

By: Fierro

H.B. No. 980

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 and
4 telehealth services.

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

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

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

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

20 (D) an individual who is credentialed to provide
21 qualified mental health professional community services, has
22 demonstrated and documented competency in the work to be performed,
23 and:

24 (i) holds a bachelor's or more advanced

1 degree from an accredited institution of higher education with a
2 minimum number of hours that is equivalent to a major in psychology,
3 social work, medicine, nursing, rehabilitation, counseling,
4 sociology, human growth and development, physician assistant
5 studies, gerontology, special education, educational psychology,
6 early childhood education, or early childhood intervention;

7 (ii) is a registered nurse; or

8 (iii) completes an alternative
9 credentialing process identified by the Department of State Health
10 Services.

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

13 Sec. 1455.007. REIMBURSEMENT AND PAYMENT. (a) A health
14 benefit plan issuer must reimburse a preferred or contracted health
15 professional for providing a covered health care service or
16 procedure to a covered patient as a telemedicine medical service or
17 telehealth service on the same basis and at least at the same rate
18 that the issuer provides reimbursement to that health professional
19 for the service or procedure in an in-person setting.

20 (b) Notwithstanding Subsection (a), a health benefit plan
21 issuer is not required to pay more than the billed charge on a claim
22 for payment by a preferred or contracted health professional.

23 (c) For purposes of processing payment of a claim, a health
24 benefit plan issuer may not require a preferred or contracted
25 health professional to provide documentation of a covered health
26 care service or procedure delivered by the health professional to a
27 covered patient as a telemedicine medical service or telehealth

1 service beyond that which is required for the service or procedure
2 in an in-person setting.

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

5 SECTION 3. Chapter 1455, Insurance Code, as amended by this
6 Act, applies only to a health benefit plan delivered, issued for
7 delivery, or renewed on or after January 1, 2022. A health benefit
8 plan delivered, issued for delivery, or renewed before January 1,
9 2022, is governed by the law as it existed immediately before the
10 effective date of this Act, and that law is continued in effect for
11 that purpose.

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