

1 ENGROSSED HOUSE AMENDMENT
TO
2 ENGROSSED SENATE BILL NO. 674 By: McCortney and Kirt of the
Senate
3
and
4
McEntire of the House
5
6
7 [telemedicine - coverage of health care services -
deductible - effective date]
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9
10 AUTHOR: Add the following House Coauthors: Mize and Pittman
11 AMENDMENT NO. 1. Delete the stricken title, enacting clause and
entire bill and replace with:
12
13 "An Act relating to telemedicine; amending 36 O.S.
2011, Section 6802, which relates to definitions;
14 modifying and adding definitions; amending 36 O.S.
2011, Section 6803, which relates to coverage of
15 telemedicine services; modifying term; requiring
certain coverage of health care services provided
16 through telemedicine; prohibiting certain exclusion
of service for coverage; requiring certain
17 reimbursement; prohibiting application of certain
deductible; requiring certain copayment or
18 coinsurance not exceed certain amount; prohibiting
imposition of certain limits or maximums;
19 prohibiting imposition of certain utilization
review; prohibiting certain restriction of coverage;
20 prohibiting certain restrictions on prescribing;
requiring the State Department of Health to request
21 a certain report by a certain date; providing for
contents of report; and providing an effective date.
22
23
24 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1 SECTION 1. AMENDATORY 36 O.S. 2011, Section 6802, is
2 amended to read as follows:

3 Section 6802. ~~As used in this act, "telemedicine" means the~~
4 ~~practice of health care delivery, diagnosis, consultation,~~
5 ~~treatment, including but not limited to, the treatment and~~
6 ~~prevention of strokes, transfer of medical data, or exchange of~~
7 ~~medical education information by means of audio, video, or data~~
8 ~~communications. Telemedicine is not a consultation provided by~~
9 ~~telephone or facsimile machine~~

10 As used in the Oklahoma Telemedicine Act:

11 1. "Distant site" means a site at which a health care
12 professional licensed to practice in this state is located while
13 providing health care services by means of telemedicine;

14 2. a. "Health benefit plan" means any plan or arrangement
15 that:

16 (1) provides benefits for medical or surgical
17 expenses incurred as a result of a health
18 condition, accident or illness, and

19 (2) is offered by any insurance company, group
20 hospital service corporation or health
21 maintenance organization that delivers or issues
22 for delivery an individual, group, blanket or
23 franchise insurance policy or insurance
24 agreement, a group hospital service contract or

1 an evidence of coverage, or, to the extent
2 permitted by the Employee Retirement Income
3 Security Act of 1974, 29 U.S.C., Section 1001 et
4 seq., by a multiple employer welfare arrangement
5 as defined in Section 3 of the Employee
6 Retirement Income Security Act of 1974, or any
7 other analogous benefit arrangement, whether the
8 payment is fixed or by indemnity,

9 b. Health benefit plan shall not include:

10 (1) a plan that provides coverage:

11 (a) only for a specified disease or diseases or
12 under an individual limited benefit policy,

13 (b) only for accidental death or dismemberment,

14 (c) only for dental or vision care,

15 (d) for a hospital confinement indemnity policy,

16 (e) for disability income insurance or a

17 combination of accident-only and disability

18 income insurance, or

19 (f) as a supplement to liability insurance,

20 (2) a Medicare supplemental policy as defined by

21 Section 1882(g)(1) of the Social Security Act (42
22 U.S.C., Section 1395ss),

23 (3) workers' compensation insurance coverage,

1 (4) medical payment insurance issued as part of a
2 motor vehicle insurance policy,

3 (5) a long-term care policy including a nursing home
4 fixed indemnity policy, unless a determination is
5 made that the policy provides benefit coverage so
6 comprehensive that the policy meets the
7 definition of a health benefit plan,

8 (6) short-term health insurance issued on a
9 nonrenewable basis with a duration of six (6)
10 months or less, or

11 (7) a plan offered by the Employees Group Insurance
12 Division of the Office of Management and
13 Enterprise Services;

14 3. "Health care professional" means a physician or other health
15 care practitioner licensed, accredited or certified to perform
16 specified health care services consistent with state law;

17 4. "Insurer" means any entity providing an accident and health
18 insurance policy in this state including, but not limited to, a
19 licensed insurance company, a not-for-profit hospital service and
20 medical indemnity corporation, a fraternal benefit society, a
21 multiple employer welfare arrangement or any other entity subject to
22 regulation by the Insurance Commissioner;

23 5. "mHealth", also referred to as "mobile health", means
24 patient medical and health information and includes the use of the

