

CERTIFICATION OF ENROLLMENT

SENATE BILL 5036

68th Legislature
2023 Regular Session

Passed by the Senate February 1, 2023
Yeas 48 Nays 0

President of the Senate

Passed by the House March 20, 2023
Yeas 96 Nays 0

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5036** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SENATE BILL 5036

Passed Legislature - 2023 Regular Session

State of Washington

68th Legislature

2023 Regular Session

By Senators Muzzall, Holy, Van De Wege, and Warnick

Prefiled 12/09/22. Read first time 01/09/23. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to extending the time frame in which real-time
2 telemedicine using both audio and video technology may be used to
3 establish a relationship for the purpose of providing audio-only
4 telemedicine for certain health care services; and amending RCW
5 41.05.700, 48.43.735, and 74.09.325.

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

7 **Sec. 1.** RCW 41.05.700 and 2022 c 213 s 1 are each amended to
8 read as follows:

9 (1)(a) A health plan offered to employees, school employees, and
10 their covered dependents under this chapter issued or renewed on or
11 after January 1, 2017, shall reimburse a provider for a health care
12 service provided to a covered person through telemedicine or store
13 and forward technology if:

14 (i) The plan provides coverage of the health care service when
15 provided in person by the provider;

16 (ii) The health care service is medically necessary;

17 (iii) The health care service is a service recognized as an
18 essential health benefit under section 1302(b) of the federal patient
19 protection and affordable care act in effect on January 1, 2015;

20 (iv) The health care service is determined to be safely and
21 effectively provided through telemedicine or store and forward

1 technology according to generally accepted health care practices and
2 standards, and the technology used to provide the health care service
3 meets the standards required by state and federal laws governing the
4 privacy and security of protected health information; and

5 (v) Beginning January 1, 2023, for audio-only telemedicine, the
6 covered person has an established relationship with the provider.

7 (b) (i) Except as provided in (b) (ii) of this subsection, a health
8 plan offered to employees, school employees, and their covered
9 dependents under this chapter issued or renewed on or after January
10 1, 2021, shall reimburse a provider for a health care service
11 provided to a covered person through telemedicine the same amount of
12 compensation the carrier would pay the provider if the health care
13 service was provided in person by the provider.

14 (ii) Hospitals, hospital systems, telemedicine companies, and
15 provider groups consisting of eleven or more providers may elect to
16 negotiate an amount of compensation for telemedicine services that
17 differs from the amount of compensation for in-person services.

18 (iii) For purposes of this subsection (1) (b), the number of
19 providers in a provider group refers to all providers within the
20 group, regardless of a provider's location.

21 (2) For purposes of this section, reimbursement of store and
22 forward technology is available only for those covered services
23 specified in the negotiated agreement between the health plan and
24 health care provider.

25 (3) An originating site for a telemedicine health care service
26 subject to subsection (1) of this section includes a:

27 (a) Hospital;

28 (b) Rural health clinic;

29 (c) Federally qualified health center;

30 (d) Physician's or other health care provider's office;

31 (e) Licensed or certified behavioral health agency;

32 (f) Skilled nursing facility;

33 (g) Home or any location determined by the individual receiving
34 the service; or

35 (h) Renal dialysis center, except an independent renal dialysis
36 center.

37 (4) Except for subsection (3) (g) of this section, any originating
38 site under subsection (3) of this section may charge a facility fee
39 for infrastructure and preparation of the patient. Reimbursement for
40 a facility fee must be subject to a negotiated agreement between the

1 originating site and the health plan. A distant site, a hospital that
2 is an originating site for audio-only telemedicine, or any other site
3 not identified in subsection (3) of this section may not charge a
4 facility fee.

5 (5) The plan may not distinguish between originating sites that
6 are rural and urban in providing the coverage required in subsection
7 (1) of this section.

