



TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

HOUSE OF REPRESENTATIVES

COMMITTEE ON HEALTH AND WELFARE

P.O. BOX 500586 SAIPAN, MP 96950

MALCOLM J. OMAR

CHAIRMAN

Adopted - 7/28/2023
STANDING COMMITTEE REPORT NO. 23-35
DATE: July 13, 2023
RE: HOUSE BILL No. 23-47

The Honorable Edmund S. Villagomez
Speaker of the House of Representatives
Twenty-Third Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Health and Welfare to which was referred:

House Bill No. 23-47: "To establish parity in coverage and payments for mental health services delivered through telehealth and in person."

begs leave to report as follows:

I. RECOMMENDATION:

After considerable discussion, your Committee recommends that H. B. No. 23-47 be passed by the House in its current form.

II. ANALYSIS:

A. Purpose:

The purpose of this Act is to establish parity in coverage and payments for mental health services delivered through telehealth and in person.

B. Committee Findings:

Your Committee finds that Public Law 22-23 recognized the Psychology Interjurisdictional Compact (PSYPACT) to establish legal recognition across state boundaries to psychologists licensed in another Compact state. The compact is designed to achieve the following purposes and objectives; 1) Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology; 2) Enhance the states' ability to protect the public's health and safety, especially client/patient safety; 3) Encourage the cooperation of Compact States in the areas of psychology licensure and regulation; 4) Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history; 5) Promote compliance with the laws governing psychological practice in each Compact State; and 6) Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

Your Committee finds that many countries have adopted telemedicine or teletherapy to bridge gaps in mental health. Accessing mental health care services in the CNMI continues to be a challenge for many people and students. The CNMI needs to expand opportunities to reach as many individuals as possible as soon as possible. The cumulative impacts of the pandemic, in addition to the prolonged struggle to recover from the devastations caused by Super Typhoon Yutu, have become increasingly apparent as the negative consequences of prolonged stress and uncertainty continue to remain lingering in our communities. Bridging the gap in mental health must also include coverage parity. The Act states that a health benefit plan delivered, issued for delivery, or renewed in the CNMI shall cover mental and/or behavioral health services delivered by telehealth to the same extent the health benefit plan would cover the services if delivered by an in-person encounter.

Your Committee finds that the pandemic has created a greater need for mental health services in a context already marked by a gap in access to services, making it urgent to bridge that gap and promote the expansion of mental health services for the people of the CNMI. In order to ensure the public is able to afford those services by requiring private payer, Medicaid and other governmental plans or policies, to provide coverage on an equal basis as in person services. Therefore, your Committee agrees with the intent and purpose of House Bill No. 23-47 and recommends its passage in its current form.

C. Public Comments/Public Hearing:

In a public meeting held on July 13, 2023, the Committee received oral testimonies from the following:

- Mr. Joseph Kevin Villagomez, Director, Community Guidance Center, CHCC.

“In full support of HB 23-47.”

- Dr. Anne V. Erhard, Ph.D., Licensed Clinical Psychologist, Pacific Clinical and Consulting.

“In full support of HB 23-47.” Submitted written comments.

- Ms. Sheila Jack Babauta, concerned citizen and President of Community Solutions.

“I am here to state my full support of House Bill 23-47. Mental Health Services access and coverage is essential for our community’s well-being.”

The Committee received comments from the following:

- Esther L. Muna, PhD, MHA, FACHE, CEO of CHCC. Comments dated July 11, 2023.

“I am writing to you on behalf of the Commonwealth Healthcare Corporation (CHCC) to express our strong support for the bill you have introduced to establish parity for coverage and reimbursement of mental health services offered via telehealth with other mental health services already covered by a health insurance plan.”

- Jane Mack, Directing Attorney, Marianas Office-Micronesian Legal Services Corp. Comments dated July 12, 2023.

“On HB23-047, we have only two short comments for your consideration:

- MLSC is generally in favor of any legislation to expand the availability of mental health services in the CNMI. Those who suffer from any kind of mental distress, disease, or condition are members of an especially vulnerable population and need additional consideration and care from all of us. To that end, any help is appreciated.

- In our experience, insurance companies generally exempt from coverage services from out-of-network providers. While the proposed legislation requires telehealth providers to be treated equally with other similarly situated providers, there is nothing that ensures their availability to persons who need their help if the telehealth providers are out of network. Therefore, it is not clear that this legislation will do much to improve the availability of mental health services in the CNMI.”
- Velma P. Benavente, Program Director, NMIRF & GHLI. Comments dated July 12, 2023.

“Regarding HB 23-47 in discussing with Aetna they stated that they do pay for telehealth services however in the CNMI Clinic don’t necessarily have different rates from in-patient and telehealth services. Aetna does pay for mental health services as part of our current plan so for Government employees who are seeking such services they are covered.”