1 Internet and wireless devices by patients to obtain or create
2 specialized health information and online discussion groups to
3 provide peer-to-peer support;

4 6. "Originating site" means a site at which a patient is
5 located at the time health care services are provided to him or her
6 by means of telemedicine, which may include, but shall not be
7 restricted to, a patient's home, workplace or school;

8 7. "Remote patient monitoring services" means the delivery of
9 home health services using telecommunications technology to enhance
10 the delivery of home health care including monitoring of clinical
11 patient data such as weight, blood pressure, pulse, pulse oximetry,
12 blood glucose and other condition-specific data, medication
13 adherence monitoring and interactive video conferencing with or
14 without digital image upload;

15 8. "Store and forward transfer" means the transmission of a
16 patient's medical information either to or from an originating site
17 or to or from the health care professional at the distant site, but
18 does not require the patient being present nor must it be in real
19 time;

20 9. "Telemedicine" or "telehealth" means technology-enabled
21 health and care management and delivery systems that extend capacity
22 and access, which includes:

23 a. synchronous mechanisms, which may include live
24 audiovisual interaction between a patient and a health

1 care professional or real-time provider-to-provider
2 consultation through live interactive audiovisual
3 means,

4 b. asynchronous mechanisms, which include store and
5 forward transfers, online exchange of health
6 information between a patient and a health care
7 professional and online exchange of health information
8 between health care professionals, but shall not
9 include the use of automated text messages or
10 automated mobile applications that serve as the sole
11 interaction between a patient and a health care
12 professional,

13 c. remote patient monitoring,

14 d. mHealth, and

15 e. other electronic means that support clinical health
16 care, professional consultation, patient and
17 professional health-related education, public health
18 and health administration.

19 SECTION 2. AMENDATORY 36 O.S. 2011, Section 6803, is
20 amended to read as follows:

21 Section 6803. A. For services that a health care ~~practitioner~~
22 professional determines to be appropriately provided by means of
23 telemedicine, health care service plans, disability insurer
24 programs, workers' compensation programs, or state Medicaid managed

1 care program contracts issued, amended, or renewed on or after
2 January 1, 1998, shall not require person-to-person contact between
3 a health care ~~practitioner~~ professional and a patient.

4 B. Subsection A of this section shall apply to health care
5 service plan contracts with the state Medicaid managed care program
6 only to the extent that both of the following apply:

7 1. Telemedicine services are covered by, and reimbursed under,
8 the fee-for-service provisions of the state Medicaid managed care
9 program; and

10 2. State Medicaid managed care program contracts with health
11 care service plans are amended to add coverage of telemedicine
12 services and make any appropriate capitation rate adjustments.

13 C. Any health benefit plan that is offered, issued or renewed
14 in this state by an insurer on or after the effective date of this
15 act shall provide coverage of health care services provided through
16 telemedicine, as provided in this section.

17 D. An insurer shall not exclude a service for coverage solely
18 because the service is provided through telemedicine and is not
19 provided through in-person consultation or contact between a health
20 care professional and a patient when such services are appropriately
21 provided through telemedicine. An insurer may limit coverage of
22 services provided by telehealth consistent with coding and clinical
23 standards recognized by the American Medical Association or the
24 Centers for Medicare and Medicaid Services as covered if delivered

1 by telehealth or telemedicine, except as agreed to by the insurer
2 and provider.

3 E. An insurer shall reimburse the treating health care
4 professional or the consulting health care professional for the
5 diagnosis, consultation or treatment of the patient delivered
6 through telemedicine services on the same basis and at least at the
7 rate of reimbursement that the insurer is responsible for coverage
8 for the provision of the same, or substantially similar, services
9 through in-person consultation or contact.

10 F. An insurer shall not apply any deductible to telemedicine
11 services that accumulates separately from the deductible that
12 applies in the aggregate to all items and services covered under the
13 health benefit plan.

14 G. Any copayment or coinsurance applied to telemedicine
15 benefits by an insurer shall not exceed the copayment or coinsurance
16 applied to such benefits when provided through in-person
17 consultation or contact.

18 H. An insurer shall not impose any annual or lifetime
19 durational limits or annual or lifetime dollar maximums for benefits
20 or services provided through telemedicine that are not equally
21 imposed upon all terms and services covered under the health benefit
22 plan.

23 I. An insurer shall not impose any type of utilization review
24 on benefits provided through telemedicine unless such type of

1 utilization review is imposed when such benefits are provided
2 through in-person consultation or contact. Any type of utilization
3 review that is imposed on benefits provided through telemedicine
4 shall not occur with greater frequency or more stringent application
5 than such form of utilization review is imposed on such benefits
6 provided through in-person consultation or contact.