8 (6) The plan may subject coverage of a telemedicine or store and
9 forward technology health service under subsection (1) of this
10 section to all terms and conditions of the plan including, but not
11 limited to, utilization review, prior authorization, deductible,
12 copayment, or coinsurance requirements that are applicable to
13 coverage of a comparable health care service provided in person.

14 (7) This section does not require the plan to reimburse:

15 (a) An originating site for professional fees;

16 (b) A provider for a health care service that is not a covered
17 benefit under the plan; or

18 (c) An originating site or health care provider when the site or
19 provider is not a contracted provider under the plan.

20 (8)(a) If a provider intends to bill a patient or the patient's
21 health plan for an audio-only telemedicine service, the provider must
22 obtain patient consent for the billing in advance of the service
23 being delivered.

24 (b) If the health care authority has cause to believe that a
25 provider has engaged in a pattern of unresolved violations of this
26 subsection (8), the health care authority may submit information to
27 the appropriate disciplining authority, as defined in RCW 18.130.020,
28 for action. Prior to submitting information to the appropriate
29 disciplining authority, the health care authority may provide the
30 provider with an opportunity to cure the alleged violations or
31 explain why the actions in question did not violate this subsection
32 (8).

33 (c) If the provider has engaged in a pattern of unresolved
34 violations of this subsection (8), the appropriate disciplining
35 authority may levy a fine or cost recovery upon the provider in an
36 amount not to exceed the applicable statutory amount per violation
37 and take other action as permitted under the authority of the
38 disciplining authority. Upon completion of its review of any
39 potential violation submitted by the health care authority or
40 initiated directly by an enrollee, the disciplining authority shall

1 notify the health care authority of the results of the review,
2 including whether the violation was substantiated and any enforcement
3 action taken as a result of a finding of a substantiated violation.

4 (9) For purposes of this section:

5 (a) (i) "Audio-only telemedicine" means the delivery of health
6 care services through the use of audio-only technology, permitting
7 real-time communication between the patient at the originating site
8 and the provider, for the purpose of diagnosis, consultation, or
9 treatment.

10 (ii) For purposes of this section only, "audio-only telemedicine"
11 does not include:

12 (A) The use of facsimile or email; or

13 (B) The delivery of health care services that are customarily
14 delivered by audio-only technology and customarily not billed as
15 separate services by the provider, such as the sharing of laboratory
16 results;

17 (b) "Disciplining authority" has the same meaning as in RCW
18 18.130.020;

19 (c) "Distant site" means the site at which a physician or other
20 licensed provider, delivering a professional service, is physically
21 located at the time the service is provided through telemedicine;

22 (d) "Established relationship" means the provider providing
23 audio-only telemedicine has access to sufficient health records to
24 ensure safe, effective, and appropriate care services and:

25 (i) For health care services included in the essential health
26 benefits category of mental health and substance use disorder
27 services, including behavioral health treatment:

28 (A) The covered person has had, within the past three years, at
29 least one in-person appointment, or at least one real-time
30 interactive appointment using both audio and video technology, with
31 the provider providing audio-only telemedicine or with a provider
32 employed at the same medical group, at the same clinic, or by the
33 same integrated delivery system operated by a carrier licensed under
34 chapter 48.44 or 48.46 RCW as the provider providing audio-only
35 telemedicine; or

36 (B) The covered person was referred to the provider providing
37 audio-only telemedicine by another provider who has had, within the
38 past three years, at least one in-person appointment, or at least one
39 real-time interactive appointment using both audio and video

1 technology, with the covered person and has provided relevant medical
2 information to the provider providing audio-only telemedicine;

3 (ii) For any other health care service:

4 (A) The covered person has had, within the past two years, at
5 least one in-person appointment, or, until (~~January~~) July 1, 2024,
6 at least one real-time interactive appointment using both audio and
7 video technology, with the provider providing audio-only telemedicine
8 or with a provider employed at the same medical group, at the same
9 clinic, or by the same integrated delivery system operated by a
10 carrier licensed under chapter 48.44 or 48.46 RCW as the provider
11 providing audio-only telemedicine; or

