

STAFF MEASURE SUMMARY

House Committee On Health Care

**Fiscal:** No Fiscal Impact

**Revenue:** No Revenue Impact

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**Action Date:** 05/11/15

**Action:** Do Pass.

**Meeting Dates:** 04/27, 05/11

**Vote:**

Yeas: 8 - Buehler, Clem, Greenlick, Hayden, Kennemer, Lively, Nosse, Weidner

Exc: 1 - Keny-Guyer

**Prepared By:** Sandy Thiele-Cirka, Committee Administrator

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**WHAT THE MEASURE DOES:**

Modifies definition of health benefit plan to include self-insured health plan offered through the Public Employees' Benefit Board or the Oregon Educators Benefit Board. Modifies health professional definition. Requires health benefit plan to provide coverage of a health service using synchronous two-way interactive video conferencing if it is safely and effectively being provided according to the accepted health care practices. Requires the technology being used meets all the state and federal privacy and security laws. Eliminates requirement that plan provide coverage if health service does not duplicate or supplant a health service available to patient in person; and deletes the originating sites requirement. Establishes that telemedicine coverage is subject to the reimbursement specified in the contract between the plan and healthcare professional. Applies to plans issued or renewed on or after January 1, 2016. Declares an emergency, effective on passage.

**ISSUES DISCUSSED:**

- Interim workgroup consisting of providers, payers, associations and state agencies
- Consensus among workgroup members
- Conditions for health plan coverage for telemedicine
- Confidentiality and laws regarding privacy and security
- Concerns relating to Skype and patient privacy and protection
- Requirement to be compatible with state and federal regulations
- Date for implementation

**EFFECT OF COMMITTEE AMENDMENT:**

No amendment.

**BACKGROUND:**

Telemedicine is reported as an effective alternative to face-to-face provider and patient interactions, particularly in rural areas that have less access to medical services. ORS 743A.058 requires a health benefit plan to provide coverage of telemedical services when services are medically necessary, evidence-based and do not duplicate or supplant what is available in person. Reimbursement policies for telemedicine services vary between plans. Nineteen states and the District of Columbia have adopted laws requiring private payers to provide coverage and payment, or partner with telemedicine companies that offer health consultations. In 2014, the Federation of State Medical Boards adopted telemedicine guidelines for state boards to help ensure safety and quality of telemedicine technology. Guidelines include adherence to principles of privacy and security of health information. During the 2014 legislative session, Senate Bill 1560 was discussed in the Senate Health Care and Human Services Committee, and from those discussions the Telemedicine Reimbursement Expansion Workgroup was created. The workgroup was staffed and facilitated by the Telehealth Alliance of Oregon. Senate Bill 144-A is the result of the workgroup recommendations.