

SENATE SUBSTITUTE
FOR
SENATE BILL NO. 621

AN ACT

To repeal sections 208.670, 334.108, 335.175, and 376.1900, RSMo, and to enact in lieu thereof twelve new sections relating to telehealth, with an emergency clause for a certain section.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
AS FOLLOWS:

1 Section A. Sections 208.670, 334.108, 335.175, and
2 376.1900, RSMo, are repealed and twelve new sections enacted in
3 lieu thereof, to be known as sections 191.1145, 191.1146,
4 191.1148, 208.670, 208.671, 208.673, 208.675, 208.677, 208.686,
5 334.108, 335.175, and 376.1900, to read as follows:

6 191.1145. 1. As used in sections 191.1145 to 191.1148, the
7 following terms shall mean:

8 (1) "Asynchronous store and forward transfer", the
9 collection of a patient's relevant health information and the
10 subsequent transmission of that information from an originating
11 site to a health care provider at a distant site without the
12 patient being present;

13 (2) "Clinical staff", any health care provider licensed in
14 this state;

15 (3) "Distant site", a site at which a health care provider
16 is located while providing health care services by means of
17 telemedicine;

18 (4) "Health care provider", as that term is defined in

1 section 376.1350;

2 (5) "Originating site", a site at which a patient is
3 located at the time health care services are provided to him or
4 her by means of telemedicine. For the purposes of asynchronous
5 store and forward transfer, originating site shall also mean the
6 location at which the health care provider transfers information
7 to the distant site; and

8 (6) "Telehealth" or "telemedicine", the delivery of health
9 care services by means of information and communication
10 technologies which facilitate the assessment, diagnosis,
11 consultation, treatment, education, care management, and self-
12 management of a patient's health care while such patient is at
13 the originating site and the health care provider is at the
14 distant site. Telehealth or telemedicine shall also include the
15 use of asynchronous store-and-forward technology for orthopedics,
16 dermatology, ophthalmology and optometry, in cases of diabetic
17 retinopathy, burn and wound care, dental services which require a
18 diagnosis, and maternal-fetal medicine ultrasounds. The
19 provision of a telehealth or telemedicine service shall include
20 more than telephone conversations, electronic mail messages, or
21 facsimile transmissions between a practitioner and a recipient.

22 2. Any licensed health care provider shall be authorized to
23 provide telehealth services if such services are within the scope
24 of practice for which the health care provider is licensed and
25 are provided with the same standard of care as services provided
26 in person.

27 3. Health care providers treating patients in this state
28 through the use of telemedicine or telehealth must be fully

1 licensed to practice in this state and shall be subject to
2 regulation by their respective professional boards.

3 4. Nothing in this section shall apply to:

4 (1) Informal consultation performed by a health care
5 provider licensed in another state, outside of the context of a
6 contractual relationship, and on an irregular or infrequent basis
7 without the expectation or exchange of direct or indirect
8 compensation;

9 (2) Furnishing of health care services by a health care
10 provider licensed and located in another state in case of an
11 emergency or disaster, provided that no charge is made for the
12 medical assistance; or

13 (3) Episodic consultation by a health care provider
14 licensed and located in another state who provides such
15 consultation services on request to a physician in this state.

16 5. Nothing in this section shall be construed to alter the
17 scope of practice of any health care provider or to authorize the
18 delivery of health care services in a setting or in a manner not
19 otherwise authorized by the laws of this state.

20 6. No originating site for services or activities provided
21 under this section shall be required to maintain immediate
22 availability of on-site clinical staff during the telehealth
23 services, except as necessary to meet the standard of care for
24 the treatment of the patient's medical condition if such
25 condition is being treated by an eligible health care provider
26 who is not at the originating site, has not previously seen the
27 patient in person in a clinical setting, and is not providing
28 coverage for a health care provider who has an established

1 relationship with the patient.

2 191.1146. 1. Physicians licensed under chapter 334 who use
3 telemedicine shall ensure that a properly established physician-
4 patient relationship exists with the person who receives the
5 telemedicine services. The physician-patient relationship may be
6 established by:

7 (1) An in-person encounter through a medical interview and
8 physical examination;

9 (2) Consultation with another physician, or that
10 physician's delegate, who has an established relationship with
11 the patient and an agreement with the physician to participate in
12 the patient's care; or

13 (3) A telemedicine encounter, if the standard of care does
14 not require an in-person encounter, and in accordance with
15 evidence-based standards of practice and telemedicine practice
16 guidelines that address the clinical and technological aspects of
17 telemedicine.