12 (B) The covered person was referred to the provider providing
13 audio-only telemedicine by another provider who has had, within the
14 past two years, at least one in-person appointment, or, until
15 (~~January~~) July 1, 2024, at least one real-time interactive
16 appointment using both audio and video technology, with the covered
17 person and has provided relevant medical information to the provider
18 providing audio-only telemedicine;

19 (e) "Health care service" has the same meaning as in RCW
20 48.43.005;

21 (f) "Hospital" means a facility licensed under chapter 70.41,
22 71.12, or 72.23 RCW;

23 (g) "Originating site" means the physical location of a patient
24 receiving health care services through telemedicine;

25 (h) "Provider" has the same meaning as in RCW 48.43.005;

26 (i) "Store and forward technology" means use of an asynchronous
27 transmission of a covered person's medical information from an
28 originating site to the health care provider at a distant site which
29 results in medical diagnosis and management of the covered person,
30 and does not include the use of audio-only telephone, facsimile, or
31 email; and

32 (j) "Telemedicine" means the delivery of health care services
33 through the use of interactive audio and video technology, permitting
34 real-time communication between the patient at the originating site
35 and the provider, for the purpose of diagnosis, consultation, or
36 treatment. For purposes of this section only, "telemedicine" includes
37 audio-only telemedicine, but does not include facsimile or email.

38 **Sec. 2.** RCW 48.43.735 and 2022 c 213 s 2 are each amended to
39 read as follows:

1 (1) (a) For health plans issued or renewed on or after January 1,
2 2017, a health carrier shall reimburse a provider for a health care
3 service provided to a covered person through telemedicine or store
4 and forward technology if:

5 (i) The plan provides coverage of the health care service when
6 provided in person by the provider;

7 (ii) The health care service is medically necessary;

8 (iii) The health care service is a service recognized as an
9 essential health benefit under section 1302(b) of the federal patient
10 protection and affordable care act in effect on January 1, 2015;

11 (iv) The health care service is determined to be safely and
12 effectively provided through telemedicine or store and forward
13 technology according to generally accepted health care practices and
14 standards, and the technology used to provide the health care service
15 meets the standards required by state and federal laws governing the
16 privacy and security of protected health information; and

17 (v) Beginning January 1, 2023, for audio-only telemedicine, the
18 covered person has an established relationship with the provider.

19 (b) (i) Except as provided in (b) (ii) of this subsection, for
20 health plans issued or renewed on or after January 1, 2021, a health
21 carrier shall reimburse a provider for a health care service provided
22 to a covered person through telemedicine the same amount of
23 compensation the carrier would pay the provider if the health care
24 service was provided in person by the provider.

25 (ii) Hospitals, hospital systems, telemedicine companies, and
26 provider groups consisting of eleven or more providers may elect to
27 negotiate an amount of compensation for telemedicine services that
28 differs from the amount of compensation for in-person services.

29 (iii) For purposes of this subsection (1) (b), the number of
30 providers in a provider group refers to all providers within the
31 group, regardless of a provider's location.

32 (2) For purposes of this section, reimbursement of store and
33 forward technology is available only for those covered services
34 specified in the negotiated agreement between the health carrier and
35 the health care provider.

36 (3) An originating site for a telemedicine health care service
37 subject to subsection (1) of this section includes a:

38 (a) Hospital;

39 (b) Rural health clinic;

40 (c) Federally qualified health center;

- 1 (d) Physician's or other health care provider's office;
- 2 (e) Licensed or certified behavioral health agency;
- 3 (f) Skilled nursing facility;
- 4 (g) Home or any location determined by the individual receiving
- 5 the service; or
- 6 (h) Renal dialysis center, except an independent renal dialysis
- 7 center.

