



State of Wisconsin  
2021 - 2022 LEGISLATURE

LRB-0884/P2  
TJD:kjf&wlj

DOA:.....Lessner, BB0287 - Telehealth parity

**FOR 2021-2023 BUDGET -- NOT READY FOR INTRODUCTION**

**AN ACT** ...; **relating to:** the budget.

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*Analysis by the Legislative Reference Bureau*

**INSURANCE**

***Telehealth parity***

This bill requires health insurance policies and self-insured governmental health plans to cover a treatment or service that is provided through telehealth if the treatment or service is covered by the policy or plan when provided in person. A policy or plan may limit its coverage to those treatments or services that are medically necessary. "Telehealth" is defined in the bill as 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 consultation or are used to transfer medically relevant data about a patient. Health insurance policies are referred to as disability insurance policies in the bill, and a self-insured governmental health plan is a self-funded health plan of the state or a county, city, village, town, or school district.

The bill also sets parameters on the coverage of telehealth treatments and services that is required in the bill. A policy or plan may not subject a telehealth treatment or service to a greater deductible, copayment, or coinsurance than if provided in person. Similarly, a policy or plan may not impose a policy or calendar year or a lifetime benefit limit or other maximum limitation or a prior authorization requirement on a telehealth treatment or service that is not imposed on treatments or services provided through manners other than telehealth. A policy or plan also

may not place unique location requirements on telehealth treatment or services. If a policy or plan covers a telehealth treatment or service that has no in-person equivalent, the policy or plan must disclose this in the policy or plan materials.

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

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

40.51 (8) Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.862, 632.867, 632.87 (3) to (6), 632.871, 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

\*\*\*\*NOTE: This is reconciled s. 40.51 (8). This SECTION has been affected by drafts with the following LRB numbers: -0581/P1 and -0884/P1.

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

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.862, 632.867, 632.871, 632.885, 632.89, and 632.895 (11) to (17).

\*\*\*\*NOTE: This is reconciled s. 40.51 (8m). This SECTION has been affected by drafts with the following LRB numbers: -0581/P1 and -0884/P1.

**SECTION 3.** 66.0137 (4) of the statutes is amended to read:

66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855,

632.862, 632.867, 632.87 (4) to (6), 632.871, 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

\*\*\*NOTE: This is reconciled s. 66.0137 (4). This SECTION has been affected by drafts with the following LRB numbers: -0581/P1 and -0884/P1.

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

120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.862, 632.867, 632.87 (4) to (6), 632.871, 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

\*\*\*NOTE: This is reconciled s. 120.13 (2) (g). This SECTION has been affected by drafts with the following LRB numbers: -0581/P1 and -0884/P1.

**SECTION 5.** 185.983 (1) (intro.) of the statutes is amended to read:

185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.853, 632.855, 632.862, 632.867, 632.87 (2) to (6), 632.871, 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

\*\*\*NOTE: This is reconciled s. 185.983 (1) (intro.). This SECTION has been affected by drafts with the following LRB numbers: -0581/P1 and -0884/P1.

**SECTION 6.** 609.719 of the statutes is created to read:

**609.719 Telehealth services.** Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.871.

**SECTION 7.** 632.871 of the statutes is created to read:

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

(a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

(b) “Self-insured health plan” has the meaning given in s. 632.85 (1) (c).

(c) “Telehealth” means 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. “Telehealth” does not include communications delivered solely by audio-only telephone, facsimile machine, or e-mail unless specified otherwise by rule.

**(2) COVERAGE DENIAL PROHIBITED.** No disability insurance policy or self-insured health plan may deny coverage for a treatment or service provided through telehealth on the basis that the treatment or service is provided through telehealth if that treatment or service is covered by the policy or plan when provided in person. A disability insurance policy or self-insured health plan may limit coverage of treatments or services provided through telehealth to those treatments or services that are medically necessary.

**(3) CERTAIN LIMITATIONS ON TELEHEALTH PROHIBITED.** A disability insurance policy or self-insured health plan may not subject a treatment or service provided through telehealth for which coverage is required under sub. (2) to any of the following:

(a) Any greater deductible, copayment, or coinsurance amount than would be applicable if the treatment or service is provided in person.

(b) Any policy or calendar year or lifetime benefit limit or other maximum limitation that is not imposed on other treatments or services covered by the plan that are not provided through telehealth.

(c) Prior authorization requirements that are not required for the same treatment or service when provided in person.

(d) Unique location requirements.

**(4) DISCLOSURE OF COVERAGE OF CERTAIN TELEHEALTH SERVICES.** A disability insurance policy or self-insured health plan that covers a telehealth treatment or service that has no equivalent in-person treatment or service, such as remote patient monitoring, shall specify in policy or plan materials the coverage of that telehealth treatment or service.

**SECTION 9323. Initial applicability; Insurance.**

(1) TELEHEALTH PARITY.

(a) For policies and plans containing provisions inconsistent with the treatment of s. 632.871, the treatment of s. 632.871 first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with s. 632.871, the treatment of s. 632.871 first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

**(END)**