HB 4101 A   STAFF MEASURE SUMMARY

Joint Committee On Ways and Means

Prepared By:	Tom MacDonald, Budget Analyst
Meeting Dates:	2/26, 2/27

WHAT THE MEASURE DOES:

Requires the Oregon Health Authority (OHA) to reimburse providers for telemedicine services in Medicaid, if such services are reimbursable by the Centers for Medicare and Medicaid Services, no later than July 1, 2021. Authorizes OHA to adopt rules to implement provisions of measure.

ISSUES DISCUSSED:

- Merits of the measure

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

Telehealth refers broadly to the use of technology to support long-distance health care as well as nonclinical services such as provider training and continuing medical education. The types of health care professionals licensed or authorized to provide telemedicine services vary within each state, as does the ability to practice telemedicine across states. Coverage of and reimbursement for types of telemedicine services differs among Medicare, Medicaid, and private health plans.

According to the Centers for Medicare and Medicaid Services (CMS), "states have the option/flexibility to determine whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided/covered; what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are 'recognized' and qualified according to Medicaid statute/regulation." If a state decides to reimburse for telemedicine services differently than for face-to-face services by a provider, the state must submit a State Plan to CMS.

The vast majority of states, including Oregon, offer Medicaid reimbursement for telemedicine in fee-for-service (FFS) and managed care through coordinated care organizations (CCOs). CCOs have discretion to develop reimbursement criteria separate from OHA's FFS policy (Office of Rural Health 2018).

House Bill 4101 requires the Oregon Health Authority to reimburse for telemedicine services in Medicaid.