

1 **SENATE FLOOR VERSION**

February 18, 2021

2 **AS AMENDED**

3 SENATE BILL NO. 674

By: McCortney of the Senate

4 and

5 McEntire of the House

6  
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8  
9 **[ telemedicine - coverage of health care services -  
deductible - effective date ]**

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

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

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

22 As used in the Oklahoma Telemedicine Act:

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

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

6           (1) provides benefits for medical or surgical  
7 expenses incurred as a result of a health  
8 condition, accident or illness, and

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

23       b. Health benefit plan shall not include:

24           (1) a plan that provides coverage:

- 1                   (a) only for a specified disease or diseases or  
2                   under an individual limited benefit policy,  
3                   (b) only for accidental death or dismemberment,  
4                   (c) only for dental or vision care,  
5                   (d) a hospital confinement indemnity policy,  
6                   (e) disability income insurance or a combination  
7                   of accident-only and disability income  
8                   insurance, or  
9                   (f) as a supplement to liability insurance,  
10                  (2) a Medicare supplemental policy as defined by  
11                  Section 1882(g)(1) of the Social Security Act (42  
12                  U.S.C., Section 1395ss),  
13                  (3) workers' compensation insurance coverage,  
14                  (4) medical payment insurance issued as part of a  
15                  motor vehicle insurance policy,  
16                  (5) a long-term care policy including a nursing home  
17                  fixed indemnity policy, unless a determination is  
18                  made that the policy provides benefit coverage so  
19                  comprehensive that the policy meets the  
20                  definition of a health benefit plan,  
21                  (6) short-term health insurance issued on a  
22                  nonrenewable basis with a duration of six (6)  
23                  months or less, or

1           (7) a plan offered by the Employees Group Insurance  
2           Division of the Office of Management and  
3           Enterprise Services;

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

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

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

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

22           7. "Remote patient monitoring services" means the delivery of  
23 home health services using telecommunications technology to enhance  
24 the delivery of home health care including monitoring of clinical

1 patient data such as weight, blood pressure, pulse, pulse oximetry,  
2 blood glucose and other condition-specific data, medication  
3 adherence monitoring and interactive video conferencing with or  
4 without digital image upload;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 G. Any copayment or coinsurance applied to telemedicine  
2 benefits by an insurer shall be equivalent to the copayment or  
3 coinsurance applied to such benefits when provided through in-person  
4 consultation or contact.

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

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

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



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

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

5        COMMITTEE REPORT BY: COMMITTEE ON RETIREMENT AND INSURANCE  
6        February 18, 2021 - DO PASS AS AMENDED

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