

Senate Bill 151

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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 benefit plan coverage of telemedical health service.
Applies to plans beginning in 2017.

A BILL FOR AN ACT

1
2 Relating to payment for telemedical health services; creating new provisions; and amending ORS
3 743A.058.

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.*] **includes:**

8 **(A) A health benefit plan as defined in ORS 743.730; and**

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

11 **(b) "Health professional" means a person licensed in this state to provide health care**
12 **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 **(d) "Telemedical health service" means a health service delivered through a secure two-**
18 **way video conferencing communication that allows a health professional to interact with a**
19 **patient who is at an originating site.**

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

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

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

24 (c) The **telemedical** health service does not duplicate [*or supplant*] a health service that [*is*
25 *available*] **has been provided** to the patient in person[.];

26 **(d) The telemedical health service is provided using a video conferencing method that is**
27 **compatible with the requirements of the Health Insurance Portability and Accountability Act**
28 **of 1996 (P.L. 104-191), and regulations adopted under it, including 45 C.F.R. parts 160 and 164;**
29 **and**

30 **(e) The telemedical health service provided is within generally accepted health care**

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 **practices and standards.**

2 (3) An originating site for a telemedical health service subject to subsection (2) of this section
3 includes 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) A plan may not distinguish between originating sites that are rural and urban in providing
13 coverage under subsection (2) of this section.

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

18 (6) This section does not require a health benefit plan to reimburse a *[provider]* **health profes-**
19 **sional:**

20 (a) For a health service that is not a covered benefit under the plan *[or to reimburse a health*
21 *professional who is not a covered provider under the plan.];*

22 (b) **Who is not an in-network or contracted provider for the plan; or**

23 (c) **At the same rate of reimbursement for similar health care services provided to a**
24 **patient in person.**

25 **SECTION 2. (1) The amendments to ORS 743A.058 by section 1 of this 2015 Act apply to:**

26 (a) **A health benefit plan issued or renewed on or after January 1, 2017.**

27 (b) **A health benefit plan that, according to its terms, would renew on or after January**
28 **1, 2017, but is renewed prior to January 1, 2017.**

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