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
THE COOL ENGLOSSED	2020 Regular Sebbion	Lenois

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

<u>Proposed law</u> 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".

<u>Proposed law</u> 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 <u>proposed law</u>.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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.

<u>Proposed law</u> 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 <u>proposed law</u> 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-andforward 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 <u>present law</u> (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.