AN ACT

Relating to payment for health services; creating new provisions; amending ORS 743A.058; and declaring an emergency.

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

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

743A.058. (1) As used in this section:
(a) “Health benefit plan” includes:
(A) A health benefit plan as defined [has the meaning given that term] in ORS 743.730[.]; and
(B) A self-insured health plan offered through the Public Employees’ Benefit Board or the Oregon Educators Benefit Board.
(b) “Health professional” means a person licensed, certified or registered in this state to provide health care services or supplies.
(c) “Originating site” means the physical location of the patient receiving a telemedical health service.
(d) “Telemedical” means delivered through a two-way video communication that allows a health professional to interact with a patient who is at an originating site.
(2) A health benefit plan must provide coverage of a telemedical health service that is provided using synchronous two-way interactive video conferencing if:
(a) The plan provides coverage of the health service when provided in person by the health professional;
(b) The health service is medically necessary; and
(c) The health service does not duplicate or supplant a health service that is available to the patient in person.
(d) The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

[(3) An originating site for a telemedical health service subject to subsection (2) of this section includes but is not limited to a:]
(a) Hospital;
(b) Rural health clinic;
(c) Federally qualified health center;]
[(d) Physician’s office;
(e) Community mental health center;
(f) Skilled nursing facility;
(g) Renal dialysis center; or
(h) Site where public health services are provided.]
[(4)] (3) A health benefit plan may not distinguish between rural and urban originating sites [that are rural and urban] in providing coverage under subsection (2) of this section.
[(5) A health benefit plan may subject coverage of a telemedical health service under subsection (2) of this section to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable health service provided in person.]

(4) The coverage under subsection (2) of this section is subject to:
(a) The terms and conditions of the health benefit plan; and
(b) The reimbursement specified in the contract between the plan and the health professional.

[(6)] (5) This section does not require a health benefit plan to reimburse a health professional:
(a) [A provider] For a health service that is not a covered benefit under the plan [or to reimburse a health professional who is not a covered provider under the plan]; or
(b) Who has not contracted with the plan.

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

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