

A-Engrossed Senate Bill 144

Ordered by the Senate March 6
Including Senate Amendments dated March 6

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.

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

A BILL FOR AN ACT

1
2 Relating to payment for health services; creating new provisions; amending ORS 743A.058; and de-
3 claring an emergency.

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" **includes:**

8 **(A) A health benefit plan as defined** [*has the meaning given that term*] in ORS 743.730[.]; **and**

9 **(B) A self-insured health plan offered through the Public Employees' Benefit Board or**
10 **the Oregon Educators Benefit Board.**

11 **(b) "Health professional" means a person licensed, certified or registered in this state to**
12 **provide health care services or supplies.**

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

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

17 (2) A health benefit plan must provide coverage of a [*telemedical*] health service **that is pro-**
18 **vided using synchronous two-way interactive video conferencing** if:

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

21 (b) The health service is medically necessary; [*and*]

22 (c) The health service [*does not duplicate or supplant a health service that is available to the pa-*
23 *tient in person.*] **is determined to be safely and effectively provided using synchronous two-way**
24 **interactive video conferencing according to generally accepted health care practices and**
25 **standards; and**

26 **(d) The application and technology used to provide the health service meet all standards**
27 **required by state and federal laws governing the privacy and security of protected health**

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 **information.**

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

4 [(a) *Hospital;*]

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

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

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

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

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

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

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

12 [(4)] (3) A **health benefit** plan may not distinguish between **rural and urban** originating sites
13 [*that are rural and urban*] in providing coverage under subsection (2) of this section.

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

18 (4) **The coverage under subsection (2) of this section is subject to:**

19 (a) **The terms and conditions of the health benefit plan; and**

20 (b) **The reimbursement specified in the contract between the plan and the health pro-**
21 **fessional.**

22 [(6)] (5) This section does not require a health benefit plan to reimburse a **health professional:**

23 (a) [*A provider*] For a health service that is not a covered benefit under the plan [*or to reim-*
24 *burse a health professional who is not a covered provider under the plan*]; **or**

25 (b) **Who has not contracted with the plan.**

26 **SECTION 2. The amendments to ORS 743A.058 by section 1 of this 2015 Act apply to a**
27 **health benefit plan issued or renewed on or after January 1, 2016.**

28 **SECTION 3. This 2015 Act being necessary for the immediate preservation of the public**
29 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
30 **on its passage.**

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