

By: Senator(s) Boyd, Michel

To: Insurance

SENATE BILL NO. 2738

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; 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 * * * any HIPAA-compliant telecommunication systems,
38 including information, electronic, and communication technologies,
39 remote patient monitoring services and store-and-forward
40 telemedicine services. Telemedicine, other than store-and-forward
41 transfers and remote patient monitoring services, must be
42 "real-time" audio visual. However, the Commissioner of Insurance
43 may adopt rules and regulations addressing when "real-time" audio
44 interactions without visual are reimbursable, which must be



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

47 (2) All health insurance and employee benefit plans in this
48 state must provide coverage and reimbursement for telemedicine
49 services to the same extent that the services would be covered if
50 they were provided through in-person consultation. All health
51 insurance and employee benefit plans in this state must reimburse
52 providers who are out-of-network for telemedicine services under
53 the same 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 (4) A health insurance or employee benefit plan may not
61 limit coverage to * * * services delivered by select third-party
62 organizations.

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

67 (6) In a claim for the services provided, the appropriate
68 procedure code for the covered services shall be included with the
69 appropriate modifier indicating interactive communication was



70 used. Health insurance and employee benefit plans shall reimburse
71 providers for telemedicine services using the proper medical
72 codes.

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

79 (8) Nothing in this section shall be interpreted to create
80 new standards of care.

81 (9) The Commissioner of Insurance may adopt rules and
82 regulations for the administration of this section.

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