7 J. An insurer shall not restrict coverage of telemedicine
8 benefits or services to benefits or services provided by a
9 particular vendor, or other third party, or benefits or services
10 provided through a particular electronic communications technology
11 platform; provided, that nothing shall require an insurer to cover
12 any electronic communications technology platform that does not
13 comply with applicable state and federal privacy laws.

14 K. An insurer shall not place any restrictions on prescribing
15 medications through telemedicine that are more restrictive than what
16 is required under applicable state and federal law.

17 L. No later than January 1, 2023, the State Department of
18 Health shall request a report from the Statewide Health Information
19 Exchange that will provide the following data:

20 1. The number of providers using telehealth, including the
21 location, frequency and specific services for which telehealth is
22 utilized; and

23 2. The overall cost and cost savings associated with the
24 utilization of telehealth services.

SECTION 3. This act shall become effective January 1, 2022."

Passed the House of Representatives the 21st day of April, 2021.

Presiding Officer of the House of
Representatives

Passed the Senate the _____ day of _____, 2021.

Presiding Officer of the Senate

ENGROSSED SENATE
BILL NO. 674

By: McCortney and Kirt of the
Senate

and

McEntire of the House

[telemedicine - coverage of health care services -
deductible - effective date]

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 4. AMENDATORY 36 O.S. 2011, Section 6802, is
amended to read as follows:

Section 6802. ~~As used in this act, "telemedicine" means the
practice of health care delivery, diagnosis, consultation,
treatment, including but not limited to, the treatment and
prevention of strokes, 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~~

As used in the Oklahoma Telemedicine Act:

1. "Distant site" means a site at which a health care
professional licensed to practice in this state is located while
providing health care services by means of telemedicine;

1 2. a. "Health benefit plan" means any plan or arrangement
2 that:

3 (1) provides benefits for medical or surgical
4 expenses incurred as a result of a health
5 condition, accident or illness, and

6 (2) is offered by any insurance company, group
7 hospital service corporation or health
8 maintenance organization that delivers or issues
9 for delivery an individual, group, blanket or
10 franchise insurance policy or insurance
11 agreement, a group hospital service contract or
12 an evidence of coverage, or, to the extent
13 permitted by the Employee Retirement Income
14 Security Act of 1974, 29 U.S.C., Section 1001 et
15 seq., by a multiple employer welfare arrangement
16 as defined in Section 3 of the Employee
17 Retirement Income Security Act of 1974, or any
18 other analogous benefit arrangement, whether the
19 payment is fixed or by indemnity.

20 b. Health benefit plan shall not include:

21 (1) a plan that provides coverage:

22 (a) only for a specified disease or diseases or
23 under an individual limited benefit policy,

24 (b) only for accidental death or dismemberment,

(c) only for dental or vision care,
(d) a hospital confinement indemnity policy,
(e) disability income insurance or a combination
of accident-only and disability income
insurance, or
(f) as a supplement to liability insurance,
(2) a Medicare supplemental policy as defined by
Section 1882(g)(1) of the Social Security Act (42
U.S.C., Section 1395ss),
(3) workers' compensation insurance coverage,
(4) medical payment insurance issued as part of a
motor vehicle insurance policy,
(5) a long-term care policy including a nursing home
fixed indemnity policy, unless a determination is
made that the policy provides benefit coverage so
comprehensive that the policy meets the
definition of a health benefit plan,
(6) short-term health insurance issued on a
nonrenewable basis with a duration of six (6)
months or less, or
(7) a plan offered by the Employees Group Insurance
Division of the Office of Management and
Enterprise Services;

1 3. "Health care professional" means a physician or other health
2 care practitioner licensed, accredited or certified to perform
3 specified health care services consistent with state law;

4 4. "Insurer" means any entity providing an accident and health
5 insurance policy in this state including, but not limited to, a
6 licensed insurance company, a not-for-profit hospital service and
7 medical indemnity corporation, a fraternal benefit society, a
8 multiple employer welfare arrangement or any other entity subject to
9 regulation by the Insurance Commissioner;

10 5. "mHealth," also referred to as "mobile health," means
11 patient medical and health information and includes the use of the
12 internet and wireless devices for patients to obtain or create
13 specialized health information and online discussion groups to
14 provide peer-to-peer support;

15 6. "Originating site" means a site at which a patient is
16 located at the time health care services are provided to him or her
17 by means of telemedicine, which may include, but shall not be
18 restricted to, a patient's home, workplace or school;