18 2. In order to establish a physician-patient relationship
19 through telemedicine:

20 (1) The technology utilized shall be sufficient to
21 establish an informed diagnosis as though the medical interview
22 and physical examination has been performed in person; and

23 (2) Prior to providing treatment, including issuing
24 prescriptions, a physician who uses telemedicine shall interview
25 the patient, collect or review relevant medical history, and
26 perform an examination sufficient for the diagnosis and treatment
27 of the patient. A questionnaire completed by the patient,
28 whether through the internet or telephone, does not constitute an

1 acceptable medical interview and examination for the provision of
2 treatment by telehealth.

3 191.1148. 1. Each health carrier, as that term is defined
4 in section 376.1350, offering a health plan in this state shall
5 provide coverage for the cost of health care services provided
6 through telemedicine services.

7 2. Such carrier shall not exclude a service for coverage
8 solely because the service is provided through telemedicine and
9 is not provided through in-person consultation or contact between
10 a physician and a patient for services appropriately provided
11 through telemedicine services.

12 3. A carrier shall not be required to reimburse the
13 treating physician or the consulting physician for technical fees
14 or costs for the provision of telemedicine services; provided
15 that such carrier shall reimburse the treating physician or the
16 consulting physician for the diagnosis, consultation, or
17 treatment of the insured patient as delivered through
18 telemedicine services on the same basis that the carrier is
19 responsible for coverage for the provision of the same service
20 through in-person consultation or contact.

21 4. A carrier may offer a health plan containing a
22 deductible, copayment, or coinsurance requirement for a health
23 care service provided through telemedicine services, provided
24 that the deductible, copayment, or coinsurance does not exceed
25 the deductible, copayment, or coinsurance applicable if the same
26 services were provided through in-person diagnosis, consultation,
27 or treatment.

28 5. No carrier shall impose an annual or lifetime dollar

1 maximum on coverage for telemedicine services other than an
2 annual or lifetime dollar maximum that applies in the aggregate
3 to all items and services covered under the policy, or impose
4 upon any person receiving benefits under this section any
5 deductible, copayment, or coinsurance amounts, or any policy
6 year, calendar year, lifetime, or other durational benefit
7 limitation or maximum for benefits or services that is not
8 equally imposed upon all terms and services covered under the
9 policy, contract, or plan.

10 6. The requirements of this section shall apply to all
11 insurance policies, contracts, and plans in this state delivered,
12 issued for delivery, reissued, or extended on or after January 1,
13 2017, or at any time thereafter when any term of the policy,
14 contract, or plan is changed or any premium adjustment is made.

15 7. Nothing in this section shall apply to short-term
16 travel, accident-only, limited or specified disease, or
17 individual conversion policies or contracts, nor to policies or
18 contracts designed for issuance to persons eligible for coverage
19 under Medicare, or any other similar coverage under state or
20 federal governmental plans.

21 208.670. 1. As used in this section, these terms shall
22 have the following meaning:

23 (1) "Provider", any provider of medical services and mental
24 health services, including all other medical disciplines;

25 (2) "Telehealth", [the use of medical information exchanged
26 from one site to another via electronic communications to improve
27 the health status of a patient] as that term is defined in
28 section 191.1145.

1 2. The department of social services, in consultation with
2 the departments of mental health and health and senior services,
3 shall promulgate rules governing the practice of telehealth in
4 the MO HealthNet program. Such rules shall address, but not be
5 limited to, appropriate standards for the use of telehealth,
6 certification of agencies offering telehealth, and payment for
7 services by providers. Telehealth providers shall be required to
8 obtain patient consent before telehealth services are initiated
9 and to ensure confidentiality of medical information.

10 3. Telehealth may be utilized to service individuals who
11 are qualified as MO HealthNet participants under Missouri law.
12 Reimbursement for such services shall be made in the same way as
13 reimbursement for in-person contacts.

14 4. The provisions of section 208.671 shall apply to the use
15 of asynchronous store-and-forward technology in the practice of
16 telehealth in the MO HealthNet program.