8 (4) Except for subsection (3)(g) of this section, any originating
9 site under subsection (3) of this section may charge a facility fee
10 for infrastructure and preparation of the patient. Reimbursement for
11 a facility fee must be subject to a negotiated agreement between the
12 originating site and the health carrier. A distant site, a hospital
13 that is an originating site for audio-only telemedicine, or any other
14 site not identified in subsection (3) of this section may not charge
15 a facility fee.

16 (5) A health carrier may not distinguish between originating
17 sites that are rural and urban in providing the coverage required in
18 subsection (1) of this section.

19 (6) A health carrier may subject coverage of a telemedicine or
20 store and forward technology health service under subsection (1) of
21 this section to all terms and conditions of the plan in which the
22 covered person is enrolled including, but not limited to, utilization
23 review, prior authorization, deductible, copayment, or coinsurance
24 requirements that are applicable to coverage of a comparable health
25 care service provided in person.

26 (7) This section does not require a health carrier to reimburse:

27 (a) An originating site for professional fees;

28 (b) A provider for a health care service that is not a covered
29 benefit under the plan; or

30 (c) An originating site or health care provider when the site or
31 provider is not a contracted provider under the plan.

32 (8)(a) If a provider intends to bill a patient or the patient's
33 health plan for an audio-only telemedicine service, the provider must
34 obtain patient consent for the billing in advance of the service
35 being delivered.

36 (b) If the commissioner has cause to believe that a provider has
37 engaged in a pattern of unresolved violations of this subsection (8),
38 the commissioner may submit information to the appropriate
39 disciplining authority, as defined in RCW 18.130.020, for action.
40 Prior to submitting information to the appropriate disciplining

1 authority, the commissioner may provide the provider with an
2 opportunity to cure the alleged violations or explain why the actions
3 in question did not violate this subsection (8).

4 (c) If the provider has engaged in a pattern of unresolved
5 violations of this subsection (8), the appropriate disciplining
6 authority may levy a fine or cost recovery upon the provider in an
7 amount not to exceed the applicable statutory amount per violation
8 and take other action as permitted under the authority of the
9 disciplining authority. Upon completion of its review of any
10 potential violation submitted by the commissioner or initiated
11 directly by an enrollee, the disciplining authority shall notify the
12 commissioner of the results of the review, including whether the
13 violation was substantiated and any enforcement action taken as a
14 result of a finding of a substantiated violation.

15 (9) For purposes of this section:

16 (a) (i) "Audio-only telemedicine" means the delivery of health
17 care services through the use of audio-only technology, permitting
18 real-time communication between the patient at the originating site
19 and the provider, for the purpose of diagnosis, consultation, or
20 treatment.

21 (ii) For purposes of this section only, "audio-only telemedicine"
22 does not include:

23 (A) The use of facsimile or email; or

24 (B) The delivery of health care services that are customarily
25 delivered by audio-only technology and customarily not billed as
26 separate services by the provider, such as the sharing of laboratory
27 results;

28 (b) "Disciplining authority" has the same meaning as in RCW
29 18.130.020;

30 (c) "Distant site" means the site at which a physician or other
31 licensed provider, delivering a professional service, is physically
32 located at the time the service is provided through telemedicine;

33 (d) "Established relationship" means the provider providing
34 audio-only telemedicine has access to sufficient health records to
35 ensure safe, effective, and appropriate care services and:

36 (i) For health care services included in the essential health
37 benefits category of mental health and substance use disorder
38 services, including behavioral health treatment:

39 (A) The covered person has had, within the past three years, at
40 least one in-person appointment, or at least one real-time

1 interactive appointment using both audio and video technology, with
2 the provider providing audio-only telemedicine or with a provider
3 employed at the same medical group, at the same clinic, or by the
4 same integrated delivery system operated by a carrier licensed under
5 chapter 48.44 or 48.46 RCW as the provider providing audio-only
6 telemedicine; or

