

CERTIFICATION OF ENROLLMENT

SENATE BILL 5821

68th Legislature
2024 Regular Session

Passed by the Senate February 6, 2024
Yeas 49 Nays 0

President of the Senate

Passed by the House February 28, 2024
Yeas 79 Nays 16

**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 5821** 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 5821

Passed Legislature - 2024 Regular Session

State of Washington

68th Legislature

2024 Regular Session

By Senators Muzzall, Randall, Kuderer, and Rivers

Prefiled 12/08/23. Read first time 01/08/24. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to establishing a uniform standard for creating
2 an established relationship for the purposes of coverage of audio-
3 only telemedicine services by expanding the time in which a health
4 care provider has seen the patient and removing the expiration of
5 provisions allowing for the use of real-time interactive appointments
6 using both audio and video technology; amending RCW 41.05.700 and
7 48.43.735; and reenacting and amending RCW 74.09.325.

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

9 **Sec. 1.** RCW 41.05.700 and 2023 c 8 s 1 are each amended to read
10 as follows:

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

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

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

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

1 (iv) The health care service is determined to be safely and
2 effectively provided through telemedicine or store and forward
3 technology according to generally accepted health care practices and
4 standards, and the technology used to provide the health care service
5 meets the standards required by state and federal laws governing the
6 privacy and security of protected health information; and

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

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

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

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

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

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

29 (a) Hospital;

30 (b) Rural health clinic;

31 (c) Federally qualified health center;

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

33 (e) Licensed or certified behavioral health agency;

34 (f) Skilled nursing facility;

35 (g) Home or any location determined by the individual receiving
36 the service; or

37 (h) Renal dialysis center, except an independent renal dialysis
38 center.

39 (4) Except for subsection (3) (g) of this section, any originating
40 site under subsection (3) of this section may charge a facility fee

1 for infrastructure and preparation of the patient. Reimbursement for
2 a facility fee must be subject to a negotiated agreement between the
3 originating site and the health plan. A distant site, a hospital that
4 is an originating site for audio-only telemedicine, or any other site
5 not identified in subsection (3) of this section may not charge a
6 facility fee.

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

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

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

17 (a) An originating site for professional fees;

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

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

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

26 (b) If the health care authority has cause to believe that a
27 provider has engaged in a pattern of unresolved violations of this
28 subsection (8), the health care authority may submit information to
29 the appropriate disciplining authority, as defined in RCW 18.130.020,
30 for action. Prior to submitting information to the appropriate
31 disciplining authority, the health care authority may provide the
32 provider with an opportunity to cure the alleged violations or
33 explain why the actions in question did not violate this subsection
34 (8).

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

1 potential violation submitted by the health care authority or
2 initiated directly by an enrollee, the disciplining authority shall
3 notify the health care authority of the results of the review,
4 including whether the violation was substantiated and any enforcement
5 action taken as a result of a finding of a substantiated violation.

6 (9) For purposes of this section:

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

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

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

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

19 (b) "Disciplining authority" has the same meaning as in RCW
20 18.130.020;

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

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

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

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

38 ~~((B))~~) (ii) The covered person was referred to the provider
39 providing audio-only telemedicine by another provider who has had,
40 within the past three years, at least one in-person appointment, or

1 at least one real-time interactive appointment using both audio and
2 video technology, with the covered person and has provided relevant
3 medical information to the provider providing audio-only
4 telemedicine;

5 ~~((ii) For any other health care service:~~

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

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

21 (e) "Health care service" has the same meaning as in RCW
22 48.43.005;

23 (f) "Hospital" means a facility licensed under chapter 70.41,
24 71.12, or 72.23 RCW;

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

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

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

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

1 **Sec. 2.** RCW 48.43.735 and 2023 c 8 s 2 are each amended to read
2 as follows:

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

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

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

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

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

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

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

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

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

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

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

40 (a) Hospital;

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

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

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

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

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

29 (a) An originating site for professional fees;

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

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

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

38 (b) If the commissioner has cause to believe that a provider has
39 engaged in a pattern of unresolved violations of this subsection (8),
40 the commissioner may submit information to the appropriate

1 disciplining authority, as defined in RCW 18.130.020, for action.
2 Prior to submitting information to the appropriate disciplining
3 authority, the commissioner may provide the provider with an
4 opportunity to cure the alleged violations or explain why the actions
5 in question did not violate this subsection (8).

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

17 (9) For purposes of this section:

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

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

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

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

30 (b) "Disciplining authority" has the same meaning as in RCW
31 18.130.020;

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

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

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

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

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

16 ~~((ii) For any other health care service:~~

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

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

32 (e) "Health care service" has the same meaning as in RCW
33 48.43.005;

34 (f) "Hospital" means a facility licensed under chapter 70.41,
35 71.12, or 72.23 RCW;

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

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

39 (i) "Store and forward technology" means use of an asynchronous
40 transmission of a covered person's medical information from an

1 originating site to the health care provider at a distant site which
2 results in medical diagnosis and management of the covered person,
3 and does not include the use of audio-only telephone, facsimile, or
4 email; and

5 (j) "Telemedicine" means the delivery of health care services
6 through the use of interactive audio and video 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. For purposes of this section only, "telemedicine" includes
10 audio-only telemedicine, but does not include facsimile or email.

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

13 **Sec. 3.** RCW 74.09.325 and 2023 c 51 s 38 and 2023 c 8 s 3 are
14 each reenacted and amended to read as follows:

15 (1)(a) All managed care organizations contracted with the
16 authority for the medicaid program shall reimburse a provider for a
17 health care service provided to a covered person through telemedicine
18 or store and forward technology if:

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

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

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

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

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

34 (b)(i) Except as provided in (b)(ii) of this subsection, a
35 managed care organization shall reimburse a provider for a health
36 care service provided to a covered person through telemedicine the
37 same amount of compensation the managed care organization would pay
38 the provider if the health care service was provided in person by the
39 provider.

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

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

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

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

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

16 (a) Hospital;

17 (b) Rural health clinic;

18 (c) Federally qualified health center;

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

20 (e) Licensed or certified behavioral health agency;

21 (f) Skilled nursing facility;

22 (g) Home or any location determined by the individual receiving
23 the service; or

24 (h) Renal dialysis center, except an independent renal dialysis
25 center.

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

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

37 (6) A managed care organization may subject coverage of a
38 telemedicine or store and forward technology health service under
39 subsection (1) of this section to all terms and conditions of the
40 plan in which the covered person is enrolled including, but not

1 limited to, utilization review, prior authorization, deductible,
2 copayment, or coinsurance requirements that are applicable to
3 coverage of a comparable health care service provided in person.

4 (7) This section does not require a managed care organization to
5 reimburse:

6 (a) An originating site for professional fees;

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

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

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

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

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

39 (9) For purposes of this section:

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

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

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

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

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

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

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

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

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

32 ~~((B))~~ (ii) The covered person was referred to the provider
33 providing audio-only telemedicine by another provider who has had,
34 within the past three years, at least one in-person appointment, or
35 at least one real-time interactive appointment using both audio and
36 video technology, with the covered person and has provided relevant
37 medical information to the provider providing audio-only
38 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 July 1, 2024, at least one~~
3 ~~real-time interactive appointment using both audio and video~~
4 ~~technology, with the provider providing audio-only telemedicine or~~
5 ~~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 July 1,~~
12 ~~2024, at least one real-time interactive appointment using both audio~~
13 ~~and video technology, with the covered person and has provided~~
14 ~~relevant medical information to the provider providing audio-only~~
15 ~~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) "Originating site" means the physical location of a patient
21 receiving health care services through telemedicine;

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

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

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

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