RELATING TO HEALTH CARE COVERAGE; AMENDING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO PROHIBIT CERTAIN RESTRICTIONS ON AND ESTABLISH NEW REQUIREMENTS FOR COVERAGE OF SERVICES PROVIDED VIA TELEMEDICINE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 13-7-14 NMSA 1978 (being Laws 2013, Chapter 105, Section 1) is amended to read:

"13-7-14. COVERAGE FOR TELEMEDICINE SERVICES.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall provide coverage for services provided via telemedicine to the same extent that the group health plan covers the same services when those services are provided via in-person consultation or contact. A group health plan shall not impose any unique condition for coverage of services provided via telemedicine.

B. A group health plan shall not impose an originating-site restriction with respect to telemedicine services or distinguish between telemedicine services provided to patients in rural locations and those provided to patients in urban locations; provided that the provisions of

this section shall not be construed to require coverage of an otherwise noncovered benefit.

- C. A determination by a group health plan that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal pursuant to the Patient Protection Act.
- D. The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.
- E. Nothing in this section shall require a health care provider to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
- F. A group health plan shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the group health plan provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent of insurance.
- G. A group health plan may charge a deductible, copayment or coinsurance for a health care service delivered via telemedicine if it does not exceed the deductible, copayment or coinsurance applicable to a service delivered

via in-person consultation or contact.

- H. A group health plan shall not impose any annual or lifetime dollar maximum on coverage for services delivered via telemedicine, other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the group health plan, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance or deductible amounts, or any plan year, calendar year, lifetime or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the group health plan.
- I. A group health plan shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the group health plan reimburses for comparable services delivered via in-person consultation or contact.
- J. Telemedicine used to provide clinical services shall be encrypted and shall conform to state and federal privacy laws.
- K. The provisions of this section shall not apply to group health coverage intended to supplement major medical group-type coverage, such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or any other limited-benefit health

insurance policy.

## L. As used in this section:

- (1) "consulting telemedicine provider" means a health care provider that delivers telemedicine services from a location remote from an originating site;
- (2) "health care provider" means a duly licensed hospital or other licensed facility, physician or other health care professional authorized to furnish health care services within the scope of the professional's license;
- (3) "in real time" means occurring simultaneously, instantaneously or within seconds of an event so that there is little or no noticeable delay between two or more events;
- (4) "originating site" means a place at which a patient is physically located and receiving health care services via telemedicine;
- (5) "store-and-forward technology" means electronic information, imaging and communication, including interactive audio, video and data communications, that is transferred or recorded or otherwise stored for asynchronous use; and
- (6) "telemedicine" means the use of telecommunications and information technology to provide clinical health care at a site distinct from the patient.

  "Telemedicine" allows health care professionals to evaluate,

diagnose and treat patients in remote locations using telecommunications and information technology in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or remote patient monitoring and telecommunications in order to deliver health care services to a site where the patient is located, along with the use of electronic media and health information. "Telemedicine" allows patients in remote locations to access medical expertise without travel."

SECTION 2. Section 59A-22-49.3 NMSA 1978 (being Laws 2013, Chapter 105, Section 2) is amended to read:

"59A-22-49.3. COVERAGE FOR TELEMEDICINE SERVICES.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services when those services are provided via in-person consultation or contact. An insurer shall not impose any unique condition for coverage of services provided via telemedicine.

B. An insurer shall not impose an originating-site restriction with respect to telemedicine services or distinguish between telemedicine services provided to patients in rural locations and those provided to patients in

urban locations; provided that the provisions of this section shall not be construed to require coverage of an otherwise noncovered benefit.

- C. A determination by an insurer that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal pursuant to the Patient Protection Act.
- D. The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.
- E. Nothing in this section shall require a health care provider to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
- F. An insurer shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health insurance plan, policy or contract provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent.
- G. An insurer may charge a deductible, copayment, or coinsurance for a health care service delivered via telemedicine if it does not exceed the deductible, copayment

or coinsurance applicable to a service delivered via in-person consultation or contact.

