

## HOUSE BILL No. 2427

By Committee on Vision 2020

1-12

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9 AN ACT concerning healthcare; relating to telemedicine and telehealth  
10 monitoring; providing for reimbursement.

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12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) Any person in the health care community may apply  
14 under subsection (b) to an insurance provider to provide reimbursement  
15 for accident and health services covered by the insurance provider and  
16 which are provided by telemedicine or telehealth monitoring technolo-  
17 gies, or under subsection (c) to the Kansas health policy authority to  
18 provide reimbursement through the state medicaid plan for health serv-  
19 ices provided by telemedicine or telehealth monitoring technologies.

20 (b) (1) After receipt of a request described in subsection (a), the  
21 insurance provider shall have 90 days to make a determination and re-  
22 spond in writing to the applicant either approving or rejecting the request.  
23 If the request is rejected, the insurance provider shall send a letter of  
24 rejection to the applicant which shall contain a detailed explanation of the  
25 reasons why providing such reimbursement would not be economical or  
26 measurably improve the quality of health care delivered along with a  
27 description of any documentation which, if provided by the applicant,  
28 would cause the insurance provider to reconsider the request.

29 (2) Upon receiving a letter of rejection, the applicant shall have 90  
30 days in which to file a written request with the Kansas health policy au-  
31 thority to make a determination whether providing the covered services  
32 by use of telemedicine or telehealth monitoring would be more cost ef-  
33 fective or measurably improve the quality of health care delivered. The  
34 applicant's request to the Kansas health policy authority shall include  
35 copies of the original application, letter of rejection received from the  
36 insurance provider, and the documentation the applicant is submitting in  
37 response to the rejection. After receiving the request from the applicant,  
38 the Kansas health policy authority shall have 90 days to review the file  
39 and render a decision.

40 (3) If the Kansas health policy authority decides that the additional  
41 documentation provided by the applicant sufficiently addresses the issues  
42 raised by the insurance provider in the letter of rejection, the Kansas  
43 health policy authority shall forward the request to the insurance provider

1 along with a statement from the Kansas health policy authority encour-  
2 aging the insurance provider to provide the requested reimbursement  
3 and the reasons therefor. If the documentation is found by the Kansas  
4 health policy authority to not be sufficient to address the issues raised by  
5 the insurance provider in the letter of rejection, the Kansas health policy  
6 authority shall respond, in writing, to the applicant explaining why the  
7 documentation was insufficient. After receiving such notice, the applicant  
8 shall have 90 days to refile with the Kansas health policy authority.

9 (4) Upon receiving the request from the Kansas health policy au-  
10 thority, the insurance provider shall have 90 days to make a determination  
11 and respond in writing to the applicant and the Kansas health policy  
12 authority either approving or rejecting the request. If the request is re-  
13 jected, the insurance provider shall send a second letter of rejection to  
14 the applicant and the Kansas health policy authority which shall contain  
15 a detailed explanation of the reasons the insurance provider found the  
16 additional documentation submitted by the applicant to be insufficient.

17 (5) Upon receiving a second letter of rejection from the insurance  
18 provider, the applicant shall have 90 days in which to file a written request  
19 to the commissioner to make a determination whether providing the cover-  
20 ed services by use of telemedicine or telehealth monitoring would be  
21 more cost effective or measurably improve the quality of health care del-  
22 ivered. The applicant's request to the commissioner shall include the  
23 copies of all documents exchanged between the applicant, the insurance  
24 provider, and the Kansas health policy authority. The commissioner shall  
25 have 90 days to review the file and render a decision. If after reviewing  
26 the request the commissioner finds the applicant has provided sufficient  
27 documentation to address issues raised by the insurance provider, the  
28 commissioner shall instruct the insurance provider to provide the reim-  
29 bursement specifically requested by the applicant. If the commissioner  
30 finds that the applicant has not provided sufficient documentation in re-  
31 sponse to the issues raised by the insurance provider, the commissioner  
32 shall, in writing, notify the applicant of such determination and the rea-  
33 sons therefor.

34 (c) (1) After receipt of a request described in subsection (a), the Kan-  
35 sas health policy authority shall have 90 days to make a determination  
36 and respond in writing to the applicant either approving or rejecting the  
37 request. If the request is rejected, the Kansas health policy authority shall  
38 send a letter of rejection to the applicant which shall contain a detailed  
39 explanation of the reasons for the rejection along with a description of  
40 any documentation which, if provided by the applicant, would cause the  
41 Kansas health policy authority to reconsider the request.

42 (2) Upon receiving a letter of rejection, the applicant shall have 90  
43 days in which to file a written request with the commissioner to make a

1 determination on the appropriateness of the application. The applicant's  
2 request to the commissioner shall include copies of the original applica-  
3 tion, letter of rejection received from the Kansas health policy authority,  
4 and the documentation the applicant is submitting in response to the  
5 rejection. After receiving the request from the applicant, the commis-  
6 sioner shall have 90 days to review the file and make recommendations  
7 to the Kansas health policy authority. A copy of the commissioner's rec-  
8 ommendations shall be sent to the Kansas health policy authority and the  
9 applicant.

10 (d) The Kansas health policy authority and the commissioner shall  
11 have the authority to adopt all rules and regulations deemed necessary  
12 and proper to carry out the provisions of this section.

13 (e) For the purposes of this section:

14 (1) "Applicant" includes the applicant's representative.

15 (2) "Commissioner" means the Kansas commissioner of insurance.

16 (3) "Health care community" means health care providers as well as  
17 administrators and researchers who are employed by hospitals.

18 (4) "Health care provider" shall have the meaning ascribed to it in  
19 K.S.A. 40-3401, and amendments thereto.

20 (5) "Hospital" shall have the meaning ascribed to it in K.S.A. 65-425,  
21 and amendments thereto.

22 (6) "Insurance provider" means the issuer of any individual or group  
23 health insurance policy, medical service plan, contract, hospital service  
24 corporation contract, hospital and medical service corporation contract,  
25 fraternal benefit society or health maintenance organization which pro-  
26 vides coverage for accident and health services.

27 (7) "Telecommunication services" means interactive audio and video  
28 telecommunications which permit real-time communication between the  
29 distant site physician or health care provider and patient.

30 (8) "Telehealth monitoring" means the use of devices to remotely  
31 collect and send data from a patient to a health care provider for  
32 interpretation.

33 (9) "Telemedicine" means the use of telecommunications services to  
34 link health care providers and patients in different locations. Telemedi-  
35 cine includes any of the following provided through the use of telecom-  
36 munications services:

37 (A) Consultation or office visit with a licensed health care provider;

38 (B) individual psychotherapy;

39 (C) pharmacological management service; or

40 (D) emergency services.

41 Sec. 2. This act shall take effect and be in force from and after its  
42 publication in the statute book.