

By: Senator(s) Boyd, Michel, Hickman, Horhn, To: Insurance
Jackson (11th), Simmons (12th)

SENATE BILL NO. 2738
(As Sent to Governor)

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



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

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

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



appropriate for the corresponding health care services being delivered.

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

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

* * *

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

(* * *5) In a claim for the services provided, the appropriate procedure code for the covered services shall be included with the appropriate modifier indicating interactive 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 new standards of care for health care services delivered through
80 the use of telemedicine.

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

83 (9) This section shall stand repealed from and after July 1,
84 2025.

85 **SECTION 2.** This act shall take effect and be in force from
86 and after July 1, 2022.

