1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	1st Session of the 56th Legislature (2017)
4	COMMITTEE SUBSTITUTE
5	FOR HOUSE BILL NO. 1893 By: Ownbey of the House
6	and
7	Simpson of the Senate
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10	COMMITTEE SUBSTITUTE
11	An Act relating to health insurance; enacting the
12	Oklahoma Remote Patient Monitoring Reimbursement Act; defining terms; providing role of remote patient
13	monitoring services; establishing eligibility criteria for reimbursement of services; requiring
14	health insurers to provide coverage and reimbursement for services; directing Oklahoma Insurance Department
15	to promulgate certain rules; directing Oklahoma Health Care Authority to promulgate certain rules;
16	providing for codification; and providing an effective date.
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19	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
20	SECTION 1. NEW LAW A new section of law to be codified
21	in the Oklahoma Statutes as Section 6550 of Title 36, unless there
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	is created a duplication in numbering, reads as follows:
23	This act shall be known and may be cited as the "Oklahoma Remote
24	Patient Monitoring Reimbursement Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6550.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in the Oklahoma Remote Patient Monitoring Reimbursement Act:

- 1. "Employee benefit plan" means any plan, fund or program established or maintained by an employer or by an employee organization, or both, to the extent that such plan, fund or program was established or is maintained for the purpose of providing medical, surgical, hospital care or other benefits for participants or their beneficiaries;
- 2. "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer and includes the State and Education Employees Health Insurance Plan and any other public health care assistance program offered or administered by the state or any political subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage;
- 3. "Health insurer" means any health insurance company, nonprofit hospital and medical service corporation, health maintenance organization, preferred provider organization, managed care organization, pharmacy benefit manager and, to the extent permitted under federal law, any administrator of an insured, self-insured or publicly funded health care benefit plan offered by

public and private entities and other parties that are by statute,

contract or agreement legally responsible for payment of a claim for

health care item or service;

- 4. "Health care provider" means a person licensed, certified or otherwise authorized by the laws of this state to provide health care or related services in this state;
- 5. "Telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, including, but not limited to, transfer of medical data or exchange of medical education information by means of audio, video or data communications.

 Telemedicine is not a consultation provided by telephone or facsimile machine;
 - 6. "Home" means the permanent place of residence of the client.

 If the client resides in a licensed facility, services provided by the facility shall not be duplicated;
 - 7. "Remote patient monitoring services" means the delivery of health services using telecommunications technology to enhance the delivery of health care in the home, including:
 - a. monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose and other condition-specific data,
 - b. medication adherence monitoring, and
 - c. interactive video conferencing with or without digital image upload; and

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- 8. "Medication adherence management services" means the monitoring of a patient's conformance with the health care provider's medication plan with respect to timing, dosing and frequency of medication-taking through electronic transmission of data.
- SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6550.2 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Remote patient monitoring services shall be designed to allow more individuals to remain at home or in other residential settings and to improve the quality of their care and prevent more costly care. In addition, remote patient monitoring services shall coordinate primary, acute, behavioral and long-term social service needs.
- B. To qualify for remote patient monitoring services, an individual shall have been diagnosed within the last eighteen (18) months with one or more chronic conditions, as defined by the Centers for Medicare and Medicaid Services, or have been discharged from acute care.
- C. The telemonitoring equipment used to implement the Oklahoma Remote Patient Monitoring Reimbursement Act shall be capable of monitoring any data parameters in the patient's plan of care, be an FDA Class II medical device and comply with applicable health care privacy standards and laws.

D. Duplication of monitoring of patient data by multiple providers shall not be double-billed or double-reimbursed.

- E. To receive reimbursement for the delivery of remote patient monitoring services via telemedicine, the service shall include an evaluation of the patient's condition based on the telemedicine encounter that may indicate the need for a change in the plan of care.
- F. All health insurance and employee benefit plans in this state shall provide coverage and reimbursement for remote patient monitoring services to the same extent as all other services delivered through telemedicine. Telemedicine services shall be reimbursed to the same extent that the services would be covered if the care had been delivered by the health care provider in person with the patient.
- G. A health insurance or employee benefit plan may charge a deductible, copayment or coinsurance for a health care service provided through remote patient monitoring services, provided it does not exceed the deductible, copayment or coinsurance that would have applied if the care had been delivered by the health care provider in person with the patient.
- H. The health care provider that provides remote monitoring shall have protocols in place to provide such services and shall comply with the licensure requirements of their profession prior to engaging in telemedicine in Oklahoma. Further, any individual

1	seeking licensure in this state for the purpose of engaging in
2	telemedicine shall be deemed by the appropriate licensing board to
3	be a legal resident of the United States pursuant to 8 U.S.C.,
4	Section 1621.
5	I. The Oklahoma Insurance Department shall promulgate rules to
6	implement the provisions of the Oklahoma Remote Patient Monitoring
7	Reimbursement Act relating to insurers.
8	J. The Oklahoma Health Care Authority shall promulgate rules to
9	implement the provisions of the Oklahoma Remote Patient Monitoring
10	Reimbursement Act relating to Medicaid.
11	SECTION 4. This act shall become effective November 1, 2017.
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13	COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 02/23/2017 - DO
14	PASS, As Amended and Coauthored.
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