

1 STATE OF OKLAHOMA

2 1st Session of the 58th Legislature (2021)

3 COMMITTEE SUBSTITUTE
4 FOR ENGROSSED

5 SENATE BILL NO. 674

6 By: McCortney and Kirt of the
7 Senate

8 and

9 McEntire of the House

10 COMMITTEE SUBSTITUTE

11 An Act relating to telemedicine; amending 36 O.S.
12 2011, Section 6802, which relates to definitions;
13 modifying and adding definitions; amending 36 O.S.
14 2011, Section 6803, which relates to coverage of
15 telemedicine services; modifying term; requiring
16 certain coverage of health care services provided
17 through telemedicine; prohibiting certain exclusion
18 of service for coverage; requiring certain
19 reimbursement; prohibiting application of certain
20 deductible; requiring certain copayment or
21 coinsurance not exceed certain amount; prohibiting
22 imposition of certain limits or maximums; prohibiting
23 imposition of certain utilization review; prohibiting
24 certain restriction of coverage; prohibiting certain
restrictions on prescribing; and providing an
effective date.

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

SECTION 1. 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,~~

1 ~~treatment, including but not limited to, the treatment and~~
2 ~~prevention of strokes, transfer of medical data, or exchange of~~
3 ~~medical education information by means of audio, video, or data~~
4 ~~communications. Telemedicine is not a consultation provided by~~
5 ~~telephone or facsimile machine~~

6 As used in the Oklahoma Telemedicine Act:

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

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

12 (1) provides benefits for medical or surgical
13 expenses incurred as a result of a health
14 condition, accident or illness, and

15 (2) is offered by any insurance company, group
16 hospital service corporation or health
17 maintenance organization that delivers or issues
18 for delivery an individual, group, blanket or
19 franchise insurance policy or insurance
20 agreement, a group hospital service contract or
21 an evidence of coverage, or, to the extent
22 permitted by the Employee Retirement Income
23 Security Act of 1974, 29 U.S.C., Section 1001 et
24 seq., by a multiple employer welfare arrangement

1 as defined in Section 3 of the Employee
2 Retirement Income Security Act of 1974, or any
3 other analogous benefit arrangement, whether the
4 payment is fixed or by indemnity,

5 b. Health benefit plan shall not include:

6 (1) a plan that provides coverage:

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

9 (b) only for accidental death or dismemberment,

10 (c) only for dental or vision care,

11 (d) for a hospital confinement indemnity policy,

12 (e) for disability income insurance or a

13 combination of accident-only and disability
14 income insurance, or

15 (f) as a supplement to liability insurance,

16 (2) a Medicare supplemental policy as defined by

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

19 (3) workers' compensation insurance coverage,

20 (4) medical payment insurance issued as part of a
21 motor vehicle insurance policy,

22 (5) a long-term care policy including a nursing home
23 fixed indemnity policy, unless a determination is
24 made that the policy provides benefit coverage so

1 comprehensive that the policy meets the
2 definition of a health benefit plan,
3 (6) short-term health insurance issued on a
4 nonrenewable basis with a duration of six (6)
5 months or less, or
6 (7) a plan offered by the Employees Group Insurance
7 Division of the Office of Management and
8 Enterprise Services;

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

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

18 5. "mHealth," also referred to as "mobile health", means
19 patient medical and health information and includes the use of the
20 Internet and wireless devices by patients to obtain or create
21 specialized health information and online discussion groups to
22 provide peer-to-peer support;

23 6. "Originating site" means a site at which a patient is
24 located at the time health care services are provided to him or her

1 by means of telemedicine, which may include, but shall not be
2 restricted to, a patient's home, workplace or school;

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

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

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

- 18 a. synchronous mechanisms, which may include live
19 audiovisual interaction between a patient and a health
20 care professional or real-time provider-to-provider
21 consultation through live interactive audiovisual
22 means,
- 23 b. asynchronous mechanisms, which include store and
24 forward transfers, online exchange of health

1 information between a patient and a health care
2 professional and online exchange of health information
3 between health care professionals, but shall not
4 include the use of automated text messages or
5 automated mobile applications that serve as the sole
6 interaction between a patient and a health care
7 professional,

8 c. remote patient monitoring,

9 d. mHealth, and

10 e. other electronic means that support clinical health
11 care, professional consultation, patient and
12 professional health-related education, public health
13 and health administration.

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

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

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

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

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

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

14 D. An insurer shall not exclude a service for coverage solely
15 because the service is provided through telemedicine and is not
16 provided through in-person consultation or contact between a health
17 care professional and a patient when such services are appropriately
18 provided through telemedicine.

19 E. An insurer shall reimburse the treating health care
20 professional or the consulting health care professional for the
21 diagnosis, consultation or treatment of the patient delivered
22 through telemedicine services on the same basis and at least at the
23 rate of reimbursement that the insurer is responsible for coverage
24

1 for the provision of the same, or substantially similar, service
2 through in-person consultation or contact.

3 F. An insurer shall not apply any deductible to telemedicine
4 services that accumulates separately from the deductible that
5 applies in the aggregate to all items and services covered under the
6 health benefit plan.

7 G. Any copayment or coinsurance applied to telemedicine
8 benefits by an insurer shall not exceed the copayment or coinsurance
9 applied to such benefits when provided through in-person
10 consultation or contact.

11 H. An insurer shall not impose any annual or lifetime
12 durational limits or annual or lifetime dollar maximums for benefits
13 or services provided through telemedicine that are not equally
14 imposed upon all terms and services covered under the health benefit
15 plan.

16 I. An insurer shall not impose any type of utilization review
17 on benefits provided through telemedicine unless such type of
18 utilization review is imposed when such benefits are provided
19 through in-person consultation or contact. Any type of utilization
20 review that is imposed on benefits provided through telemedicine
21 shall not occur with greater frequency or more stringent application
22 than such form of utilization review is imposed on such benefits
23 provided through in-person consultation or contact.

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1 J. An insurer shall not restrict coverage of telemedicine
2 benefits or services to benefits or services provided by a
3 particular vendor, or other third party, or benefits or services
4 provided through a particular electronic communications technology
5 platform; provided, that nothing shall require an insurer to cover
6 any electronic communications technology platform that does not
7 comply with applicable state and federal privacy laws.

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

11 SECTION 3. This act shall become effective November 1, 2021.

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