

State Corporation Commission 2009 Fiscal Impact Statement

1. Bill Number: HB2191

House of Origin	<u>X</u>	Introduced	<u> </u>	Substitute	<u> </u>	Engrossed
Second House	<u> </u>	In Committee	<u> </u>	Substitute	<u> </u>	Enrolled

2. Patron: Phillips

3. Committee: Commerce and Labor

4. Title: Health insurance; mandated coverage for telehealth services.

5. Summary/Purpose: Requires insurers to provide coverage for “telehealth services.” The bill applies to insurers issuing individual or group accident and sickness policies providing hospital, medical and surgical or major medical coverage on an expense incurred basis, corporation providing subscription contracts, and health maintenance organizations (HMOs) providing health care plans. It defines “telehealth services” as meaning the use of interactive audio, video, or other telecommunications technology by a health care provider to deliver health care services within the scope of the provider’s practice at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient, transfer of medical data and medical education. Audio-only telephone conversation, electronic mail message, or facsimile transmission between health care providers and a patient are not included in telehealth services. The bill prohibits insurers, corporations, and HMOs from excluding a service solely because it is provided through telehealth and not face-to-face, or contact between a health care provider and patient for services appropriately provided by telehealth services. The bill prohibits insurers, corporations, or HMOs from imposing any annual or lifetime dollar maximum on telehealth services other than an annual or lifetime limit that applies in aggregate to all services. It also prohibits co-payments, coinsurance, deductibles, or any policy year, lifetime or other durational limit or maximum that is not imposed on all services.

The bill applies to all policies, contracts, or plans delivered, issued for delivery, reissued, or extended in Virginia on and after January 1, 2010 or anytime thereafter when any term of the policy, contract, or plan is changed or there is a premium adjustment. It does not apply to short-term travel, accident only, limited or specified disease, or individual conversion contracts or policies or contracts designed for persons eligible under Medicare, or any similar coverage under state or federal government plans.

6. No Fiscal Impact on the State Corporation Commission

7. Budget amendment necessary: No

8. Fiscal implications: None on the State Corporation Commission

9. Specific agency or political subdivisions affected: State Corporation Commission Bureau of Insurance

10. Technical amendment necessary: The Bureau of Insurance contacted the patron of House Bill 2191 suggesting that “individual conversion policies” should be included in the bill at Line 44 since they are individual health insurance products, the subject of House Bill 2191.

11. Other comments: None

Date: 01/18/09/V. Tompkins

cc: Secretary of Health and Human Resources