

BILL ANALYSIS

H.B. 3345
By: Price
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

It has been noted that despite recent legislative efforts, many health plans continue to treat telemedicine medical services as covered and reimbursable medical services provided by a physician only if those services are provided through a third party vendor using that vendor's specific platform. As these vendors generally do not have a way to ensure that the contracted physician will be able to connect with their own existing patients, some patients are kept from being able to access their own physician when telemedicine is determined to be a means for provision of care. H.B. 3345 seeks to resolve this problem.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 3345 amends the Insurance Code to require a health benefit plan to provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting. The bill prohibits a health benefit plan from doing the following:

- limiting, denying, or reducing coverage for such a service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure; or
- imposing an annual or lifetime maximum on coverage for such services or procedures delivered other than the annual or lifetime maximum, if any, that applies in the aggregate to all items and services and procedures covered under the plan.

H.B. 3345 establishes that the authorization for a health benefit plan to require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered as a telemedicine medical service or a telehealth service does not authorize the plan to charge a separate deductible that applies only to such a service or procedure. The bill's provisions apply only to a plan delivered, issued for delivery, or renewed on or after January 1, 2020.

EFFECTIVE DATE

September 1, 2019.