

## **BILL ANALYSIS**

C.S.H.B. 980  
By: Fierro  
Insurance  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

At the outset of the COVID-19 pandemic, Governor Abbott directed the Texas Department of Insurance to adopt an emergency rule to require health benefit plans to cover services provided virtually at the in-person contracted rate. This requirement has reportedly been enormously helpful to patients who needed medical treatment during the pandemic and has allowed physicians to continue to practice safely. C.S.H.B. 980 seeks to make permanent this requirement.

### **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**

C.S.H.B. 980 amends the Insurance Code to set out provisions relating to reimbursement and payment by a health benefit plan for telemedicine medical services or telehealth services delivered to a covered patient by a preferred or contracted health professional. The bill requires an applicable health benefit plan issuer to reimburse a preferred or contracted health professional for providing a covered health care service or procedure as a telemedicine medical service or telehealth service on the same basis and at least at the same rate that the plan issuer provides reimbursement to that professional for the service or procedure in an in-person setting. A plan issuer is not required to pay more than the billed charge on a claim for payment by a preferred or contracted health professional or reimburse a preferred or contracted health professional for a telemedicine medical service or telehealth service provided to a covered patient as part of a mutually agreed upon risk-based payment arrangement. The bill prohibits a plan issuer, for purposes of processing payment of a claim, from requiring a preferred or contracted health professional to provide documentation of a covered health care service or procedure delivered as a telemedicine medical service or telehealth service beyond that which is required for the service or procedure in an in-person setting.

C.S.H.B. 980 includes among the individuals classified as a health professional for purposes of provisions governing health benefit plan coverage for telemedicine and telehealth an individual who:

- is credentialed to provide qualified mental health professional community services;
- has demonstrated and documented competency in the work to be performed;
- is acting within the scope of the individual's license or other authorization issued by the state and does not perform a telemedicine medical service; and

- meets one of the following criteria:
  - holds a bachelor's or more advanced degree from an accredited institution of higher education with qualifying coursework;
  - is a registered nurse; or
  - completes an alternative credentialing process identified by the Health and Human Services Commission (HHSC).

The bill clarifies that a mental health professional who is acting within the scope of the person's license or certification and who does not perform a telemedicine medical service is also classified as a health professional for such purposes.

C.S.H.B. 980 establishes that provisions governing health benefit plan coverage for telemedicine and telehealth may not be waived, voided, or nullified by contract. The bill's changes to those provisions apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022.

### **EFFECTIVE DATE**

September 1, 2021.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 980 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute revises the conditions established in the original that must be satisfied for an individual who is credentialed to provide qualified mental health professional community services to qualify as a "health professional" for purposes of provisions governing health benefit plan coverage for telemedicine and telehealth. Accordingly, the substitute does the following:

- includes as an additional condition that the individual is acting within the scope of the individual's license or other authorization issued by the state and not performing a telemedicine medical service; and
- changes the agency responsible for identifying an alternative credentialing process from the Department of State Health Services, as in the original, to HHSC.

The substitute includes a provision not in the original providing that a health benefit plan issuer is not required to reimburse a preferred or contracted health professional for a telemedicine medical service or telehealth service provided to a covered patient as part of a mutually agreed upon risk-based payment arrangement.