A BILL TO BE ENTITLED
AN ACT TO REQUIRE HEALTH BENEFIT PLAN COVERAGE FOR THE DELIVERY OF
HEALTH CARE SERVICES THROUGH TELEHEALTH.
The General Assembly of North Carolina enacts:
SECTION 1. Part 7 of Article 50 of Chapter 58 of the General Statutes is amended
by adding a new section to read as follows:
§ 58-50-305. Coverage for the delivery of health care services through telehealth.
(a) For the purposes of this section, the following definitions shall apply:
(1) Health benefit plan. – As defined in G.S. 58-3-167.
(2) Telehealth. – The delivery of health care services by a health care provider
who is licensed in this State through (i) an encounter conducted through
real-time interactive audio and video technology, (ii) store and forward
services that are provided by asynchronous technologies as the standard
practice of care where medical information is sent to a provider for evaluation,
or (iii) a communication in which the provider has access to the patient's
medical history prior to the telehealth encounter. Any requirement for a
face-to-face, in-person encounter shall be satisfied with the use of
asynchronous telecommunications technologies in which the health care
provider has access to the patient's medical history prior to the telehealth
encounter. Telehealth shall not include the delivery of services solely through
electronic mail, text chat, or audio communication unless additional medical
history and clinical information is communicated electronically between the
provider and patient.
(b) All of the following shall apply to all health benefit plans offered in this State:
(1) A health benefit plan may not exclude from coverage a health care service or
procedure delivered by a health care professional to an insured through
telehealth solely because the health care service or procedure is not provided
through an in-person, face-to-face consultation. This includes reimbursement
for patient monitoring using telehealth.
(2) A health benefit plan shall reimburse for provider-to-provider consultations
that are conducted using telehealth if the health benefit plan would provide
reimbursement for that consult had it taken place in person, face-to-face.
(3) A health benefit plan may require a deductible, a copayment, or coinsurance
for a covered health care service or procedure delivered by a preferred or
contracted health professional to an insured through telehealth. The amount
of the deductible, copayment, or coinsurance may not exceed the amount of
the deductible, copayment, or coinsurance required had the covered health care service been provided in person, face-to-face.

(4) No health benefit plan may require prior authorization for the delivery of health care services through telehealth if prior authorization is not required had the health care service taken place in person, face-to-face.

(5) No health benefit plan may put limits on the originating site or the distant site for the delivery of health care through telehealth.

(6) Telehealth shall not be used for any health care services related to an abortion, including a medication abortion, except in the case of an emergency therapeutic abortion.”

SECTION 2. This act becomes effective October 1, 2021, and applies to health benefit plan contracts issued, renewed, or amended on or after that date.