

State of South Dakota

NINETY-FOURTH SESSION
LEGISLATIVE ASSEMBLY, 2019

468B0449

HOUSE HEALTH AND HUMAN SERVICES ENGROSSED NO. **SB 137** - 3/5/2019

Introduced by: Senators Curd, Ewing, Heinert, Kennedy, Maher, Nesiba, Partridge, Russell, Soholt, Solano, Stalzer, White, and Wismer and Representatives Peterson (Kent), Chase, Diedrich, Duba, Duvall, Glanzer, Hunhoff, Jensen (Kevin), Johnson (David), Lake, McCleerey, Reed, Ring, Schoenfish, and York

1 FOR AN ACT ENTITLED, An Act to provide for the payment of claims for covered services
2 provided by a health care professional via telehealth.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 Section 1. That chapter 58-17 be amended by adding a NEW SECTION to read:

5 Terms used in this Act mean:

6 (1) "Health care professional," as defined in § 58-17F-1;

7 (2) "Health care services," as defined in § 58-17F-1;

8 (3) "Health insurer," as defined in § 58-17-100;

9 (4) "Telehealth," the delivery of health care services through the use of
10 HIPAA-compliant interactive audio-video. The term does not include the delivery of
11 health care services through audio-only telephone, electronic mail message, text
12 message, mail service, facsimile transmission, or any combination thereof.

13 Section 2. That chapter 58-17 be amended by adding a NEW SECTION to read:



1 No health insurer may exclude a service for coverage solely because the service is provided
2 through telehealth and not provided through in-person consultation or contact between a health
3 care professional and a patient. Health care services delivered by telehealth must be appropriate
4 and delivered in accordance with applicable law and generally accepted health care practices and
5 standards prevailing at the time the health care services are provided, including rules adopted
6 by the appropriate professional licensing board having oversight of the health care professional
7 providing the health care services. Health insurers are not required to provide coverage for
8 health care services that are not medically necessary.

9 This section does not:

- 10 (1) Prohibit a health insurer from establishing criteria that a health care professional must
11 meet to demonstrate the safety and efficacy of delivering a particular health care
12 service via telehealth that the health insurer does not already reimburse other health
13 care professionals for delivering via telehealth so long as the criteria are not unduly
14 burdensome or unreasonable for the particular services;
- 15 (2) Prevent a health insurer from requiring a health care professional to agree to certain
16 documentation or billing practices designed to protect the health insurer or patients
17 from fraudulent claims so long as the practices are not unduly burdensome or
18 unreasonable for the particular services; or
- 19 (3) Prevent a health insurer from including a deductible, copayment, or coinsurance
20 requirement for a health care service provided via telehealth, if the deductible,
21 copayment, or coinsurance is not in addition to and does not exceed the deductible,
22 copayment, or coinsurance applicable if the same services were provided through
23 in-person contact.

24 Section 3. That chapter 58-17 be amended by adding a NEW SECTION to read:

1 A health insurance policy, contract, or plan providing for third-party payment may not
2 discriminate between coverage benefits for health care services that are provided in person and
3 the same health care services that are delivered through telehealth as long as the services are
4 appropriate to be provided through telehealth. Nothing in this Act prohibits a health insurer and
5 a health care professional from entering into a contract for telehealth with terms subject to
6 negotiation.

7 Section 4. That chapter 58-17 be amended by adding a NEW SECTION to read:

8 The requirements of this Act apply to any health insurer offering any individual or group
9 health insurance policy, contract, certificate, or plan delivered, issued for delivery, or renewed
10 in South Dakota on or after January 1, 2020. The requirements of this Act do not apply to any
11 plan, policy, or contract providing coverage only for:

- 12 (1) Specified disease;
- 13 (2) Hospital indemnity;
- 14 (3) Fixed indemnity;
- 15 (4) Accident-only;
- 16 (5) Credit accident and health insurance;
- 17 (6) Vision;
- 18 (7) Prescription drug;
- 19 (8) Medicare supplement;
- 20 (9) Long-term care;
- 21 (10) Disability income insurance;
- 22 (11) Coverage issued as a supplement to liability insurance;
- 23 (12) Workers' compensation or similar insurance;
- 24 (13) Automobile medical payment insurance; or

- 1 (14) Individual health benefit plans of six-months or less duration that are not renewable.
- 2 The requirements of this Act do not apply to services offered that are not part of the policy,
- 3 contract, certificate, or plan offered and for which there is no premium charged.