- Anne V. Erhard, Ph.D. Licensed Psychologist, #006; Janet L. McCullough, Ph.D., Licensed Psychologist, #004, Adrian C. Brenn, Ph.D. Licensed Psychologist, #005, Jennifer F. Maratita, Ph.D. Licensed Psychologist, #025, and Amanda B. Hughes, Ph.D. Licensed Psychologist, #021. Comments dated July 13, 2023.

"First, I would like to express our appreciation for your consideration of the Mental Health Coverage Act. It is the logical next step after the passage of PSYPACT last year. When the CNMI became a member of the Psychology Interjurisdictional Compact, or PSYPACT, it gave the Commonwealth access to much larger pool of psychologists via telehealth, than wat we currently have available here, by allowing us to receive services from authorized psychologists in other compact states. This is an important step to helping us meet the mental health needs of the CNMI.”

- Esther S. Fleming, Executive Director, Health Care Professions Licensing Board. Comments dated July 14, 2023.

“The Health Care Professions Licensing Board congratulates you and your Committee on your efforts to support the expansion of mental health services by requiring parity for payment of telehealth services in the CNMI. From the perspective of the healthcare professions regulating body, the Board fully support the intent of the bill.”

- Khraibani, Hassen, Director, Business Development – Government & Student Programs, CVS Health Aetna. Comments dated July 19, 2023.

“GHLI’s Aetna plans today includes parity of coverage for mental health services and substance abuse, the same as medical/hospital services. Access to telehealth services are the same. I am collaborating with internal subject matter experts regarding PSYPACT and will revert back. Also, in order to receive in-network benefit coverage provided by a plan, members must receive services from an in-network, participating Aetna provider. GHLI members have access to Aetna’s largest network of providers across the US. Lastly, some plans include geographic limitations which are established by a Plan Sponsor (Employer) for where care is and is not covered by the plan(s). If a plan excludes US stateside care, then telehealth services originating from the states may also be excluded, as a result.”

Comments received have been attached as part of this committee report. Oral testimonies can be made available for public inspection upon request.

D. Legislative History:

House Bill No. 23-47 was introduced by Representative Malcolm J. Omar on May 10, 2023 and was subsequently referred to the House Standing Committee on Health and Welfare for disposition.

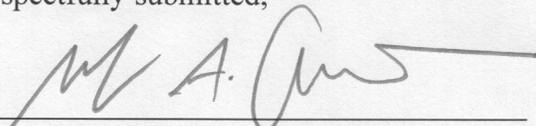
E. Cost-Benefit Analysis:

The enactment of House Bill No. 23-47 will result in additional cost to the CNMI Government to effectively carry out the intent of the proposed legislation. However, enhancing the CNMI’s ability to protect the public’s health and safety by establishing parity in coverage and payments for mental health services delivered through telehealth and in person will heavily outweigh such cost.

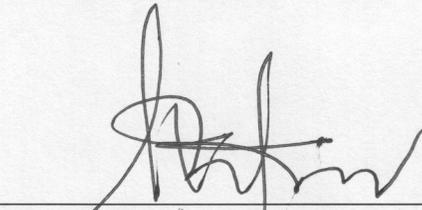
II. CONCLUSION:

The Committee is in accord with the intent and purpose of H. B. NO. 23-47 and recommends its passage in its current form.

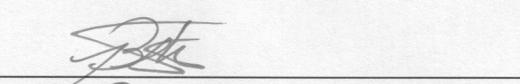
Respectfully submitted,



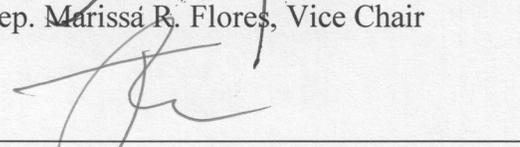
Rep. Malcolm J. Omar, Chairman



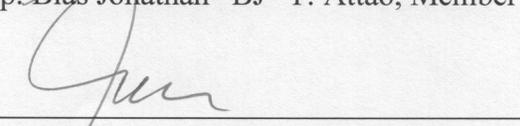
Rep. Marissa R. Flores, Vice Chair



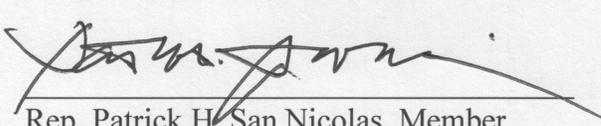
Rep. Blas Jonathan "BJ" T. Attao, Member



