

SENATE AMENDMENTS TO SENATE BILL 24

By COMMITTEE ON HEALTH CARE AND VETERANS' AFFAIRS

April 3

1 On page 1 of the printed bill, delete lines 5 through 30 and insert:

2 **“SECTION 1. Section 2 of this 2009 Act is added to and made a part of the Insurance**
3 **Code.**

4 **“SECTION 2. (1) As used in this section:**

5 **“(a) ‘Health benefit plan’ has the meaning given that term in ORS 743.730.**

6 **“(b) ‘Originating site’ means the physical location of the patient receiving a telemedical**
7 **health service.**

8 **“(c) ‘Telemedical’ means delivered through a two-way video communication that allows**
9 **a health professional to interact with a patient who is at an originating site.**

10 **“(2) A health benefit plan must provide coverage of a telemedical health service if:**

11 **“(a) The plan provides coverage of the health service when provided in person by the**
12 **health professional;**

13 **“(b) The health service is medically necessary; and**

14 **“(c) The health service does not duplicate or supplant a health service that is available**
15 **to the patient in person.**

16 **“(3) An originating site for a telemedical health service subject to subsection (2) of this**
17 **section includes but is not limited to a:**

18 **“(a) Hospital;**

19 **“(b) Rural health clinic;**

20 **“(c) Federally qualified health center;**

21 **“(d) Physician’s office;**

22 **“(e) Community mental health center;**

23 **“(f) Skilled nursing facility;**

24 **“(g) Renal dialysis center; or**

25 **“(h) Site where public health services are provided.**

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

28 **“(5) A health benefit plan may subject coverage of a telemedical health service under**
29 **subsection (2) of this section to all terms and conditions of the plan, including but not limited**
30 **to deductible, copayment or coinsurance requirements that are applicable to coverage of a**
31 **comparable health service provided in person.**

32 **“(6) This section does not require a health benefit plan to reimburse a provider for a**
33 **health service that is not a covered benefit under the plan or to reimburse a health profes-**
34 **sional who is not a covered provider under the plan.”**

35 On page 2, delete lines 1 through 33.

- 1 In line 34, delete "4" and insert "3".
- 2 On page 3, line 9, delete "3" and insert "2".
- 3 In line 30, delete "5" and insert "4".
- 4 On page 4, line 9, delete "3" and insert "2".
- 5 In line 30, delete "6" and insert "5".
- 6 On page 5, line 2, delete "3" and insert "2".
- 7 In line 17, delete "7" and insert "6".
- 8 In line 36, delete "3" and insert "2".
- 9 On page 6, line 6, delete "8" and insert "7".
- 10 In line 26, delete "3" and insert "2".
- 11 In line 41, delete "9" and insert "8" and delete "3" and insert "2".
- 12 In line 42, delete "4 to 8" and insert "3 to 7".
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