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CHAPTER 27

HB 1623-FN - FINAL VERSION

11Mar2020... 0509h

06/16/2020 1345s

06/16/2020 1530s

2020 SESSION

20-2023

01/05

HOUSE BILL *1623-FN*

AN ACT relative to telemedicine.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Allard, Merr. 21; Rep. MacDonald, Carr. 6; Rep. Edwards, Rock. 4; Rep. Baldasaro, Rock. 5; Rep. M. Pearson, Rock. 34; Rep. Snow, Hills. 19; Rep. Crawford, Carr. 4; Rep. Schapiro, Ches. 16; Sen. Bradley, Dist 3; Sen. Kahn, Dist 10

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill:

I. Ensures reimbursement parity, expands site of service, and enables all providers to provide services through telehealth for Medicaid and commercial health coverage.

II. Enables access to medication assisted treatment (MAT) in specific settings by means of telehealth services.

III. Amends the Physicians and Surgeons Practice Act to expand the definition of telemedicine.

IV. Amends the relevant practice acts to expand the definition of telemedicine.

V. Enables the use of telehealth services to deliver Medicaid reimbursed services to schools.

11Mar2020... 0509h

06/16/2020 1345s

06/16/2020 1530s 20-2023

01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to telemedicine.

Be it Enacted by the Senate and House of Representatives in General Court convened:

27:1 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III to read as follows:

III.(a) Coverage under this section shall include the use of telehealth or telemedicine for Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care:

(1) Which is an appropriate application of telehealth services provided by physicians and other health care providers, as determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also including persons providing psychotherapeutic services as provided in He-M 426.08 and 426.09;

(2) By which telemedicine services for primary care, remote patient monitoring, and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service; and

(3) By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

(b) The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person.

(c) The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less that the total amount allowed for health care services provided in person.

(d) There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

(e) The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

(f) Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following:

(1) Physicians and physician assistants, governed by RSA 329 and RSA 328-D;

(2) Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;

(3) Midwives, governed by RSA 326-D;

(4) Psychologists, governed by RSA 329-B;

(5) Allied health professionals, governed by RSA 328-F;

(6) Dentists, governed by RSA 317-A;

(7) Mental health practitioners governed by RSA 330-A;

(8) Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;

(9) Alcohol and other drug use professionals, governed by RSA 330-C;

(10) Dietitians, governed by RSA 326-H; and

(11) Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board.

(g) Nothing in this section shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage. Services delivered through telehealth under this section shall comply with all applicable state and federal law or regulation as allowed by the Medicaid program. Any conflict with the provisions of this section and federal law or regulation shall preempt and supersede any provision of this section.

27:2 New Hampshire Telemedicine Act; Coverage for Telemedicine Services. Amend RSA 415-J:2, III to read as follows:

III. "Telemedicine," as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of ~~audio-only telephone or~~ facsimile.

27:3 New Hampshire Telemedicine Act; Coverage for Telemedicine Services. Amend RSA 415-J:3, III to read as follows:

III. An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.

IV. An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In

the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable.

V. The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person.

VI. Nothing in this section shall be construed to prohibit an insurer from paying reasonable compensation to a provider at a distant site in addition to a fee paid to the health care provider.

VII. If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

VIII. An insurer shall not impose on coverage for health care services provided through telemedicine any additional benefit plan limitations to include annual or lifetime dollar maximums on coverage, deductibles, copayments, coinsurance, benefit limitation or maximum benefits that are not equally imposed upon similar services provided in-person.

IX. Nothing in this section shall be construed to allow an insurer to reimburse more for a health care service provided through telemedicine than would have been reimbursed if the health care service was provided in person.

