

Senate Bill 1560

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care and Human Services)

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**.

Modifies requirements for health plan coverage of telemedical services.
Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to telemedicine; creating new provisions; amending ORS 743A.058; and declaring an emer-
3 gency.

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

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

6 743A.058. (1) As used in this section:

7 (a) "Health benefit plan" has the meaning given that term in ORS 743.730.

8 **(b) "Health care service code" means a Current Procedural Technology code, an alpha-**
9 **numeric code from the Healthcare Common Procedure Coding System or other accepted al-**
10 **phanumeric code used to identify a health care service or procedure for billing purposes.**

11 **(c) "Health care service code modifier" means an alphanumeric code added to a health**
12 **care service code to indicate that the service was a telemedical health service.**

13 *[(b)]* **(d) "Originating site" means the physical location of the patient receiving a telemedical**
14 **health service.**

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

17 (2) **[A] Health benefit [plan] plans and self-insured health benefit plans offered through the**
18 **Public Employees' Benefit Board or the Oregon Educators Benefit Board** must provide cover-
19 age of a telemedical health service if:

20 (a) The plan provides coverage of the health service when provided in person by the health
21 professional; **and**

22 (b) The health service is medically necessary **and determined to be appropriate for tele-**
23 **medical communication by the health professional providing the telemedical health service.**

24 *[: and]*

25 *[(c) The health service does not duplicate or supplant a health service that is available to the pa-*
26 *tient in person].*

27 *[(3) An originating site for a telemedical health service subject to subsection (2) of this section in-*
28 *cludes but is not limited to a:]*

29 *[(a) Hospital;]*

30 *[(b) Rural health clinic;]*

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 [(c) *Federally qualified health center*];

2 [(d) *Physician's office*];

3 [(e) *Community mental health center*];

4 [(f) *Skilled nursing facility*];

5 [(g) *Renal dialysis center*; or]

6 [(h) *Site where public health services are provided*.]

7 **(3) Health benefit plans and self-insured health benefit plans described in subsection (2)**
8 **of this section:**

9 [(4) *A plan*] **(a)** May not distinguish between originating sites [*that are rural and urban*] in
10 providing coverage under [*subsection (2) of*] this section[.];

11 [(5) *A health benefit plan*] **(b)** May subject coverage of a telemedical health service [*under sub-*
12 *section (2) of this section*] to all terms and conditions of the plan, including but not limited to
13 deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable
14 health service provided in person[.]; **and**

15 **(c) Must reimburse a claim for a telemedical health service using the same health care**
16 **service code that applies to the health service when the health service is provided in person**
17 **by a health professional. This paragraph does not prohibit the use of a health care service**
18 **code modifier.**

19 [(6)] **(4)** This section does not require a [*health benefit*] plan to reimburse a provider for a health
20 service that is not a covered benefit under the plan or to reimburse a health professional who is
21 not a covered provider under the plan.

22 **SECTION 2. The amendments to ORS 743A.058 by section 1 of this 2014 Act apply to plans**
23 **first issued on or after the effective date of this 2014 Act and to plans with terms that expire**
24 **on or after the effective date of this Act and are renewed.**

25 **SECTION 3. This 2014 Act being necessary for the immediate preservation of the public**
26 **peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect**
27 **on its passage.**

28