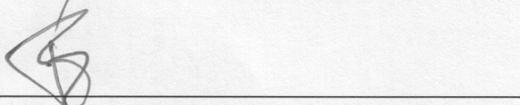
Rep. Joel C. Camacho, Member



Rep. Julie Marie A. Ogo, Member

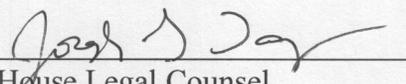


Rep. Patrick H. San Nicolas, Member



Rep. Ralph N. Yumul, Member

Reviewed by:



House Legal Counsel

Attachments:

- Esther L. Muna, PhD, MHA, FACHE, CEO of CHCC. Comments dated July 11, 2023.
- Jane Mack, Directing Attorney, Marianas Office-Micronesia Legal Services Corp. Comments dated July 11, 2023.
- Velma P. Benavente, Program Director, NMIRF & GHLLI. Comments dated July 12, 2023.
- Anne V. Erhard, Ph.D. Licensed Psychologist, #006; Janet L. McCullough, Ph.D., Licensed Psychologist, #004, Adrian C. Brenn, Ph.D. Licensed Psychologist, #005, Jennifer F. Maratita, Ph.D. Licensed Psychologist, #025, and Amanda B. Hughes, Ph.D. Licensed Psychologist, #021. Comments dated July 13, 2023.
- Khraibani, Hassen, Director, Business Development – Government & Student Programs, CVS Health Aetna. Comments dated July 19, 2023.
- Esther S. Fleming, Executive Director, Health Care Professions Licensing Board. Comments dated July 14, 2023.



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



CEO-L23-915

July 11, 2023

The Honorable Malcolm Omar
Chairperson, Standing Committee on Health and Welfare
House of Representatives
23rd Northern Marianas Commonwealth Legislature

Re: Support for Bill Establishing Parity for Telehealth Services Coverage and Reimbursement

Dear Representative Omar,

I am writing to you on behalf of the Commonwealth Healthcare Corporation (CHCC) to express our strong support for the bill you have introduced to establish parity for coverage and reimbursement of mental health services offered via telehealth with other mental health services already covered by a health insurance plan.

As you know, mental health is an increasingly pressing concern in the CNMI, affecting individuals from all walks of life. I have witnessed firsthand the impact of mental health issues on our patients and the community. Telehealth services provide a vital opportunity to extend care and support to those who may have limited access to in-person mental health services due to geographical, physical, or financial constraints.

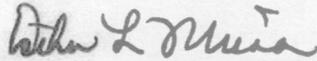
The ongoing pandemic has further highlighted the need for accessible mental health care, as many individuals have faced heightened stress, anxiety, and depression. Tele-mental health services have proven to be effective in delivering mental health care to those in need during these challenging times. By establishing parity for coverage and reimbursement, this bill will ensure that mental health services offered through telehealth are recognized as a vital component of the mental health care continuum, enabling patients to receive the care they need in a manner that suits their individual circumstances.

Moreover, this bill will help to reduce the stigma often associated with mental health care by making mental health services more widely available and accessible to the broader population. By establishing parity, we can encourage more individuals to seek the care they need, and more providers to serve our community, ultimately leading to a healthier and more resilient CNMI.

We at CHCC are committed to the well-being of our patients and the community, and we believe that the passage of this bill is a critical step toward ensuring that all individuals have access to the mental health care they need, regardless of their circumstances. We commend your leadership in addressing this important issue and stand ready to collaborate with you in any way that we can to help secure the bill's passage.

Thank you for your dedication to improving mental health care access and outcomes for our community. We look forward to working with you to ensure that this bill becomes a reality.

Sincerely,



Esther Lizama Muña, PhD, MHA, FACHE
Chief Executive Officer
State/Territorial Health Official
Commonwealth Healthcare Corporation, the Territorial
Hospital & Health System



Malcolm Omar <rep.mjomar@gmail.com>

RE: REQUEST FOR COMMENTS-SB23-05 SS1; HB 23-047.

1 message

Jane Mack <janemack@mlscnet.org>
To: Malcolm Omar <rep.mjomar@gmail.com>

Tue, Jul 11, 2023 at 3:34 PM

Thank you for the opportunity for MLSC to submit comments on two pending bills.

On SB 23-05 SS1, we have no comment.

On HB 23-047, we have only two short comments for your consideration:

* MLSC is generally in favor of any legislation to expand the availability of mental health services in the CNMI. Those who suffer from any kind of mental distress, disease, or condition are members of an especially vulnerable population and need additional consideration and care from all of us. To that end, any help is appreciated.

* In our experience, insurance companies generally exempt from coverage services from out-of-network providers. While the proposed legislation requires telehealth providers to be treated equally with other similarly-situated providers, there is nothing that ensures their availability to persons who need their help if the telehealth providers are out of network. Therefore, it is not clear that this legislation will do much to improve the availability of mental health services in the CNMI.