17 208.671. 1. As used in this section and section 208.673,
18 the following terms shall mean:

19 (1) "Asynchronous store-and-forward", the transfer of a
20 patient's clinically important digital samples, such as still
21 images, videos, audio, and text files, and relevant data from an
22 originating site through the use of a camera or similar recording
23 device that stores digital samples that are forwarded via
24 telecommunication to a distant site for consultation by a
25 consulting provider without requiring the simultaneous presence
26 of the patient and the patient's treating provider;

27 (2) "Asynchronous store-and-forward technology", cameras or
28 other recording devices that store images which may be forwarded

1 via telecommunication devices at a later time;

2 (3) "Consultation", a type of evaluation and management
3 service as defined by the most recent edition of the Current
4 Procedural Terminology published annually by the American Medical
5 Association;

6 (4) "Consulting provider", a provider who, upon referral by
7 the treating provider, evaluates a patient and appropriate
8 medical data or images delivered through asynchronous store-and-
9 forward technology. If a consulting provider is unable to render
10 an opinion due to insufficient information, the consulting
11 provider may request additional information to facilitate the
12 rendering of an opinion or decline to render an opinion;

13 (5) "Distant site", the site where a consulting provider is
14 located at the time the consultation service is provided;

15 (6) "Originating site", the site where a MO HealthNet
16 participant receiving services and such participant's treating
17 provider are both physically located;

18 (7) "Provider", any provider of medical, mental health,
19 optometric, or dental health services, including all other
20 medical disciplines, licensed in this state who has the authority
21 to refer patients for medical, mental health, optometric, or
22 dental health services within the scope of practice and licensure
23 of the provider;

24 (8) "Telehealth", as that term is defined in section
25 191.1145;

26 (9) "Treating provider", a provider who:

27 (a) Evaluates a patient;

28 (b) Determines the need for a consultation;

1 (c) Arranges the services of a consulting provider for the
2 purpose of diagnosis and treatment; and

3 (d) Provides or supplements the patient's history and
4 provides pertinent physical examination findings and medical
5 information to the consulting provider.

6 2. The department of social services, in consultation with
7 the departments of mental health and health and senior services,
8 shall promulgate rules governing the use of asynchronous store-
9 and-forward technology in the practice of telehealth in the MO
10 HealthNet program. Such rules shall include, but not be limited
11 to:

12 (1) Appropriate standards for the use of asynchronous
13 store-and-forward technology in the practice of telehealth;

14 (2) Certification of agencies offering asynchronous store-
15 and-forward technology in the practice of telehealth;

16 (3) Timelines for completion and communication of a
17 consulting provider's consultation or opinion, or if the
18 consulting provider is unable to render an opinion, timelines for
19 communicating a request for additional information or that the
20 consulting provider declines to render an opinion;

21 (4) Length of time digital files of such asynchronous
22 store-and-forward services are to be maintained;

23 (5) Security and privacy of such digital files;

24 (6) Patient consent for asynchronous store-and-forward
25 services; and

26 (7) Payment for services by providers; except that,
27 consulting providers who decline to render an opinion shall not
28 receive payment under this section unless and until an opinion is

1 rendered.

2
3 Telehealth providers using asynchronous store-and-forward
4 technology shall be required to obtain patient consent before
5 asynchronous store-and-forward services are initiated and to
6 ensure confidentiality of medical information.

7 3. Asynchronous store-and-forward technology in the
8 practice of telehealth may be utilized to service individuals who
9 are qualified as MO HealthNet participants under Missouri law.
10 The total payment for both the treating provider and the
11 consulting provider shall not exceed the payment for a face-to-
12 face consultation of the same level.

13 4. The standard of care for the use of asynchronous store-
14 and-forward technology in the practice of telehealth shall be the
15 same as the standard of care for services provided in person.

16 208.673. 1. There is hereby established the "Telehealth
17 Services Advisory Committee" to advise the department of social
18 services and propose rules regarding the coverage of telehealth
19 services in the MO HealthNet program utilizing asynchronous
20 store-and-forward technology.

