

2020 Regular Session

HOUSE BILL NO. 530

BY REPRESENTATIVE ECHOLS

INSURANCE/HEALTH: Provides for coverage of healthcare services provided through telehealth or telemedicine

1 AN ACT

2 To enact Subpart B-1 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes
3 of 1950, to be comprised of R.S. 22:1841 through 1846, relative to payment of
4 claims for services provided through telehealth or telemedicine; to define key terms;
5 to require reimbursement for healthcare services provided through telehealth and
6 telemedicine; to provide for reimbursement for healthcare services provided through
7 store-and-forward telemedicine; to provide for reimbursement for healthcare services
8 provided through remote patient monitoring; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. Subpart B-1 of Part II of Chapter 6 of Title 22 of the Louisiana Revised
11 Statutes of 1950, comprised of R.S. 22:1841 through 1846, is hereby enacted to read as
12 follows:

13 SUBPART B-1. MEDICAL CLAIMS FOR SERVICES PROVIDED THROUGH
14 TELEHEALTH AND TELEMEDICINE

15 §1841. Definitions

16 For the purposes of this Subpart, the following definitions apply:

17 (1) "Health coverage plan" means any hospital, health, or medical expense
18 insurance policy, hospital or medical service contract, employee welfare benefit plan,
19 contract, or other agreement with a health maintenance organization or a preferred
20 provider organization, health and accident insurance policy, or any other insurance

1 contract of this type in this state, including a group insurance plan, a self-insurance
2 plan, and the Office of Group Benefits programs. "Health coverage plan" shall not
3 include a plan providing coverage for excepted benefits as defined in R.S. 22:1061,
4 limited benefit health insurance plans, and short-term policies that have a term of
5 less than twelve months.

6 (2) "Medication adherence management services" means the monitoring of
7 a patient's conformance with the healthcare provider's medication plan with respect
8 to timing, dosing, and frequency of medication-taking through electronic
9 transmission of data in a remote patient monitoring services program.

10 (3) "Platform" means the technology, system, software, application,
11 modality, or other method through which a healthcare provider remotely interfaces
12 with a patient when providing a healthcare service or procedure as a telemedicine
13 medical service or telehealth healthcare service.

14 (4) "Qualifying patient" means an individual who meets all the following
15 criteria:

16 (a) Be diagnosed, in the last eighteen months, with one or more chronic
17 conditions, as defined by the Centers for Medicare and Medicaid Services which
18 include but are not limited to sickle cell, mental health, asthma, diabetes, and heart
19 disease.

20 (b) Has a recent history of costly service use due to one or more chronic
21 conditions as evidenced by two or more hospitalizations, including emergency room
22 visits, in the last twelve months.

23 (c) The individual's attending healthcare provider recommends disease
24 management services through remote patient monitoring.

25 (d) The individual meets appropriate evidence-based protocols and risk
26 factors used to identify patients who will benefit from advanced case and disease
27 management methodologies.

1 (5) "Qualified telemedicine equipment and network" means the telemedicine
2 and telehealth equipment and network used for remote patient monitoring services
3 that meets all of the following requirements:

4 (a) Complies with applicable standards of the United States Food and Drug
5 Administration.

6 (b) Maintains equipment in good repair and free from safety hazards.

7 (c) Installs only new or sanitized equipment in the patient's home setting.

8 (d) Accommodates language options other than English.

9 (e) Has available technical and clinical support services for the patient user
10 twenty-four hours a day, seven days a week.

11 (f) Has telemonitoring equipment that is both of the following:

12 (i) Capable of monitoring any data parameters in the plan of care.

13 (ii) A United States Food and Drug Administration Class II hospital-grade
14 medical device.

15 (g) Is fully compliant with the requirements administered by the Department
16 of Health and Human Services Office of Civil Rights to comply with the Health
17 Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health
18 Information Technology for Economic and Clinical Health Act (HITECH).

19 (6) "Remote patient monitoring services" means the delivery of home health
20 services using telecommunications technology to enhance the delivery of home
21 health care, including but not limited to all of the following:

22 (a) Monitoring of clinical patient data such as weight, blood pressure, pulse,
23 pulse oximetry, and other condition-specific data, such as blood glucose.

24 (b) Medication adherence monitoring.

25 (c) Interactive video conferencing with or without digital image upload.

26 (7) "Store-and-forward telemedicine services" means the use of
27 asynchronous computer-based communication between a patient and a consulting
28 healthcare provider or a referring healthcare provider and a medical specialist at a
29 distant site for the purpose of diagnostic and therapeutic assistance in the care of

1 patients who otherwise have no access to specialty care. Store-and-forward
2 telemedicine and telehealth services involve the transferring of medical data from
3 one site to another through the use of a camera or similar device that records an
4 image that is sent by telecommunication to another site for consultation.