7 (B) The covered person was referred to the provider providing
8 audio-only telemedicine by another provider who has had, within the
9 past three years, at least one in-person appointment, or at least one
10 real-time interactive appointment using both audio and video
11 technology, with the covered person and has provided relevant medical
12 information to the provider providing audio-only telemedicine;

13 (ii) For any other health care service:

14 (A) The covered person has had, within the past two years, at
15 least one in-person appointment, or, until (~~January~~) July 1, 2024,
16 at least one real-time interactive appointment using both audio and
17 video technology, with the provider providing audio-only telemedicine
18 or with a provider employed at the same medical group, at the same
19 clinic, or by the same integrated delivery system operated by a
20 carrier licensed under chapter 48.44 or 48.46 RCW as the provider
21 providing audio-only telemedicine; or

22 (B) The covered person was referred to the provider providing
23 audio-only telemedicine by another provider who has had, within the
24 past two years, at least one in-person appointment, or, until
25 (~~January~~) July 1, 2024, at least one real-time interactive
26 appointment using both audio and video technology, with the covered
27 person and has provided relevant medical information to the provider
28 providing audio-only telemedicine;

29 (e) "Health care service" has the same meaning as in RCW
30 48.43.005;

31 (f) "Hospital" means a facility licensed under chapter 70.41,
32 71.12, or 72.23 RCW;

33 (g) "Originating site" means the physical location of a patient
34 receiving health care services through telemedicine;

35 (h) "Provider" has the same meaning as in RCW 48.43.005;

36 (i) "Store and forward technology" means use of an asynchronous
37 transmission of a covered person's medical information from an
38 originating site to the health care provider at a distant site which
39 results in medical diagnosis and management of the covered person,

1 and does not include the use of audio-only telephone, facsimile, or
2 email; and

3 (j) "Telemedicine" means the delivery of health care services
4 through the use of interactive audio and video technology, permitting
5 real-time communication between the patient at the originating site
6 and the provider, for the purpose of diagnosis, consultation, or
7 treatment. For purposes of this section only, "telemedicine" includes
8 audio-only telemedicine, but does not include facsimile or email.

9 (10) The commissioner may adopt any rules necessary to implement
10 this section.

11 **Sec. 3.** RCW 74.09.325 and 2022 c 213 s 4 are each amended to
12 read as follows:

13 (1)(a) Upon initiation or renewal of a contract with the
14 Washington state health care authority to administer a medicaid
15 managed care plan, a managed health care system shall reimburse a
16 provider for a health care service provided to a covered person
17 through telemedicine or store and forward technology if:

18 (i) The medicaid managed care plan in which the covered person is
19 enrolled provides coverage of the health care service when provided
20 in person by the provider;

21 (ii) The health care service is medically necessary;

22 (iii) The health care service is a service recognized as an
23 essential health benefit under section 1302(b) of the federal patient
24 protection and affordable care act in effect on January 1, 2015;

25 (iv) The health care service is determined to be safely and
26 effectively provided through telemedicine or store and forward
27 technology according to generally accepted health care practices and
28 standards, and the technology used to provide the health care service
29 meets the standards required by state and federal laws governing the
30 privacy and security of protected health information; and

31 (v) Beginning January 1, 2023, for audio-only telemedicine, the
32 covered person has an established relationship with the provider.

33 (b)(i) Except as provided in (b)(ii) of this subsection, upon
34 initiation or renewal of a contract with the Washington state health
35 care authority to administer a medicaid managed care plan, a managed
36 health care system shall reimburse a provider for a health care
37 service provided to a covered person through telemedicine the same
38 amount of compensation the managed health care system would pay the

1 provider if the health care service was provided in person by the
2 provider.

3 (ii) Hospitals, hospital systems, telemedicine companies, and
4 provider groups consisting of eleven or more providers may elect to
5 negotiate an amount of compensation for telemedicine services that
6 differs from the amount of compensation for in-person services.

