

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 for applicability and
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; requiring the
22 Department of Health to conduct an interagency study
23 relating to telemedicine services and coverage; requiring
24 a report to the Legislature; authorizing the department to
25 adopt rules in consultation with certain boards; providing
26 an effective date.
27

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

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

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 41 Section 1. Coverage for telemedicine services.-

42 (1) An insurer, corporation, or health maintenance
 43 organization must provide coverage for the cost of health care
 44 services provided through telemedicine services under the
 45 following policies, contracts, and plans:

46 (a) An individual or group accident and sickness insurance
 47 policy issued by an insurer to provide hospital, medical and
 48 surgical, or major medical coverage on an expense-incurred
 49 basis.

50 (b) An individual or group accident and sickness
 51 subscription contract entered into by a corporation.

52 (c) A health care plan for health care services provided
 53 by a health maintenance organization.

54 (2) As used in this section, the term:

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

58 (b) "Telemedicine services," as it pertains to the
59 delivery of health care services, means synchronous video
60 conferencing, remote patient monitoring, asynchronous health
61 images, or other health transmissions supported by mobile
62 devices (mHealth) or other telecommunications technology used
63 for the purpose of diagnosis, consultation, or treatment at a
64 site other than the site where the provider is located. The term
65 does not include an audio-only telephone, e-mail messages, or
66 facsimile transmission.

67 (c) "Utilization review" means a review to determine the
68 appropriateness of telemedicine services, or whether coverage of
69 the delivery of telemedicine services rendered or proposed to be
70 rendered by a health care provider is required, if the
71 determination is made in the same manner as those determinations
72 are made for the treatment of any other illness, condition, or
73 disorder covered under the policy, contract, or plan.

74 (3) An insurer, corporation, or health maintenance
75 organization may not exclude a service from coverage solely
76 because the service is provided through telemedicine services
77 rather than face-to-face consultation or contact between a
78 health care provider and a patient.

79 (4) An insurer, corporation, or health maintenance
80 organization is not required to reimburse the telemedicine
81 provider or the consulting provider for technology fees or costs
82 related to the provision of telemedicine services; however, an

83 insurer, corporation, or health maintenance organization must
84 reimburse the telemedicine provider or the consulting provider
85 for the diagnosis, consultation, or treatment of the insured
86 delivered through telemedicine services on the same basis that
87 the insurer, corporation, or health maintenance organization is
88 responsible for coverage of the same services through face-to-
89 face diagnosis, consultation, or treatment.

90 (5) An insurer, corporation, or health maintenance
91 organization may offer a health care plan containing a
92 deductible, copayment, or coinsurance requirement for a health
93 care service provided through telemedicine services if the
94 deductible, copayment, or coinsurance does not exceed the
95 deductible, copayment, or coinsurance that would be applicable
96 if the same services were provided through face-to-face
97 diagnosis, consultation, or treatment.

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

109 (7) This section applies to:

110 (a) An insurance policy, contract, or plan that is
111 delivered, issued for delivery, reissued, or extended in this
112 state on or after July 1, 2013; a policy, contract, or plan for
113 which any term of the policy, contract, or plan is changed or
114 any premium adjustment is made on or after July 1, 2013; and,
115 effective July 1, 2014, any other policy, contract, or plan. For
116 purposes of this paragraph, a policy, contract, or plan is
117 deemed to be renewed no later than the next annual anniversary
118 date of the contract, policy, or plan.

119 (b) Medicaid plans, if the health care service would be
120 covered were it provided through in-person consultation between
121 the recipient and a health care provider, including statewide
122 coverage, services originating from a recipient's home or any
123 other place where the recipient is located, and the provision of
124 any telemedicine services, including, but not limited to,
125 asynchronous health images or other health transmissions
126 supported by mobile devices provided by authorized health care
127 professions if such health care services would otherwise be
128 covered under the state Medicaid plan.

129 (8) This section does not apply to short-term travel,
130 accident-only, limited or specified disease, or individual
131 conversion policies or contracts; policies or contracts designed
132 for issuance to persons eligible for Medicare coverage under
133 Title XVIII of the federal Social Security Act; or any other
134 similar coverage under state or federal governmental plans.

135 (9) This section does not preclude an insurer,
136 corporation, or health maintenance organization providing
137 coverage for telemedicine services under an insurance policy,

138 contract, or plan from conducting a utilization review. After
139 making an adverse decision, an insurer, corporation, or health
140 maintenance organization must notify the covered individual and
141 the individual's health care provider and must conduct a
142 utilization review after receiving a written request to conduct
143 such a review from a covered individual or the individual's
144 health care provider.

145 Section 2. Under the state plan or a waiver of the state
146 plan, eligible individuals with chronic conditions as defined in
147 42 U.S.C. s. 1396w-4 are eligible for medical assistance that
148 provides health home services in compliance with 42 U.S.C. s.
149 1396w-4.

150 Section 3. Interagency telemedicine study by Department of
151 Health.—The Department of Health shall lead and conduct an
152 interagency study on options for inclusion in a comprehensive
153 state plan to implement telemedicine services and coverage that
154 includes multipayer coverage and reimbursement for stroke
155 diagnosis, high-risk pregnancies, premature births, and
156 emergency services. By July 1, 2014, the Department of Health
157 shall submit a final report of its findings and recommendations
158 concerning the study to the President of the Senate and the
159 Speaker of the House of Representatives.

160 Section 4. The Department of Health may adopt rules in
161 consultation with those boards that exercise regulatory or
162 rulemaking functions within the department relating to health
163 care practitioners as defined in s. 456.001(4), Florida
164 Statutes, to implement the requirements of this act relating to

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165 | the provision of telemedicine services and coverage by such
166 | health care practitioners.

167 | Section 5. This act shall take effect July 1, 2013.