5 (8) "Telehealth" shall have the same meaning as defined in R.S. 40:1223.3.

6 (9) "Telemedicine" shall have the same meaning as defined in R.S. 37:1262.

7 §1842. Telehealth and telemedicine reimbursement

8 A.(1) Any health coverage plan delivered or issued for delivery in this state
9 shall provide coverage for a covered healthcare service or procedure delivered by a
10 contracted healthcare provider to a covered patient as a telemedicine medical service
11 or a telehealth healthcare service as described in this Subpart, including
12 store-and-forward telemedicine services as described in R.S. 22:1844 and remote
13 patient monitoring services as described in R.S. 22:1845.

14 (2) A health coverage plan may limit coverage to healthcare providers in a
15 telemedicine or telehealth network approved by the plan.

16 (3) Nothing in this Section shall be construed to prohibit a health coverage
17 plan from providing coverage for only those services that are both of the following:

18 (a) Medically necessary, subject to the terms and conditions of the covered
19 person's policy.

20 (b) Medically appropriate and of sufficient quality and safety in accordance
21 with evidence-based protocols to be effectively provided by telemedicine or
22 telehealth.

23 (4) In a claim for the services provided, the appropriate procedure code for
24 the covered services shall be included with the appropriate modifier indicating
25 interactive communication was used.

26 B. The health coverage plan shall not do any of the following:

27 (1) Exclude from coverage a covered healthcare service or procedure
28 delivered by a preferred or contracted healthcare provider to a covered patient as a
29 telemedicine medical service or a telehealth healthcare service solely because the

1 covered healthcare service or procedure is not provided through an in-person
2 consultation.

3 (2) Except as provided in Subsection D of this Section, limit, deny, or
4 reduce coverage for a covered healthcare service or procedure delivered as a
5 telemedicine medical service or telehealth healthcare service based on the healthcare
6 provider's choice of platform for delivering the service or procedure, provided that
7 the platform is fully compliant with the requirements administered by the
8 Department of Health and Human Services Office of Civil Rights to comply with the
9 Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the
10 Health Information Technology for Economic and Clinical Health Act (HITECH).

11 C.(1) A health coverage plan may require a deductible, copayment, or
12 coinsurance for a covered healthcare service or procedure delivered by a preferred
13 or contracted healthcare provider to a covered patient as a telemedicine medical
14 service or a telehealth healthcare service.

15 (2) The amount of the deductible, copayment, or coinsurance shall not
16 exceed the amount of the deductible, copayment, or coinsurance required for the
17 covered healthcare service or procedure provided through an in-person consultation.

18 (3) This Subsection shall not be construed to authorize a health coverage
19 plan to charge a separate deductible that applies only to a covered healthcare service
20 or procedure delivered as a telemedicine medical service or telehealth healthcare
21 service.

22 D. Notwithstanding any provision of Subsection A of this Section, a health
23 coverage plan shall not be required to provide coverage for a telemedicine medical
24 service or a telehealth healthcare service provided by only synchronous or
25 asynchronous audio interaction, including but not limited to any of the following:

26 (1) An audio-only telephone consultation.

27 (2) A text-only email message.

28 (3) A facsimile transmission.

1 E. A health coverage plan shall not impose an annual or lifetime maximum
2 on coverage for covered healthcare services or procedures delivered as telemedicine
3 medical services or telehealth healthcare services other than the annual or lifetime
4 maximum, if any, that applies in the aggregate to all items and services and
5 procedures covered under the plan.

6 F. Terminology in a health coverage plan that either discriminates against
7 or prohibits a method of transmitted electronic imaging, telehealth, or telemedicine
8 shall be void as against Louisiana's public policy of providing the highest quality
9 health care to the residents of the state.

10 §1843. Telemedicine medical services and telehealth healthcare services statement

11 A. Each issuer of a health coverage plan shall display in a conspicuous
12 manner on the health coverage plan issuer's website information regarding how to
13 receive covered telemedicine medical services and telehealth healthcare services.

14 B. This Section shall not require an issuer of a health coverage plan to
15 display negotiated contract payment rates for healthcare providers who contract with
16 the issuer to provide telemedicine medical services or telehealth healthcare services.

17 §1844. Store-and-forward telemedicine services

18 A. The legislature hereby finds that store-and-forward telemedicine services
19 allow a healthcare provider trained and licensed in a given specialty to review
20 forwarded images and patient history in order to provide diagnostic and therapeutic
21 assistance in the care of the patient without the patient being present in real time.