X. There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

XI. An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

XII. The following medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to:

(a) Physicians and physician assistants, under RSA 329 and RSA 328-D;

(b) Advanced practice nurses, under RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;

(c) Midwives, under RSA 326-D;

(d) Psychologists, under RSA 329-B;

(e) Allied health professionals, under RSA 328-F;

(f) Dentists, under RSA 317-A;

(g) Mental health practitioners governed by RSA 330-A;

(h) Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;

(i) Alcohol and other drug use professionals, governed by RSA 330-C;

(j) Dietitians, governed by RSA 326-H; and

(k) Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board as required by RSA 417-E:2.

XIII. Nothing in this section shall be construed to prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.

27:4 New Subdivision; Commission to Study Telehealth Services. Amend RSA 329 by inserting after section 329:1-e the following new subdivision:

Commission to Study Telehealth Services

329:1-f Commission to Study Telehealth Services

I. There is established a commission to study telehealth services.

(a) The members of the commission shall be as follows:

(1) One member of the senate, appointed by the president of the senate.

(2) Two members of the house of representatives, appointed by the speaker of the house of representatives.

(3) The Medicaid director, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A member of the New Hampshire Americas Health Insurance Plans, or designee.

(6) A member of the New Hampshire Hospital Association, appointed by the association.

(7) A member of the Community Behavioral Health Association, appointed by the association.

(8) A member of the New Hampshire Medical Society, appointed by the society.

(9) A member of Bi-State Primary Care Association, appointed by the association.

(10) A member from a nonprofit social services organization representing the patient perspective, appointed by the president of the senate.

(11) A member of the NH Nurse Practitioner Association, appointed by the association.

(12) A member of the Granite State Home Health & Hospice Association, appointed by the association.

(13) A representative of the Medicaid Managed Care Organization (MCO) as nominated by the MCOs operating in the state of New Hampshire.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall:

(1) Review available data compiled by the department of insurance requested by the commission. This data may include, but not limited to, utilization and cost of services through telehealth in New Hampshire.

(2) Review available data compiled by health care providers requested by the commission. This data may include, but not limited to, utilization, patient experience, delivery costs, and savings achieved through telehealth in New Hampshire.

(3) Review other information and material as determined by the commission.

(b) The commission may solicit input from any person or entity the commission deems relevant to its study, including data collected by an independent research contractor. This data may include review of telehealth parity in all commercial payers, NH Medicaid fee for service, and managed care plans; patient and provider access to telehealth; provider use of telehealth services; patient utilization, including chronic disease management and prevention services; quality of care delivered by telehealth; and the impact of telehealth on the cost of healthcare delivery.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Six members of the commission shall constitute a quorum.

IV. The commission shall make an interim report by December 1, 2022 and a final report with its findings and any recommendations for proposed legislation on or before December 1, 2024 to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library.

27:5 Statement of Intent for Access to Medication Assisted Treatment (MAT) in Specific Settings.

I. The general court hereby recognizes that:

(a) Recent medical research indicates that substance use treatment can be safely done utilizing telemedicine (Rubin R., Using Telemedicine to Treat Opioid Use Disorder in Rural Areas. JAMA. Published online August 28, 2019); and

(b) Recent court decisions (Smith v. Aroostook County, No. 19-1340 (1st Cir. 2019)) require the increased availability of substance use treatment in correctional facilities; and

(c) Recent changes in federal law allow the registration of certain individuals to prescribe opioid drugs to be used in substance use disorder without first conducting an in person examination (21 U.S.C. section 831(h)), which registration regulations are pending.

II. Therefore, the general court hereby enacts the following legislation.

27:6 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, II(c)-(e) to read as follows:

(c) "Doorways" means the statewide points of entry for the delivery of substance use services.

(d) "Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.

~~(d)~~ (e) "Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not

take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers.

~~(e)~~ (f) "Store and forward," as it pertains to telemedicine and as an exception to 42 C.F.R. section 410.78, means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.

27:7 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

(2) By which telemedicine services for primary care, remote patient monitoring, and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service~~;~~ . A provider shall not be required to establish care via face-to-face in-person service when:

(a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(b) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(c) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(d) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(e) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and

27:8 New Paragraph; Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d by inserting after paragraph IV the following new paragraph:

IV-a. With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient's medication assisted treatment to the doorway, as defined in RSA 167:4-d, II(c), within the region where the patient resides.