7 (iii) For purposes of this subsection (1)(b), the number of
8 providers in a provider group refers to all providers within the
9 group, regardless of a provider's location.

10 (iv) A rural health clinic shall be reimbursed for audio-only
11 telemedicine at the rural health clinic encounter rate.

12 (2) For purposes of this section, reimbursement of store and
13 forward technology is available only for those services specified in
14 the negotiated agreement between the managed health care system and
15 health care provider.

16 (3) An originating site for a telemedicine health care service
17 subject to subsection (1) of this section includes a:

18 (a) Hospital;

19 (b) Rural health clinic;

20 (c) Federally qualified health center;

21 (d) Physician's or other health care provider's office;

22 (e) Licensed or certified behavioral health agency;

23 (f) Skilled nursing facility;

24 (g) Home or any location determined by the individual receiving
25 the service; or

26 (h) Renal dialysis center, except an independent renal dialysis
27 center.

28 (4) Except for subsection (3)(g) of this section, any originating
29 site under subsection (3) of this section may charge a facility fee
30 for infrastructure and preparation of the patient. Reimbursement for
31 a facility fee must be subject to a negotiated agreement between the
32 originating site and the managed health care system. A distant site,
33 a hospital that is an originating site for audio-only telemedicine,
34 or any other site not identified in subsection (3) of this section
35 may not charge a facility fee.

36 (5) A managed health care system may not distinguish between
37 originating sites that are rural and urban in providing the coverage
38 required in subsection (1) of this section.

39 (6) A managed health care system may subject coverage of a
40 telemedicine or store and forward technology health service under

1 subsection (1) of this section to all terms and conditions of the
2 plan in which the covered person is enrolled including, but not
3 limited to, utilization review, prior authorization, deductible,
4 copayment, or coinsurance requirements that are applicable to
5 coverage of a comparable health care service provided in person.

6 (7) This section does not require a managed health care system to
7 reimburse:

8 (a) An originating site for professional fees;

9 (b) A provider for a health care service that is not a covered
10 benefit under the plan; or

11 (c) An originating site or health care provider when the site or
12 provider is not a contracted provider under the plan.

13 (8)(a) If a provider intends to bill a patient or a managed
14 health care system for an audio-only telemedicine service, the
15 provider must obtain patient consent for the billing in advance of
16 the service being delivered and comply with all rules created by the
17 authority related to restrictions on billing medicaid recipients. The
18 authority may submit information on any potential violations of this
19 subsection to the appropriate disciplining authority, as defined in
20 RCW 18.130.020, or take contractual actions against the provider's
21 agreement for participation in the medicaid program, or both.

22 (b) If the health care authority has cause to believe that a
23 provider has engaged in a pattern of unresolved violations of this
24 subsection (8), the health care authority may submit information to
25 the appropriate disciplining authority for action. Prior to
26 submitting information to the appropriate disciplining authority, the
27 health care authority may provide the provider with an opportunity to
28 cure the alleged violations or explain why the actions in question
29 did not violate this subsection (8).

30 (c) If the provider has engaged in a pattern of unresolved
31 violations of this subsection (8), the appropriate disciplining
32 authority may levy a fine or cost recovery upon the provider in an
33 amount not to exceed the applicable statutory amount per violation
34 and take other action as permitted under the authority of the
35 disciplining authority. Upon completion of its review of any
36 potential violation submitted by the health care authority or
37 initiated directly by an enrollee, the disciplining authority shall
38 notify the health care authority of the results of the review,
39 including whether the violation was substantiated and any enforcement
40 action taken as a result of a finding of a substantiated violation.

1 (9) For purposes of this section:

2 (a) (i) "Audio-only telemedicine" means the delivery of health
3 care services through the use of audio-only technology, permitting
4 real-time communication between the patient at the originating site
5 and the provider, for the purpose of diagnosis, consultation, or
6 treatment.

