

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 coverage for healthcare services provided through telehealth and  
6 telemedicine; to provide relative to healthcare services provided through store-and-  
7 forward telemedicine; to provide for reimbursement for healthcare services provided  
8 through remote patient monitoring; to provide for effectiveness; and to provide for  
9 related matters.

10 Be it enacted by the Legislature of Louisiana:

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

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

16 §1841. Definitions

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

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

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

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

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

15 (4) "Remote patient monitoring services" means the delivery of healthcare  
16 services using telecommunications technology to enhance the delivery of health care,  
17 including but not limited to all of the following:

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

20 (b) Medication adherence monitoring.

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

22 (5) "Store-and-forward telemedicine services" means the use of  
23 asynchronous computer-based communication between a patient and a healthcare  
24 provider, consulting healthcare provider, or a referring healthcare provider and a  
25 medical specialist at a distant site for the purpose of diagnostic and therapeutic  
26 assistance in the care of patients. Store-and-forward telemedicine and telehealth  
27 services involve the transferring of medical data from one site to another through the  
28 use of a camera or similar device that records an image that is sent by  
29 telecommunication to another site for consultation.

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

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

3           and may be provided as described in R.S. 37:1271(B)(4)(b).

4           §1842. Telehealth and telemedicine coverage

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

11          (2) A health coverage plan may arrange with a healthcare provider or facility  
12          to provide telehealth and telemedicine services through a health coverage plan.

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

14          (1) Exclude from coverage a covered healthcare service or procedure  
15          delivered by a preferred or contracted healthcare provider to a covered patient as a  
16          telemedicine medical service or a telehealth healthcare service solely because the  
17          covered healthcare service or procedure is not provided through an in-person  
18          consultation.

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

27          C. A health coverage plan may require a deductible, copayment, or  
28          coinsurance for a covered healthcare service or procedure delivered by a preferred

1        or contracted healthcare provider to a covered patient as a telemedicine medical  
2        service or a telehealth healthcare service.

3                D. Notwithstanding any provision of Subsection A of this Section, a health  
4        coverage plan shall provide coverage for a telemedicine medical service or a  
5        telehealth healthcare service provided through an audio-only telephone consultation,  
6        when such telephone consultation meets the criteria set forth in R.S.  
7        37:1271(B)(4)(b) or R.S. 40:1223.3(5).

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

13       §1843. Telemedicine medical services and telehealth healthcare services statement

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

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

20       §1844. Store-and-forward telemedicine or telehealth services

21                A.(1) The legislature hereby finds that store-and-forward telemedicine  
22       services allow a healthcare provider trained and licensed in a given specialty to  
23       review forwarded images and patient history in order to provide diagnostic and  
24       therapeutic assistance in the care of the patient without the patient being present in  
25       real time.

26                (2) For purposes of this Section, a provider trained and licensed in a given  
27       specialty means a non-primary healthcare provider.

1           B.(1) Prior to a patient receiving any store-and-forward telemedicine or  
2           telehealth services, the provider may notify the patient that he may be billed for a  
3           portion of those services in accordance with coverage under his health plan.

4           (2)(a) Any patient receiving medical care by store-and-forward telemedicine  
5           or telehealth services shall be notified of the right to receive interactive  
6           communication with the distant specialist healthcare provider and shall receive an  
7           interactive communication with the distant specialist upon request. If requested,  
8           communication with the distant specialist shall occur at the time of the consultation  
9           or no more than thirty days after receipt of the patient's notification of the request for  
10           the consultation.

11           (b) Telemedicine or telehealth networks unable to offer the interactive  
12           consultation shall not be reimbursed for store-and-forward telemedicine services.

13           §1845. Remote patient monitoring services

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

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

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

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

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

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

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

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

3            (b) Implementation of a management plan through one or more of the  
4            following:

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

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

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

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

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

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

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

17           (a) Authentication and authorization of users.

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

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

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

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

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

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

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

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

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

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

7           C. A health coverage plan may require an authorization request for remote  
8           patient monitoring prior to the health coverage plan's approval of coverage for a  
9           specified healthcare service.

10           §1846. Exclusions

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

14           Section 2.(A) This Act shall become effective on January 1, 2021.

15           (B) This Act shall apply to any new policy, contract, program, or health  
16           coverage plan issued on and after January 1, 2021. Any policy, contract, or health  
17           coverage plan in effect prior to January 1, 2021, shall convert to conform to the  
18           provisions of this Act on or before the renewal date, but no later than January 1,  
19           2022.

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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)]

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HB 530 Reengrossed

2020 Regular Session

Echols

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

Proposed law defines "health coverage plan", "medication adherence management services", "platform", "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 requires a health coverage plan to provide coverage for a telemedicine medical service or telehealth healthcare service provided through an audio-only telephone consultation, when such consultation meets the criteria set forth in present law (R.S. 32:1271(B)(4)(b) or R.S. 40:1223.3(5)).

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 prior to the patient's receipt of store-and-forward telemedicine services, a provider may notify the patient that he may be billed for a portion of those services in accordance with coverage under his health coverage plan.

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

Proposed 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.

Effective Jan. 1, 2021.

(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.

The House Floor Amendments to the engrossed bill:

1. Remove the definitions of "qualifying patient" and "qualified telemedicine equipment and network". Modify certain definitions.
2. Remove provisions requiring medical necessity, appropriateness, and the use of certain procedures for a health coverage plan's reimbursement to healthcare providers for telemedicine or telehealth services.
3. Remove certain provisions relative to patient deductibles, copayments, or coinsurance required by health coverage plans.
4. Make modifications to require a health coverage plan to cover a telemedicine or telehealth service provided through an audio-only telephone consultation, when the consultation meets the criteria set forth in present law (R.S. 32:1271(B)(4)(b) or R.S. 40:1223.3(5)).
5. Remove provisions prohibiting a health coverage plan's discrimination against telehealth, telemedicine, or certain methods of transmitted electronic imaging.
6. Specify that a trained and licensed specialty healthcare provider means a non-primary healthcare provider.
7. Remove the required consent of a patient relative to the use of store-and-forward telemedicine services. Provide that a healthcare provider may notify the patient that he may be billed for a portion of those services.

8. Remove provisions relative to requiring healthcare providers to have certain licensure in the state of La. to seek reimbursement for store-and-forward telemedicine services.
9. Modify relative to remote patient monitoring to provide that a health coverage plan may require an authorization request prior to the plan's approval of coverage for a specified healthcare service.
10. Provide an effective date of Jan. 1, 2021.
11. Provide for a policy, contract, or health coverage plan to comply with proposed law by Jan. 1, 2022.
12. Make technical changes.