Senate Bill 519

Sponsored by Senator ATKINSON (at the request of Dr. Norwood Knight-Richardson)

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**.

Requires health insurers, and Department of Human Services through state medical assistance program, to cover services performed using telemedicine. Requires Director of Department of Consumer and Business Services and Director of Human Services to adopt rules.

A BILL FOR AN ACT

2 Relating to telemedicine.

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

4 <u>SECTION 1.</u> As used in section 2 of this 2007 Act:

5 (1) "Health care service contractor" has the meaning given that term in ORS 750.005.

6 (2) "Health insurer" means a person engaged in the business of entering into policies of 7 health insurance as that term is defined in ORS 731.162.

8 (3) "Health professional" means a person licensed by a health professional regulatory 9 board as that term is defined in ORS 676.160.

(4) "Medical services contractor" means a person that enters into a medical services
 contract, as defined in ORS 743.801, with a health professional.

(5) "Telemedicine" means the provision of any health care service, including but not limited to the practice of medicine across state lines, as defined in ORS 677.135, diagnostic testing, treatment, referral and consultation, by means of transmitted electronic images or other telecommunication technology in accordance with rules adopted by the Director of Human Services under section 3 of this 2007 Act.

SECTION 2. (1) A health insurer, third party administrator licensed under ORS chapter
 744, trust carrying out a multiple employer welfare arrangement as defined in ORS 750.301,
 health care service contractor or medical services contractor may not:

(a) For the reason that a health care service is not performed in a face-to-face consul tation, deny payment for or coverage of a service if it is within the lawful scope of the health
 professional's practice and is appropriately performed using telemedicine; or

(b) Require any health care service to be performed using telemedicine if a face-to-face
 consultation with an appropriate health professional is available within a reasonable distance
 from the location where the patient resides or is employed.

(2) A health care service performed using telemedicine may be subject to a deductible,
 copayment or coinsurance requirement that is applicable to a comparable service performed
 in a face-to-face consultation.

(3) The Director of the Department of Consumer and Business Services shall adopt rules
 to carry out the purposes of this section that are consistent with rules adopted by the Di rector of Human Services under section 3 of this 2007 Act and that further the goals of this

SB 519

1 section in improving access to health care services in medically underserved areas and im-

2 proving patient access to health care specialists in geographic areas where there is a short-

3 age of such specialists.

4 <u>SECTION 3.</u> (1) The Director of Human Services shall adopt rules setting reimbursement 5 rates for telemedicine services performed by health professionals through the state medical 6 assistance program. The reimbursement rates must take into account the cost of technology 7 investments needed to practice telemedicine and may not be less than rates paid for com-8 parable face-to-face health care services. Subject to rules adopted by the director under 9 subsection (2) of this section, the director shall set reimbursement rates under this section 10 as follows:

(a) A health professional who is participating at an originating site of a telecommunication transmission, is physically present with the patient and is contemporaneously communicating and interacting with a health professional at the terminus of the transmission shall be reimbursed at the rate that a health professional is entitled to receive under the state medical assistance program for an office visit.

(b) A health professional who communicates with a patient in the course of providing telemedicine services shall be reimbursed at the rate that a health professional is entitled to receive under the state medical assistance program for a face-to-face consultation, whether the communication is contemporaneous or asynchronous store and forward.

(c) A health professional shall be reimbursed for a telemedicine consultation with an other health professional at the rate that a health professional is entitled to receive under
 the state medical assistance program for a face-to-face consultation with another health
 professional, whether the communication is contemporaneous or asynchronous store and
 forward.

(d) A health professional shall be reimbursed for any health care service provided using telemedicine at the rate that a health professional is entitled to receive under the state medical assistance program for the same service performed in a face-to-face consultation, whether the communication is contemporaneous or asynchronous store and forward.

(2) The director shall adopt rules to further the goals of this section in improving access
 to health care services in medically underserved areas and improving patient access to
 health care specialists in geographic areas where there is a shortage of such specialists, in cluding but not limited to rules:

(a) Establishing protocols to ensure that telemedicine services meet minimum standards
 of care, including that health professionals perform telemedicine services in clinical settings
 and that clinical records be maintained in accordance with medical community standards;

(b) Placing appropriate limits on using telemedicine to provide health care services, in cluding:

(A) Prohibiting the use of telephone or telephone facsimile when videoconference tech nology is available; and

(B) Prohibiting the use of telemedicine when a face-to-face consultation with an appropriate health professional is available within a reasonable distance from the location where
the patient resides or is employed;

43 (c) Establishing patient confidentiality standards to ensure that telemedicine services
 44 meet the legal requirements for protecting health information;

45 (d) Establishing procedures for obtaining informed consent to perform health care ser-

1 vices using telemedicine; and

2 (e) Providing for exceptions to the provisions of this section if the Governor has declared 3 a state of emergency under ORS 401.055 and exceptions are necessary to further the goals 4 of this section.

(3) As used in this section:

6 (a) "Asynchronous store and forward" means a telecommunication technique in which 7 information is sent to an intermediate station where it is stored before being sent at a later 8 time to its final destination or to another intermediate station. Each intermediate station 9 verifies the integrity of the information before forwarding it.

(b) "Clinical setting" means a hospital, a location where a health professional performs
health care services fact-to-face, a long term care facility, an intermediate care facility and
any other health care facility prescribed by the director by rule.

(c) "Health professional" means a person licensed by a health professional regulatory
 board as that term is defined in ORS 676.160.

(d) "Telemedicine" means the provision of any health care service, including but not limited to the practice of medicine across state lines, as defined in ORS 677.135, diagnostic testing, treatment, referral and consultation, by means of transmitted electronic images or other telecommunication technology in accordance with rules adopted by the director.

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