


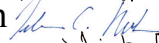
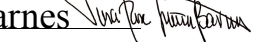
I Mina'trentai Singko Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
325-35 (COR)	Amanda L. Shelton Telena Cruz Nelson Tina Rose Muña Barnes	AN ACT TO ADD A NEW CHAPTER 29, TO DIVISION 2 OF TITLE 22, GUAM CODE ANNOTATED, RELATIVE TO REQUIRING INSURANCE COMPANIES TO COVER TELEHEALTH AND TELEMEDICINE SERVICES DURING PUBLIC HEALTH EMERGENCIES.	3/30/20 2:10 p.m.						

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN
2020 (SECOND) Regular Session

Bill No. 325-35 (COR)

Introduced by:

Amanda L. Shelton 
Telena Cruz Nelson 
Tina Rose Muña Barnes 

**AN ACT TO *ADD* A NEW CHAPTER 29, TO DIVISION 2
OF TITLE 22, GUAM CODE ANNOTATED, RELATIVE
TO REQUIRING INSURANCE COMPANIES TO COVER
TELEHEALTH AND TELEMEDICINE SERVICES
DURING PUBLIC HEALTH EMERGENCIES.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guahan* finds

that it is a critical time to take action to combat the spread of the Novel
Coronavirus that is globally affecting healthcare systems, economies, and the well-
being of billions of people around the world. The Novel Coronavirus, referred to as
“SARS-CoV-2”, spreads a disease named “COVID-19”. As of March 28, 2020, the
number of individuals that tested positive worldwide is at 662,643, with a climbing
death toll of about 30,845. To date, there is a total of 55 positive cases and 1 death
in Guam. The Guam Department of Public Health and Social Services (DPHSS)
has been working diligently to administer testing for COVID-19.

Telehealth is emerging as an effective and sustainable solution for
prevention, precaution, and treatment to stem the spread of COVID-19. During this
global push for mandatory social distancing, Guam residents, doctors, and all other

1 healthcare providers are in need of telehealth and telemedicine services to reduce
2 potential exposures. Hospitals around the world are quickly adopting telehealth and
3 telemedicine services to treat quarantined patients who have tested positive for
4 COVID-19.

5 I Liheslaturan Guahan further finds that new regulations must emerge to
6 reduce the spread of COVID-19, especially to health care providers who are
7 exposed to the disease and other infectious diseases daily. It is therefore the intent
8 of, *I Liheslaturan Guahan* to require that insurance companies, operating in Guam,
9 cover telehealth and telemedicine services during public health emergencies.

10 **Section 2.** A new Chapter 29B is *added* to Title 22, Guam Code Annotated to
11 read:

12 **CHAPTER 29B:**

13 **TELEHEALTH AND TELEMEDICINE TO PROVIDE SERVICES**

14 **DURING PUBLIC HEALTH EMERGENCIES**

15 **§ 29301. Definitions.**

16 **§ 29302. Authority.**

17 **§ 29303. Practice Standards: Telehealth**

18 **§ 29304. Practice Standards: Telemedicine**

19 **§ 29305. Venue and Records.**

20 **§ 29306. Exemptions.**

21 **§ 29307. Reimbursement for Telehealth and Telemedicine Services**

22 **§ 29308. Rulemaking.**

23 **§ 29301. Definitions.**

24 (a) Telehealth means a broad collection of electronic and
25 telecommunications technologies that support health care delivery and services
26 from distant locations. Telehealth technologies support virtual medical, health, and
27 education services.

1 (b) Telemedicine means the practice of medicine using technology to
2 deliver care at a distance. It occurs using a telecommunications infrastructure
3 between a patient (at an originating or spoke site) and a physician or other
4 practitioner licensed to practice medicine (at a distant or hub site).

5 (c) Remote patient monitoring services means the delivery of home health
6 services using telecommunications technology to enhance the delivery of home
7 health care, including monitoring of clinical patient data such as weight, blood
8 pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data;
9 medication adherence monitoring; and interactive video conferencing with or
10 without digital image upload.

