

**Adopted
COMMITTEE AMENDMENT NO 1 PROPOSED TO**

Senate Bill No. 2738

BY: Committee

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

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 capable. The Commissioner of Insurance



43 may adopt 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 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, and shall stand repealed from and after
87 June 30, 2022.

**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 "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.

