

# D R A F T

## SUMMARY

Modifies requirements for health benefit plan coverage of telemedical health service.

Applies to plans beginning in 2017.

### A BILL FOR AN ACT

Relating to payment for telemedical health services; creating new provisions; and amending ORS 743A.058.

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

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

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

(a) “Health benefit plan” [*has the meaning given that term in ORS 743.730.*] **includes:**

**(A) A health benefit plan as defined in ORS 743.730; and**

**(B) A self-insured health plan offered by the Public Employees’ Benefit Board or the Oregon Educators Benefit Board.**

**(b) “Health professional” means a person licensed in this state to provide health care services or supplies.**

[(b)] (c) “Originating site” means the physical location of the patient [*receiving a telemedical health service*].

[(c)] “Telemedical” means delivered through a two-way video communication that allows a health professional to interact with a patient who is at an originating site.]

**(d) “Telemedical health service” means a health service delivered through a secure two-way video conferencing communication that al-**

1 **lows a health professional to interact with a patient who is at an**  
2 **originating site.**

3 (2) A health benefit plan must provide coverage of a telemedical health  
4 service if:

5 (a) The plan provides coverage of the health service when provided in  
6 person by *[the]* a health professional;

7 (b) The **telemedical** health service is medically necessary; *[and]*

8 (c) The **telemedical** health service does not duplicate *[or supplant]* a  
9 health service that *[is available]* **has been provided** to the patient in  
10 person[.];

11 **(d) The telemedical health service is provided using a video confer-**  
12 **encing method that is compatible with the requirements of the Health**  
13 **Insurance Portability and Accountability Act of 1996 (P.L. 104-191), and**  
14 **regulations adopted under it, including 45 C.F.R. parts 160 and 164; and**

15 **(e) The telemedical health service provided is within generally ac-**  
16 **cepted health care practices and standards.**

17 (3) An originating site for a telemedical health service subject to sub-  
18 section (2) of this section includes but is not limited to a:

19 (a) Hospital;

20 (b) Rural health clinic;

21 (c) Federally qualified health center;

22 (d) Physician's office;

23 (e) Community mental health center;

24 (f) Skilled nursing facility;

25 (g) Renal dialysis center; or

26 (h) Site where public health services are provided.

27 (4) A plan may not distinguish between originating sites that are rural  
28 and urban in providing coverage under subsection (2) of this section.

29 (5) A health benefit plan may subject coverage of a telemedical health  
30 service under subsection (2) of this section to all terms and conditions of the  
31 plan, including but not limited to deductible, copayment or coinsurance re-

1 requirements that are applicable to coverage of a comparable health service  
2 provided in person.

3 (6) This section does not require a health benefit plan to reimburse a  
4 [*provider*] **health professional:**

5 (a) For a health service that is not a covered benefit under the plan [*or*  
6 *to reimburse a health professional who is not a covered provider under the*  
7 *plan.*];

8 (b) **Who is not an in-network or contracted provider for the plan;**  
9 **or**

10 (c) **At the same rate of reimbursement for similar health care ser-**  
11 **vices provided to a patient in person.**

12 **SECTION 2. (1) The amendments to ORS 743A.058 by section 1 of**  
13 **this 2015 Act apply to:**

14 (a) **A health benefit plan issued or renewed on or after January 1,**  
15 **2017.**

16 (b) **A health benefit plan that, according to its terms, would renew**  
17 **on or after January 1, 2017, but is renewed prior to January 1, 2017.**

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