11 (b) Telehealth provider means any individual who provides health care
12 and related services using telehealth and who is licensed or certified.

13 **§ 29302. Authority.**

14 (a) The Guam Department of Public Health and Social Services (DPHSS)
15 (hereinafter referred to as the “Department”) is responsible for regulating all
16 policies regarding telehealth and telemedicine services in Guam. The Guam Board
17 of Medical Examiners (GBME) (hereinafter referred to as the “Department”) shall
18 seek approval from DPHSS to practice telehealth and telemedicine service in
19 Guam. This section is only applicable during public health emergencies as defined
20 by 10 GCA, Ch. 19, §19104.

21 **§ 29303. Practice Standards: Telehealth**

22 (a) A telehealth provider has the duty to practice in a manner consistent with
23 his or her scope of practice and the prevailing professional standard of practice for
24 a health care professional who provides in-person health care services to patients in
25 this state; and a telehealth provider may use telehealth to perform a patient
26 evaluation. If a telehealth provider conducts a patient evaluation sufficient to
27 diagnose and treat the patient, the telehealth provider is not required to research a

1 patient's medical history or conduct a physical examination of the patient before
2 using telehealth to provide health care services to the patient.

3 (b) A telehealth provider may not use telehealth to prescribe a controlled
4 substance unless the controlled substance is prescribed for the following:

5 (1) The treatment of a psychiatric disorder;

6 (2) Inpatient treatment at a hospital approved by the Guam Medical
7 Board of Examiners and the Department.

8 (3) The treatment of a patient receiving hospice services.

9 (4) The treatment of a resident of a nursing home facility.

10 (d) A telehealth provider and a patient may be in separate locations when
11 telehealth is used to provide health care services to a patient.

12 (e) A nonphysician telehealth provider using telehealth and acting within his
13 or her relevant scope of practice.

14 **§ 29304. Practice Standards: Telemedicine**

15 (a) Each insurer proposing to issue individual or group accident and sickness
16 insurance policies providing hospital, medical and surgical, or major medical
17 coverage on an expense-incurred basis; each corporation providing individual or
18 group accident and sickness subscription contracts; and each health maintenance
19 organization providing a health care plan for health care services shall provide
20 coverage for the cost of such health care services provided through telemedicine
21 services, as provided in this section.

22 (b) An insurer may offer a health plan containing a deductible, copayment,
23 or coinsurance requirement for a health care service provided through telemedicine
24 services, provided that the deductible, copayment, or coinsurance does not exceed
25 the deductible, copayment, or coinsurance applicable if the same services were
26 provided through face-to-face diagnosis, consultation, or treatment.

1 (1) No insurer, corporation, or health maintenance organization shall
2 impose any annual or lifetime dollar maximum on coverage for telemedicine
3 services other than an annual or lifetime dollar maximum that applies in the
4 aggregate to all items and services covered under the policy, or impose upon
5 any person receiving

6 (c) An insurer shall not exclude a service for coverage solely because the
7 service is provided through telemedicine services and is not provided through face-
8 to-face consultation or contact between a health care provider and a patient for
9 services appropriately provided through telemedicine services.

10 (2) benefits pursuant to this section any copayment, coinsurance, or
11 deductible amounts, or any policy year, calendar year, lifetime, or other durational
12 benefit limitation or maximum for benefits or services, that is not equally imposed
13 upon all terms and services covered under the policy, contract, or plan.

14 (d) Nothing shall preclude the insurer from undertaking utilization review to
15 determine the appropriateness of telemedicine services, provided that such
16 appropriateness is made in the same manner as those determinations are made for
17 the treatment of any other illness, condition, or disorder covered by such policy,
18 contract, or plan. Any such utilization review shall not require pre-authorization of
19 emergent telemedicine services.