- H. An insurer shall not impose any annual or lifetime dollar maximum on coverage for services delivered via telemedicine, other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the health insurance plan, policy or contract, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance or deductible amounts, or any plan, policy or contract year, calendar year, lifetime or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the health insurance plan, policy or contract.
- I. An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.
- J. Telemedicine used to provide clinical services shall be encrypted and shall conform to state and federal privacy laws.
- K. The provisions of this section shall not apply to an individual policy, plan or contract intended to supplement major medical group-type coverage, such as

1 medicare supplement, long-term care, disability income, 2 specified disease, accident-only, hospital indemnity or any 3 other limited-benefit health insurance policy. L. As used in this section: 4 "consulting telemedicine provider" means 5 a health care provider that delivers telemedicine services 6 from a location remote from an originating site; 7 (2) "health care provider" means a duly 8 licensed hospital or other licensed facility, physician or 9 other health care professional authorized to furnish health 10 care services within the scope of the professional's license; 11 "in real time" means occurring (3) 12 simultaneously, instantaneously or within seconds of an event 13 so that there is little or no noticeable delay between two or 14 more events; 15 (4) "originating site" means a place at 16 which a patient is physically located and receiving health 17 care services via telemedicine; 18 "store-and-forward technology" means 19 electronic information, imaging and communication, including 20 interactive audio, video and data communication, that is 21

(6) "telemedicine" means the use of telecommunications and information technology to provide

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use; and

transferred or recorded or otherwise stored for asynchronous

clinical health care from a distance. "Telemedicine" allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications and information technology in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or remote patient monitoring and telecommunications in order to deliver health care services to a site where the patient is located, along with the use of electronic media and health information.

"Telemedicine" allows patients in remote locations to access medical expertise without travel."

SECTION 3. Section 59A-23-7.12 NMSA 1978 (being Laws 2013, Chapter 105, Section 3) is amended to read:

"59A-23-7.12. COVERAGE FOR TELEMEDICINE SERVICES.--

A. A blanket or group health insurance policy or contract that is delivered, issued for delivery or renewed in this state shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services when those services are provided via in-person consultation or contact. An insurer shall not impose any unique condition for coverage of services provided via telemedicine.

B. An insurer shall not impose an originating-site restriction with respect to telemedicine services or distinguish between telemedicine services provided to

shall not be construed to require coverage of an otherwise noncovered benefit.

C. A determination by an insurer that health care

patients in rural locations and those provided to patients in

urban locations; provided that the provisions of this section

- C. A determination by an insurer that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal pursuant to the Patient Protection Act.
- D. The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.
- E. Nothing in this section shall require a health care provider to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
- F. An insurer shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health insurance plan, policy or contract provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent.
- G. An insurer may charge a deductible, copayment or coinsurance for a health care service delivered via

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

- I. An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.
- J. Telemedicine used to provide clinical services shall be encrypted and shall conform to state and federal privacy laws.
- K. The provisions of this section shall not apply to a group or blanket policy, plan or contract intended to

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supplement major medical group-type coverage, such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or any other limited-benefit health insurance policy.

## L. As used in this section:

- (1) "consulting telemedicine provider" means a health care provider that delivers telemedicine services from a location remote from an originating site;
- (2) "health care provider" means a duly licensed hospital or other licensed facility, physician or other health care professional authorized to furnish health care services within the scope of the professional's license;
- (3) "in real time" means occurring simultaneously, instantaneously or within seconds of an event so that there is little or no noticeable delay between two or more events;
- (4) "originating site" means a place at which a patient is physically located and receiving health care services via telemedicine;
- (5) "store-and-forward technology" means electronic information, imaging and communication, including interactive audio, video and data communication, that is transferred or recorded or otherwise stored for asynchronous use; and
  - (6) "telemedicine" means the use of

telecommunications and information technology to provide
clinical health care from a distance. "Telemedicine" allows
health care professionals to evaluate, diagnose and treat
patients in remote locations using telecommunications and
information technology in real time or asynchronously,
including the use of interactive simultaneous audio and video
or store-and-forward technology, or remote patient monitoring
and telecommunications in order to deliver health care
services to a site where the patient is located, along with
the use of electronic media and health information.
"Telemedicine" allows patients in remote locations to access
medical expertise without travel."

SECTION 4. Section 59A-46-50.3 NMSA 1978 (being Laws 2013, Chapter 105, Section 4) is amended to read:

"59A-46-50.3. COVERAGE FOR TELEMEDICINE SERVICES.--

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state shall provide coverage for services provided via telemedicine to the same extent that the contract covers the same services when those services are provided via in-person consultation or contact. A carrier shall not impose any unique condition for coverage of services provided via telemedicine.

B. A carrier shall not impose an originating-site restriction with respect to telemedicine services or

distinguish between telemedicine services provided to patients in rural locations and those provided to patients in urban locations; provided that the provisions of this section shall not be construed to require coverage of an otherwise noncovered benefit.

