



Advancing telehealth knowledge, practice and policy in Oregon

**Senate Interim Committee on Health Care and Human Services
December 8, 2014**

Senator Monnes Anderson and Senator Kruse;

My name is Robert Duehmig; I am the Deputy Director for the Office of Rural Health and a member of the board of the Telehealth Alliance of Oregon (TAO). I am here today in support of introducing LC 918 as a committee bill.

During the 2014 Legislative session, the Senate Health Care and Human Services Committee requested that the Telehealth Alliance of Oregon (TAO) facilitate a work group to create a legislative concept that expanded telemedicine reimbursement. The workgroup consisted of payers, providers, health care associations and state agencies. Working over a seven month period, the group engaged in education on the provider practice guidelines and security and privacy requirements required for the services being considered. Additionally, information and demonstrations were also provided about the services offered in other states and specifically by organizations in Oregon currently offering these services. LC 918 is the outcome of this workgroup.

What does LC 918 do?

Expands the requirements for health benefit plan coverage of telemedical health services by requiring them to provide coverage of telehealth services offered directly from a provider to a patient regardless of where they are. This includes homes, schools and work places.

Which payers are affected?

All health benefit plans as defined in ORS 743.730 and self-insured health plans offered through the Public Employees' Benefit Board or the Oregon Educators Benefit board are required to pay for the expanded services.

What type of transmission is required?

In order to be eligible for payment a health service must be provided using synchronous two-way interactive videoconferencing.

Under what conditions must a health benefit plan provide coverage of a health service delivered via synchronous two-way interactive videoconferencing?

A health benefit plan must provide coverage of a health service delivered telemedically if:

- The plan provides coverage of the health service when provided in person by a health professional;
- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

Is the payer required to pay for a service that is not included in the health benefit plan or a provider who has not contracted with the plan?

No. Just as with services delivered in person a health benefit plan is not required to reimburse a health professional:

- For a health service that is not a covered benefit under the plan; or
- If the professional is not contracted with the plan

What is the rate of payment for the service that is provided via two-way interactive videoconferencing?

Reimbursement for services provided via two-way interactive videoconferencing is determined by the health benefit plan and the provider and is specified in their contract.

What is the effective date proposed for this legislation?

The proposed effective date is 1/1/16, requiring that the legislation contain an emergency clause. This would allow the plans the necessary time to plan for the change. LC 918 does not correctly state the effective date. We will be asking the committee to amend the legislation once the session has begun.

The workgroup would like to thank Sen. Monnes Anderson for her support of this process.

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