20 (e) No insurer shall impose any annual or lifetime dollar maximum on
21 coverage for telemedicine services other than an annual or lifetime dollar
22 maximum that applies in the aggregate to all items and services covered under the
23 policy, or impose upon any person receiving benefits pursuant to this section any
24 copayment, coinsurance, or deductible amounts, or any policy year, calendar year,
25 lifetime, or other durational benefit limitation or maximum for benefits or services,
26 that is not equally imposed upon all terms and services covered under the policy,
27 contract, or plan.

1 (d) The requirements of this section shall apply to all insurance policies,
2 contracts, and plans delivered, issued for delivery, reissued, or extended in Guam,
3 during the time of a Public Health Emergency.

4 **§ 29305. Venue, and Records.**

5 (a) VENUE.—for the purposes of this section, any act that constitutes the
6 delivery of health care services is deemed to occur at the place where the patient is
7 located at the time the act is performed or in the patient’s country of residence.

8 Venue for a civil or administrative action initiated by the department, the
9 appropriate board, or a patient who receives telehealth or telemedicine services
10 from an out-of-state telehealth provider may be located in the patient’s county of
11 residence.

12 (b) Records.— a telehealth and telemedicine provider shall document in the
13 patient’s medical record the health care services rendered using telehealth and
14 telemedicine according to the same standard as used for in-person services.

15 Medical records, including video, audio, electronic, or other records generated as a
16 result of providing such services, are confidential pursuant to 10 GCA, Ch.
17 80, §80118.

18 **§ 29306. Exemptions.**

19 (a) A health care professional who is not licensed to provide health care
20 services in Guam but who holds an active license to provide health care services in
21 another state or jurisdiction, and who provides health care services using telehealth
22 or telemedicine services to a patient located in another state, is not subject to the
23 registration requirement under this section if the services are provided:

24 (1) In response to an emergency medical condition.

25 (2) In consultation with a health care professional licensed in Guam
26 who has ultimate authority over the diagnosis and care of the patient;

1 (b) The giving or use of massages, steam baths, dry heat rooms, infrared heat
2 or ultraviolet lamps in public or private health clubs and spas;

3 (c) The manufacture or sale of proprietary medicines in this Commonwealth
4 by licensed pharmacists or druggists;

5 (d) The advertising or sale of commercial appliances or remedies;

6 (e) The domestic administration of family remedies;

7 (f) Any person from the rendering of first aid or medical assistance in an
8 emergency in the absence of a person licensed to practice medicine or osteopathy
9 under the provisions of this chapter;

10 (g) Any person from performing services in the lawful conduct of his
11 particular profession or business under Guam law;

12 **§ 29307. Reimbursement for Telehealth and Telemedicine Services**

13 (a) A contract between a health insurer issuing major medical
14 comprehensive coverage through an individual or group policy and a telehealth
15 provider, as defined in § 29301, must be voluntary between the insurer and the
16 provider and must establish mutually acceptable payment rates or payment
17 methodologies for services provided through telehealth and telemedicine. Any
18 contract provision that distinguishes between payment rates or payment services
19 provided without the use of telehealth or telemedicine and the same services
20 provided without the use of telehealth or telemedicine must be initiated by the
21 telehealth or telemedicine provider.

22 (b) An insurer shall not be required to reimburse the treating provider or the
23 consulting provider for technical fees or costs for the provision of telemedicine
24 services; however, such insurer shall reimburse the treating provider or the
25 consulting provider for the diagnosis, consultation, or treatment of the insured
26 delivered through telemedicine services on the same basis that the insurer,

1 corporation, or health maintenance organization is responsible for coverage for the
2 provision of the same service through face-to-face consultation or contact.

3 (c) Changes to this Section may be requested by the Department and
4 approved by *ILiheslatura Guahan*.

5 **§ 29308. Rulemaking.**

6 (a) The applicable board or the department, may adopt rules to administer
7 this section;

8 **Section 2. Effective Date.** This Act *shall* be effective upon enactment.

9 **Section 3. Severability.** If any provision of this Act or its application to
10 any person or circumstances is found to be invalid or contrary to law, such
11 invalidity *shall not* affect other provisions or applications of this Act that can be
12 given effect without the invalid provision or application, and to this end the
13 provisions of this Act are severable.