

By: Goodwin

H.B. No. 1722

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the reimbursement and payment of claims for
3 telemedicine medical services and telehealth services under
4 certain health benefit plans.

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

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

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

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

22 (i) an insurance company;

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

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

27 (iv) a stipulated premium company operating

1 under Chapter 884; or

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

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

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

9 (ii) another analogous benefit
10 arrangement; or

11 (2) is offered by an approved nonprofit health
12 corporation that holds a certificate of authority under Chapter
13 844.

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

15 (1) a basic coverage plan under Chapter 1551;

16 (2) a basic plan under Chapter 1575; and

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

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

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

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

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

1 (2) [~~3~~] a facsimile transmission.

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

5 SECTION 4. Chapter 1455, Insurance Code, is amended by
6 adding Sections 1455.007 and 1455.008 to read as follows:

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

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

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

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

26 SECTION 5. Chapter 1455, Insurance Code, as amended by this
27 Act, applies only to a health benefit plan delivered, issued for

1 delivery, or renewed on or after January 1, 2022. A health benefit
2 plan delivered, issued for delivery, or renewed before January 1,
3 2022, is governed by the law as it existed immediately before the
4 effective date of this Act, and that law is continued in effect for
5 that purpose.

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