

1 STATE OF OKLAHOMA

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

3 SENATE BILL 674

By: McCortney

4  
5  
6 AS INTRODUCED

7 An Act relating to telemedicine; amending 36 O.S.  
8 2011, Section 6802, which relates to definitions;  
9 modifying and adding definitions; amending 36 O.S.  
10 2011, Section 6803, which relates to coverage of  
11 telemedicine services; requiring certain coverage of  
12 health care services provided through telemedicine;  
13 prohibiting certain exclusion of service for  
14 coverage; requiring certain reimbursement;  
15 prohibiting application of certain deductible;  
16 requiring equivalence of certain copayment or  
17 coinsurance; prohibiting imposition of certain limits  
18 or maximums; prohibiting imposition of certain  
19 utilization review; prohibiting certain restriction  
20 of coverage; prohibiting certain restrictions on  
21 prescribing; and providing an effective date.

22  
23  
24  
25  
26  
27 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

30 Section 6802. ~~As used in this act, "telemedicine" means the~~  
31 ~~practice of health care delivery, diagnosis, consultation,~~  
32 ~~treatment, including but not limited to, the treatment and~~  
33 ~~prevention of strokes, transfer of medical data, or exchange of~~  
34 ~~medical education information by means of audio, video, or data~~

1 ~~communications. Telemedicine is not a consultation provided by~~  
2 ~~telephone or facsimile machine~~

3 As used in the Oklahoma Telemedicine Act:

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

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

9 (1) provides benefits for medical or surgical  
10 expenses incurred as a result of a health  
11 condition, accident or illness, and

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

1                   other analogous benefit arrangement, whether the  
2                   payment is fixed or by indemnity.

3       b. Health benefit plan shall not include:

4           (1) a plan that provides coverage:

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

7                   (b) only for accidental death or dismemberment,

8                   (c) only for dental or vision care,

9                   (d) a hospital confinement indemnity policy,

10                  (e) disability income insurance or a combination  
11                  of accident-only and disability income

12                  insurance, or

13                  (f) as a supplement to liability insurance,

14           (2) a Medicare supplemental policy as defined by

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

17           (3) workers' compensation insurance coverage,

18           (4) medical payment insurance issued as part of a  
19           motor vehicle insurance policy,

20           (5) a long-term care policy including a nursing home  
21           fixed indemnity policy, unless a determination is

22                   made that the policy provides benefit coverage so

23                   comprehensive that the policy meets the

24                   definition of a health benefit plan,

1                   (6) short-term health insurance issued on a  
2                   nonrenewable basis with a duration of six (6)  
3                   months or less, or

4                   (7) a plan offered by the Employees Group Insurance  
5                   Division of the Office of Management and  
6                   Enterprise Services;

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

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

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

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

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

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

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

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

21            b. asynchronous mechanisms, which include store and  
22 forward transfers, online exchange of health  
23 information between a patient and a health care  
24 professional and online exchange of health information

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

6           c. remote patient monitoring,

7           d. mHealth, and

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

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

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

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

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

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

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

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

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

23 F. An insurer shall not apply any deductible to telemedicine  
24 services that accumulates separately from the deductible that

1 applies in the aggregate to all items and services covered under the  
2 health benefit plan.

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

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

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

20 J. An insurer shall not restrict coverage of telemedicine  
21 benefits or services to benefits or services provided by a  
22 particular vendor, or other third party, or benefits or services  
23 provided through a particular electronic communications technology  
24 platform; provided, that nothing shall require an insurer to cover



1 any electronic communications technology platform that does not  
2 comply with applicable state and federal privacy laws.

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

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

8 58-1-1439 DC 1/21/2021 11:13:47 AM

10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25