21 2. The committee shall be comprised of the following
22 members:

23 (1) The director of the MO HealthNet division, or the
24 director's designee;

25 (2) The medical director of the MO HealthNet division;

26 (3) A representative from a Missouri institution of higher
27 education with expertise in telehealth medicine;

28 (4) A representative from the Missouri office of primary

1 care and rural health;

2 (5) Two board-certified specialists licensed to practice
3 medicine in this state;

4 (6) A representative from a hospital located in this state
5 that utilizes telehealth medicine;

6 (7) A primary care physician from a federally qualified
7 health center (FQHC) or rural health clinic;

8 (8) A primary care physician from a rural setting other
9 than from an FQHC or rural health clinic; and

10 (9) A psychologist or a physician who specializes in
11 psychiatry licensed to practice in this state.

12 3. Members of the committee listed in subdivisions (3) to
13 (9) of subsection 2 of this section shall be appointed by the
14 governor, with the advice and consent of the senate. The first
15 appointments to the committee shall consist of three members to
16 serve three-year terms, three members to serve two-year terms,
17 and two members to serve one-year terms as designated by the
18 governor. Each member of the committee shall serve for a term of
19 three years thereafter.

20 4. Members of the committee shall not receive any
21 compensation for their services but shall be reimbursed for any
22 actual and necessary expenses incurred in the performance of
23 their duties.

24 5. Any member appointed by the governor may be removed from
25 office by the governor without cause. If there is a vacancy for
26 any cause, the governor shall make an appointment to become
27 effective immediately for the unexpired term.

28 6. Any rule or portion of a rule, as that term is defined

1 in section 536.010, that is created under the authority delegated
2 in this section shall become effective only if it complies with
3 and is subject to all of the provisions of chapter 536 and, if
4 applicable, section 536.028. This section and chapter 536 are
5 nonseverable, and if any of the powers vested with the general
6 assembly pursuant to chapter 536 to review, to delay the
7 effective date, or to disapprove and annul a rule are
8 subsequently held unconstitutional, then the grant of rulemaking
9 authority and any rule proposed or adopted after August 28, 2016,
10 shall be invalid and void.

11 208.675. For purposes of the provision of telehealth
12 services in the MO HealthNet program, the following individuals,
13 licensed in Missouri, shall be considered eligible health care
14 providers:

15 (1) Physicians, assistant physicians, and physician
16 assistants;

17 (2) Advanced practice registered nurses;

18 (3) Dentists, oral surgeons, and dental hygienists under
19 the supervision of a currently registered and licensed dentist;

20 (4) Psychologists and provisional licensees;

21 (5) Pharmacists;

22 (6) Speech, occupational, or physical therapists;

23 (7) Clinical social workers;

24 (8) Podiatrists;

25 (9) Optometrists;

26 (10) Licensed professional counselors; and

27 (11) Eligible health care providers under subdivisions (1)
28 to (10) of this section practicing in a rural health clinic or

federally qualified health center or community mental health center.

208.677. 1. For purposes of the provision of telehealth services in the MO HealthNet program, the term "originating site" shall mean a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter. The standard of care in the practice of telehealth shall be the same as the standard of care for services provided in person. An originating site shall be one of the following locations:

- (1) Office of a physician or health care provider;
- (2) Hospital;
- (3) Critical access hospital;
- (4) Rural health clinic;
- (5) Federally qualified health center;
- (6) Long-term care facility licensed under chapter 198;
- (7) Dialysis center;
- (8) Missouri state habilitation center or regional office;
- (9) Community mental health center;
- (10) Missouri state mental health facility;
- (11) Missouri state facility;
- (12) Missouri residential treatment facility licensed by and under contract with the children's division (CD) that has a contract with the CD. Facilities shall have multiple campuses and have the ability to adhere to technology requirements. Only Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are enrolled MO HealthNet providers shall be consulting providers at these locations;

1 (13) Comprehensive substance treatment and rehabilitation
2 (CSTAR) program;
3 (14) School;
4 (15) The MO HealthNet recipient's home;
5 (16) Clinical designated area in a pharmacy; or
6 (17) Child assessment centers as described in section
7 210.001.

8 2. If the originating site is a school, the school shall
9 obtain permission from the parent or guardian of any student
10 receiving telehealth services prior to each provision of service.

11 208.686. 1. Subject to appropriations, the department
12 shall establish a statewide program that permits reimbursement
13 under the MO HealthNet program for home telemonitoring services.
14 For the purposes of this section, "home telemonitoring service"
15 shall mean a health care service that requires scheduled remote
16 monitoring of data related to a patient's health and transmission
17 of the data to a Utilization Review Accreditation Commission
18 (URAC) accredited health call center.

