



283978

LEGISLATIVE ACTION

Senate	.	House
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The Committee on Banking and Insurance (Hays) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Coverage for telemedicine services.—Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis, and each health maintenance organization providing a health care plan for health care services, may provide coverage for the cost of such health care services provided by an in-network health care provider through telemedicine services, as provided in this



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13 section.

14 (1) As used in this section, the term:

15 (a) "Adverse decision" means a determination that the use  
16 of telemedicine services rendered or proposed to be rendered by  
17 an in-network provider is not covered under the policy,  
18 contract, or plan.

19 (b) "In-network provider" means a licensed health care  
20 provider who has contracted with an insurer or a health  
21 maintenance organization to provide services to the insurer's  
22 policyholders or the subscribers of the health maintenance  
23 organization.

24 (c) "Telemedicine services," as it pertains to the delivery  
25 of health care services by an in-network provider, means  
26 interactive audio, video, or other electronic media used for the  
27 purpose of diagnosis, consultation, or treatment, including home  
28 health video conferencing and remote patient monitoring. The  
29 term does not include an audio-only telephone, electronic mail  
30 message, or facsimile transmission, or radiology services  
31 performed by a health care practitioner not licensed in this  
32 state.

33 (d) "Utilization review" means a review to determine the  
34 appropriateness of telemedicine services or whether coverage of  
35 the delivery of telemedicine services rendered or proposed to be  
36 rendered by an in-network health care provider is required, if  
37 the determination is made in the same manner as those  
38 determinations that are made for the treatment of any other  
39 illness, condition, or disorder covered under the policy,  
40 contract, or plan.

41 (2) An insurer or health maintenance organization may not



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42 exclude a service from coverage solely because the service is  
43 provided through telemedicine services rather than face-to-face  
44 consultation or contact between an in-network health care  
45 provider and a patient.

46 (3) An insurer or health maintenance organization is not  
47 required to reimburse the telemedicine provider or the  
48 consulting provider for technological fees or costs for the  
49 provision of telemedicine services; however, an insurer or  
50 health maintenance organization must reimburse the telemedicine  
51 provider or the consulting provider for the diagnosis,  
52 consultation, or treatment of the insured delivered through  
53 telemedicine services according to the terms of the contract  
54 between the in-network provider and the insurer or health  
55 maintenance organization.

56 (4) An insurer or health maintenance organization may offer  
57 a health care plan containing a deductible, copayment, or  
58 coinsurance requirement for a health care service provided  
59 through telemedicine services.

60 (5) An insurer or health maintenance organization may not  
61 impose any annual or lifetime dollar maximum on coverage for  
62 telemedicine services other than an annual or lifetime dollar  
63 maximum that applies in the aggregate to all items and services  
64 covered under the policy, contract, or plan, and may not impose  
65 upon any person receiving benefits under this section any  
66 copayment, coinsurance, or deductible amount, or any policy  
67 year, calendar year, lifetime, or other durational benefit  
68 limitation or maximum for benefits or services, which is not  
69 equally imposed upon all terms and services covered under the  
70 policy, contract, or plan.



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71       (6) This section applies to insurance policies, contracts,  
72 and plans delivered, issued for delivery, reissued, renewed, or  
73 extended in this state on and after October 1, 2011.

74       (7) This section does not apply to short-term travel,  
75 accident-only, limited benefit or specified disease, disability  
76 income, or long-term care policies designed for issuance to  
77 persons who are eligible for Medicare coverage under Title XVIII  
78 of the Social Security Act or any other similar coverage under  
79 state or federal governmental plans.

80       (8) This section does not preclude any insurer or health  
81 maintenance organization providing coverage for telemedicine  
82 services under an insurance policy, contract, or plan from  
83 undertaking a utilization review. After making an adverse  
84 decision, an insurer or health maintenance organization shall  
85 notify the covered individual and the individual's health care  
86 provider.

87       Section 2. This act shall take effect July 1, 2011.

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89 ===== T I T L E   A M E N D M E N T =====

90 And the title is amended as follows:

91       Delete everything before the enacting clause  
92 and insert:

93                               A bill to be entitled  
94       An act relating to telemedicine coverage; authorizing  
95       health insurers and health maintenance organizations  
96       issuing certain health policies to provide coverage  
97       for telemedicine services; providing definitions;  
98       prohibiting the exclusion of telemedicine cost  
99       coverage solely because the services were not provided



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100 face to face; specifying conditions under which an  
101 insurer or health maintenance organization must  
102 reimburse a telemedicine provider for certain fees and  
103 costs; authorizing an insurer or health maintenance  
104 organization to offer a health care plan containing a  
105 deductible, copayment, or coinsurance requirement for  
106 a health care service provided through telemedicine  
107 services; prohibiting the imposition of certain dollar  
108 and durational coverage limitations or copayments,  
109 coinsurance, or deductibles on telemedicine services  
110 unless imposed equally on all terms and services;  
111 providing for application of the act; providing for  
112 certain exclusions; providing that an insurer or  
113 health maintenance organization that provides coverage  
114 for telemedicine services under an insurance policy,  
115 contract, or plan is not precluded from undertaking a  
116 utilization review; providing effective dates.