SENATE BILL NO. 2631
(As Passed the Senate)

AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972, TO REVISE THE DEFINITION OF THE TERM "TELEMEDICINE" AS USED IN THE STATUTE REQUIRING HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR TELEMEDICINE SERVICES; TO REQUIRE HEALTH INSURANCE AND EMPLOYEE BENEFIT PLANS TO REIMBURSE PROVIDERS FOR TELEMEDICINE SERVICES USING THE PROPER MEDICAL CODES; TO PROVIDE THAT REIMBURSEMENT OF EXPENSES FOR COVERED HEALTH CARE SERVICES PROVIDED DURING A TELEMEDICINE ENCOUNTER MUST BE ESTABLISHED THROUGH NEGOTIATIONS IN THE SAME MANNER AS THE HEALTH INSURANCE ENTITY ESTABLISHES REIMBURSEMENT OF EXPENSES FOR COVERED HEALTH CARE SERVICES DELIVERED BY IN-PERSON MEANS; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 83-9-351, Mississippi Code of 1972, is amended as follows:

83-9-351. (1) As used in this section:

(a) "Employee benefit plan" means any plan, fund or program established or maintained by an employer or by an employee organization, or both, to the extent that such plan, fund or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical, hospital care or other benefits.
(b) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, and includes the State and School Employees Health Insurance Plan and any other public health care assistance program offered or administered by the state or any political subdivision or instrumentality of the state. The term does not include policies or plans providing coverage for specified disease or other limited benefit coverage.

(c) "Health insurer" means any health insurance company, nonprofit hospital and medical service corporation, health maintenance organization, preferred provider organization, managed care organization, pharmacy benefit manager, and, to the extent permitted under federal law, any administrator of an insured, self-insured or publicly funded health care benefit plan offered by public and private entities, and other parties that are by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.

(d) "Telemedicine" means the delivery of health care services such as diagnosis, consultation, or treatment through the use of HIPAA-compliant telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies and store-and-forward transfers. Nonstore-and-forward and nonremote patient monitoring telemedicine must be "real-time" audiovisual, except that audio-only interactions are allowed when (i) audio-video interactions are...
technologically unavailable, and (ii) audio-only interactions are considered medically appropriate for the corresponding health care services being delivered. An audio-only interaction is also allowed when conducted in conjunction with a store-and-forward transfer when the store-and-forward transfer is directly related to the patient condition presented.

(2) All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.

(3) A health insurance or employee benefit plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

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(* * * *) Nothing in this section shall be construed to prohibit a health insurance or employee benefit plan from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

(* * * *) In a claim for the services provided, the appropriate procedure code for the covered services shall be included with the appropriate modifier indicating interactive communication was used. *** Health insurance and employee

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benefit plans shall reimburse providers for telemedicine services using the proper medical codes. Reimbursement of expenses for covered health care services provided during a telemedicine encounter must be established through negotiations conducted by the health insurance entity with the provider in the same manner as the health insurance entity establishes reimbursement of expenses for covered health care services that are delivered by in-person means.

(* * *6) The originating site is eligible to receive a facility fee, but facility fees are not payable to the distant site. Health insurance and employee benefit plans shall not limit coverage to provider-to-provider consultations only. * * *

Telemedicine consultations between a patient and a provider are to be covered to the same extent as the services would be covered if provided through in-person consultations. Patients in a patient-to-provider consultation shall not be entitled to receive a facility fee.

SECTION 2. This act shall take effect and be in force from and after July 1, 2021.