

Senate Bill 697

Sponsored by Senator KNOPP

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**.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to telemedical health services; amending ORS 743A.058 and 743A.185; and prescribing an
3 effective date.

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

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

6 743A.058. (1) As used in this section:

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

8 (b) "Health professional" means a person licensed, certified or registered in this state to provide
9 health care services or supplies.

10 (c) "Originating site" means the physical location of the patient.

11 (2) A health benefit plan must [*provide coverage*] **reimburse the cost** of a health service that
12 is provided **by any contracted health professional** using synchronous two-way interactive video
13 conferencing if:

14 (a) The plan [*provides coverage*] **reimburses the cost** of the health service when provided in
15 person by a health professional;

16 (b) The health service is medically necessary;

17 (c) The health service is determined to be safely and effectively provided using synchronous
18 two-way interactive video conferencing according to generally accepted health care practices and
19 standards; and

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

22 **(3)(a) Reimbursement for the cost of health services under subsection (2) of this section**
23 **must be paid on the same basis and at the same rate that applies to the health services when**
24 **the services are provided in person, unless the contracted health professional has voluntarily**
25 **agreed to accept reimbursement for the cost of health services under subsection (2) of this**
26 **section on a different basis or rate than services provided in person.**

27 **(b) This subsection does not prohibit the use of alternate payment methodologies such**
28 **as capitated, bundled or risk-based payments.**

29 [(3)] (4) A health benefit plan may not distinguish between rural and urban originating sites in
30 providing coverage [*under*] **for a health service described in** subsection (2) of this section.

31 [(4)] (5) The coverage [*under*] **for a health service described in** subsection (2) of this section

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 [is] **may be** subject to[.]

2 [(a)] the terms and conditions of the health benefit plan[; and], **including but not limited to**
 3 **copayments, coinsurance or deductible requirements or benefit limitations, only to the ex-**
 4 **tent that such terms and conditions apply to the coverage of the health service if provided**
 5 **in person.**

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

7 [(5)] (6) This section does not require a health benefit plan to reimburse a health professional:

8 (a) For a health service that is not a covered benefit under the plan; or

9 (b) Who has not contracted with the plan.

10 (7) **This section is not subject to ORS 743A.001.**

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

12 743A.185. (1) As used in this section:

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

14 (b) "Originating site" means a location where health services are provided or where the patient
 15 is receiving a telemedical health service.

16 (c) "Telemedical" means delivered through a two-way electronic communication, including but
 17 not limited to video, audio, Voice over Internet Protocol or transmission of telemetry, that allows
 18 a health professional to interact with **any of the following who is an originating site:**

19 (A) A patient[;];

20 (B) A parent or guardian of a patient; or

21 (C) Another health professional on a patient's behalf[, *who is at an originating site*].

22 (2) A health benefit plan must [*provide coverage*] **reimburse the cost** of a telemedical health
 23 service provided **by any contracted health professional** in connection with the treatment of
 24 diabetes if:

25 (a) The plan [*provides coverage*] **reimburses the cost** of the health service when provided in
 26 person by the health professional;

27 (b) The health service is medically necessary;

28 (c) The telemedical health service relates to a specific patient; and

29 (d) One of the participants in the telemedical health service is a representative of an academic
 30 health center.

31 (3)(a) **Reimbursement for telemedical health services must be paid on the same basis and**
 32 **at the same rate that applies to the health services when the services are provided in person,**
 33 **unless the contracted health professional has voluntarily agreed to accept reimbursement for**
 34 **telemedical health services on a different basis or rate than services provided in person.**

35 (b) **This subsection does not prohibit the use of alternate payment methodologies such**
 36 **as capitated, bundled or risk-based payments.**

37 [(3)] (4) A health benefit plan may not distinguish between rural and urban originating sites in
 38 providing coverage [*under*] **for a telemedical health service described in** subsection (2) of this
 39 section.

40 [(4)] (5) A health benefit plan may subject coverage of a telemedical health service [*under*] **de-**
 41 **scribed in** subsection (2) of this section to all terms and conditions of the plan, including but not
 42 limited to deductible, copayment or coinsurance requirements [*that are applicable to coverage of a*
 43 *comparable*] **or benefit limitations, only to the extent that such terms and conditions apply**
 44 **to the coverage of the** health service when provided in person.

45 [(5)] (6) This section does not require a health benefit plan to reimburse a [*provider*] **health**

1 **professional** for a health service that is not a covered benefit under the plan.

2 **(7) This section is not subject to ORS 743A.001.**

3 **SECTION 3. This 2021 Act takes effect on the 91st day after the date on which the 2021**
4 **regular session of the Eighty-first Legislative Assembly adjourns sine die.**

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