AN ACT

To enact Subpart B-2 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 22:1845.1, relative to payment of claims for physical therapy services provided through telehealth; to prohibit maximum amounts of coverage and other conditions for coverage relative to telehealth services that are inapplicable to in-person services; to authorize enforcement and rulemaking; to provide for definitions; to provide for exceptions; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Subpart B-2 of Part II of Chapter 6 of Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:1845.1, is hereby enacted to read as follows:

SUBPART B-2. COVERAGE AND PAYMENT PARITY FOR PHYSICAL THERAPY DELIVERED VIA TELEHEALTH

§1845.1. Telehealth coverage and reimbursement; prohibitions and limitations; exceptions; rulemaking

A. A health coverage plan shall pay for covered physical therapy services provided via telehealth to an insured person. Telehealth coverage and payment shall be equivalent to the coverage and payment for the same service provided in person unless the telehealth provider and the health coverage plan contractually agree to an alternative payment rate for telehealth services.

B. Benefits for a service provided as telehealth may be subject to a deductible, copayment, or coinsurance. A deductible, copayment, or coinsurance...
applicable to a particular service provided through telecommunications technology
shall not exceed the deductible, copayment, or coinsurance required by the health
coverage plan for the same service when provided in person.

C. A health coverage plan shall not impose an annual dollar maximum on
coverage for healthcare services covered under the health coverage plan that are
provided as telehealth, other than an annual dollar maximum that applies to the same
services when provided in person by the same provider.

D. A health coverage plan shall require a healthcare professional to be
licensed or otherwise authorized to practice physical therapy in this state to be
eligible to receive payment for telehealth services.

E. Payment made pursuant to this Section shall be consistent with any
provider network arrangements that have been established for the health coverage
plan.

F. A health coverage plan shall not do any of the following:

(1) Require a previously established in-person relationship or the provider
to be physically present with a patient or client, unless the provider determines that
it is necessary to perform that service in person.

(2) Require prior authorization, medical review, or administrative clearance
for telehealth that would not be required if that service were provided in person.

(3) Require demonstration that it is necessary to provide services to a patient
or client as telehealth.

(4) Require a provider to be employed by another provider or agency in
order to provide telehealth services that would not be required if that service were
provided in person.

(5) Restrict or deny coverage based solely on the communication technology
or application used to provide the telehealth service; however, a health coverage plan
may restrict physical therapy services via telehealth when the services are being
provided solely by telephone.
(6) Impose specific requirements or limitations on the technologies used to provide telehealth services; however, a health coverage plan may require the provider to demonstrate that the technology used to provide telehealth services is both safe and secure.

(7) Impose additional certification, location, or training requirements as a condition of payment for telehealth services; however, this Paragraph does not prohibit a health coverage plan from providing additional reimbursement incentives to providers with an enhanced certification, training, or accreditation.

(8) Require a provider to be part of a telehealth network.

G. Nothing in this Section shall be construed to require a health coverage plan to do either of the following:

(1) Provide coverage for telehealth services that are not medically necessary.

(2) Reimburse any fees charged by a telehealth facility for transmission of a telehealth encounter.

H. A health coverage plan is not required to provide coverage or reimbursement for any of the following procedures or services provided via telehealth:

(1) A modality that is a type of electrical, thermal, or mechanical energy.

(2) Manual therapy, massage, dry needling, or other invasive procedures.

I. The department may take any action authorized in this Title to enforce the provisions of this Section and the commissioner may, in compliance with the Administrative Procedure Act, R.S. 49:950 et seq., promulgate and adopt rules as are necessary or advisable to effectuate the provisions of this Section.

J. For purposes of this Section, the following definitions apply:

(1) "Health coverage plan" has the same meaning as provided for in R.S. 22:1841.

(2) "Telehealth" has the same meaning as provided for in R.S. 40:1223.3.
Section 2. This Act shall apply to any new health coverage plan issued on and after January 1, 2023. Any health coverage plan in effect prior to January 1, 2023, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2024.