

FIRST REGULAR SESSION

SENATE BILL NO. 262

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR CURLS.

Read 1st time February 5, 2013, and ordered printed.

TERRY L. SPIELER, Secretary.

1383S.02I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the reimbursement of covered health care services provided through telemedicine, with an effective date.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1900, to read as follows:

376.1900. 1. As used in this section, the following terms shall mean:

(1) "Health benefit plan", shall have the same meaning ascribed to it in section 376.1350;

(2) "Health care service", shall have the same meaning ascribed to it in section 376.1350;

(3) "Health carrier", shall have the same meaning ascribed to it in section 376.1350;

(4) "Telemedicine", the delivery of health care services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, including home health video conferencing and remote patient monitoring. Services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions shall not be included.

2. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, shall not deny coverage for a health care service on the basis that the health care service is provided through telemedicine if the same service would be covered when provided through face-to-face diagnosis, consultation, or

21 treatment.

22 3. A health carrier may not exclude an otherwise covered health
23 care service from coverage solely because the service is provided
24 through telemedicine rather than face-to-face consultation or contact
25 between a health care provider and a patient.

26 4. A health carrier shall not be required to reimburse a
27 telemedicine provider or a consulting provider for technological fees
28 or costs for the provision of telemedicine services; however, a health
29 carrier shall reimburse a health care provider for the diagnosis,
30 consultation, or treatment of an insured or enrollee when the health
31 care service is delivered through telemedicine on the same basis that
32 the health carrier covers the service when it is delivered in person.

33 5. A health care service provided through telemedicine shall not
34 be subject to any greater deductible, copayment, or coinsurance
35 amount than would be applicable if the same health care service was
36 provided through face-to-face diagnosis, consultation, or treatment.

37 6. A health carrier shall not impose upon any person receiving
38 benefits under this section any copayment, coinsurance, or deductible
39 amount, or any policy year, calendar year, lifetime, or other durational
40 benefit limitation or maximum for benefits or services, that is not
41 equally imposed upon all terms and services covered under the policy,
42 contract, or health benefit plan.

43 7. Nothing in this section shall preclude a health carrier from
44 undertaking utilization review to determine the appropriateness of
45 telemedicine as a means of delivering a health care service; provided
46 that the determinations shall be made in the same manner as those
47 regarding the same service when it is delivered in person.

48 8. Nothing in this section shall be construed to require a health
49 care provider to be physically present with a patient where the patient
50 is located unless the health care provider who is providing health care
51 services by means of telemedicine determines that the presence of a
52 health care provider is necessary.

53 9. The provisions of this section shall not apply to a
54 supplemental insurance policy, including a life care contract,
55 accident-only policy, specified disease policy, hospital policy providing
56 a fixed daily benefit only, Medicare supplement policy, long-term care
57 policy, short-term major medical policies of six months or less duration,

58 **or any other supplemental policy as determined by the director of the**
59 **department of insurance, financial institutions and professional**
60 **registration.**

Section B. The enactment of section 376.1900 shall become effective
2 January 1, 2014.

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Unofficial

Bill

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