CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 6399**

65th Legislature

2018 Regular Session

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| Passed by the Senate February 9, 2018Yeas 47 Nays 0**President of the Senate**Passed by the House February 27, 2018Yeas 98 Nays 0**Speaker of the House of Representatives** | CERTIFICATEI, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6399** as passed by Senate and the House of Representatives on the dates hereon set forth.Secretary |
| Approved  |  |
| **Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE SENATE BILL 6399**

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Passed Legislature - 2018 Regular Session

**State of Washington 65th Legislature 2018 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Becker, Cleveland, Rivers, Brown, Bailey, Fain, Kuderer, and Van De Wege)

AN ACT Relating to telemedicine payment parity; and creating new sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature understands that telemedicine is an evolving field, and that there are variances between federal and state programs in how services are paid. It is the intent of the legislature to set the groundwork for future payment prospects. One of the legislature's goals for telemedicine is to reduce premiums and overall out-of-pocket spending for patients. The legislature understands that telemedicine has the potential to save lives, prevent unnecessary visits to the emergency room, and help address the opioid epidemic. Telemedicine provides increasingly cohesive care in the areas of diabetes, mental health, stroke, chronic pain, and opioid dependence treatment. The legislature intends to provide services including preventive, follow-up, and lifesaving treatments by utilizing telemedicine, and to improve outcomes for patients. The legislature intends to utilize recommendations from the telemedicine collaborative to establish a telemedicine payment parity pilot program to evaluate the benefits of telemedicine.

NEW SECTION. **Sec.**  (1)(a) The collaborative shall review the concept of telemedicine payment parity and develop recommendations on reimbursing for telemedicine and store and forward technology at the same rate as if the service were provided in person by the provider, for treatment of:

(i) Diabetes mellitus;

(ii) Stroke;

(iii) Mental health conditions;

(iv) Opioid dependence; and

(v) Chronic pain.

(b) The collaborative shall include in its recommendations, a review of various reimbursement methodologies, and shall consider whether and to what extent facility fees should be reimbursed in the provision of telemedicine services.

(c) The collaborative shall include in its recommendations, parameters for a three to five-year telemedicine payment parity pilot program, utilizing a recommended payment parity and facility fee reimbursement methodology for reimbursing services utilized to treat the five conditions listed in subsection (1)(a) of this section. The pilot program parameters must outline procedures for the collaborative, in conjunction with the office of financial management, to analyze claims data in the all-payer health care claims database to determine if any savings or increased telemedicine or store and forward utilization are realized through the pilot program.

(d) The collaborative shall also include in its recommendations, the design of a training program to teach health care professionals about telemedicine and proper billing methodologies.

(2) By December 1, 2018, and in compliance with RCW 43.01.036, the collaborative must report its recommendations, including the parameters for a telemedicine payment parity pilot program, to the health care committees of the legislature.

(3) For purposes of this section, "the collaborative" means the collaborative for the advancement of telemedicine created by section 2, chapter 68, Laws of 2016.

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