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.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.
Takes effect on 91st day following adjournment sine die.

Senate Bill 697
Sponsored by Senator KNOPP

A BILL FOR AN ACT
Relating to telemedical health services; amending ORS 743A.058 and 743A.185; and prescribing an effective date.

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” has the meaning given that term in ORS 743B.005.
(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.

(2) A health benefit plan must reimburse the cost of a health service that is provided by any contracted health professional using synchronous two-way interactive video conferencing if:

(a) The plan reimburses the cost of the health service when provided in person by a health professional;
(b) The health service is medically necessary;
(c) The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and
(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)(a) Reimbursement for the cost of health services under subsection (2) of this section must be paid on the same basis and at the same rate that applies to the health services when the services are provided in person, unless the contracted health professional has voluntarily agreed to accept reimbursement for the cost of health services under subsection (2) of this section on a different basis or rate than services provided in person.

(b) This subsection does not prohibit the use of alternate payment methodologies such as capitated, bundled or risk-based payments.

[(3)] (4) A health benefit plan may not distinguish between rural and urban originating sites in providing coverage [under] for a health service described in subsection (2) of this section.

[(4)] (5) The coverage [under] for a health service described in subsection (2) of this section

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.
is may be subject to:

[(a)] the terms and conditions of the health benefit plan; and, including but not limited to copayments, coinsurance or deductible requirements or benefit limitations, only to the extent that such terms and conditions apply to the coverage of the health service if provided in person.

[(b) The reimbursement specified in the contract between the plan and the health professional.]

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

(a) For a health service that is not a covered benefit under the plan; or

(b) Who has not contracted with the plan.

(7) This section is not subject to ORS 743A.001.

SECTION 2. ORS 743A.185 is amended to read:

743A.185. (1) As used in this section:

(a) “Health benefit plan” has the meaning given that term in ORS 743B.005.

(b) “Originating site” means a location where health services are provided or where the patient is receiving a telemedical health service.

(c) “Telemedical” means delivered through a two-way electronic communication, including but not limited to video, audio, Voice over Internet Protocol or transmission of telemetry, that allows a health professional to interact with any of the following who is an originating site:

(A) A patient;

(B) A parent or guardian of a patient; or

(C) Another health professional on a patient’s behalf, who is at an originating site.

(2) A health benefit plan must provide coverage reimburse the cost of a telemedical health service provided by any contracted health professional in connection with the treatment of diabetes if:

(a) The plan reimburses the cost of the health service when provided in person by the health professional;

(b) The health service is medically necessary;

(c) The telemedical health service relates to a specific patient; and

(d) One of the participants in the telemedical health service is a representative of an academic health center.

(3)(a) Reimbursement for telemedical health services must be paid on the same basis and at the same rate that applies to the health services when the services are provided in person, unless the contracted health professional has voluntarily agreed to accept reimbursement for telemedical health services on a different basis or rate than services provided in person.

(b) This subsection does not prohibit the use of alternate payment methodologies such as capitated, bundled or risk-based payments.

[(3)] (4) A health benefit plan may not distinguish between rural and urban originating sites in providing coverage under for a telemedical health service described in subsection (2) of this section.

[(4)] (5) A health benefit plan may subject coverage of a telemedical health service under described in 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 when provided in person.

[(5)] (6) This section does not require a health benefit plan to reimburse a provider health
professional for a health service that is not a covered benefit under the plan.

(7) This section is not subject to ORS 743A.001.

SECTION 3. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.