

SUBJECT: Requiring health plans to treat telehealth and in-person coverage equally

COMMITTEE: Insurance — favorable, without amendment

VOTE: 8 ayes — Lucio, Oliverson, S. Davis, Julie Johnson, Lambert, Paul, C. Turner, Vo

0 nays

1 absent — G. Bonnen

WITNESSES: For — Dan Finch, Texas Medical Association; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Eric Kunish, National Alliance on Mental Illness-Austin; Mike Meroney, Texas Association of Health Underwriters; Nora Belcher, Texas E-Health Alliance; Cameron Duncan, Texas Hospital Association; Kevin Stewart, Texas Psychological Association; Bonnie Bruce, Texas Society of Anesthesiologists)

Against — None

On — (*Registered, but did not testify*: Doug Danzeiser, Texas Department of Insurance)

BACKGROUND: Insurance Code secs. 1455.004(a) and (b) prohibit a health benefit plan from excluding from coverage a covered health service or procedure delivered by certain health professionals to a patient as a telemedicine or telehealth service solely because the covered service or procedure is not provided through an in-person consultation. A health plan is allowed to require a deductible, copayment, or coinsurance for telemedicine or telehealth services; however, these amounts may not exceed the amount required for covered services provided through in-person consultations.

Some suggest that some health plans continue to treat telemedicine services as covered and reimbursable medical services only if those

services are provided through a third-party vendor using a specific platform. Observers suggest clarification is needed to ensure patients receive telemedicine services regardless of the technological platform used to deliver such care.

DIGEST: HB 3345 would require a health benefit plan to provide coverage for telemedicine or telehealth services on the same basis that the plan provided coverage for an in-person service or procedure.

A health plan could not:

- limit, deny, or reduce coverage for a covered telemedicine or telehealth service based on the health professional's preferred technological platform, as defined in the bill, for delivering the service or procedure; or
- impose an annual or lifetime maximum on telemedicine or telehealth coverage other than the annual or lifetime maximum that applied to all items covered under the plan.

The bill would specify that Insurance Code sec. 1455.004(b) did not authorize a health plan to charge a separate deductible that applied only to a covered telemedicine or telehealth service.

The bill would take effect September 1, 2019, and would apply to a health benefit plan issued on or after January 1, 2020.