19 7. "Remote patient monitoring services" means the delivery of
20 home health services using telecommunications technology to enhance
21 the delivery of home health care including monitoring of clinical
22 patient data such as weight, blood pressure, pulse, pulse oximetry,
23 blood glucose and other condition-specific data, medication
24

1 adherence monitoring and interactive video conferencing with or
2 without digital image upload;

3 8. "Store and forward transfer" means the transmission of a
4 patient's medical information either to or from an originating site
5 or to or from the health care professional at the distant site, but
6 does not require the patient being present nor must it be in real
7 time;

8 9. "Telemedicine" means technology-enabled health and care
9 management and delivery systems that extend capacity and access,
10 which includes:

11 a. synchronous mechanisms, which may include live
12 audiovisual interaction between a patient and a health
13 care professional or real-time provider to provider
14 consultation through live interactive audiovisual
15 means,

16 b. asynchronous mechanisms, which include store and
17 forward transfers, online exchange of health
18 information between a patient and a health care
19 professional and online exchange of health information
20 between health care professionals, but shall not
21 include the use of automated text messages or
22 automated mobile applications that serve as the sole
23 interaction between a patient and a health care
24 professional,

- c. remote patient monitoring,
- d. mHealth, and
- e. other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration.

SECTION 5. AMENDATORY 36 O.S. 2011, Section 6803, is amended to read as follows:

Section 6803. A. For services that a health care ~~practitioner~~ professional determines to be appropriately provided by means of telemedicine, health care service plans, disability insurer programs, workers' compensation programs, or state Medicaid managed care program contracts issued, amended, or renewed on or after January 1, 1998, shall not require person-to-person contact between a health care ~~practitioner~~ professional and a patient.

B. Subsection A of this section shall apply to health care service plan contracts with the state Medicaid managed care program only to the extent that both of the following apply:

1. Telemedicine services are covered by, and reimbursed under, the fee-for-service provisions of the state Medicaid managed care program; and

2. State Medicaid managed care program contracts with health care service plans are amended to add coverage of telemedicine services and make any appropriate capitation rate adjustments.

1 C. Any health benefit plan that is offered, issued or renewed
2 in this state by an insurer on or after the effective date of this
3 act shall provide coverage of health care services provided through
4 telemedicine, as provided in this section.

5 D. An insurer shall not exclude a service for coverage solely
6 because the service is provided through telemedicine and is not
7 provided through in-person consultation or contact between a health
8 care professional and a patient for services appropriately provided
9 through telemedicine.

10 E. An insurer shall reimburse the treating health care
11 professional or the consulting health care professional for the
12 diagnosis, consultation or treatment of the patient delivered
13 through telemedicine services on the same basis and at least at the
14 rate of reimbursement that the insurer is responsible for coverage
15 for the provision of the same, or substantially similar, service
16 through in-person consultation or contact.

17 F. An insurer shall not apply any deductible to telemedicine
18 services that accumulates separately from the deductible that
19 applies in the aggregate to all items and services covered under the
20 health benefit plan.

21 G. Any copayment or coinsurance applied to telemedicine
22 benefits by an insurer shall be equivalent to the copayment or
23 coinsurance applied to such benefits when provided through in-person
24 consultation or contact.

1 H. An insurer shall not impose any annual or lifetime
2 durational limits or annual or lifetime dollar maximums for benefits
3 or services provided through telemedicine that are not equally
4 imposed upon all terms and services covered under the health benefit
5 plan.

6 I. An insurer shall not impose any type of utilization review
7 on benefits provided through telemedicine unless such type of
8 utilization review is imposed when such benefits are provided
9 through in-person consultation or contact. Any type of utilization
10 review that is imposed on benefits provided through telemedicine
11 shall not occur with greater frequency or more stringent application
12 than such form of utilization review is imposed on such benefits
13 provided through in-person consultation or contact.

14 J. An insurer shall not restrict coverage of telemedicine
15 benefits or services to benefits or services provided by a
16 particular vendor, or other third party, or benefits or services
17 provided through a particular electronic communications technology
18 platform; provided, that nothing shall require an insurer to cover
19 any electronic communications technology platform that does not
20 comply with applicable state and federal privacy laws.

21 K. An insurer shall not place any restrictions on prescribing
22 medications through telemedicine that are more restrictive than what
23 is required under applicable state and federal law.

24 SECTION 6. This act shall become effective November 1, 2021.

1 Passed the Senate the 10th day of March, 2021.

2
3 _____
4 Presiding Officer of the Senate

5 Passed the House of Representatives the ____ day of _____,
6 2021.

7
8 _____
9 Presiding Officer of the House
10 of Representatives