

FIRST REGULAR SESSION
[P E R F E C T E D]
SENATE SUBSTITUTE FOR

SENATE BILL NO. 262

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR CURLS.

Offered March 27, 2013.

Senate Substitute adopted, March 27, 2013.

Taken up for Perfection March 27, 2013. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

1383S.04P

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:

3 (1) "Electronic visit", or "e-Visit", an online electronic medical
4 evaluation and management service completed using a secured website
5 or secured email for a single patient encounter. An electronic visit
6 shall be initiated by an established patient or by the guardian of an
7 established patient with the health care provider, be completed using
8 a HIPAA compliant online connection, and include a permanent record
9 of the electronic visit;

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

12 (3) "Health care provider", shall have the same meaning ascribed
13 to it in section 376.1350;

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

16 (5) "Health carrier", shall have the same meaning ascribed to it

17 in section 376.1350;

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

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

32 3. A health carrier may not exclude an otherwise covered health
33 care service from coverage solely because the service is provided
34 through telemedicine rather than face-to-face consultation or contact
35 between a health care provider and a patient. Subject to approval by
36 the health carrier, health care services may be provided by
37 telemedicine providers without any prior face-to-face consultation or
38 contact between a health care provider and a patient.

39 4. A health carrier shall not be required to reimburse a
40 telemedicine provider or a consulting provider for technological fees
41 or costs for the provision of telemedicine services; however, a health
42 carrier shall reimburse a health care provider for the diagnosis,
43 consultation, or treatment of an insured or enrollee when the health
44 care service is delivered through telemedicine on the same basis that
45 the health carrier covers the service when it is delivered in person.

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

50 6. A health carrier shall not impose upon any person receiving
51 benefits under this section any copayment, coinsurance, or deductible
52 amount, or any policy year, calendar year, lifetime, or other durational
53 benefit limitation or maximum for benefits or services, that is not

54 **equally imposed upon all terms and services covered under the policy,**
55 **contract, or health benefit plan.**

56 **7. Nothing in this section shall preclude a health carrier from**
57 **undertaking utilization review to determine the appropriateness of**
58 **telemedicine as a means of delivering a health care service; provided**
59 **that the determinations shall be made in the same manner as those**
60 **regarding the same service when it is delivered in person.**

61 **8. A health carrier or health benefit plan may limit coverage for**
62 **health care services that are provided through telemedicine to health**
63 **care providers that are in a network approved by the plan or the health**
64 **carrier.**

65 **9. Nothing in this section shall be construed to require a health**
66 **care provider to be physically present with a patient where the patient**
67 **is located unless the health care provider who is providing health care**
68 **services by means of telemedicine determines that the presence of a**
69 **health care provider is necessary.**

70 **10. The provisions of this section shall not apply to a**
71 **supplemental insurance policy, including a life care contract,**
72 **accident-only policy, specified disease policy, hospital policy providing**
73 **a fixed daily benefit only, Medicare supplement policy, long-term care**
74 **policy, short-term major medical policies of six months or less duration,**
75 **or any other supplemental policy as determined by the director of the**
76 **department of insurance, financial institutions and professional**
77 **registration.**

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

Copy ✓