

Date: Feb. 6, 2015	POLICY BRIEF/ANALYSIS PREPARED FOR THE BOARD OF DIRECTORS	 Health District OF NORTHERN LARIMER COUNTY
Staff: Dan Sapienza		

HB15-1029 – HEALTH CARE DELIVERY VIA ~~TELEMEDICINE~~ TELEHEALTH STATEWIDE

Concerning coverage under a health benefit plan for health care services delivered through telemedicine in any areas of the state

Details

Bill Sponsors:	House – Ginal (D) and Buck (R) Senate – Kefalas (D) and Martinez Humenik (R)
Committee:	House Health Insurance and Environment
Bill History:	01/28/2015 House Third Reading Passed - No Amendments House 3 rd Reading Vote – 58-6 House HIE Committee Vote – 13-0
Next Action:	Senate Action

Bill Summary

Currently, health insurance plans issued to individuals in counties with 150,000 or fewer residents are required to also cover telehealth care in the same manner as in-person care. HB15-1029 first removes the geographic and populations limit from the requirement to allow telehealth care.

Note: The amended HB15-1029 uses the term “telehealth,” not “telemedicine.” This summary will usually refer to “telemedicine.” The change was because the term “telehealth” was more inclusive of all types of health, not as specific as “telemedicine,” which is defined in statute.

HB15-1029: “Telehealth” is defined as a mode of delivery of health care services through telecommunications systems to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at one site and the health care provider is located at a distant site. The term excludes delivery of health care services via telephone, facsimile machine, or electronic mail systems.

C.R.S. 12-36-102.5 (Practice of Medicine): “Telemedicine” means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.¹

Background

The American Telemedicine Association defines “telemedicine” as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.”² Frequently, telemedicine refers to two-way audio or video communications to connect a patient to a care provider that is in a geographically distant location. Sometimes referred to as telehealth, “telemedicine” encompasses a growing array of technologies and care types.

¹ C.R.S. 12-36-102.5 (2014)

² <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine>

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Telemedicine is regularly touted for benefits it can bring to geographically remote areas, such as rural communities with inadequate numbers of health care providers. In 2001, when the Colorado General Assembly added telemedicine to the requirements of health insurance carriers, the legislature declared:

It is the intent of the general assembly to recognize the practice of telemedicine as a legitimate means by which **an individual in a rural area** may receive medical services from a provider without person-to-person contact with the provider. C.R.S. 10-16-123 (emphasis added)

In these remote communities, frequently telemedicine services are provided at a remote care office using specialty videoconferencing equipment connecting to a physician (general practitioners and often rarer specialties) in a more urban setting. One physician or mental health practitioner could easily cover a large geographic area. As technology has evolved, so have the demands for telemedicine services and the possibilities for their use in less geographically remote areas.

Faster data transfer allows for near-instantaneous transfer of diagnostic images, vital signs, and test results between providers and patients. With the technology now available in many homes, the possibilities of telemedicine have grown even more. Many diagnostic tools can even connect to patients' smart phones.

The timely diagnosis and treatment for stroke is an example often used to show the benefits of telemedicine. Therapies for acute stroke are often underused at medical facilities without a specialty in stroke, whether in rural or urban areas.³ Stroke specialists can consult, via telehealth technology, with patients and doctors at any facility within minutes. A neurologist testifying before the Colorado House Health Insurance and Environment Committee on January 22, 2015 gave the example of using his iPad to consult with patients within minutes, instead of getting in his car and driving across town or even walking to the other end of his hospital.

These new technologies have led some to question the geographic limits in Colorado law. Because of the 2001 intent to bring telemedicine to rural communities, health insurance carriers are only required to pay for these services in counties with 150,000 or fewer residents. Based on 2013 populations, residents of 54 of 64 Colorado counties are eligible for telemedicine coverage, but more than 81% of the state's residents live in the 10 counties that are not eligible,⁴ including Larimer County.

HB15-1029 Bill Details

As discussed, under current law, health plans cannot require that health services be delivered via in-person care, if the care can be appropriately delivered via telemedicine in counties with a population of 150,000 or fewer residents. This bill removes that population restriction and makes other changes.

"Telehealth" is defined as a mode of delivery of health care services through telecommunications systems to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at one site and the health care provider is located at a distant site. The term excludes delivery of health care services via telephone, facsimile machine, or electronic mail systems.

³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2664571/>

⁴ Counties with more than 150,000 residents according to 2013 population estimates: Pueblo County, Weld County, Douglas County, Boulder County, Larimer County, Adams County, Jefferson County, Arapahoe County, Denver County, and El Paso County.

<http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251593346867>

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Notably:

- Carriers must reimburse providers that deliver care through telemedicine on the same basis as care delivered in person.
- Carriers must include in telehealth payments reasonable payment for transmission costs.
- Carriers must charge the same copayments/etc. that are charged for in-person care.

Discussion

Known proponents/ supporters

- Colorado Hospital Association
- Colorado Telehealth Network
- Colorado Access
- Centura Health
- Children’s Hospital
- Colorado Psychiatric Society (Strong Support)
- Colorado Medical Society

Known opponents/potential opponents

- No known groups are officially opposing this legislation.

Considerations supporting HB15-1029

- Increased access to health care (including specialty care) – Though not all medical care can be provided as well through telehealth, this bill seeks to increase opportunities for all people to access this kind of care. As this technology changes, this bill will allow more people to benefit from the newest modes of care. It would also allow care to be provided in new venues, such as prisons and other potentially difficult to reach locations.
- County populations can vary – Counties like Larimer County exceed the 150,000 population limit in the statute, though not all of the areas of the county would be considered “urban.” This bill would allow more remote/rural areas of these counties to access this technology.
- Recruit more providers – For telehealth to succeed, it requires providers to participate in using the technology. With the limitation based on population, there are fewer potential clients for care providers to serve. With this bill’s elimination of the population restriction, more people would be potential clients and more providers might be incentivized to provide care through this manner.
- Cost Savings – Telehealth can save money for patients and providers. Patients could reduce their expenses related to traveling to distant care facilities. Likewise, providers could reduce the need for travel. Children’s Hospital provided an example of a family flying to Children’s Hospital from Durango and staying in a hotel overnight for what was a 22-minute visit.

Considerations opposing HB15-1029

- Limit or remove patient choice; move away from in-person care – “With this change, will health care move toward requiring that care be provided remotely instead of in-person?” Some people are concerned that a move to not providing care in-person in order to reduce costs could cause a dramatic shift in the health care system where patients may not have the choice of in-person care, or where in-person care will no longer be the norm. Some are concerned that remote telehealth care could evolve as a sort of “outsourcing” of health care services and fear that insurance carriers might seek to provide remote care by the lowest cost providers, similar to the off-shoring of call centers.

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About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.