

SUBJECT: Regulating reimbursement and payment of claims for telehealth services

COMMITTEE: Insurance — committee substitute recommended

VOTE: 5 ayes — Oliverson, Vo, Israel, Paul, Romero

2 nays — Hull, Middleton

2 absent — J. González, Sanford

WITNESSES: For — Elisa Tamayo, Emergence Health Network; Alison Mohr Boleware, National Association of Social Workers-Texas Chapter; Jacob Childers, Texas Medical Association; Thomas Kim, TMA; *(Registered, but did not testify)*: Cynthia Humphrey, Association of Substance Abuse Programs; Allison Greer, CHCS; Stacy Wilson, Children's Hospital Association of Texas; Christine Bryan, Clarity Child Guidance Center; Adam Paine, Enteave Counseling; Eric Woomer, Federation of Texas Psychiatry; Bill Kelly, Mayor's Office, City of Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch, National Alliance on Mental Illness Texas; Michelle Zadrozny, Plumeria Counseling Center; Marshall Kenderdine, Texas Academy of Family Physicians; David Reynolds, Texas Chapter of the American College of Physicians; Kaden Norton, Texas Chiropractic Association; Lee Johnson, Texas Council of Community Centers; Dan Finch and Clayton Stewart, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Kevin Stewart, Texas Psychological Association; Mark Hanna, Texas Society for Clinical Social Work; Bonnie Bruce and Michael Warner, Texas Society of Anesthesiologists; Ashley Harris, United Ways of Texas; Jacob Smith)

Against — Jamie Dudensing, Texas Association of Health Plans; Shannon Meroney, Texas Association of Health Underwriters; *(Registered, but did not testify)*: Billy Phenix, America's Health Insurance Plans; Patricia Kolodzey, Blue Cross Blue Shield of Texas; Bill Hammond, Texas Employers for Insurance Reform)

On — (*Registered, but did not testify*: Jenny Blakey, Office of Public Insurance Counsel; Kenisha Schuster, Texas Department of Insurance)

BACKGROUND: Some have suggested that the emergency rule adopted in response to the COVID-19 pandemic requiring health benefit plans to cover services provided virtually at the in-person rate has benefited patients and doctors. Interested parties have called for this to be made permanent.

DIGEST: CSHB 980 would require a health benefit plan issuer to reimburse a preferred or contracted health professional for providing a covered health care service or procedure as a telemedicine or telehealth service on the same basis and at least the same rate that the issuer provided reimbursement to that health professional for the service or procedure in an in-person setting.

The issuer would not be required to pay more than the billed charge on a claim for payment by a health professional or reimburse the health professional if the telemedicine or telehealth service was provided to a covered patient as part of a mutually agreed upon risk-based payment arrangement. A health benefit plan issuer could not require a preferred or contracted health professional to provide documentation of a covered health care service or procedure delivered to a covered patient as a telemedicine or telehealth service beyond that required for the service or procedure in an in-person setting.

For the purposes of the bill and the statutory chapter governing telemedicine and telehealth insurance, the definition of "health professional" would include an individual who was credentialed to provide qualified mental health professional community services, had demonstrated and documented competency in the work to be performed, was acting within the scope of a license or other state authorization, did not perform a telemedicine medical service and:

- held a bachelor's degree or higher from an accredited higher education institution with a minimum number of hours equivalent to a major in one of several specified areas study;

- was a registered nurse; or
- completed an alternative credentialing process identified by the Health and Human Services Commission.

The bill would specify that a mental health professional acting within the scope of a license or certification who did not perform a telemedicine service also would be classified as a health professional for such purposes.

The bill would establish that the provisions of the statutory chapter governing telemedicine and telehealth insurance could not be waived, voided, or nullified by contract.

The bill would take effect September 1, 2021, and would apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022.

NOTES:

According to the Legislative Budget Board, the fiscal implication of the bill could not be determined due to the inability to determine its impact on Medicaid service utilization.