

By: LaMantia

S.B. No. 724

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,  
4 teledentistry dental services, and telehealth services.

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

6 SECTION 1. Section 1455.001(1-a), Insurance Code, is  
7 amended to read as follows:

8 (1-a) "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:

14 (a) a physician in providing  
15 telemedicine medical services that are delegated and supervised by  
16 the physician; or

17 (b) a dentist in providing  
18 teledentistry dental services that are delegated and supervised by  
19 the dentist;

20 (C) a licensed or certified health professional,  
21 including a mental health professional, acting within the scope of  
22 the license or certification who does not perform a telemedicine  
23 medical service or a teledentistry dental service; ~~or~~

24 (D) a dentist; or

1           (E) an individual who is credentialed to provide  
2 qualified mental health professional community services, has  
3 demonstrated and documented competency in the work to be performed,  
4 is acting within the scope of the individual's license or other  
5 authorization issued by this state and does not perform a  
6 telemedicine medical service, and:

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

14           (ii) is a registered nurse; or

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

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

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

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

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

5            (2) reimburse a preferred or contracted health  
6 professional as specified in Subsection (a) if the telemedicine  
7 medical service, teledentistry dental service, or telehealth  
8 service is provided to a covered patient by that health  
9 professional as part of a mutually agreed upon risk-based payment  
10 arrangement.

11        (c) For purposes of processing payment of a claim, a health  
12 benefit plan issuer may not require a preferred or contracted  
13 health professional to provide documentation of a covered health  
14 care service or procedure delivered by the health professional to a  
15 covered patient as a telemedicine medical service, teledentistry  
16 dental service, or telehealth service beyond that which is required  
17 for the service or procedure in an in-person setting.

18        Sec. 1455.008. WAIVER PROHIBITED. The provisions of this  
19 chapter may not be waived, voided, or nullified by contract.

20        SECTION 3. Chapter 1455, Insurance Code, as amended by this  
21 Act, applies only to a health benefit plan delivered, issued for  
22 delivery, or renewed on or after January 1, 2024. A health benefit  
23 plan delivered, issued for delivery, or renewed before January 1,  
24 2024, is governed by the law as it existed immediately before the  
25 effective date of this Act, and that law is continued in effect for  
26 that purpose.

27        SECTION 4. This Act takes effect September 1, 2023.