We hope you find these comments helpful.

Thank you.

Jane Mack

Directing Attorney

Marianas Office-Micronesia Legal Services Corp.

From: Malcolm Omar [mailto:rep.mjomar@gmail.com]

Sent: Thursday, June 29, 2023 4:02 PM

To: attorney_general@cnmioag.org; deputy_ag@cnmioag.org; esther.muna@chcc.health; Kaitlyn Neises <kaitlyn.neises@chcc.health>; Joseph Kevin Villagomez <joe.villagomez@chcc.health>; Glenda George <glenda.george@chcc.health>; vicenta.borja@cnmimedicaid.com; gborja@nmpasi.org; jeannerayphand@nmpasi.org; lee@mlscnet.org; janemack@mlscnet.org; esther.fleming@gov.mp; anne.erhard@pacificclinical.org; pcc@pticom.com; ifmaratita@gmail.com; janetmccullough@yahoo.com;

7/12/23, 3:38 PM

REQUEST FOR COMMENTS - rep.mjomar@gmail.com - Gmail

Gmail

in:sent

X

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3 of 70



Velma C. Palacios

to me, francine@pacificains.com

12:34 PM (3 hours ago)

Good afternoon Congressman Omar,

Thank you for this opportunity to comment on the bills listed below. Regarding S.B. 23-05 I have included the email that I sent SOF for the Senate Comments. I would also like to add that we have a strong partnership with our vendors and that it has helped us through the years. I would just like to clearly state that GHLI does not have any employees or a budget so if it were to be moved those aspects should be considered as I don't believe the additional work would be able to be absorbed by the Departments it will be affecting.

Regarding H.B. 23-47 in discussing with Aetna they stated that they do pay for telehealth services however in the CNMI Clinics don't necessarily have different rates from in-patient and telehealth services. Aetna does pay for mental health services as part of our current plan so for Government employees who are seeking such services they are covered.

Again, I thank you for the opportunity to provide comments for these bills.

Regards,



Velma P. Benavente

Velma P. Benavente
Program Director
NMIRF & GHLI

Commonwealth of the Northern Mariana Islands
1st Floor, West Wing, Horiguchi Building
TEL: (670) 664-5456 | Email: vc.palacios@dof.gov.mp
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July 13, 2023

Public Comments regarding HB 23-47
House Health & Welfare Committee
Twenty-Third Northern Marianas Commonwealth Legislature

Re: HB 23-47, the Mental Health Coverage Act.

I am Dr. Anne Erhard, a licensed clinical psychologist who has been practicing in the CNMI for 26 years in both the public and private sectors. I am representing myself as well as my colleagues Dr. Adrian Brenn, Dr. Janet McCullough, Dr. Jennifer Maratita, and Dr. Amanda Borja Hughes, all licensed clinical psychologists.

First, I would like to express our appreciation for your consideration of the Mental Health Coverage Act. It is the logical next step after the passage of PSYPACT last year. When the CNMI became a member of the Psychology Interjurisdictional Compact, or PSYPACT, it gave the Commonwealth access to a much larger pool of psychologists, via telehealth, than what we currently have available here, by allowing us to receive services from authorized psychologists in other compact states. This is an important step to helping us meet the mental health needs of the CNMI.

As you may know, the federal government put into place waivers during the Covid-19 Public Health Emergency (PHE) to allow easier access to medical and mental health services through telehealth. Even though the public health emergency ended May 11th of this year, many of the waivers will remain in place for mental health for varying periods of time; however, one insurer operating in the CNMI has already terminated their coverage of mental health services delivered via telehealth. Most states have spent the last two to three years writing and amending their telehealth laws to permanently reflect the new landscape we are in where telehealth is here to stay, especially for mental health. The CNMI has no telehealth laws; in particular, we have none that ensure ongoing coverage for mental health.

The Mental Health Coverage Act will address this by making sure that mental health services delivered through telehealth are covered by private payers and government health plans, including Medicaid, and that payment for mental health services delivered by telehealth is the same as for in-person visits. With this bill, people seeking help through telehealth will know that these services will be covered by their health plan; that services delivered through interstate compacts will be covered; and that costs will not be higher.

Telehealth legislation has now been enacted in all 50 States, the District of Columbia, Puerto Rico, and the US Virgin Islands. We hope that with your support, we can protect access to mental health services in the CNMI and ensure that people do not have to pay more than someone receiving in-person services.

Thank you for considering this very important mental health legislation.