19 2. The program shall:

20 (1) Provide that home telemonitoring services are available
21 only to persons who:

22 (a) Are diagnosed with one or more of the following
23 conditions:

24 a. Pregnancy;

25 b. Diabetes;

26 c. Heart disease;

27 d. Cancer;

28 e. Chronic obstructive pulmonary disease;

1 f. Hypertension;

2 g. Congestive heart failure;

3 h. Mental illness or serious emotional disturbance;

4 i. Asthma;

5 j. Myocardial infarction; or

6 k. Stroke; and

7 (b) Exhibit two or more of the following risk factors:

8 a. Two or more hospitalizations in the prior twelve-month
9 period;

10 b. Frequent or recurrent emergency department admissions;

11 c. A documented history of poor adherence to ordered
12 medication regimens;

13 d. A documented history of falls in the prior six-month
14 period;

15 e. Limited or absent informal support systems;

16 f. Living alone or being home alone for extended periods of
17 time;

18 g. A documented history of care access challenges; or

19 h. A documented history of consistently missed appointments
20 with health care providers;

21 (2) Ensure that clinical information gathered by a home
22 health agency or hospital while providing home telemonitoring
23 services is shared with the patient's physician; and

24 (3) Ensure that the program does not duplicate any disease
25 management program services provided by MO HealthNet.

26 3. If, after implementation, the department determines that
27 the program established under this section is not cost effective,
28 the department may discontinue the program and stop providing

1 reimbursement under the MO HealthNet program for home
2 telemonitoring services.

3 4. The department shall determine whether the provision of
4 home telemonitoring services to persons who are eligible to
5 receive benefits under both the MO HealthNet and Medicare
6 programs achieves cost savings for the Medicare program.

7 5. If, before implementing any provision of this section,
8 the department determines that a waiver or authorization from a
9 federal agency is necessary for implementation of that provision,
10 the department shall request the waiver or authorization and may
11 delay implementing that provision until the waiver or
12 authorization is granted.

13 6. The department shall promulgate rules and regulations to
14 implement the provisions of this section. Any rule or portion of
15 a rule, as that term is defined in section 536.010, that is
16 created under the authority delegated in this section shall
17 become effective only if it complies with and is subject to all
18 of the provisions of chapter 536 and, if applicable, section
19 536.028. This section and chapter 536 are nonseverable, and if
20 any of the powers vested with the general assembly pursuant to
21 chapter 536 to review, to delay the effective date, or to
22 disapprove and annul a rule are subsequently held
23 unconstitutional, then the grant of rulemaking authority and any
24 rule proposed or adopted after August 28, 2016, shall be invalid
25 and void.

26 334.108. 1. Prior to prescribing any drug, controlled
27 substance, or other treatment through telemedicine, as defined in
28 section 191.1145, or the internet, a physician shall establish a

valid physician-patient relationship as described in section 191.1146. This relationship shall include:

(1) Obtaining a reliable medical history and performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;

(2) Having sufficient dialogue with the patient regarding treatment options and the risks and benefits of treatment or treatments;

(3) If appropriate, following up with the patient to assess the therapeutic outcome;

(4) Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and

(5) **[Including]** Maintaining the electronic prescription information as part of the patient's medical record.

2. The requirements of subsection 1 of this section may be satisfied by the prescribing physician's designee when treatment is provided in:

(1) A hospital as defined in section 197.020;

(2) A hospice program as defined in section 197.250;

(3) Home health services provided by a home health agency as defined in section 197.400;

(4) Accordance with a collaborative practice agreement as defined in section 334.104;

(5) Conjunction with a physician assistant licensed pursuant to section 334.738;

1 (6) Consultation with another physician who has an ongoing
2 physician-patient relationship with the patient, and who has
3 agreed to supervise the patient's treatment, including use of any
4 prescribed medications; or

5 (7) On-call or cross-coverage situations.

6 3. No physician shall prescribe any drug, controlled
7 substance, or other treatment to a patient based solely on an
8 evaluation over the telephone, unless a valid physician-patient
9 relationship exists.

10 4. No physician shall prescribe any drug, controlled
11 substance, or other treatment to a patient based solely on an
12 internet request or an internet questionnaire.

