

RÉSUMÉ DIGEST

ACT 144 (HB 304)

2022 Regular Session

Frieman

New law requires a health coverage plan (plan) to pay for covered physical therapy services provided via telehealth to an insured person. Requires payment for services provided via telehealth to be equal to the payment for services provided in person, unless the telehealth provider and plan contractually agree to an alternative payment rate. Provides that services via telehealth may be subject to a deductible, copayment, or coinsurance not in excess of the deductible, copayment, or coinsurance required by the plan for in-person services.

New law prohibits a plan from imposing an annual dollar maximum on coverage for healthcare services provided as telehealth, other than an annual dollar maximum that applies to the same services when provided in person by the same provider.

New law requires a plan to provide payment for telehealth services to healthcare professionals licensed or otherwise permitted to practice physical therapy in this state. Further requires telehealth payments to be consistent with any provider network arrangements that have been established for the plan.

New law prohibits a plan from doing any of the following:

- (1) Requiring 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) Requiring prior authorization, medical review, or administrative clearance for telehealth that would not be required if that service were provided in person.
- (3) Requiring demonstration that it is necessary to provide services to a patient or client as telehealth.
- (4) Requiring 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) Restricting or denying coverage based solely on the communication technology or application used to provide the telehealth service. However, new law authorizes a plan to restrict physical therapy services via telehealth when the services are being provided solely by telephone.
- (6) Imposing specific requirements or limitations on the technologies used to provide telehealth services. However, new law authorizes a plan to require a provider to demonstrate that the technology used to provide telehealth services is both safe and secure.
- (7) Imposing additional certification, location, or training requirements as a condition of payment for telehealth services. However, new law does not prohibit a plan from providing additional reimbursement incentives to providers with an enhanced certification, training, or accreditation.
- (8) Requiring a provider to be part of a telehealth network.

New law does not require a plan to cover telehealth services that are not medically necessary nor to reimburse fees charged by a telehealth facility for transmission of a telehealth service.

New law does not require a plan 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.

New law authorizes the Dept. of Insurance to take any action authorized in the La. Insurance Code to enforce the provisions of new law and further authorizes the commissioner of insurance, in accordance with the APA, to promulgate and adopt rules as necessary or advisable to effectuate new law.

New law defines "health coverage plan" and "telehealth".

New law applies to any new health coverage plan issued on or after Jan. 1, 2023. Further requires any plan in effect prior to Jan. 1, 2023, to conform to the provisions of new law on or before the renewal date, but no later than Jan. 1, 2024.

Effective August 1, 2022.

(Adds R.S. 22:1845.1)