

By: Senator(s) Michel

To: Insurance

SENATE BILL NO. 2415
(As Sent to Governor)

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,
2 TO EXTEND THE REPEALER ON THE PROVISION OF LAW REQUIRING HEALTH
3 INSURANCE AND EMPLOYEE BENEFIT PLANS TO PROVIDE COVERAGE FOR
4 TELEMEDICINE SERVICES TO THE SAME EXTENT THAT THE SERVICES WOULD
5 BE COVERED IF PROVIDED THROUGH IN-PERSON CONSULTATION; AND FOR
6 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 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



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.

(9) This section shall stand repealed from and after July 1, 2028.

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