27:9 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

XVI.(a) (1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care~~, or who are treating patients at a state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug~~. A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

(b) (1) The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a)~~, who are treating patients at a SAMHSA-certified state opioid treatment program. Such prescription authority shall require an initial in-person exam by a practitioner licensed to prescribe the drug and~~ . A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a Doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

(c) The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

27:10 New Paragraph; Nurse Practice Act; Rulemaking Added. Amend RSA 326-B:9 by inserting after paragraph XII the following new paragraph:

XIII. A process for registering practitioners who have been granted a special registration to prescribe controlled substances via telemedicine pursuant to 21 U.S.C. section 831(h).

27:11 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled drug classified in schedule II through IV, except substance use disorder (SUD) treatment as permitted in locations enumerated in paragraph IV. Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the exemption.

IV.(a) (1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care~~, or who are treating patients at a state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug~~. A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a Doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

(b) (1) The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a)~~, who are treating patients at a SAMHSA-certified state opioid treatment program. Such prescription authority shall require an initial in-person exam by a practitioner licensed to prescribe the drug and~~ . A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

(c) The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

27:12 New Section; Telemedicine and Telehealth Services. Amend RSA 310-A by inserting after section 1-e the following new section:

310-A:1-f Telemedicine and Telehealth Services.

I. “Telemedicine” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

II. “Telehealth” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

III. Individuals licensed, certified, or registered pursuant to RSA 137-F; RSA 151-A; RSA 315; RSA 316-A; RSA 317-A; RSA 326-B; RSA 326-D; RSA 326-H; RSA 327; RSA 328-E; RSA 328-F; RSA 328-G; RSA 329-B; RSA 330-A; RSA 330-C; RSA 327-A; RSA 329; RSA 326-B; RSA 318; RSA 328-I; RSA 328-J may provide services through telemedicine or telehealth, provided the services rendered are authorized by scope of practice. Nothing in this provision shall be construed to expand the scope of practice for individuals regulated under this chapter.

IV. Notwithstanding any provision of law to the contrary, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate licensing board within the division of health professions. This paragraph shall not apply to out-of-state physicians who provide consultation services pursuant to RSA 329:21, II.

V. An individual providing services by means of telemedicine or telehealth directly to a patient shall:

(a) Use the same standard of care as used in an in-person encounter;

(b) Maintain a medical record; and

(c) Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

VI. Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

27:13 New Paragraph; Physicians and Surgeons; Rulemaking. Amend RSA 329:9 by inserting after paragraph XX the following new paragraph:

XXI. A process for registering practitioners who have been granted a special registration to prescribe controlled substances via telemedicine pursuant to 21 U.S.C. section 831(h).

27:14 Physicians and Surgeons. Amend RSA 329:1-d, I to read as follows:

I. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~

27:15 Nurse Practice Act. Amend RSA 326-B:2, XII (a) to read as follows:

(a) "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~

27:16 New Section; Hearing Care Providers. Amend RSA 137-F by inserting after section 11 the following new section:

137-F:11-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:17 New Section; Podiatry. Amend RSA 315 by inserting after section 6 the following new section:

315:6-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:18 New Section; Chiropractic Examiners. Amend RSA 316-A by inserting after section 15 the following new section:

316-A:15-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:19 New Section; Midwivery. Amend RSA 326-D by inserting after section 12 the following new section:

326-D:12-a Telemedicine. A midwife certified under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:20 Optometry; Definition of Telemedicine. Amend RSA 327:1, VI-a to read as follows:

VI-a. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~

27:21 New Section; Optometry. Amend RSA 327 by inserting after section 25-b the following new section:

327:25-c Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine.

