

HB 505

2011

1 A bill to be entitled
2 An act relating to health care coverage; requiring health
3 insurers, corporations, and health maintenance
4 organizations issuing certain health policies to provide
5 coverage for telemedicine services; providing definitions;
6 prohibiting the exclusion of telemedicine cost coverage
7 solely because the services were not provided face to
8 face; specifying conditions under which an insurer,
9 corporation, or health maintenance organization must
10 reimburse a telemedicine provider for certain fees and
11 costs; authorizing provisions requiring a deductible,
12 copayment, or coinsurance requirement for telemedicine
13 services under certain circumstances; prohibiting the
14 imposition of certain dollar and durational coverage
15 limitations or copayments, coinsurance, or deductibles on
16 telemedicine services unless imposed equally on all terms
17 and services; providing application; providing
18 construction; requiring a utilization review under certain
19 circumstances; providing coverage under the state plan or
20 a waiver for health home services provided to eligible
21 individuals with chronic conditions; creating ss. 458.355
22 and 459.029, F.S.; authorizing physicians and osteopathic
23 physicians to provide diagnostic services through
24 electronic means directly to a patient under specified
25 circumstances; providing nonapplicability; providing
26 effective dates.

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28 WHEREAS, today, more and more people take advantage of
 29 telemedicine and e-health opportunities, including participating
 30 in consultations with doctors and joining monitoring programs
 31 for patients with chronic disease, and

32 WHEREAS, by connecting residents of this state with
 33 geographically distant specialists, telemedicine can improve the
 34 quality of care residents can expect to receive and reduce costs
 35 by providing services that might otherwise require long-distance
 36 travel or admission to a health care facility, NOW, THEREFORE,

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 38 Be It Enacted by the Legislature of the State of Florida:

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 40 Section 1. Coverage for telemedicine services.—Each
 41 insurer proposing to issue individual or group accident and
 42 sickness insurance policies providing hospital, medical and
 43 surgical, or major medical coverage on an expense-incurred
 44 basis; each corporation providing individual or group accident
 45 and sickness subscription contracts; and each health maintenance
 46 organization providing a health care plan for health care
 47 services must provide coverage for the cost of such health care
 48 services provided through telemedicine services, as provided in
 49 this section.

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

51 (a) "Adverse decision" means a determination that the use
 52 of telemedicine services rendered or proposed to be rendered is
 53 not covered under the policy, contract, or plan.

54 (b) "Telemedicine services," as it pertains to the
 55 delivery of health care services, means interactive audio,

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56 video, or other electronic media used for the purpose of
57 diagnosis, consultation, or treatment, including home health
58 video conferencing and remote patient monitoring. "Telemedicine
59 services" does not include an audio-only telephone, electronic
60 mail message, or facsimile transmission.

61 (c) "Utilization review" means a review to determine the
62 appropriateness of telemedicine services or whether coverage of
63 the delivery of telemedicine services rendered or proposed to be
64 rendered by a health care provider is required, provided the
65 determination is made in the same manner as those determinations
66 are made for the treatment of any other illness, condition, or
67 disorder covered under the policy, contract, or plan.

68 (2) An insurer, corporation, or health maintenance
69 organization may not exclude a service from coverage solely
70 because the service is provided through telemedicine services
71 rather than face-to-face consultation or contact between a
72 health care provider and a patient.

73 (3) An insurer, corporation, or health maintenance
74 organization is not required to reimburse the telemedicine
75 provider or the consulting provider for technological fees or
76 costs for the provision of telemedicine services; however, an
77 insurer, corporation, or health maintenance organization must
78 reimburse the telemedicine provider or the consulting provider
79 for the diagnosis, consultation, or treatment of the insured
80 delivered through telemedicine services on the same basis that
81 the insurer, corporation, or health maintenance organization is
82 responsible for coverage for the provision of the same services
83 through face-to-face diagnosis, consultation, or treatment.

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84 (4) An insurer, corporation, or health maintenance
85 organization may offer a health care plan containing a
86 deductible, copayment, or coinsurance requirement for a health
87 care service provided through telemedicine services if the
88 deductible, copayment, or coinsurance does not exceed the
89 deductible, copayment, or coinsurance applicable if the same
90 services were provided through face-to-face diagnosis,
91 consultation, or treatment.

92 (5) An insurer, corporation, or health maintenance
93 organization may not impose any annual or lifetime dollar
94 maximum on coverage for telemedicine services other than an
95 annual or lifetime dollar maximum that applies in the aggregate
96 to all items and services covered under the policy, contract, or
97 plan and may not impose upon any person receiving benefits under
98 this section any copayment, coinsurance, or deductible amount,
99 or any policy year, calendar year, lifetime, or other durational
100 benefit limitation or maximum for benefits or services, that is
101 not equally imposed upon all terms and services covered under
102 the policy, contract, or plan.

103 (6) This section applies to:

104 (a) Insurance policies, contracts, and plans delivered,
105 issued for delivery, reissued, or extended in this state on and
106 after July 1, 2011, or at any time after July 1, 2011, when any
107 term of the policy, contract, or plan is changed or any premium
108 adjustment is made, but in no event later than July 1, 2012. For
109 purposes of this paragraph, all policies, contracts, and plans
110 are deemed to be renewed no later than the next yearly
111 anniversary date of the contract, policy, or plan.

112 (b) Medicaid plans if the health care service would be
 113 covered were it provided through in-person consultation between
 114 the recipient and a health care provider.

115 (7) This section does not apply to short-term travel,
 116 accident-only, limited or specified disease, or individual
 117 conversion policies or contracts or to policies or contracts
 118 designed for issuance to persons eligible for Medicare coverage
 119 under Title XVIII of the Social Security Act or any other
 120 similar coverage under state or federal governmental plans.

121 (8) This section may not be construed to preclude any
 122 insurer, corporation, or health maintenance organization
 123 providing coverage for telemedicine services under an insurance
 124 policy, contract, or plan from undertaking a utilization review.
 125 After making an adverse decision, an insurer, corporation, or
 126 health maintenance organization must notify the covered
 127 individual and the individual's health care provider and must
 128 undertake a utilization review after receiving a written request
 129 to undertake such review from a covered individual or the
 130 individual's health care provider.

131 Section 2. Effective January 1, 2012, under the state plan
 132 or a waiver of the state plan, eligible individuals with chronic
 133 conditions as defined in 42 U.S.C. s. 1396w-4 are eligible for
 134 medical assistance that provides health home services in
 135 compliance with 42 U.S.C. s. 1396w-4.

136 Section 3. Section 458.355, Florida Statutes, is created
 137 to read:

138 458.355 Provision of telemedicine services.—

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139 (1) A physician may provide diagnostic services through
140 electronic means directly to a patient if the patient is an
141 established patient of the physician's practice or group who has
142 had an in-person physical examination from the physician or a
143 member of the physician's practice or group.

144 (2) This section does not apply to a physician practicing
145 in a pain-management clinic as defined in s. 458.3265 or s.
146 459.0137.

147 Section 4. Section 459.029, Florida Statutes, is created
148 to read:

149 459.029 Provision of telemedicine services.—

150 (1) An osteopathic physician may provide diagnostic
151 services through electronic means directly to a patient if the
152 patient is an established patient of the osteopathic physician's
153 practice or group who has had an in-person physical examination
154 from the osteopathic physician or a member of the osteopathic
155 physician's practice or group.

156 (2) This section does not apply to an osteopathic
157 physician practicing in a pain-management clinic as defined in
158 s. 458.3265 or s. 459.0137.

159 Section 5. Except as otherwise expressly provided in this
160 act, this act shall take effect July 1, 2011.