

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend \_\_\_\_\_ SCS/HCS/House Bill No. 986, Page 1, Section Title, Line 3,

2 by striking "public assistance" and inserting in lieu thereof the  
 3 following: "health care services"; and further amend line 4, by  
 4 inserting immediately after "section" the following: "and an  
 5 effective date for a certain section"; and

6 Further amend said bill, page 7, section 208.1050, line 22,  
 7 by inserting immediately after said line the following:

8 "376.1900. 1. As used in this section, the following terms  
 9 shall mean:

10 (1) "Electronic visit", or "e-Visit", an online electronic  
 11 medical evaluation and management service completed using a  
 12 secured web-based or similar electronic-based communications  
 13 network for a single patient encounter. An electronic visit  
 14 shall be initiated by a patient or by the guardian of a patient  
 15 with the health care provider, be completed using a federal  
 16 Health Insurance Portability and Accountability Act (HIPAA)  
 17 compliant online connection, and include a permanent record of  
 18 the electronic visit;

19 (2) "Health benefit plan" shall have the same meaning  
 20 ascribed to it in section 376.1350;

21 (3) "Health care provider" shall have the same meaning  
 22 ascribed to it in section 376.1350;

1           (4) "Health care service", a service for the diagnosis,  
2 prevention, treatment, cure or relief of a physical or mental  
3 health condition, illness, injury or disease;

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

6           (6) "Telehealth" shall have the same meaning ascribed to it  
7 in section 208.670.

8           2. Each health carrier or health benefit plan that offers  
9 or issues health benefit plans which are delivered, issued for  
10 delivery, continued, or renewed in this state on or after January  
11 1, 2014, shall not deny coverage for a health care service on the  
12 basis that the health care service is provided through telehealth  
13 if the same service would be covered if provided through face-to-  
14 face diagnosis, consultation, or treatment.

15           3. A health carrier may not exclude an otherwise covered  
16 health care service from coverage solely because the service is  
17 provided through telehealth rather than face-to-face consultation  
18 or contact between a health care provider and a patient.

19           4. A health carrier shall not be required to reimburse a  
20 telehealth provider or a consulting provider for site origination  
21 fees or costs for the provision of telehealth services; however,  
22 subject to correct coding, a health carrier shall reimburse a  
23 health care provider for the diagnosis, consultation, or  
24 treatment of an insured or enrollee when the health care service  
25 is delivered through telehealth on the same basis that the health  
26 carrier covers the service when it is delivered in person.

27           5. A health care service provided through telehealth shall  
28 not be subject to any greater deductible, copayment, or  
29 coinsurance amount than would be applicable if the same health

1 care service was provided through face-to-face diagnosis,  
2 consultation, or treatment.

3 6. A health carrier shall not impose upon any person  
4 receiving benefits under this section any copayment, coinsurance,  
5 or deductible amount, or any policy year, calendar year,  
6 lifetime, or other durational benefit limitation or maximum for  
7 benefits or services, that is not equally imposed upon all terms  
8 and services covered under the policy, contract, or health  
9 benefit plan.

10 7. Nothing in this section shall preclude a health carrier  
11 from undertaking utilization review to determine the  
12 appropriateness of telehealth as a means of delivering a health  
13 care service, provided that the determinations shall be made in  
14 the same manner as those regarding the same service when it is  
15 delivered in person.

16 8. A health carrier or health benefit plan may limit  
17 coverage for health care services that are provided through  
18 telehealth to health care providers that are in a network  
19 approved by the plan or the health carrier.

20 9. Nothing in this section shall be construed to require a  
21 health care provider to be physically present with a patient  
22 where the patient is located unless the health care provider who  
23 is providing health care services by means of telehealth  
24 determines that the presence of a health care provider is  
25 necessary.

26 10. The provisions of this section shall not apply to a  
27 supplemental insurance policy, including a life care contract,  
28 accident-only policy, specified disease policy, hospital policy  
29 providing a fixed daily benefit only, Medicare supplement policy,

1 long-term care policy, short-term major medical policies of six  
2 months' or less duration, or any other supplemental policy as  
3 determined by the director of the department of insurance,  
4 financial institutions and professional registration."; and

5 Further amend said bill and page, section B, line 6, by  
6 inserting immediately after said line the following:

7 "Section C. The enactment of section 376.1900 of this act  
8 shall become effective January 1, 2014."; and

9 Further amend the title and enacting clause accordingly.

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