

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 58th Legislature (2021)

4 COMMITTEE SUBSTITUTE
5 FOR ENGROSSED
6 SENATE BILL NO. 674

By: McCortney and Kirt of the
Senate

and

McEntire and **Mize** of the
House

11 COMMITTEE SUBSTITUTE

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

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

8 As used in the Oklahoma Telemedicine Act:

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

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

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

17 (2) is offered by any insurance company, group
18 hospital service corporation or health
19 maintenance organization that delivers or issues
20 for delivery an individual, group, blanket or
21 franchise insurance policy or insurance
22 agreement, a group hospital service contract or
23 an evidence of coverage, or, to the extent
24 permitted by the Employee Retirement Income

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

7 b. Health benefit plan shall not include:

8 (1) a plan that provides coverage:

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

11 (b) only for accidental death or dismemberment,

12 (c) only for dental or vision care,

13 (d) for a hospital confinement indemnity policy,

14 (e) for disability income insurance or a

15 combination of accident-only and disability
16 income insurance, or

17 (f) as a supplement to liability insurance,

18 (2) a Medicare supplemental policy as defined by

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

21 (3) workers' compensation insurance coverage,

22 (4) medical payment insurance issued as part of a
23 motor vehicle insurance policy,

24

- 1 (5) a long-term care policy including a nursing home
2 fixed indemnity policy, unless a determination is
3 made that the policy provides benefit coverage so
4 comprehensive that the policy meets the
5 definition of a health benefit plan,
6 (6) short-term health insurance issued on a
7 nonrenewable basis with a duration of six (6)
8 months or less, or
9 (7) a plan offered by the Employees Group Insurance
10 Division of the Office of Management and
11 Enterprise Services;

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

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

21 5. "mHealth," also referred to as "mobile health", means
22 patient medical and health information and includes the use of the
23 Internet and wireless devices by patients to obtain or create
24

1 specialized health information and online discussion groups to
2 provide peer-to-peer support;

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

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

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

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

22 a. synchronous mechanisms, which may include live
23 audiovisual interaction between a patient and a health
24 care professional or real-time provider-to-provider

1 consultation through live interactive audiovisual
2 means,

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

12 c. remote patient monitoring,

13 d. mHealth, and

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

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

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

1 January 1, 1998, shall not require person-to-person contact between
2 a health care ~~practitioner~~ professional and a patient.

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

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

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

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

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

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

1 rate of reimbursement that the insurer is responsible for coverage
2 for the provision of the same, or substantially similar, service
3 through in-person consultation or contact.

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

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

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

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

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.

12
13 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 04/08/2021 - DO
14 PASS, As Amended and Coauthored.