 ~~(A))~~) The covered person has had, within the past three years, at  
25 least one in-person appointment, or at least one real-time  
26 interactive appointment using both audio and video technology, with  
27 the provider providing audio-only telemedicine or with a provider  
28 employed at the same medical group, at the same clinic, or by the  
29 same integrated delivery system operated by a carrier licensed under  
30 chapter 48.44 or 48.46 RCW as the provider providing audio-only  
31 telemedicine; or

32 ~~((B))~~) (ii) The covered person was referred to the provider  
33 providing audio-only telemedicine by another provider who has had,  
34 within the past three years, at least one in-person appointment, or  
35 at least one real-time interactive appointment using both audio and  
36 video technology, with the covered person and has provided relevant  
37 medical information to the provider providing audio-only  
38 telemedicine;

39 ~~((ii) For any other health care service:~~

1       ~~(A) The covered person has had, within the past two years, at~~  
2 ~~least one in-person appointment, or, until July 1, 2024, at least one~~  
3 ~~real-time interactive appointment using both audio and video~~  
4 ~~technology, with the provider providing audio-only telemedicine or~~  
5 ~~with a provider employed at the same medical group, at the same~~  
6 ~~clinic, or by the same integrated delivery system operated by a~~  
7 ~~carrier licensed under chapter 48.44 or 48.46 RCW as the provider~~  
8 ~~providing audio-only telemedicine; or~~

9       ~~(B) The covered person was referred to the provider providing~~  
10 ~~audio-only telemedicine by another provider who has had, within the~~  
11 ~~past two years, at least one in-person appointment, or, until July 1,~~  
12 ~~2024, at least one real-time interactive appointment using both audio~~  
13 ~~and video technology, with the covered person and has provided~~  
14 ~~relevant medical information to the provider providing audio-only~~  
15 ~~telemedicine;))~~

16       (e) "Health care service" has the same meaning as in RCW  
17 48.43.005;

18       (f) "Hospital" means a facility licensed under chapter 70.41,  
19 71.12, or 72.23 RCW;

20       (g) "Originating site" means the physical location of a patient  
21 receiving health care services through telemedicine;

22       (h) "Provider" has the same meaning as in RCW 48.43.005;

23       (i) "Store and forward technology" means use of an asynchronous  
24 transmission of a covered person's medical information from an  
25 originating site to the health care provider at a distant site which  
26 results in medical diagnosis and management of the covered person,  
27 and does not include the use of audio-only telephone, facsimile, or  
28 email; and

29       (j) "Telemedicine" means the delivery of health care services  
30 through the use of interactive audio and video technology, permitting  
31 real-time communication between the patient at the originating site  
32 and the provider, for the purpose of diagnosis, consultation, or  
33 treatment. For purposes of this section only, "telemedicine" includes  
34 audio-only telemedicine, but does not include facsimile or email.

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