

## RÉSUMÉ DIGEST

ACT 276 (HB 530)

2020 Regular Session

Echols

New law defines "health coverage plan", "medication adherence management services", "platform", "remote patient monitoring services", "telehealth", and "telemedicine".

New law requires the issuer of a health coverage plan (hereinafter, "issuer") to display in a conspicuous manner on the issuer's internet website patient information regarding how the patient may receive covered telehealth, telemedicine, and remote patient monitoring services. Further provides that a link clearly identified on the issuer's website to the required information is sufficient to comply with new law.

New law does not require an issuer to display negotiated contract payment rates between the issuer and healthcare providers who contract with the issuer to provide telehealth or telemedicine services.

New law provides that remote patient monitoring services are aimed at allowing more people to remain at home or in other nontraditional clinical settings to improve the quality and cost of care, including prevention of more costly care, for primary, acute, behavioral, and long-term social service needs of high need, high cost patients.

New law requires remote patient monitoring services through telehealth or telemedicine to consist of assessment, problem identification, and evaluation of patient changes related to plans of care and requires the implementation of a management plan through the use of certain protocols. Further requires the entity providing remote patient monitoring services to implement certain standards for authenticating patients and authorized users, monitoring and tracking patient conditions, and securing patient profile data.

New law provides that a health coverage plan may require an authorization request for remote patient monitoring services prior to the health coverage plan's approval of coverage for a specified healthcare service.

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

New law applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2021. Any policy, contract, or health coverage plan in effect prior to Jan. 1, 2021, is required to conform to the provisions of new law on or before the renewal date, but no later than Jan. 1, 2022.

Effective Jan. 1, 2021.

(Adds R.S. 22:1841-1844)