By: Senator(s) Michel

To: Insurance

COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 2415

AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972, TO DELETE THE REPEALER ON THE PROVISION OF LAW REQUIRING HEALTH INSURANCE AND EMPLOYEE BENEFIT PLANS TO PROVIDE COVERAGE FOR TELEMEDICINE SERVICES TO THE SAME EXTENT THAT THE SERVICES WOULD BE COVERED IF PROVIDED THROUGH IN-PERSON CONSULTATION; AND FOR RELATED PURPOSES.

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

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

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

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

(b) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, and 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 plans shall reimburse providers for telemedicine services using the proper medical codes.

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

(7) Nothing in this section shall be interpreted to create new standards of care for health care services delivered through the use of telemedicine.

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

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SECTION 2. This act shall take effect and be in force from and after June 30, 2025.