

BILL ANALYSIS

Senate Research Center
86R12278 PMO-F

H.B. 3345
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Business & Commerce
5/15/2019
Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

It has been noted that despite recent legislative efforts, many health plans continue to treat telemedicine medical services as covered and reimbursable medical services provided by a physician only if those services are provided through a third party vendor using that vendor's specific platform. As these vendors generally do not have a way to ensure that the contracted physician will be able to connect with their own existing patients, some patients are kept from being able to access their own physician when telemedicine is determined to be a means for provision of care.

H.B. 3345 seeks to resolve this problem by amending the Insurance Code to require a health benefit plan to provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting. The bill prohibits a health benefit plan from limiting, denying, or reducing coverage for such a service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure, or imposing an annual or lifetime maximum on coverage for such services or procedures delivered other than the annual or lifetime maximum, if any, that applies in the aggregate to all items and services and procedures covered under the plan.

H.B. 3345 also establishes that the authorization for a health benefit plan to require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered as a telemedicine medical service or a telehealth service does not authorize the plan to charge a separate deductible that applies only to such a service or procedure.

H.B. 3345 amends current law relating to health benefit coverage provided by certain health benefit plans for telemedicine medical services and telehealth services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 1455.001, Insurance Code, by adding Subdivision (2-a) to define "platform."

SECTION 2. Amends Section 1455.004, Insurance Code, by amending Subsection (a) and adding Subsections (b-1) and (d), as follows:

(a) Makes nonsubstantive changes. Provides that a health benefit plan:

(1) is required to provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting; and

(2) is prohibited from:

(A) excluding from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation; and

(B) subject to Subsection (c), limiting, denying, or reducing coverage for a covered health care service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure.

(b-1) Provides that Subsection (b) does not authorize a health benefit plan to charge a separate deductible that applies only to a covered health care service or procedure delivered as a telemedicine medical service or telehealth service.

(d) Prohibits a health benefit plan from imposing an annual or lifetime maximum on coverage for covered health care services or procedures delivered as telemedicine medical services or telehealth services other than the annual or lifetime maximum, if any, that applies in the aggregate to all items and services and procedures covered under the plan.

SECTION 3. Makes application of Section 1455.004, Insurance Code, as amended by this Act, prospective to January 1, 2020.

SECTION 4. Effective date: September 1, 2019.