

By: Representatives Ford (54th), Zuber,  
Felsher

To: Insurance

HOUSE BILL NO. 452

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,  
2 TO REVISE THE DEFINITION OF "TELEMEDICINE" AS USED IN THE STATUTE  
3 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; AND FOR RELATED PURPOSES.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

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

10 83-9-351. (1) As used in this section:

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

18 (b) "Health insurance plan" means any health insurance  
19 policy or health benefit plan offered by a health insurer, and  
20 includes the State and School Employees Health Insurance Plan and



21 any other public health care assistance program offered or  
22 administered by the state or any political subdivision or  
23 instrumentality of the state. The term does not include policies  
24 or plans providing coverage for specified disease or other limited  
25 benefit coverage.

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

35 (d) "Telemedicine" means the delivery of health care  
36 services such as diagnosis, consultation, or treatment through the  
37 use of \* \* \* HIPAA-compliant telecommunication systems, including  
38 information, electronic and communication technologies, remote  
39 patient monitoring services and store-and-forward telemedicine  
40 services. Telemedicine, other than remote patient monitoring  
41 services and store-and-forward telemedicine services, must be  
42 "real-time" audio visual. The Commissioner of Insurance may adopt  
43 rules and regulations addressing when "real-time" audio  
44 interactions without visual are allowable, which must be medically



45 appropriate for the corresponding health care services being  
46 delivered.

47 (2) All health insurance and employee benefit plans in this  
48 state must provide coverage for telemedicine services to the same  
49 extent that the services would be covered if they were provided  
50 through in-person consultation. All health insurance and employee  
51 benefit plans in this state must reimburse providers who are  
52 out-of-network for telemedicine services under the same  
53 reimbursement policies applicable to other out-of-network  
54 providers of healthcare services.

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

60 \* \* \*

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

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



70 plans shall reimburse providers for telemedicine services using  
71 the proper medical codes.

72 ( \* \* \*6) The originating site is eligible to receive a  
73 facility fee, but facility fees are not payable to the distant  
74 site. Health insurance and employee benefit plans shall not limit  
75 coverage to provider-to-provider consultations only. Patients in  
76 a patient-to-provider consultation shall not be entitled to  
77 receive a facility fee.

78 (7) Nothing in this section shall be interpreted to create  
79 any new standards of care. Additionally, nothing in this section  
80 shall be interpreted to provide that a healthcare provider who  
81 delivers services through the use of telemedicine is not held to  
82 the same standard of professional practice as a similar licensee  
83 of the same practice area or specialty that is providing the same  
84 healthcare through in-person encounters.

85 (8) The Commissioner of Insurance may adopt rules and  
86 regulations for the administration of this chapter.

87 (9) This section shall stand repealed from and after July 1,  
88 2025.

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

