HOUSE RESEARCH ORGANIZATION bill digest 5/11/2023

| SUBJECT:    | Revising provisions for reimbursement of certain health care services   |
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| COMMITTEE:  | Insurance — favorable, without amendment  |
| VOTE:       | 5 ayes — Oliverson, A. Johnson, Cortez, Julie Johnson, Perez  |
|             | 4 nays — Cain, Caroline Harris, Hull, Paul  |
| WITNESSES:  | For — Thomas Kim, Texas Medical Association ( <i>Registered, but did not testify</i> : Stacy Wilson, Children's Hospital Association of Texas; Nelda Hunter, Cook Children's Medical Center; Greg Hansch, National Alliance on Mental Illness (NAMI) TX; Maureen Milligan, Teaching Hospitals of Texas; Ben Wright, Texas Medical Association)  |
|             | Against — Robert Baratta, Teladoc Health ( <i>Registered, but did not testify</i> :<br>Annie Spilman, NFIB; Matt Abel, Texas Association of Business; Blake<br>Hutson, Texas Association of Health Plans)   |
|             | On — ( <i>Registered, but did not testify</i> : Rachel Bowden, Texas Department of Insurance)   |
| BACKGROUND: | Concerns have been raised that the payment for telehealth services may<br>discourage some providers from expanding the use of telehealth. Some<br>have suggested that requiring health plans to pay providers the same rate<br>whether the service is delivered in-person or via telehealth would expand<br>access to care and reduce overall health care costs.  |
| DIGEST:     | HB 1726 would require health plans to reimburse a preferred or contracted<br>health professional for providing a covered health care service or<br>procedure to a covered patient as a telemedicine medical service,<br>teledentistry dental service, or telehealth service on the same basis and at<br>least at the same rate that the plan provided reimbursement to the health<br>professional for the service or procedure in an in-person setting. |
|             | A health plan would not be required to pay more than the billed charge on<br>a claim or to reimburse a preferred or contracted provider if the  |

## HB 1726 House Research Organization page 2

telemedicine, teledentistry, or telehealth service had been provided as part of a mutually agreed upon risk-based payment arrangement.

A health plan also could not require a preferred or contracted health professional to provide documentation of a covered service or procedure delivered to a patient beyond that which would be required for the service or procedure in an in-person setting.

HB 1726 would add mental health professionals to the list of professionals that could receive payment for providing telehealth services and would specify the qualifications a mental health professional would need to meet to receive payment for delivering a telehealth service.

The requirements of HB 1726 could not be waived, voided, or nullified by contract.

The bill would take effect September 1, 2023 and would apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024.