By: Fierro   H.B. No. 980

Substitute the following for H.B. No. 980:

By: Oliverson   C.S.H.B. No. 980

A BILL TO BE ENTITLED

1   AN ACT

2   relating to the reimbursement and payment of claims by certain

3   health benefit plan issuers for telemedicine medical services and

4   telehealth services.

5   BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6   SECTION 1.   Section 1455.001(1), Insurance Code, is amended

7   to read as follows:

8   (1)   "Health professional" means:

9   (A)   a physician;

10   (B)   an individual who is:

11   (i)   licensed or certified in this state to

12   perform health care services; and

13   (ii)   authorized to assist a physician in

14   providing telemedicine medical services that are delegated and

15   supervised by the physician; [or]

16   (C)   a licensed or certified health professional,

17   including a mental health professional, acting within the scope of

18   the license or certification who does not perform a telemedicine

19   medical service; or

20   (D)   an individual who is credentialed to provide

21   qualified mental health professional community services, has

22   demonstrated and documented competency in the work to be performed,

23   is acting within the scope of the individual's license or other

24   authorization issued by this state and does not perform a

telemedicine medical service, and:

(i) holds a bachelor's or more advanced degree from an accredited institution of higher education with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant studies, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;

(ii) is a registered nurse; or

(iii) completes an alternative credentialing process identified by the Health and Human Services Commission.

SECTION 2. Chapter 1455, Insurance Code, is amended by adding Sections 1455.007 and 1455.008 to read as follows:

Sec. 1455.007. REIMBURSEMENT AND PAYMENT. (a) A health benefit plan issuer must reimburse a preferred or contracted health professional for providing a covered health care service or procedure to a covered patient as a telemedicine medical service or telehealth service on the same basis and at least at the same rate that the issuer provides reimbursement to that health professional for the service or procedure in an in-person setting.

(b) Notwithstanding Subsection (a), a health benefit plan issuer is not required to:

(1) pay more than the billed charge on a claim for payment by a preferred or contracted health professional; or

(2) reimburse a preferred or contracted health professional as specified in Subsection (a) if the telemedicine

1 medical service or telehealth service is provided to a covered

2 patient by that health professional as part of a mutually agreed

3 upon risk-based payment arrangement.

4   (c) For purposes of processing payment of a claim, a health

5 benefit plan issuer may not require a preferred or contracted

6 health professional to provide documentation of a covered health

7 care service or procedure delivered by the health professional to a

8 covered patient as a telemedicine medical service or telehealth

9 service beyond that which is required for the service or procedure

10 in an in-person setting.

11   Sec. 1455.008. WAIVER PROHIBITED. The provisions of this

12 chapter may not be waived, voided, or nullified by contract.

13   SECTION 3. Chapter 1455, Insurance Code, as amended by this

14 Act, applies only to a health benefit plan delivered, issued for

15 delivery, or renewed on or after January 1, 2022. A health benefit

16 plan delivered, issued for delivery, or renewed before January 1,

17 2022, is governed by the law as it existed immediately before the

18 effective date of this Act, and that law is continued in effect for

19 that purpose.

20   SECTION 4. This Act takes effect September 1, 2021.