



State of Wisconsin  
2019 - 2020 LEGISLATURE

LRB-5942/1  
TJD:ahc

## 2019 SENATE BILL 913

March 26, 2020 - Introduced by Senator JACQUE, cosponsored by Representative WICHGERS. Referred to Committee on Health and Human Services.

1     **AN ACT** *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g) and 185.983  
2           (1) (intro.); and *to create* 49.45 (61) (f), 609.713 and 632.872 of the statutes;  
3           **relating to:** coverage of telehealth services.

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### *Analysis by the Legislative Reference Bureau*

The bill prohibits a private insurer or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage or refusing to reimburse a health care provider for a treatment or service provided before May 1, 2021, through telehealth, which includes audio-only telephone, if that treatment or service is covered under the policy or plan when provided in person by a health care provider. Telehealth is a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient.

2019 Wisconsin Act 56 requires the coverage by and reimburse for certain telehealth services under the Medical Assistance program. Act 56 excluded from the definition of telehealth audio-only telephone communications unless the Department of Health Services specified by rule that those communications are considered telehealth reimburseable by the Medical Assistance program. The bill specifies that DHS must consider mental health therapy conducted before May 1,

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2021, over audio-only telephone communications as interactive telehealth that is eligible for coverage and reimbursement under the Medical Assistance program.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1           **SECTION 1.** 40.51 (8) of the statutes is amended to read:

2           40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)  
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)  
4 and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,  
5 632.867, 632.87 (3) to (6), 632.872, 632.885, 632.89, 632.895 (5m) and (8) to (17), and  
6 632.896.

7           **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

8           40.51 **(8m)** Every health care coverage plan offered by the group insurance  
9 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,  
10 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.872,  
11 632.885, 632.89, and 632.895 (11) to (17).

12           **SECTION 3.** 49.45 (61) (f) of the statutes is created to read:

13           49.45 **(61)** (f) Notwithstanding par. (a) 4., for dates of services before May 1,  
14 2021, the department shall consider mental health therapy conducted over  
15 audio-only telephone as interactive telehealth that is eligible for coverage and  
16 reimbursement under the Medical Assistance program.

17           **SECTION 4.** 66.0137 (4) of the statutes is amended to read:

18           66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
19 a village provides health care benefits under its home rule power, or if a town  
20 provides health care benefits, to its officers and employees on a self-insured basis,  
21 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

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1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867,  
2 632.87 (4) to (6), 632.872, 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513  
3 (4).

4 **SECTION 5.** 120.13 (2) (g) of the statutes is amended to read:

5 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
6 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
7 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.872, 632.885,  
8 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

9 **SECTION 6.** 185.983 (1) (intro.) of the statutes is amended to read:

10 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a  
11 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
12 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
13 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
14 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85,  
15 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.872, 632.885, 632.89, 632.895 (5) and  
16 (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but  
17 the sponsoring association shall:

18 **SECTION 7.** 609.713 of the statutes is created to read:

19 **609.713 Telehealth services.** Limited service health organizations,  
20 preferred provider plans, and defined network plans are subject to s. 632.872.

21 **SECTION 8.** 632.872 of the statutes is created to read:

22 **632.872 Telehealth services. (1) DEFINITIONS.** In this section:

23 (a) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

24 (b) "Telehealth" means a practice of health care delivery, diagnosis,  
25 consultation, treatment, or transfer of medically relevant data by means of audio,

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1 video, or data communications that are used either during a patient visit or  
2 consultation or are used to transfer medically relevant data about a patient.

3 **(2) TELEHEALTH COVERAGE AND REIMBURSEMENT.** For dates of service before May  
4 1, 2021, no insurer or self-insured health plan may deny coverage or refuse to  
5 reimburse a health care provider for a treatment or service provided through  
6 telehealth, including provided over audio-only telephone or interactive video, if that  
7 treatment or service is covered and reimbursable by a plan or a policy offered by the  
8 insurer when provided in person by the health care provider.

9 **SECTION 9. Initial applicability.**

10 (1) This act first applies to dates of service for services provided under health  
11 insurance policies, self-insured health plans, or the Medical Assistance program  
12 beginning on the effective date of this subsection.

13 **(END)**