
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1512 Session of
2023

INTRODUCED BY SAPPEY, HILL-EVANS, HANBIDGE, D. WILLIAMS,
ISAACSON, BURGOS, MADDEN, GUENST, SANCHEZ, CIRESI, KINSEY,
SCHLOSSBERG, VENKAT, GALLOWAY, HOHENSTEIN, SAMUELSON, DEASY,
FREEMAN, CERRATO, KHAN, HOWARD, WARREN, OTTEN, HARRIS,
KINKEAD, STURLA, CONKLIN, FLEMING, TAKAC, PARKER AND GREEN,
JUNE 26, 2023

REFERRED TO COMMITTEE ON INSURANCE, JUNE 26, 2023

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
2 Statutes, in regulation of insurers and related persons
3 generally, providing for telemedicine.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Title 40 of the Pennsylvania Consolidated
7 Statutes is amended by adding a chapter to read:

8 CHAPTER 45

9 TELEMEDICINE

10 Sec.

11 4501. Definitions.

12 4502. Health insurance coverage of telemedicine services.

13 4503. Legal standard of care.

14 4504. Regulations.

15 4505. Applicability.

16 § 4501. Definitions.

1 The following words and phrases when used in this chapter
2 shall have the meanings given to them in this section unless the
3 context clearly indicates otherwise:

4 "Covered person." A policyholder, subscriber or other
5 individual who is entitled to receive a covered health care
6 service under a health insurance policy.

7 "Health care provider." Any of the following:

8 (1) A health care practitioner as defined in section 103
9 of the act of July 19, 1979 (P.L.130, No.48), known as the
10 Health Care Facilities Act.

11 (2) A federally qualified health center as defined in 42
12 U.S.C. § 1395x(aa) (4) (relating to definitions).

13 (3) A rural health clinic as defined in 42 U.S.C. §
14 1395x(aa) (2).

15 (4) A general, mental, chronic disease or other type of
16 hospital licensed in this Commonwealth.

17 "Health care service." A service for the diagnosis,
18 prevention, treatment, habilitation, rehabilitation, cure or
19 relief of a health condition, injury, disease or illness.

20 "Health insurance policy." As follows:

21 (1) A policy, subscriber contract, certificate or plan
22 issued by a health insurer that provides medical or health
23 care coverage.

24 (2) The term does not include any of the following:

25 (i) An accident only policy.

26 (ii) A credit only policy.

27 (iii) A long-term care or disability income policy.

28 (iv) A specified disease policy.

29 (v) A Medicare supplement policy.

30 (vi) A fixed indemnity policy.

1 (vii) A dental only policy.

2 (viii) A vision only policy.

3 (ix) A workers' compensation policy.

4 (x) An automobile medical payment policy.

5 (xi) A policy under which benefits are provided by
6 the Federal Government to active or former military
7 personnel and their dependents.

8 (xii) A hospital indemnity policy.

9 (xiii) Any other similar policies providing for
10 limited benefits.

11 "Health insurer." An entity that holds a valid license
12 issued by the department with accident and health authority to
13 issue a health insurance policy and governed under any of the
14 following:

15 (1) The act of May 17, 1921 (P.L.682, No.284), known as
16 The Insurance Company Law of 1921, including section 630 and
17 Article XXIV of that act.

18 (2) The act of December 29, 1972 (P.L.1701, No.364),
19 known as the Health Maintenance Organization Act.

20 (3) Chapter 61 (relating to hospital plan corporations).

21 (4) Chapter 63 (relating to professional health services
22 plan corporations).

23 "Participating health care provider." A health care provider
24 that has entered into a contractual or operating relationship
25 with a health insurer to participate in one or more designated
26 networks of the health insurer and to provide covered health
27 care services to covered persons under the terms of the
28 contractual or operating agreement between the health insurer
29 and the health care provider.

30 "Provider-to-provider consultation." The act by a health

1 care provider of seeking advice and recommendations from another
2 health care provider for diagnostic studies, therapeutic
3 interventions or other services that may benefit a covered
4 person who is the patient of the initiator of the consultation.

5 "Telemedicine." As follows:

6 (1) The delivery of health care services by a health
7 care provider who is at a different location, through
8 technology which satisfies the requirements of the Health
9 Insurance Portability and Accountability Act of 1996 (Public
10 Law 104-191, 110 Stat. 1936), the Health Information
11 Technology for Economic and Clinical Health Act (Public Law
12 111-5, 123 Stat. 226-279 and 467-496) or other applicable
13 Federal or State law regarding the privacy and security of
14 electronic transmission of health information.

15 (2) The term does not include any of the following:

16 (i) The provision of health care services solely
17 through the use of voicemail, facsimile, email or instant
18 messaging or a combination thereof.

19 (ii) A provider-to-provider consultation.

20 § 4502. Health insurance coverage of telemedicine services.

21 (a) Requirements.--

22 (1) The following apply to health insurers:

23 (i) A health insurer may not refuse to pay or to
24 reimburse a participating health care provider or a
25 covered person for a medically necessary covered health
26 care service provided through telemedicine to a covered
27 person solely because the health care service was
28 provided through telemedicine.

29 (ii) The payment or reimbursement under this
30 paragraph shall be in accordance with the terms and

1 conditions of the health insurance policy and, if
2 applicable, the network participation agreement as
3 negotiated between the insurer and the participating
4 health care provider.

5 (2) A health insurance policy offered, issued,
6 delivered, executed or renewed in this Commonwealth may not
7 contain a provision that refuses to pay or to reimburse a
8 participating health care provider or a covered person for a
9 medically necessary covered health care service provided
10 through telemedicine to a covered person solely because the
11 health care service was provided through telemedicine.

12 (3) The network participation agreement:

13 (i) May not prohibit payment or reimbursement solely
14 because a health care service is provided through
15 telemedicine.

16 (ii) May condition payment or reimbursement upon the
17 use of an exclusive or proprietary telemedicine
18 technology or vendor.

19 (b) Construction.--Nothing in this section shall be
20 construed to require parity between payments or reimbursements
21 for health care services provided through telemedicine and
22 payments or reimbursements for health care services provided
23 through an in-person encounter.

24 § 4503. Legal standard of care.

25 Health care services provided through telemedicine shall meet
26 the same legal standard of care that would apply if the health
27 care service were rendered in an in-person setting.

28 § 4504. Regulations.

29 (a) Promulgation.--The department may promulgate regulations
30 to implement this chapter.

1 (b) Construction.--Nothing in this chapter shall be
2 construed to diminish a Commonwealth entity's existing
3 regulatory authority regarding health insurance policies or the
4 practice of health care.

5 § 4505. Applicability.

6 (a) Rates or forms required.--For a health insurance policy
7 for which either rates or forms are required to be filed with
8 the Federal Government or the department, this chapter shall
9 apply to a policy for which a form or rate is first filed on or
10 after 180 days after the effective date of this subsection.

11 (b) Rates and forms not required.--For a health insurance
12 policy for which neither rates nor forms are required to be
13 filed with the Federal Government or the department, this
14 chapter shall apply to a policy issued or renewed on or after
15 180 days after the effective date of this subsection.

16 Section 2. This act shall take effect in 60 days.