Respectfully,

/s/ Anne V. Erhard, Ph.D.
Licensed Psychologist
#006

/s/ Janet L. McCullough, Ph.D.
Licensed Psychologist
#004

/s/ Adrian C. Brenn, Ph.D.
Licensed Psychologist
#005

/s/ Jennifer F. Maratita, Ph.D.
Licensed Psychologist
#025

/s/ Amanda B. Hughes, Ph.D.
Licensed Psychologist
#021

Khraibani, Hassen <KhraibaniH@aetna.com>
To: "rep.mjomar@gmail.com" <rep.mjomar@gmail.com>

Wed, Jul 19, 2023 at 6:37 AM

Hafa Adai Congressman.

We at Aetna and CVS Health are very supportive of our long-time partnership with the Government of the CNMI. In advance of my comments, I welcome our support in any ongoing dialogue related to the health and wellness of the governments active employees, retirees and their families residing or receiving health care in the CNMI, Guam, US stateside, Philippines, South Korea, Taiwan and anywhere else around the world. My comments below are in regards to the GHLI health plans.

H.B. 23-47

- GHLI's Aetna plans today include parity of coverage for mental health services and substance abuse, the same as medical/hospital services. Access to telehealth services are the same. I am collaborating with internal subject matter experts regarding PSYPACT and will revert back. Also, in order to receive in-network benefit coverage provided by a plan, members must receive services from an in-network, participating Aetna provider. GHLI members have access to Aetna's largest network of providers across the US. Lastly, some plans include geographic limitations which are established by a Plan Sponsor (Employer) for where care is and is not covered by the plan(s). If a plan excludes US stateside care, then telehealth services originating from the states may also be excluded, as a result.

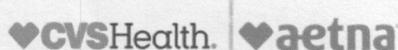
S.B. 23-05, SS1:

- Aetna does not have any comment regarding which agency the government designates to operate its employer provided health plans. Of course, any positive and negative impact to administration and members are important, although we are willing to collaborate and strategize with whichever agency is selected in the interest of supporting GHLI insured members. We hope, should there be any discussions related to the structure of the health plans, Aetna be included in those discussions. We have tremendous experience supporting government and state health plans. I believe we can be an asset to long-term strategic discussions with the CNMI Government.
- Coverage extension for furloughed employees brings tremendous value for those members who often return to service, to be able to continue to receive health care services while on furlough. Important administrative components included in the Bill are ongoing GHLI employer contribution and also GHLI remittance of the furloughed employee contribution share. These two administrative components are essential for success of including this population of members. Any different administrative scenario may create a far more difficult and less successful program. Lastly, we recognize furloughed employees are different from terminated employees. GHLI today does not have continuation of coverage for terminated employees and our interpretation of the proposed Bill is this is strictly for furloughed employees. Extension of coverage for terminated employees make up a much different risk profile for any health plan and may warrant impact to premium.

Thank you Sir. I hope for the opportunity to meet with you and other leaders during my next trip in the Fall '23.

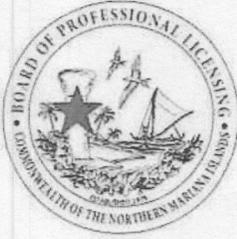
Sincerely,

Hassen Khraibani | Director, Business Development – Government & Student Programs



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From: Malcolm Omar <rep.mjomar@gmail.com>
Sent: Friday, June 30, 2023 2:42 PM



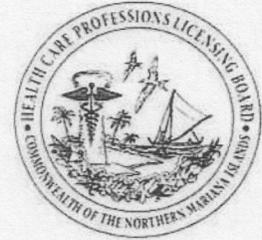
Commonwealth of the Northern Mariana Islands
BOARD OF PROFESSIONAL LICENSING
HEALTH CARE PROFESSIONS LICENSING BOARD

P.O. Box 502078, Bldg.No.1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950

Tel No: (670) 664-4808/09 Fax: (670) 664-4814

Email: info@cnmilicensing.gov.mp

Website: www.cnmilicensing.gov.mp



July 14, 2023

VIA EMAIL

Representative Malcolm Omar
House Standing Committee on
Health and Welfare
23rd House of Representatives

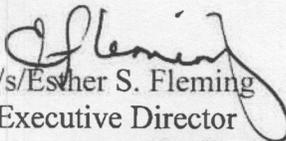
RE: H.B. 23-47: *"To establish parity in coverage and payments for mental health services through telehealth and in person."*

Dear Congressman Malcom Omar:

The Health Care Professions Licensing Board congratulates you and your Committee on your efforts to support the expansion of mental health services by requiring parity for payment of telehealth services in the CNMI. From the perspective of the healthcare professions regulating body, the Board fully support the intend of the bill.

Please let us know how we may further assist.

