

Requested by Senator KNOPP

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2508**

1 On page 1 of the printed A-engrossed bill, delete lines 6 through 23.

2 On page 2, delete lines 1 through 3 and insert:

3 **“SECTION 2.** (1) As used in this section, ‘telemedicine’ means the mode
4 of delivering health services using synchronous two-way interactive video
5 conferencing.

6 “(2) To encourage the efficient use of resources and to promote cost-
7 effective procedures in accordance with ORS 413.011 (1)(L), the Oregon
8 Health Authority shall reimburse the cost of health services delivered using
9 telemedicine, including but not limited to communications between providers
10 or between one or more providers and one or more patients, family members,
11 caregivers or guardians.”.

12 In line 5, delete “any permissible” and after “telemedicine” insert a period
13 and delete the rest of the line and line 6.

14 Delete lines 19 through 45 and delete page 3.

15 On page 4, delete lines 1 through 44 and insert:

16 **“SECTION 3.** ORS 743A.058 is amended to read:

17 “743A.058. (1) As used in this section:

18 “(a) ‘Health benefit plan’ has the meaning given that term in ORS
19 743B.005.

20 “(b) ‘Health professional’ means a person licensed, certified or registered
21 in this state to provide health care services or supplies.

1 “(c) ‘Health service’ means physical, oral and behavioral health
2 treatment or service provided by a health professional.

3 “[(c)] (d) ‘Originating site’ means the physical location of the patient.

4 “(e) ‘Telemedicine’ means the mode of delivering health services
5 using synchronous two-way interactive video conferencing.

6 “(2) A health benefit plan **and a dental-only plan** must provide coverage
7 of a health service that is provided using [*synchronous two-way interactive*
8 *video conferencing*] **telemedicine** if:

9 “(a) The plan provides coverage of the health service when provided in
10 person by a health professional;

11 “(b) The health service is medically necessary;

12 “(c) The health service is determined to be safely and effectively provided
13 using [*synchronous two-way interactive video conferencing*] **telemedicine** ac-
14 cording to generally accepted health care practices and standards; and

15 “(d) The application and technology used to provide the health service
16 meet all standards required by state and federal laws governing the privacy
17 and security of protected health information.

18 “(3) A health benefit plan **and a dental-only plan** may not distinguish
19 between rural and urban originating sites in providing coverage under sub-
20 section (2) of this section **or restrict originating sites that qualify for**
21 **reimbursement.**

22 “(4) The coverage under subsection (2) of this section is subject to:

23 “(a) The terms and conditions of the health benefit plan **or dental-only**
24 **plan;** and

25 “(b) **Subject to subsection (5) of this section,** the reimbursement spec-
26 ified in the contract between the plan and the health professional.

27 “(5)(a) **A health benefit plan and a dental-only plan must pay the**
28 **same reimbursement for a health service regardless of whether the**
29 **service is provided in person or using telemedicine.**

30 “(b) **Paragraph (a) of this subsection does not prohibit the use of**

1 **value-based payment methods, including capitated, bundled, risk-based**
2 **or other value-based payment methods, and does not require that any**
3 **value-based payment method reimburse telemedicine health services**
4 **based on an equivalent fee-for-service rate.**

5 “[5] (6) This section does not require a health benefit plan **or dental-**
6 **only plan** to reimburse a health professional:

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

9 “(b) Who has not contracted with the plan[.]; **or**

10 “(c) **For a service that is not included within the Healthcare Pro-**
11 **cedure Coding System or the American Medical Association’s Current**
12 **Procedural Terminology codes or related modifier codes.**

13 “(7) **This section is exempt from ORS 743A.001.**

14 “**SECTION 4.** ORS 743A.058, as amended by section 3 of this 2021 Act,
15 is amended to read:

16 “743A.058. (1) As used in this section:

17 “(a) ‘Health benefit plan’ has the meaning given that term in ORS
18 743B.005.

19 “(b) ‘Health professional’ means a person licensed, certified or registered
20 in this state to provide health care services or supplies.

21 “(c) ‘Health service’ means physical, oral and behavioral health treatment
22 or service provided by a health professional.

23 “(d) ‘Originating site’ means the physical location of the patient.

24 “(e) ‘Telemedicine’ means the mode of delivering health services using
25 synchronous two-way interactive video conferencing.

26 “(2) A health benefit plan [*and a dental-only plan*] must provide coverage
27 of a health service that is provided using telemedicine if:

28 “(a) The plan provides coverage of the health service when provided in
29 person by a health professional;

30 “(b) The health service is medically necessary;

1 “(c) The health service is determined to be safely and effectively provided
2 using telemedicine according to generally accepted health care practices and
3 standards; and

4 “(d) The application and technology used to provide the health service
5 meet all standards required by state and federal laws governing the privacy
6 and security of protected health information.

7 “(3) A health benefit plan [*and a dental-only plan*] may not distinguish
8 between rural and urban originating sites in providing coverage under sub-
9 section (2) of this section [*or restrict originating sites that qualify for re-*
10 *imbursement*].

11 “(4) The coverage under subsection (2) of this section is subject to:

12 “(a) The terms and conditions of the health benefit plan [*or dental-only*
13 *plan*]; and

14 “(b) [*Subject to subsection (5) of this section,*] The reimbursement specified
15 in the contract between the plan and the health professional.

16 “[*(5)(a) A health benefit plan and a dental-only plan must pay the same*
17 *reimbursement for a health service regardless of whether the service is pro-*
18 *vided in person or using telemedicine.*]

19 “[*(b) Paragraph (a) of this subsection does not prohibit the use of value-*
20 *based payment methods, including capitated, bundled, risk-based or other*
21 *value-based payment methods, and does not require that any value-based pay-*
22 *ment method reimburse telemedicine health services based on an equivalent*
23 *fee-for-service rate.*]

24 “[*(6)*] **(5)** This section does not require a health benefit plan [*or dental-*
25 *only plan*] to reimburse a health professional:

26 “(a) For a health service that is not a covered benefit under the plan;

27 “(b) Who has not contracted with the plan; or

28 “(c) For a service that is not included within the Healthcare Procedure
29 Coding System or the American Medical Association’s Current Procedural
30 Terminology codes or related modifier codes.

1 “[~~(7)~~ *This section is exempt from ORS 743A.001.*].”

2 In line 45, delete “4” and insert “5”.

3 On page 5, line 2, delete “(7)” and insert “(5)”.

4 After line 3, insert:

5 **“SECTION 6. The amendments to ORS 743A.058 by section 4 of this**
6 **2021 Act become operative two calendar years after the effective date**
7 **of this 2021 Act.”.**

8 In line 4, delete “5” and insert “7”.

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