22 B.(1) Prior to receiving any store-and-forward telemedicine services, a
23 patient shall be required to consent to those services and be notified that he may be
24 billed for a portion of those services in accordance with coverage under his health
25 plan.

26 (2)(a) Any patient receiving medical care by store-and-forward telemedicine
27 services shall be notified of the right to receive interactive communication with the
28 distant specialist healthcare provider and shall receive an interactive communication
29 with the distant specialist upon request. If requested, communication with the distant

1 specialist shall occur at the time of the consultation or no more than thirty days after
2 receipt of the patient's notification of the request for the consultation.

3 (b) Telemedicine networks unable to offer the interactive consultation shall
4 not be reimbursed for store-and-forward telemedicine services.

5 C. Healthcare providers seeking reimbursement for store-and-forward
6 telemedicine services shall be licensed Louisiana providers that are affiliated with
7 an established Louisiana healthcare facility or licensed out-of-state providers with
8 a Louisiana telemedicine license that have appropriate arrangements with licensed
9 Louisiana providers for urgent or emergent care.

10 §1845. Remote patient monitoring services

11 A. The legislature hereby finds all of the following:

12 (1) Remote patient monitoring services aim to allow more people to remain
13 at home or in other residential settings and to improve the quality and cost of their
14 care, including prevention of more costly care.

15 (2) The goal of remote patient monitoring services provided through
16 telemedicine or telehealth is to coordinate primary, acute, behavioral, and long-term
17 social service needs for high need, high cost patients.

18 B. To receive reimbursement for the delivery of remote patient monitoring
19 services through telehealth, all of the following conditions shall be met:

20 (1) The services shall consist of all of the following:

21 (a) An assessment, problem identification, and evaluation which includes all
22 of the following:

23 (i) Assessment and monitoring of clinical data including but not limited to
24 appropriate vital signs, pain levels, and other biometric measures specified in the
25 plan of care and an assessment of responses to previous changes in the plan of care.

26 (ii) Detection of condition changes based on the telemedicine or telehealth
27 encounter that may indicate the need for a change in the plan of care.

28 (b) Implementation of a management plan through one or more of the
29 following:

1 (i) Teaching regarding medication management as appropriate based on the
2 telemedicine or telehealth findings for that encounter.

3 (ii) Teaching regarding other interventions as appropriate to both the patient
4 and the caregiver.

5 (iii) Management and evaluation of the plan of care including changes in
6 visit frequency or addition of other skilled services.

7 (iv) Coordination of care with the ordering healthcare provider regarding the
8 telemedicine or telehealth findings.

9 (v) Coordination and referral to other healthcare providers as needed.

10 (vi) Referral for an in-person visit or the emergency room as needed.

11 (2) The entity that will provide the remote monitoring services shall have
12 protocols in place to address all of the following:

13 (a) Authentication and authorization of users.

14 (b) A mechanism for monitoring, tracking, and responding to changes in the
15 patient's clinical condition.

16 (c) A standard of acceptable and unacceptable parameters for the patient's
17 clinical parameters, which can be adjusted based on the patient's condition.

18 (d) How monitoring staff will respond to abnormal parameters for the
19 patient's vital signs, symptoms, or lab results.

20 (e) The monitoring, tracking, and responding to changes in the patient's
21 clinical condition.

22 (f) The process for notifying the prescribing healthcare provider for
23 significant changes in the patient's clinical signs and symptoms.

24 (g) The prevention of unauthorized access to the system or information.

25 (h) System security, including the integrity of information that is collected,
26 program integrity, and system integrity.

27 (i) Information storage, maintenance, and transmission.

28 (j) Synchronization and verification of patient profile data.

1 (k) Notification of the patient's discharge from the remote patient monitoring
2 services or the deinstallation of the remote patient monitoring unit.

3 C.(1) A remote patient monitoring prior authorization request form shall be
4 submitted to the health coverage plan to request coverage for remote patient
5 monitoring services.

6 (2) The request shall include all of the following:

7 (a) An order for home telemonitoring services, signed and dated by the
8 prescribing healthcare provider.

9 (b) A plan of care, signed and dated by the prescribing healthcare provider,
10 that includes telemonitoring transmission frequency and duration of monitoring
11 requested.

12 (c) The patient's diagnosis and risk factors that qualify the patient for home
13 telemonitoring services.

14 (d) An attestation that the patient is sufficiently cognitively intact and able
15 to operate the equipment or has a willing and able person to assist in completing
16 electronic transmission of data.