Thank you again and best regards,


/s/Esther S. Fleming
Executive Director

Health Care Professions Licensing Board

Email: esther.fleming@gov.mp

Phone Contacts: 664-4808/09 (O) or 483-2164 (C)

HW-5/10/2023

TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH
LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

May 10, 2023

See Spa

Session, 2023

H. B. 23- 47

A BILL FOR AN ACT

To establish parity in coverage and payments for mental health services delivered through telehealth and in person.

BE IT ENACTED BY THE 23RD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE:

- 1 **Section 1. Findings and Purpose.** Public Law 22-23 recognized the
- 2 Psychology Interjurisdictional Compact (PSYPACT) to establish legal recognition
- 3 across state boundaries to psychologists licensed in another Compact state.
- 4 PSYPACT further regulates the day-to-day practice of telepsychology across state
- 5 boundaries by licensed psychologists, as well as the temporary, in-person, face-to-
- 6 face practice of psychology across state boundaries by psychologists for 30 days
- 7 within a calendar year. This bill contributes to the expansion of mental health
- 8 services by requiring parity for payment of telehealth services in the CNMI.
- 9 To implement PSYPACT and increase public access in the CNMI to
- 10 professional psychological and other mental health services by telehealth, the
- 11 Legislature finds the need to ensure the public is able to afford those services by
- 12 requiring private payer, Medicaid and other governmental plans or policies, to

1 provide coverage on an equal basis as in person services.

2 **Section 2. Amendment.** Title 4, Division 7, of the Commonwealth Code is
3 hereby amended by adding a new Chapter 8 to read as follows:

4 **“Chapter 8. Mental Health Coverage.**

5 **§ 7801. Definitions.** The following definitions shall apply in this chapter.

6 (a) “Distant site” means the place a mental or behavioral health services
7 provider legally allowed to practice in the Commonwealth of the Northern Mariana
8 Islands (CNMI) is located while providing mental and/or behavioral health services
9 by means of telehealth.

10 (b) “Health benefit plan or policy” means a policy, contract, certificate, or
11 agreement entered into, offered, or issued by a health insurance issuer to provide,
12 deliver, arrange for, pay for, or reimburse any of the costs of mental health services
13 pursuant to Title 4, Division 7, of the Commonwealth Code and includes Medicaid
14 and any other public health care assistance program offered or administered by the
15 CNMI or by any subdivision or instrumentality of the CNMI.

16 (c) “Mental health services provider” or “behavioral health services
17 provider” means:

18 (1) a person licensed to provide mental and/or behavioral health
19 services (or a person specifically exempted from the licensure
20 requirements but permitted to practice in the field) under the
21 Commonwealth Health Care Professions Licensing Board Regulations,

1 including a psychiatrist, psychologist, marriage and family therapist,
2 professional counselor and/or a mental health counselor, and social
3 worker, or a similarly regulated professional;

4 (2) a psychologist authorized to practice interjurisdictional
5 psychology in the CNMI pursuant to the Psychology Interjurisdictional
6 Compact (PSYPACT) as authorized in Public Law 22-23; or

7 (3) any mental or behavioral health services provider authorized to
8 practice under any other interjurisdictional or interstate compacts
9 adopted by the CNMI.

10 (d) "Mental health services" and "behavioral health services" shall mean
11 any intervention, including assessment, diagnosis, treatment, education,
12 monitoring, care management, or counseling, offered in a private or public,
13 inpatient or outpatient, setting, for the maintenance or enhancement of mental
14 and/or behavioral health or the treatment of mental and/or behavioral disorders,
15 including substance abuse disorders, in individual and group contexts.

16 (e) "Health insurance issuer" shall mean an entity, as defined in 4 CMC §
17 7103(gg), subject to the insurance laws and regulations of the CNMI that contracts
18 or offers to contract or to provide, deliver, arrange for, pay for, or reimburse any of
19 the costs of mental and/or behavioral health services or otherwise contracts or offers
20 to contract to provide a health benefit plan that includes mental and/or behavioral
21 health services.

1 (f) "Originating site" shall mean a site at which a patient is located at the
2 time that mental and/or behavioral health services are provided to the patient by
3 means of telehealth.

4 (g) "Telehealth" shall mean the delivery of mental and/or behavioral
5 health services through information and communication technologies which
6 facilitate the assessment, diagnosis, consultation, treatment, education, monitoring
7 (including remote patient monitoring), care management, and patient self-
8 management, while such patient is at the originating site and the service provider
9 is at the distant site. Telehealth modalities include but are not limited to:

10 (1) synchronous technology, including live, two-way interaction
11 between a patient and a provider using audiovisual or audio only
12 telecommunications technology;

13 (2) asynchronous or store-and-forward technology, including
14 transmission of recorded health history through an electronic
15 communications system to a practitioner, usually a specialist, who uses
16 the information to evaluate the case or render a service outside of a
17 real-time or live interaction; and

18 (3) remote patient monitoring, including data collection from an
19 individual in one location by electronic communication technologies
20 and transmitted to a provider in another location for use in care and
21 related support.

