

HB 4101 -1, -2 STAFF MEASURE SUMMARY

House Committee On Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/11, 2/13

WHAT THE MEASURE DOES:

Requires the Oregon Health Authority (OHA) to reimburse for telemedicine services in Medicaid, if services are reimbursable by the Centers for Medicare and Medicaid Services by the Medicare program. Authorizes OHA to adopt rules to implement provisions of measure. Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Directs the Oregon Health Authority to implement provisions of the measure no later than July 1, 2021.

REVENUE: Revenue impact statement issued: no impact.

FISCAL: May have fiscal impact, but no statement yet issued.

-2 Modifies requirement for OHA to reimburse cost of health services delivered using telemedicine in Medicaid. Removes rulemaking authority for OHA to ensure coordinated care organizations reimburse for telemedicine services. Takes effect on 91st day following adjournment sine die.

REVENUE: May have revenue impact, but no statement yet issued..

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

Telehealth refers broadly to the use of technology to support long-distance health care as well as nonclinical services such as provider training and continuing medical education. The types of health care professionals licensed or authorized to provide telemedicine services varies within a state as does the ability to practice telemedicine across states. Coverage of and reimbursement for types of telemedicine services differs among Medicare, Medicaid, and private health plans.

According to the Centers for Medicare and Medicaid Services (CMS), “states have the option/flexibility to determine whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided/covered; what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are ‘recognized’ and qualified according to Medicaid statute/regulation.” If a state decides to reimburse for telemedicine services differently than for face-to-face services by a provider, the state must submit a State Plan to CMS.

The vast majority of states including Oregon offers Medicaid reimbursement for telemedicine in fee-for-service (FFS) and managed care through coordinated care organizations (CCOs). CCOs have discretion to develop reimbursement criteria separate from OHA’s FFS policy (Office of Rural Health 2018).

House Bill 4101 requires the Oregon Health Authority to reimburse for telemedicine services in Medicaid.