

1 ENGROSSED SENATE
2 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 -
8 deductible - effective date]
9

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

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

13 Section 6802. ~~As used in this act, "telemedicine" means the~~
14 ~~practice of health care delivery, diagnosis, consultation,~~
15 ~~treatment, including but not limited to, the treatment and~~
16 ~~prevention of strokes, transfer of medical data, or exchange of~~
17 ~~medical education information by means of audio, video, or data~~
18 ~~communications. Telemedicine is not a consultation provided by~~
19 ~~telephone or facsimile machine~~

20 As used in the Oklahoma Telemedicine Act:

21 1. "Distant site" means a site at which a health care
22 professional licensed to practice in this state is located while
23 providing health care services by means of telemedicine;
24

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,

1 (c) only for dental or vision care,

2 (d) a hospital confinement indemnity policy,

3 (e) disability income insurance or a combination
4 of accident-only and disability income
5 insurance, or

6 (f) as a supplement to liability insurance,

7 (2) a Medicare supplemental policy as defined by
8 Section 1882(g)(1) of the Social Security Act (42
9 U.S.C., Section 1395ss),

10 (3) workers' compensation insurance coverage,

11 (4) medical payment insurance issued as part of a
12 motor vehicle insurance policy,

13 (5) a long-term care policy including a nursing home
14 fixed indemnity policy, unless a determination is
15 made that the policy provides benefit coverage so
16 comprehensive that the policy meets the
17 definition of a health benefit plan,

18 (6) short-term health insurance issued on a
19 nonrenewable basis with a duration of six (6)
20 months or less, or

21 (7) a plan offered by the Employees Group Insurance
22 Division of the Office of Management and
23 Enterprise Services;

24

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

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,

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

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

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

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

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

22 2. State Medicaid managed care program contracts with health
23 care service plans are amended to add coverage of telemedicine
24 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 3. This act shall become effective November 1, 2021.

