87R4482 MEW-D

By:  Goodwin H.B. No. 1722

A BILL TO BE ENTITLED

AN ACT

relating to the reimbursement and payment of claims for telemedicine medical services and telehealth services under certain health benefit plans.

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.  Section 1455.002, Insurance Code, is amended to read as follows:

Sec. 1455.002.  APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that:

(1)  provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including:

(A)  an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(i)  an insurance company;

(ii)  a group hospital service corporation operating under Chapter 842;

(iii)  a fraternal benefit society operating under Chapter 885;

(iv)  a stipulated premium company operating under Chapter 884; or

(v)  a health maintenance organization operating under Chapter 843; and

(B)  to the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a health benefit plan that is offered by:

(i)  a multiple employer welfare arrangement as defined by Section 3 of that Act; or

(ii)  another analogous benefit arrangement; or

(2)  is offered by an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

(b)  Notwithstanding any other law, this chapter applies to:

(1)  a basic coverage plan under Chapter 1551;

(2)  a basic plan under Chapter 1575; and

(3)  a primary care coverage plan under Chapter 1579.

SECTION 3.  Section 1455.004, Insurance Code, is amended by amending Subsection (c) and adding Subsection (c-1) to read as follows:

(c)  Notwithstanding Subsection (a) and except as provided by Subsection (c-1), a health benefit plan is not required to provide coverage for a telemedicine medical service or a telehealth service provided by only synchronous or asynchronous audio interaction, including:

(1)  [~~an audio-only telephone consultation;~~

[~~(2)~~]  a text-only e-mail message; or

(2) [~~(3)~~]  a facsimile transmission.

(c-1)  A health benefit plan is required to provide coverage for a telemedicine medical service or a telehealth service provided by an audio-only telephone consultation.

SECTION 4.  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 5.  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 6.  This Act takes effect September 1, 2021.