1 **§ 7802. Plans to Include Coverage.** Each health insurance issuer that
2 offers or issues health benefit plans delivered, issued for delivery, or renewed in the
3 CNMI on or after the effective date of this Act, shall not deny coverage for mental
4 and/or behavioral health services on the basis that mental and/or behavioral health
5 services are provided by telehealth if the same service would be covered by face-
6 to-face diagnosis, consultation, or treatment.

7 **§ 7803. Coverage Parity.** A health benefit plan delivered, issued for
8 delivery, or renewed in the CNMI shall cover mental and/or behavioral health
9 services delivered by telehealth to the same extent the health benefit plan would
10 cover the services if delivered by an in-person encounter.

11 **§ 7804. Reimbursement Parity.** For purposes of reimbursement and
12 payment, a health insurance issuer shall compensate the mental and/or behavioral
13 health services provider for services delivered by telehealth on the same basis and
14 at the same payment rate the health insurer would apply to the services if the
15 services had been delivered by an in-person encounter by the mental or behavioral
16 health services provider. Nothing in this section is intended to limit the ability of a
17 health insurance issuer and a provider to voluntarily negotiate alternate payment
18 rates for mental and/or behavioral health services delivered through telehealth.
19 Nothing in this section is intended to require reimbursement for services delivered
20 through telehealth to be unbundled from other bundled risk-based payments.

1 **§ 7805. Unrestricted Patient Origination.** A health insurance issuer or
2 health benefit plan shall not impose any unique conditions for coverage of mental
3 health services delivered by telehealth mental health. A health insurance issuer
4 shall not impose any originating site restrictions, nor distinguish between patients
5 in rural or urban locations, nor impose any geographic or distance-based
6 restrictions, when providing coverage for health care services delivered by
7 telehealth. A health benefit plan shall not restrict the type of telehealth technology,
8 including the type of software or platform that a mental health services provider
9 may use to deliver services. Mental and/or behavioral health services providers
10 shall, however, use HIPAA-compliant technologies to deliver mental and/or
11 behavioral health services by telehealth.

12 **§ 7806. Unrestricted Distant Site.** A health insurance issuer or health
13 benefit plan shall not place restrictions on the mental and/or behavioral health
14 services provider's distant site that are more restrictive than what is required under
15 applicable state and/or federal law.

16 **§ 7807. Cost-Shifting Prohibited.** A health insurance issuer or health
17 benefit plan may charge a deductible, co-payment, or co-insurance for mental
18 health services provided by telehealth so long as it does not exceed the deductible,
19 co-payment, or co-insurance applicable to an in-person encounter. A health
20 insurance issuer or health benefit plan may not impose any annual or lifetime dollar
21 maximum on coverage for mental health services provided by telehealth other than

1 an annual or lifetime dollar maximum that applies in the aggregate to all items and
2 services covered under the policy, or impose upon any person receiving benefits
3 pursuant to this section any co-payment, co-insurance, or deductible amounts, or
4 any policy year, calendar year, lifetime, or other durational benefit limitation or
5 maximum for benefits or services, that is not equally imposed upon all terms and
6 services covered under the policy, contract, or plan.

7 **§ 7808. Utilization Review Procedures.** Decisions denying coverage of
8 mental and/or behavioral health services provided by telehealth shall be subject to
9 the same utilization review procedures as decisions denying coverage of services
10 provided by an in-person encounter. A health insurance issuer or health benefit
11 plan shall not impose any type of utilization management on benefits provided by
12 telehealth unless such type of utilization management is imposed when such
13 benefits are provided by in-person consultation or contact. Any type of utilization
14 management that is imposed on benefits provided by telehealth may not occur with
15 greater frequency or more stringent application than such form of utilization
16 management is imposed on such benefits provided by in-person consultation or
17 contact.

18 **§ 7809. Same Provider Network.** A health insurance issuer may not limit
19 coverage of mental and/or behavioral health services by telehealth to only those
20 providers who are members of the health benefit plan's telehealth narrow network.
21 A health benefit plan must cover telehealth mental and/or behavioral health services

1 provided by an out-of-network provider to the same extent that the services would
2 be covered if delivered by an out-of-network provider by an in-person encounter.