17 (e) An attestation that the patient is not receiving duplicative services
18 through another provider.

19 §1846. Exclusions

20 The provisions of this Subpart shall not apply to any plan providing coverage
21 for excepted benefits as defined in R.S. 22:1061, limited benefit health insurance
22 plans, and short-term policies that have a term of less than twelve months.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 530 Engrossed

2020 Regular Session

Echols

Abstract: Requires health insurance coverage for services provided through telehealth or telemedicine.

Proposed law defines "health coverage plan", "medication adherence management services", "platform", "qualifying patient", "qualified telemedicine equipment and network", "remote

patient monitoring services", "store-and-forward telemedicine services", "telehealth", and "telemedicine".

Proposed law requires any health coverage plan delivered or issued for delivery in this state to provide coverage for a covered healthcare service or procedure delivered by a contracted healthcare provider to a covered patient as a telemedicine medical service or a telehealth healthcare service, including store-and-forward telemedicine services and remote patient monitoring services, as described in proposed law.

Proposed law provides an exception for coverage for a telemedicine medical service or a telehealth healthcare service provided by only synchronous or asynchronous audio interaction, including but not limited to an audio-only telephone consultation, a text-only email message, or a facsimile transmission.

Proposed law requires a provider's telehealth and telemedicine platform to comply with certain federal civil rights and patient information privacy protection rights. Prohibits a healthcare coverage plan's limitation, denial, or reduction of coverage for telehealth and telemedicine services or procedures when the provider's platform complies with such federal civil rights and patient information privacy protection rights.

Proposed law requires the issuer of a health coverage plan to display in a conspicuous manner on the issuer's internet website patient information regarding how the patient may receive covered telemedicine and telehealth services.

Proposed law provides that any patient receiving medical care by store-and-forward telemedicine services may request interactive communication with the distant specialist healthcare professional and prohibits any telemedicine network unable to offer the interactive consultation from being reimbursed for store-and-forward telemedicine services.

Proposed law requires the patient's consent to store-and-forward services, including notification that the patient may be billed for a portion of those services in accordance with coverage under his health plan, prior to the patient's receipt of such services.

Proposed law requires healthcare providers seeking reimbursement for store-and-forward telemedicine services to be licensed in the state of La. and affiliated with an established La. healthcare facility, or such provider may be licensed out-of-state, but must have a telemedicine license in the state of La. and appropriate arrangements with licensed providers for urgent or emergent care.

Proposed law requires remote patient monitoring services through telehealth to consist of an assessment, problem identification, and evaluation and the implementation of a management plan. Further requires the entity providing remote patient monitoring services to have certain enumerated protocols in place.

Proposed law requires a remote patient monitoring prior authorization request form to be submitted to the health coverage plan to request coverage for remote patient monitoring services.

Proposed law does not apply to any plan providing coverage for excepted benefits, limited benefit health insurance plans, and short-term policies that have a term of less than 12 months.

(Adds R.S. 22:1841-1846)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Remove the definition of "healthcare professional".
2. Modify the definitions of "qualifying patient" and "qualified telemedicine equipment and network".
3. Require telehealth and telemedicine platforms to comply with certain federal civil rights and patient information privacy protection rights. Prohibit a healthcare coverage plan's limitation, denial, or reduction of coverage for telehealth and telemedicine services or procedures when the provider's platform is compliant.
4. Remove provisions for telehealth and telemedicine services, including asynchronous and store-and-forward telemedicine services, requiring healthcare plan coverage to the same extent services would be covered if the they were provided during in-person visits. Provide for coverage to be determined by the provisions of store-and-forward services and remote patient monitoring services prescribed in proposed law.
5. Modify proposed law to require the issuer of a health coverage plan to display in a conspicuous manner on the issuer's website patient information regarding how the patient may receive covered telemedicine and telehealth services.
6. Require a patient's consent to store-and-forward telemedicine services, including notification to the patient that he may be billed for a portion of those services, prior to the patient's receipt of such services.
7. Authorize an out-of-state healthcare provider to seek reimbursement for store-and-forward telemedicine services if the provider holds a telemedicine license in this state, and has appropriate arrangements with licensed La. providers for urgent or emergent care.
8. Remove the requirement for an entity providing remote patient monitoring services to be Louisiana based.
9. Remove specified reimbursement rates for remote patient monitoring services.
10. Retain present law (R.S. 22:1821(F)) which requires the reimbursement to a healthcare provider at an originating facility or terminus to be not less than 75% of the reasonable and customary amount of reimbursement the provider would receive for an intermediate office visit.
11. Make technical changes.