27:22 New Paragraph; Naturopathic Medicine; Scope of Practice; Telemedicine. Amend RSA 328-E:4 by inserting after paragraph V the following new paragraph:

VI. Doctors of naturopathic medicine shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:23 New Section; Allied Health Professionals; Telemedicine. Amend RSA 328-F by inserting after section 11-a the following new section:

328-F:11-b Telemedicine. Persons licensed by governing boards under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:24 New Paragraph; Acupuncture; Telemedicine. Amend RSA 328-G:10 by inserting after paragraph IV the following new paragraph:

V. Persons licensed by the board to practice acupuncture shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:25 Psychologists; Telemedicine. Amend RSA 329-B:16 to read as follows:

329-B:16 Electronic Practice of Psychology, Tele-Health, Telemedicine.

I. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

II. Persons licensed by the board who practice electronically shall be subject to standards of care for the practice of telemedicine and tele-health for psychology established by the board pursuant to rules adopted under RSA 541-A.

27:26 New Section; Mental Health Practice; Telemedicine. Amend RSA 330-A by inserting after section 15-a the following new section:

330-A:15-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:27 New Section; Alcohol and Other Drug Use Professionals; Telemedicine. Amend RSA 330-C by inserting after section 14 the following new section:

330-C:14-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:28 New Section; Opthalmic Dispensers; Telemedicine. Amend RSA 327-A by inserting after section 12 the following new section:

327-A:12-a Telemedicine. Registered opthalmic dispensers shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:29 New Section; Licensed Pharmacists; Telemedicine. Amend RSA 318 by inserting after section 16-d the following new section:

318:16-e Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:30 New Section; Board of Registration of Medical Technicians; Telemedicine. Amend RSA 328-I by inserting after section 15 the following new section:

328-I:16 Telemedicine. Medical technicians registered by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:31 New Section; Medical Imaging and Radiation Therapy; Telemedicine. Amend RSA 328-J by inserting after section 12 the following new section:

328-J:12-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:32 New Section; Dentists and Dentistry; Telemedicine. Amend RSA 317-A by inserting after section 7-a the following new section:

317-A:7-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27:33 New Subparagraph; Medicaid to Schools for Medical Services Program; Telehealth Services Added. Amend RSA 167:3-k, III by inserting after subparagraph (b) the following new subparagraph:

(c) Include services delivered through telehealth, as defined in RSA 167:4-d.

27:34 New Subparagraph; Medicaid to Schools Program Established; Telehealth Services Added. Amend RSA 186-C:25, II by inserting after subparagraph (d) the following new subparagraph:

(e) Services delivered through telehealth, as defined in RSA 167:4-d.

27:35 Managed Care Law; Reasonable Value of Health Care Services. Amend RSA 420-J:8-e to read as follows:

420-J:8-e Reasonable Value of Health Care Services. In the event of a dispute between a health care provider and an insurance carrier relative to the reasonable value of a service under RSA 329:31-b or RSA 415-J:3, the commissioner shall have exclusive jurisdiction to determine if the fee is commercially reasonable. Either the provider or the insurance carrier may petition for a hearing under RSA 400-A:17. The petition shall include the appealing party's evidence and methodology for asserting that the fee is reasonable, and shall detail the efforts made by the parties to resolve the dispute prior to petitioning the commissioner for review. The department may require the parties to engage in mediation prior to rendering a decision.

27:36 Applicability. Sections 1-3 of this act shall take effect 60 days after passage of this act or upon the expiration of the Governor’s Emergency Order #8 Pursuant to Executive Order 2020-04 entitled "Temporary expansion of access to Telehealth Services to protect the public and health care providers," whichever comes sooner.

27:37 Effective Date.

I. Sections 1-3 of this act shall take effect as provided in section 36 of this act.

II. The remainder of this act shall take effect upon its passage.

Approved: July 21, 2020

Effective Date:

I. Sections 1-3 shall take effect as provided in section 36.

II. Remainder shall take effect July 21, 2020.

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