- C. A determination by a health maintenance organization that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal pursuant to the Patient Protection Act.
- D. The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.
- E. Nothing in this section shall require a health care provider to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
- F. A carrier shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health maintenance organization contract provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent.

- G. A carrier may charge a deductible, copayment or coinsurance for a health care service delivered via telemedicine if it does not exceed the deductible, copayment or coinsurance applicable to a service delivered via in-person consultation or contact.
- H. A carrier shall not impose any annual or lifetime dollar maximum on coverage for services delivered via telemedicine, other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the contract, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance or deductible amounts, or any contract year, calendar year, lifetime or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the contract.
- I. A carrier shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the carrier reimburses for comparable services delivered via in-person consultation or contact.
- J. Telemedicine used to provide clinical services shall be encrypted and shall conform to state and federal privacy laws.
  - K. The provisions of this section shall not apply

to an individual or group health maintenance organization

contract intended to supplement major medical group-type

coverage, such as medicare supplement, long-term care,

disability income, specified disease, accident-only, hospital

indemnity or any other limited-benefit health insurance

policy.

## L. As used in this section:

- (1) "consulting telemedicine provider" means a health care provider that delivers telemedicine services from a location remote from an originating site;
- (2) "in real time" means occurring simultaneously, instantaneously or within seconds of an event so that there is little or no noticeable delay between two or more events;
- (3) "originating site" means a place at which a patient is physically located and receiving health care services via telemedicine;
- (4) "store-and-forward technology" means electronic information, imaging and communication, including interactive audio, video and data communication, that is transferred or recorded or otherwise stored for asynchronous use; and
- (5) "telemedicine" means the use of telecommunications and information technology to provide clinical health care from a distance. "Telemedicine" allows

health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications and information technology in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or remote patient monitoring and telecommunications in order to deliver health care services to a site where the patient is located, along with the use of electronic media and health information.

"Telemedicine" allows patients in remote locations to access medical expertise without travel."

SECTION 5. Section 59A-47-45.3 NMSA 1978 (being Laws 2013, Chapter 105, Section 5) is amended to read:

"59A-47-45.3. COVERAGE FOR TELEMEDICINE SERVICES.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance delivered or issued for delivery in this state shall provide coverage for services provided via telemedicine to the same extent the health care plan covers the same services when those services are provided via in-person consultation or contact. A health care plan shall not impose any unique condition for coverage of services provided via telemedicine.

B. A health care plan shall not impose an originating-site restriction with respect to telemedicine services or distinguish between telemedicine services provided to patients in rural locations and those provided to

patients in urban locations; provided that the provisions of this section shall not be construed to require coverage of an otherwise noncovered benefit.

- C. A determination by a nonprofit health plan that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal pursuant to the Patient Protection Act.
- D. The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.
- E. Nothing in this section shall require a health care provider to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
- F. A health care plan shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health care plan provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent.
- G. A health care plan may charge a deductible, copayment or coinsurance for a health care service delivered via telemedicine if it does not exceed the deductible, copayment or coinsurance applicable to a service delivered

via in-person consultation or contact.

H. A health care plan shall not impose any annual or lifetime dollar maximum on coverage for services delivered via telemedicine, other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the health care plan, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance or deductible amounts, or any plan year, calendar year, lifetime or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the health care plan.

- I. A health care plan shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the carrier reimburses for comparable services delivered via in-person consultation or contact.
- J. Telemedicine used to provide clinical services shall be encrypted and shall conform to state and federal privacy laws.
- K. The provisions of this section shall not apply to an individual or group health care plan intended to supplement major medical group-type coverage, such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or any

- (1) "consulting telemedicine provider" means a health care provider that delivers telemedicine services from a location remote from an originating site;
- (2) "health care provider" means a duly licensed hospital or other licensed facility, physician or other health care professional authorized to furnish health care services within the scope of the professional's license;
- (3) "in real time" means occurring simultaneously, instantaneously or within seconds of an event so that there is little or no noticeable delay between two or more events;
- (4) "originating site" means a place at which a patient is physically located and receiving health care services via telemedicine;
- (5) "store-and-forward technology" means electronic information, imaging and communication, including interactive audio, video and data communication, that is transferred or recorded or otherwise stored for asynchronous use; and
- (6) "telemedicine" means the use of telecommunications and information technology to provide clinical health care from a distance. "Telemedicine" allows health care professionals to evaluate, diagnose and treat

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