87R1901 MEW-D

By:  Fierro H.B. No. 980

A BILL TO BE ENTITLED

AN ACT

relating to the reimbursement and payment of claims by certain health benefit plan issuers for telemedicine medical services and telehealth services.

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

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

(1)  "Health professional" means:

(A)  a physician;

(B)  an individual who is:

(i)  licensed or certified in this state to perform health care services; and

(ii)  authorized to assist a physician in providing telemedicine medical services that are delegated and supervised by the physician; [~~or~~]

(C)  a licensed or certified health professional, including a mental health professional, acting within the scope of the license or certification who does not perform a telemedicine medical service; or

(D)  an individual who is credentialed to provide qualified mental health professional community services, has demonstrated and documented competency in the work to be performed, 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 Department of State Health Services.

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 pay more than the billed charge on a claim for payment by a preferred or contracted health professional.

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

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

SECTION 3.  Chapter 1455, Insurance Code, as amended by this Act, applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2022, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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