FINAL BILL REPORT
ESSB 5385

C 92 L 20
Synopsis as Enacted

Brief Description: Reimbursing for telemedicine services at the same rate as in person.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Becker, Cleveland, Braun, O'Ban, Wilson, L., Brown, Warnick, Zeiger, Bailey and Van De Wege).

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: In 2015, the Legislature established requirements for health insurance payments for services delivered through telemedicine and store and forward technology. The legislation established originating sites for a telemedicine service including a hospital, rural health clinic, federally qualified health center, health care providers office, community mental health center, skilled nursing facility, renal dialysis center, or the patient's home.

In 2018, the Legislature tasked the Collaborative for the Advancement of Telemedicine with reviewing the concept of telemedicine payment parity and developing recommendations on reimbursing for telemedicine at the same rate as if the provider provided services in person, for the treatment of certain conditions. The Collaborative was also tasked with designing a training program to teach health care professionals about telemedicine and proper billing

According to the Collaborative's 2018 report, payment parity is the idea a clinician be paid the same amount for a clinical service provided through telemedicine as a clinician would be paid for seeing a patient in-person.

Summary: Beginning January 1, 2021, regulated health insurance carriers, the state employee health plans, and Medicaid managed care plans must reimburse a provider for health care service provided through telemedicine at the same rate as health care service provided in-person, except that hospitals, hospital systems, telemedicine companies, and provider groups of 11 or more providers may negotiate and agree to reimbursement rates that differ from in-person services rates. Reimbursement for a facility fee must be subject to a negotiated agreement between the originating site and the health carrier. The number of providers in a provider group refers to all providers within the group, regardless of the provider's location.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The requirement that services provided through store and forward technology must have an associated office visit, is removed.

The Collaborative is directed to study store and forward technology with a focus on utilization, whether it should be paid at parity, the potential for the technology to improve rural health outcomes, and ocular services.

Votes on Final Passage:

2019 Regular Session

Senate	46	2	

2020 Regular Session

Senate	45	2	
House	94	3	(House amended)
Senate	47	1	(Senate concurred)

Effective: March 19, 2020