3 **§ 7810. In-Person Mental Health Services Not Required.** Neither the
4 health insurance issuer nor the health benefit plan shall require the presence of a
5 mental and/or behavioral health services provider at the patient's physical location.
6 Only the mental and/or behavioral health services provider who is providing the
7 services by means of telehealth may determine whether it is necessary to have an
8 additional mental and/or behavioral health services provider physically present
9 with a patient during treatment. A patient-provider relationship and patient consent
10 to treatment for mental and/or behavioral health services may be established by a
11 real-time, interactive, telehealth modality. No in-person visit shall be required for
12 mental and/or behavioral health services by telehealth at any time during the
13 patient-provider relationship, unless the services provider determines that an in-
14 person visit is in the patient's best interest.

15 **§ 7811. Patient-provider Relationship and Informed Consent**
16 **Established by Telehealth. To establish informed consent from the patient,**
17 **the provider must:**

18 (1) identify the patient and ask the patient to identify where they reside and
19 the originating site;

20 (2) disclose the provider's identity and applicable credential(s);

1 (3) obtain appropriate consent from the patient, or another individual
2 authorized to make health care treatment decisions for the patient, after disclosures
3 regarding the delivery models and treatment methods, risks, and benefits of various
4 treatment options, including informed consents regarding the use of telehealth
5 modalities; and

6 (4) to the extent reasonably possible, ensure the availability of the distant
7 site provider or coverage of the patient for appropriate follow-up care.

8 **§ 7812. Medicaid and Other Public Health Assistance.** Consistent with
9 Title 19 U.S.C. § 1902(j) and the waiver of the Secretary of the Department of
10 Health and Human Services pursuant thereto, and state and federal law, the
11 Medicaid program managed by the CNMI Medicaid Agency, and any other public
12 health care assistance program offered or managed by the CNMI or by any
13 subdivision or instrumentality of the CNMI, shall provide coverage and payment
14 for mental and/or behavioral health services delivered to a benefits recipient by
15 telehealth, on the same basis and at the same reimbursement rate as when the
16 services are delivered by in-person contact and consultation.

17 **§ 7813. Standard of Care.** Diagnosis, treatment, and consultation
18 recommendations, including discussions regarding the risk and benefits of the
19 patient's treatment options, made by telehealth are held to the same standard of care
20 or practice standards as are applicable to in-person mental and/or behavioral health
21 services settings. If mental and/or behavioral health services by telehealth are not

1 consistent with this standard of care, the services provider must direct the patient
2 to seek in-person care.

3 **§ 7814. Rules and Regulations.** The CNMI Insurance Commissioner
4 (“Commissioner”) may adopt regulations as necessary to implement this Act.
5 Within one year of the effective date of the Act, the Commonwealth Medicaid
6 Agency shall submit its amendments to the State Plan and may promulgate
7 regulations as provided by 1 CMC §§ 20192 and 20215, as needed to implement
8 the requirements of this Act.

9 **§ 7815 Enforcement.** The Commissioner shall enforce this Act consistent
10 with Title 4, Division 7, including, but not limited to, issuing administrative orders
11 and/or bringing enforcement proceedings under 4 CMC §§ 7106-7107. Each
12 instance of noncompliance may be treated as a separate violation of this division
13 for purpose of 4 CMC § 7509. The Commissioner may specify additional
14 procedures and remedies by regulation for repeated violations of this law as
15 necessary.”

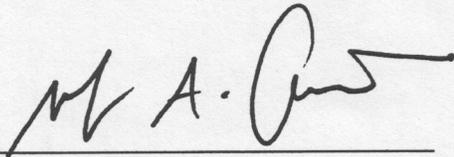
16 **Section 3. Severability.** If any provisions of this Act or the application of
17 any such provision to any person or circumstance should be held invalid by a court
18 of competent jurisdiction, the remainder of this Act or the application of its
19 provisions to persons or circumstances other than those to which it is held invalid
20 shall not be affected thereby.

1 **Section 4. Savings Clause.** This Act and any repealer contained herein
2 shall not be construed as affecting any existing right acquired under contract or
3 acquired under statutes repealed or under any rule, regulation, or order adopted
4 under the statutes. Repealers contained in this Act shall not affect any proceeding
5 instituted under or pursuant to prior law. The enactment of the Act shall not have
6 the effect of terminating, or in any way modifying, any liability, civil or criminal,
7 which shall already be in existence on the date this Act becomes effective.

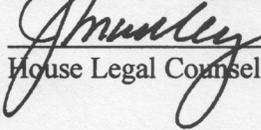
8 **Section 5. Effective Date.** This Act shall take effect upon its approval by
9 the Governor, or it becoming law without such approval.

Prefiled: 5/4/2023

Date: _____

Introduced by: 
Rep. Malcom J. Omar

Reviewed for Legal Sufficiency by:

 5-4-23
House Legal Counsel