

**Adopted
COMMITTEE AMENDMENT NO 1 PROPOSED TO**

House Bill No. 1205

BY: Committee

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

13 **SECTION 1.** Section 83-9-351, Mississippi Code of 1972, is
14 amended as follows:

15 83-9-351. (1) As used in this section:

16 (a) "Employee benefit plan" means any plan, fund or
17 program established or maintained by an employer or by an employee
18 organization, or both, to the extent that such plan, fund or
19 program was established or is maintained for the purpose of
20 providing for its participants or their beneficiaries, through the
21 purchase of insurance or otherwise, medical, surgical, hospital
22 care or other benefits.



23 (b) "Health insurance plan" means any health insurance
24 policy or health benefit plan offered by a health insurer, and
25 includes the State and School Employees Health Insurance Plan and
26 any other public health care assistance program offered or
27 administered by the state or any political subdivision or
28 instrumentality of the state. The term does not include policies
29 or plans providing coverage for specified disease or other limited
30 benefit coverage.

31 (c) "Health insurer" means any health insurance
32 company, nonprofit hospital and medical service corporation,
33 health maintenance organization, preferred provider organization,
34 managed care organization, pharmacy benefit manager, and, to the
35 extent permitted under federal law, any administrator of an
36 insured, self-insured or publicly funded health care benefit plan
37 offered by public and private entities, and other parties that are
38 by statute, contract, or agreement, legally responsible for
39 payment of a claim for a health care item or service.

40 (d) "Telemedicine" means the delivery of health care
41 services such as diagnosis, consultation, or treatment through the
42 use of * * * HIPAA-compliant telecommunications systems, including
43 information, electronic, and communication technologies, remote
44 monitoring technologies and store-and-forward transfers.
45 Nonstore-and-forward and nonremote patient monitoring telemedicine
46 must be "real-time" audiovisual, except that audio-only
47 interactions are allowed when (i) audio-video interactions are



48 technologically unavailable, and (ii) audio-only interactions are
49 considered medically appropriate for the corresponding health care
50 services being delivered. An audio-only interaction is also
51 allowed when conducted in conjunction with a store-and-forward
52 transfer when the store-and-forward transfer is directly related
53 to the patient condition presented.

54 (2) All health insurance and employee benefit plans in this
55 state must provide coverage for telemedicine services to the same
56 extent that the services would be covered if they were provided
57 through in-person consultation.

58 (3) A health insurance or employee benefit plan may charge a
59 deductible, co-payment, or coinsurance for a health care service
60 provided through telemedicine so long as it does not exceed the
61 deductible, co-payment, or coinsurance applicable to an in-person
62 consultation.

63 * * *

64 (* * *4) Nothing in this section shall be construed to
65 prohibit a health insurance or employee benefit plan from
66 providing coverage for only those services that are medically
67 necessary, subject to the terms and conditions of the covered
68 person's policy.

69 (* * *5) In a claim for the services provided, the
70 appropriate procedure code for the covered services shall be
71 included with the appropriate modifier indicating interactive
72 communication was used. Health insurance and employee benefit



73 plans shall reimburse providers for telemedicine services using
74 the proper medical codes. Reimbursement of expenses for covered
75 health care services provided during a telemedicine encounter must
76 be established through negotiations conducted by the health
77 insurance entity with the provider in the same manner as the
78 health insurance entity establishes reimbursement of expenses for
79 covered health care services that are delivered by in-person
80 means.

81 (* * *6) The originating site is eligible to receive a
82 facility fee, but facility fees are not payable to the distant
83 site. Health insurance and employee benefit plans shall not limit
84 coverage to provider-to-provider consultations only. Patients in
85 a patient-to-provider consultation shall not be entitled to
86 receive a facility fee.

87 **SECTION 2.** This act shall take effect and be in force from
88 and after its passage.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,
2 TO REVISE THE DEFINITION OF THE TERM "TELEMEDICINE" AS USED IN THE
3 STATUTE REQUIRING HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR
4 TELEMEDICINE SERVICES; TO REQUIRE HEALTH INSURANCE AND EMPLOYEE
5 BENEFIT PLANS TO REIMBURSE PROVIDERS FOR TELEMEDICINE SERVICES
6 USING THE PROPER MEDICAL CODES; TO PROVIDE THAT REIMBURSEMENT OF
7 EXPENSES FOR COVERED HEALTH CARE SERVICES PROVIDED DURING A
8 TELEMEDICINE ENCOUNTER MUST BE ESTABLISHED THROUGH NEGOTIATIONS IN
9 THE SAME MANNER AS THE HEALTH INSURANCE ENTITY ESTABLISHES
10 REIMBURSEMENT OF EXPENSES FOR COVERED HEALTH CARE SERVICES
11 DELIVERED BY IN-PERSON MEANS; AND FOR RELATED PURPOSES.

