

Senate Bill 126

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is provided in person.

A BILL FOR AN ACT

1
2 Relating to reimbursing the costs of telemedicine health services; creating new provisions; and
3 amending ORS 743A.058 and 743A.185.

4 Whereas the costs of health services that are borne by governments, employers and individuals
5 could be significantly reduced by structurally removing unnecessary costs in providing health care;
6 and

7 Whereas residents of remote and medically underserved areas of this state lack access to af-
8 fordable health care; and

9 Whereas Oregon could be seen as a global leader in health services delivered using telemedi-
10 cine; and

11 Whereas the quality of health services is based on the expertise of the provider whether the
12 services are delivered in person or electronically; and

13 Whereas quality telemedicine services may be provided at a lower cost than health services
14 delivered in person due to a reduced need for capital and lower overhead and staffing costs; now,
15 therefore,

16 **Be It Enacted by the People of the State of Oregon:**

17 **SECTION 1.** ORS 743A.058 is amended to read:

18 743A.058. (1) As used in this section:

19 (a) "Health benefit plan" has the meaning given that term in ORS 743B.005.

20 (b) "Health professional" means a person, **regardless of physical location, that is:**

21 (A) Licensed, certified or registered in this state to provide health [*care*] services [*or supplies*];
22 **and**

23 (B) **Subject to the authority of one or more health licensing boards or licensing agencies**
24 **in this state.**

25 (c) **"Health service" means diagnosis, treatment or supplies, or services ancillary to the**
26 **diagnosis, treatment or supplies, provided by a physical or behavioral health professional to:**

27 (A) **A patient;**

28 (B) **A parent, guardian or authorized representative of a patient; or**

29 (C) **Another health professional on a patient's behalf.**

30 [(c)] (d) "Originating site" means the physical location of [*the*] a patient.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (e) “Telemedicine” means the provision of a health service by any electronic means, in-
 2 cluding but not limited to:

- 3 (A) Telephone or Voice over Internet Protocol;
- 4 (B) Video conferencing;
- 5 (C) Instant messaging or chat services over the Internet;
- 6 (D) Electronic mail;
- 7 (E) Text messaging; or
- 8 (F) Transmission of telemetry.

9 (2) Except as provided in ORS 743A.185, a health benefit plan must provide coverage of a
 10 telemedicine health service that is provided [*using synchronous two-way interactive video confer-*
 11 *encing*] to an enrollee in the plan regardless of where the enrollee is located if:

12 (a) The plan provides coverage of the health service when provided in person by a health pro-
 13 fessional in the plan’s network of providers;

14 (b) The health service is medically necessary;

15 (c) The health service is determined to be safely and effectively provided using [*synchronous*
 16 *two-way interactive video conferencing*] telemedicine according to generally accepted health care
 17 practices and standards; and

18 (d) The application and technology used to provide the health service meet all standards re-
 19 quired by state and federal laws governing the privacy and security of protected health information.

20 (3) Health services covered in accordance with subsection (2) of this section may be re-
 21 imbursement in an amount equal to:

22 (a) For a physical health service, 80 percent or more of the reimbursement paid by the
 23 health benefit plan for the health service if provided in person; and

24 (b) For a behavioral health service, 90 percent or more of the reimbursement paid by the
 25 health benefit plan for the health service if provided in person.

26 [(3)] (4) A health benefit plan may not:

27 (a) Distinguish between rural and urban originating sites in providing coverage under [*sub-*
 28 *section (2)*] subsections (2) and (3) of this section.

29 (b) Require a health professional to have treated the patient previously as a condition
 30 of covering telemedicine health service.

31 (c) Deny or restrict coverage for new patients or for patients being seen for follow up.

32 [(4)] (5) The coverage under subsection (2) of this section is subject to[:]

33 [(a)] the terms and conditions of the health benefit plan[; and]

34 [(b)] *The reimbursement specified in the contract between the plan and the health professional*].

35 [(5)] (6) This section does not require a health benefit plan to reimburse a health
 36 professional[:]

37 [(a)] for a health service that is not a covered benefit under the plan[; or]

38 [(b)] *Who has not contracted with the plan*].

39 (7) This section is exempt from ORS 743A.001.

40 **SECTION 2.** ORS 743A.185 is amended to read:

41 743A.185. (1) As used in this section:

42 (a) “Health benefit plan” has the meaning given that term in ORS 743B.005.

43 (b) “Originating site” means a location where health services are provided or where [*the*] a pa-
 44 tient is receiving a [*telemedical*] telemedicine health service.

45 [(c)] “Telemedical” means delivered through a two-way electronic communication, including but not

1 *limited to video, audio, Voice over Internet Protocol or transmission of telemetry, that allows a health*
2 *professional to interact with a patient, a parent or guardian of a patient or another health professional*
3 *on a patient's behalf, who is at an originating site.]*

4 **(c) "Telemedicine" has the meaning given that term in ORS 743A.058.**

5 (2) A health benefit plan must provide coverage of a [*telemedical*] **telemedicine** health service
6 provided in connection with the treatment of diabetes if:

7 (a) The plan provides coverage of the health service when provided in person by the health
8 professional;

9 (b) The health service is medically necessary;

10 (c) The [*telemedical*] **telemedicine** health service relates to a specific patient; and

11 (d) One of the participants in the [*telemedical*] **telemedicine** health service is a representative
12 of an academic health center.

13 (3) A health benefit plan may not distinguish between rural and urban originating sites in pro-
14 viding coverage under subsection (2) of this section.

15 (4) A health benefit plan may subject coverage of a [*telemedical*] **telemedicine** health service
16 under subsection (2) of this section to all terms and conditions of the plan, including but not limited
17 to deductible, copayment or coinsurance requirements that are applicable to coverage of a compa-
18 rable health service when provided in person.

19 (5) This section does not require a health benefit plan to reimburse a provider for a health
20 service that is not a covered benefit under the plan.

21 **(6) This section is exempt from ORS 743A.001.**

22 **SECTION 3. The amendments to ORS 743A.058 and 743A.185 by sections 1 and 2 of this**
23 **2019 Act apply to health benefit plans issued, renewed or extended on or after the effective**
24 **date of this 2019 Act.**