7 (ii) For purposes of this section only, "audio-only telemedicine"
8 does not include:

9 (A) The use of facsimile or email; or

10 (B) The delivery of health care services that are customarily
11 delivered by audio-only technology and customarily not billed as
12 separate services by the provider, such as the sharing of laboratory
13 results;

14 (b) "Disciplining authority" has the same meaning as in RCW
15 18.130.020;

16 (c) "Distant site" means the site at which a physician or other
17 licensed provider, delivering a professional service, is physically
18 located at the time the service is provided through telemedicine;

19 (d) "Established relationship" means the provider providing
20 audio-only telemedicine has access to sufficient health records to
21 ensure safe, effective, and appropriate care services and:

22 (i) For health care services included in the essential health
23 benefits category of mental health and substance use disorder
24 services, including behavioral health treatment:

25 (A) The covered person has had, within the past three years, at
26 least one in-person appointment, or at least one real-time
27 interactive appointment using both audio and video technology, with
28 the provider providing audio-only telemedicine or with a provider
29 employed at the same medical group, at the same clinic, or by the
30 same integrated delivery system operated by a carrier licensed under
31 chapter 48.44 or 48.46 RCW as the provider providing audio-only
32 telemedicine; or

33 (B) The covered person was referred to the provider providing
34 audio-only telemedicine by another provider who has had, within the
35 past three years, at least one in-person appointment, or at least one
36 real-time interactive appointment using both audio and video
37 technology, with the covered person and has provided relevant medical
38 information to the provider providing audio-only telemedicine;

39 (ii) For any other health care service:

1 (A) The covered person has had, within the past two years, at
2 least one in-person appointment, or, until (~~January~~) July 1, 2024,
3 at least one real-time interactive appointment using both audio and
4 video technology, with the provider providing audio-only telemedicine
5 or with a provider employed at the same medical group, at the same
6 clinic, or by the same integrated delivery system operated by a
7 carrier licensed under chapter 48.44 or 48.46 RCW as the provider
8 providing audio-only telemedicine; or

9 (B) The covered person was referred to the provider providing
10 audio-only telemedicine by another provider who has had, within the
11 past two years, at least one in-person appointment, or, until
12 (~~January~~) July 1, 2024, at least one real-time interactive
13 appointment using both audio and video technology, with the covered
14 person and has provided relevant medical information to the provider
15 providing audio-only telemedicine;

16 (e) "Health care service" has the same meaning as in RCW
17 48.43.005;

18 (f) "Hospital" means a facility licensed under chapter 70.41,
19 71.12, or 72.23 RCW;

20 (g) "Managed health care system" means any health care
21 organization, including health care providers, insurers, health care
22 service contractors, health maintenance organizations, health
23 insuring organizations, or any combination thereof, that provides
24 directly or by contract health care services covered under this
25 chapter and rendered by licensed providers, on a prepaid capitated
26 basis and that meets the requirements of section 1903(m)(1)(A) of
27 Title XIX of the federal social security act or federal demonstration
28 waivers granted under section 1115(a) of Title XI of the federal
29 social security act;

30 (h) "Originating site" means the physical location of a patient
31 receiving health care services through telemedicine;

32 (i) "Provider" has the same meaning as in RCW 48.43.005;

33 (j) "Store and forward technology" means use of an asynchronous
34 transmission of a covered person's medical information from an
35 originating site to the health care provider at a distant site which
36 results in medical diagnosis and management of the covered person,
37 and does not include the use of audio-only telephone, facsimile, or
38 email; and

39 (k) "Telemedicine" means the delivery of health care services
40 through the use of interactive audio and video technology, permitting

1 real-time communication between the patient at the originating site
2 and the provider, for the purpose of diagnosis, consultation, or
3 treatment. For purposes of this section only, "telemedicine" includes
4 audio-only telemedicine, but does not include facsimile or email.

--- **END** ---