

HB 2508-3  
(LC 1667)  
3/4/21 (LHF/ps)

Requested by Representative DRAZAN

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2508**

1 On page 3 of the printed bill, delete lines 33 through 36 and insert:

2 “(7) A health benefit plan must reimburse the cost of health services  
3 provided using telemedicine applications or technology as follows:

4 “(a) For physical or oral health treatment or services, at a minimum of  
5 85 percent of the rate paid for a treatment or service if the treatment or  
6 service is provided in person; and

7 “(b) For behavioral health treatment or services, at a minimum of 100  
8 percent of the rate paid for a treatment or service if the treatment or service  
9 is provided in person.”.

10 After line 40, insert:

11 **“SECTION 4. No later than March 1, 2023, the Department of Con-  
12 sumer and Business Services shall report to the committees of the  
13 Legislative Assembly related to health on the impact of the re-  
14 imbursement specified in ORS 743A.058 (7) on the cost of premiums in  
15 this state.**

16 **“SECTION 5. ORS 743A.058, as amended by section 3 of this 2021 Act,  
17 is amended to read:**

18 “743A.058. (1) As used in this section:

19 “(a) ‘Health benefit plan’ has the meaning given that term in ORS  
20 743B.005.

21 “(b) ‘Health professional’ means a person licensed, certified or registered

1 in this state to provide health care services or supplies.

2 “(c) ‘Health service’ means physical, oral and behavioral health treatment  
3 or service provided by a health professional.

4 “(d) ‘Originating site’ means the physical location of the patient.

5 “(2) A health benefit plan must reimburse the cost of any health service  
6 delivered via telemedicine if:

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

9 “(b) The health service is medically necessary;

10 “(c) The health service is determined to be safely and effectively provided  
11 via telemedicine according to generally accepted health care practices and  
12 standards; and

13 “(d) The application and technology used to provide the health service  
14 meet all standards required by state and federal laws governing the privacy  
15 and security of protected health information.

16 “(3)(a) Except as provided in paragraph (b) of this subsection, permissible  
17 telemedicine applications and technologies include:

18 “(A) Landlines, wireless communications, the Internet and telephone net-  
19 works; and

20 “(B) Synchronous or asynchronous transmissions using audio only, video  
21 only, audio and video or text-based media and transmission of data from re-  
22 mote monitoring devices.

23 “(b) During a state of emergency declared by the Governor under ORS  
24 401.165 or a public health emergency proclaimed by the Governor under ORS  
25 433.441, an insurer shall reimburse a provider for the cost of a telemedicine  
26 service delivered using any commonly available technology regardless of  
27 whether the technology meets all standards required by state and federal  
28 laws governing the privacy and security of protected health information.

29 “(4) A health benefit plan may not:

30 “(a) Distinguish between rural and urban originating sites in the re-

1 reimbursement paid under subsection (2) of this section or restrict originating  
2 sites that qualify for reimbursement.

3 “(b) Restrict a health care provider to delivering services only in-person  
4 or only via telemedicine.

5 “(c) Use telemedicine health care providers to meet network adequacy  
6 standards under ORS 743B.505.

7 “(d) Require an enrollee to have an established patient-provider relation-  
8 ship with a provider to receive telemedicine health services from the pro-  
9 vider or require an enrollee to consent to telemedicine services in person.

10 “(e) Impose additional certification, location or training requirements for  
11 telemedicine providers or restrict the scope of services that may be provided  
12 using telemedicine to less than a provider’s permissible scope of practice.

13 “(f) Impose more restrictive requirements for telemedicine applications  
14 and technologies than those specified in subsection (3) of this section.

15 “(g) Impose on telemedicine health services different annual dollar maxi-  
16 mums or prior authorization requirements than the annual dollar maximums  
17 and prior authorization requirements imposed on the services if provided in  
18 person.

19 “(h) Require a medical assistant or other health professional to be present  
20 with an enrollee at the originating site.

21 “(i) Deny an enrollee the choice to receive a health service in person or  
22 via telemedicine.

23 “(j) Reimburse an out-of-network provider at a rate for telemedicine  
24 health services that is different than the reimbursement paid to the out-of-  
25 network provider for health services delivered in person.

26 “(k) Restrict a provider from providing telemedicine services across state  
27 lines if:

28 “(i) The services are within the provider’s scope of practice; and

29 “(ii) The provider has an established practice within this state.

30 “(L) Prevent a provider from prescribing, dispensing or administering

1 drugs or medical supplies or otherwise providing treatment recommendations  
2 to an enrollee after having performed an appropriate examination of the  
3 enrollee in person, through telemedicine or by the use of instrumentation  
4 and diagnostic equipment through which images and medical records may be  
5 transmitted electronically.

6 “(m) Establish standards for treatment recommendations made using  
7 telemedicine that are higher than standards for treatment recommendations  
8 made in person.

9 “(5) A health benefit plan shall:

10 “(a) Work with contracted providers to ensure meaningful access to tele-  
11 medicine services by assessing an enrollee’s capacity to use telemedicine  
12 technologies that comply with accessibility standards, including alternate  
13 formats, and providing the optimal quality of care for the enrollee given the  
14 enrollee’s capacity;

15 “(b) Ensure access to auxiliary aids and services to ensure that telemed-  
16 icine services accommodate the needs of enrollees who have difficulty com-  
17 municating due to a medical condition, who need an accommodation due to  
18 disability or advanced age or who have limited English proficiency;

19 “(c) Ensure access to telemedicine services for enrollees who have limited  
20 English proficiency or who are deaf or hard-of-hearing by providing inter-  
21 preter services reimbursed at the same rate as interpreter services provided  
22 in person; and

23 “(d) Ensure that telemedicine services are culturally and linguistically  
24 appropriate and trauma-informed.

25 “(6) The coverage under subsection (2) of this section is subject to:

26 “(a) The terms and conditions of the health benefit plan; and

27 “(b) Subject to subsection (7) of this section, the reimbursement specified  
28 in the contract between the plan and the health professional.

29 “[*(7) A health benefit plan must reimburse the cost of health services pro-*  
30 *vided using telemedicine applications or technology as follows:*]

1        “[a] *For physical or oral health treatment or services, at a minimum of 85*  
2 *percent of the rate paid for a treatment or service if the treatment or service*  
3 *is provided in person; and]*

4        “[b] *For behavioral health treatment or services, at a minimum of 100*  
5 *percent of the rate paid for a treatment or service if the treatment or service*  
6 *is provided in person.]*

7        “[~~(8)~~ (7) This section does not require a health benefit plan to reimburse  
8 a health professional:

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

10        “(b) Who has not contracted with the plan.

11        “(9) This section is exempt from ORS 743A.001.

12        **“SECTION 6. The amendments to ORS 743A.058 by section 5 of this**  
13 **2021 Act become operative on December 31, 2023.**

14        **“SECTION 7. The amendments to ORS 743A.058 by section 3 of this**  
15 **2021 Act apply to policies or certificates issued, renewed or extended**  
16 **on or after the effective date of this 2021 Act.”.**

17        In line 41, delete “4” and insert “8”.

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