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## DEPARTMENT OF INSURANCE

- Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent as in-person services.
- Prohibits a health benefit plan from excluding telemedicine services from coverage solely because they are telemedicine services.
- Applies to all health benefit plans issued, offered, or renewed on or after January 1, 2020.

### Telemedicine services

(R.C. 3902.30)

The bill requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person health care services. “Telemedicine service” is defined as a health care service provided through synchronous or asynchronous information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where the recipient is located.

The bill prohibits a health benefit plan from excluding coverage for a service solely because it is provided as a telemedicine service. It also prohibits a health benefit plan from imposing any annual or lifetime benefit maximum in relation to telemedicine services other than a benefit maximum imposed on all benefits offered under the plan.

Under the bill, a health benefit plan may assess cost-sharing requirements to a covered individual for telemedicine services as long as these requirements are not greater than those for comparable in-person health care services. Also, the bill does not require a health plan issuer to reimburse a physician for any costs or fees associated with the provision of telemedicine services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services.

The bill applies to all health benefit plans issued, offered, or renewed on or after January 1, 2020.