13 335.175. 1. No later than January 1, 2014, there is hereby
14 established within the state board of registration for the
15 healing arts and the state board of nursing the "Utilization of
16 Telehealth by Nurses". An advanced practice registered nurse
17 (APRN) providing nursing services under a collaborative practice
18 arrangement under section 334.104 may provide such services
19 outside the geographic proximity requirements of section 334.104
20 if the collaborating physician and advanced practice registered
21 nurse utilize telehealth in the care of the patient and if the
22 services are provided in a rural area of need. Telehealth
23 providers shall be required to obtain patient consent before
24 telehealth services are initiated and ensure confidentiality of
25 medical information.

26 2. As used in this section, "telehealth" [means the use of
27 medical information exchanged from one site to another via
28 electronic communications to improve the health status of a

1 patient, as defined in section 208.670] shall have the same
2 meaning as in section 191.1145.

3 3. (1) The boards shall jointly promulgate rules governing
4 the practice of telehealth under this section. Such rules shall
5 address, but not be limited to, appropriate standards for the use
6 of telehealth.

7 (2) Any rule or portion of a rule, as that term is defined
8 in section 536.010, that is created under the authority delegated
9 in this section shall become effective only if it complies with
10 and is subject to all of the provisions of chapter 536 and, if
11 applicable, section 536.028. This section and chapter 536 are
12 nonseverable and if any of the powers vested with the general
13 assembly pursuant to chapter 536 to review, to delay the
14 effective date, or to disapprove and annul a rule are
15 subsequently held unconstitutional, then the grant of rulemaking
16 authority and any rule proposed or adopted after August 28, 2013,
17 shall be invalid and void.

18 4. For purposes of this section, "rural area of need" means
19 any rural area of this state which is located in a health
20 professional shortage area as defined in section 354.650.

21 5. Under section 23.253 of the Missouri sunset act:

22 (1) The provisions of the new program authorized under this
23 section shall automatically sunset six years after August 28,
24 2013, unless reauthorized by an act of the general assembly; and

25 (2) If such program is reauthorized, the program authorized
26 under this section shall automatically sunset twelve years after
27 the effective date of the reauthorization of this section; and

28 (3) This section shall terminate on September first of the

1 calendar year immediately following the calendar year in which
2 the program authorized under this section is sunset.

3 376.1900. 1. As used in this section, the following terms
4 shall mean:

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

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

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

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

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

23 (6) "Originating site", a site at which a patient is
24 located at the time health care services are provided to him or
25 her by means of telemedicine;

26 (7) "Telehealth" [shall have the same meaning ascribed to
27 it as in section 208.670] or "telemedicine", the delivery of
28 health care services by means of information and communication

technologies which facilitate the assessment, diagnosis,
consultation, treatment, education, care management, and self-
management of a patient's health care while such patient is at
the originating site and the health care provider is at the
distant site. The provision of a telehealth or telemedicine
service shall include more than telephone conversations,
electronic mail messages, or facsimile transmissions between a
practitioner and a recipient.

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 telehealth if the same service would be covered if provided through face-to-face diagnosis, consultation, or treatment.

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

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

5. A health care service provided through telehealth shall

1 not be subject to any greater deductible, co-payment, or
2 coinsurance amount than would be applicable if the same health
3 care service was provided through face-to-face diagnosis,
4 consultation, or treatment.

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

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

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

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

28 10. The provisions of this section shall not apply to a

1 supplemental insurance policy, including a life care contract,
2 accident-only policy, specified disease policy, hospital policy
3 providing a fixed daily benefit only, Medicare supplement policy,
4 long-term care policy, short-term major medical policies of six
5 months' or less duration, or any other supplemental policy as
6 determined by the director of the department of insurance,
7 financial institutions and professional registration.

8 11. A health carrier may reimburse a health care provider
9 for telehealth services that utilize asynchronous store-and-
10 forward technologies. As used in this section, the term
11 "asynchronous store-and-forward technology" shall have the same
12 meaning as in section 208.671.

13 Section B. Because immediate action is necessary to ensure
14 the continued provision of health care services to residents of
15 Missouri, the enactment of section 191.1145 of this act is deemed
16 necessary for the immediate preservation of the public health,
17 welfare, peace and safety, and is hereby declared to be an
18 emergency act within the meaning of the constitution, and the
19 enactment of section 191.1145 of this act shall be in full force
20 and effect upon its passage and approval.