



Ohio Legislative Service Commission

Bill Analysis

Elizabeth Molnar

H.B. 123

130th General Assembly
(As Introduced)

Reps. Gonzales and Wachtmann, J. Adams, Brenner, Henne, McClain, Williams, Young

BILL SUMMARY

- Authorizes health care insurers to provide coverage of telehealth services provided by health care professionals and facilities.
- Requires the Office of Medical Assistance to adopt rules establishing standards for Medicaid reimbursement of telehealth services provided by health care professionals and facilities.
- Specifies that coverage of a telehealth service applies only if the service involves an immediate and direct interaction with a patient, is medically appropriate and necessary, and is provided by a licensed health care provider or facility.
- Requires that a health care provider seeking reimbursement for a telehealth service maintain documentation of providing the service as part of the patient records the provider maintains.

CONTENT AND OPERATION

Medicaid and health care insurer coverage of telehealth services

The bill authorizes coverage of telehealth services provided by health insuring corporations, sickness and accident insurers, public employee benefit plans, and multiple employer welfare arrangements.¹ It requires the Office of Medical Assistance (OMA) to adopt rules establishing standards governing Medicaid reimbursement for services OMA determines to be appropriate for Medicaid coverage when delivered as

¹ R.C. 1739.051(B), 1751.69(B), and 3923.235(B).

telehealth services.² The bill provides that Medicaid coverage applies to a telehealth service only if: (1) it is as cost-effective as an in-person service, or (2) it is necessary to support the Medicaid program's administrative responsibilities under federal law to enlist a sufficient number of providers.³

The bill defines "telehealth service" as a health care service delivered to a patient from a site other than the site where the patient is located through the use of interactive audio, video, or other telecommunications or electronic technology.⁴

Specifications regarding coverage

The bill specifies that the following apply with respect to the coverage of telehealth services by Medicaid and health care insurers:⁵

(1) The coverage applies only to telehealth services that are medically appropriate and medically necessary and that involve a health care provider's immediate or direct interaction with a patient.

(2) The coverage extends only to telehealth services provided by a health care professional or facility that is licensed, certified, or registered in Ohio when the telehealth services are provided.

(3) The coverage applies only to telehealth services provided through systems that are secure as determined by OMA in the case of Medicaid or, with respect to health insurers, as demonstrated by adherence to federal regulations known as the HIPAA Security Rule for protection of electronic health information.⁶

(4) Under Medicaid, the coverage applies only if the health care provider or facility has a valid Medicaid provider agreement.

Documentation in patient records

Under the bill, if a health care provider intends to seek reimbursement for a telehealth service, the provider is required to retain relevant documentation of

² R.C. 5111.021(B).

³ R.C. 5111.0216(C)(3).

⁴ R.C. 1739.051(A), 1751.69(A), 3923.235(A), and 5111.0216(A).

⁵ R.C. 1739.051(C), 1751.69(C), 3923.235(C), and 5111.0216(C).

⁶ 45 C.F.R. Part 160 and Subparts A and C of 45 C.F.R. Part 164.

providing the service and any subsequent telehealth service as part of the patient records maintained by the provider.⁷

Patient consent

In the case of coverage by health care insurers, the bill requires that a health care provider intending to seek reimbursement for telehealth services do both of the following before providing such services: (1) verbally inform the patient that telehealth services may be used and (2) obtain the patient's verbal consent to the use of telehealth services. These requirements do not apply in emergencies or other situations in which consent cannot be obtained before it is necessary to provide the services.⁸

HISTORY

ACTION	DATE
Introduced	04-10-13

H0123-I-130.docx/emr

⁷ R.C. 1739.051(D)(3), 1751.69(D)(3), 3923.235(D)(3), and 5111.0216(D).

⁸ R.C. 1739.051(D)(1) and (2), 1751.69(D)(1) and (2), and 3923.235(D)(1) and (2).

