

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,
2 TO REVISE THE DEFINITION OF THE TERM "TELEMEDICINE" AS USED IN THE
3 STATUTE REQUIRING HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR
4 TELEMEDICINE SERVICES; AND FOR RELATED PURPOSES.

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

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

8 83-9-351. (1) As used in this section:

9 (a) "Employee benefit plan" means any plan, fund or
10 program established or maintained by an employer or by an employee
11 organization, or both, to the extent that such plan, fund or
12 program was established or is maintained for the purpose of
13 providing for its participants or their beneficiaries, through the
14 purchase of insurance or otherwise, medical, surgical, hospital
15 care or other benefits.

16 (b) "Health insurance plan" means any health insurance
17 policy or health benefit plan offered by a health insurer, and
18 includes the State and School Employees Health Insurance Plan and
19 any other public health care assistance program offered or
20 administered by the state or any political subdivision or
21 instrumentality of the state. The term does not include policies
22 or plans providing coverage for specified disease or other limited
23 benefit coverage.

24 (c) "Health insurer" means any health insurance
25 company, nonprofit hospital and medical service corporation,
26 health maintenance organization, preferred provider organization,
27 managed care organization, pharmacy benefit manager, and, to the

28 extent permitted under federal law, any administrator of an
29 insured, self-insured or publicly funded health care benefit plan
30 offered by public and private entities, and other parties that are
31 by statute, contract, or agreement, legally responsible for
32 payment of a claim for a health care item or service.

33 (d) "Telemedicine" means the delivery of health care
34 services such as diagnosis, consultation, or treatment through the
35 use of * * * telecommunications systems, including information,
36 electronic, and communication technologies, remote monitoring
37 technologies and store-and-forward transfers, provided that such
38 systems are used in a HIPAA-compliant manner. Telemedicine, other
39 than store-and-forward transfers and remote patient monitoring,
40 must be "real-time" audiovisual, except that audio-only
41 interactions are allowed when (i) audio-video interactions are
42 technologically unavailable, and (ii) audio-only interactions are
43 considered medically appropriate for the corresponding health care
44 services being delivered.

45 (2) All health insurance and employee benefit plans in this
46 state must provide coverage for telemedicine services to
47 in-network providers who have the capability to provide
48 telemedicine to the same extent that the services would be covered
49 if they were provided through in-person consultation. All health
50 insurance and employee benefit plans in this state must reimburse
51 providers who are out-of-network for telemedicine services under
52 the same reimbursement policies applicable to other out-of-network

53 providers of healthcare services. No health insurance or employee
54 benefit plan in this state shall only offer reimbursement through
55 telemedicine services.

56 (3) All health insurance and employee benefit plans in this
57 state may require, if deemed medically necessary, an in-person
58 examination and consultation prior to allowing telemedicine
59 reimbursement, and in-person consultations at regular intervals
60 thereafter, with a maximum requirement of two (2) in-person
61 consultations per year.

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

67 * * *

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

72 (6) In a claim for the services provided, the appropriate
73 procedure code for the covered services shall be included with the
74 appropriate modifier indicating interactive communication was
75 used. Health insurance and employee benefit plans shall reimburse
76 providers for telemedicine services using the proper medical
77 codes.

78 (7) The originating site is eligible to receive a facility
79 fee, but facility fees are not payable to the distant site.
80 Health insurance and employee benefit plans shall not limit
81 coverage to provider-to-provider consultations only. In a
82 patient-to-provider consultation, there shall be no facility fee.

83 (8) No patient seeking care via telemedicine who is under
84 eighteen (18) years of age can be treated unless there is a
85 facilitator present or there is signed documentation by the parent
86 or legal guardian of the patient. A facilitator is an individual
87 affiliated with a local system of care or the parent or legal
88 guardian of the patient who is there for the verification
9 organization, collection and transmission of data.

0 (9) A healthcare provider-patient relationship may not be
1 established through an audio-only communication but instead must
2 be established through an in-person consultation or telemedicine
3 consultation associated with "real-time" audiovisual capabilities
4 in which the provider must verify the patient's identity and
5 location with an appropriate level of confidence, conduct an
6 appropriate medical history and examination of the patient that
7 meets the applicable standard of care; establish diagnosis through
8 the use of accepted medical practices; discuss with the patient
9 the diagnosis, risks and benefits of various treatment options to
0 obtain informed consent; insure the availability of appropriate
1 follow-up care; and maintain a complete medical record available

102 to the patient and other treating health care providers at the
103 patient's request.

104 (10) The use of telemedicine shall not be allowed for the
105 purposes of obtaining a medical marijuana card or prescribing
106 medical marijuana.

107 (11) A healthcare provider who delivers services through the
108 use of telemedicine is held to the same standard of professional
109 practice as a similar licensee of the same practice area or
110 specialty that is providing the same healthcare through in-person
111 encounters, and nothing in this section is intended to create any
112 new standards of care.

113 (12) The use of audio-only telemedicine shall not be allowed
114 in any circumstances for pain management clinics or chronic
115 nonmalignant pain treatment.

116 (13) This section shall stand repealed from and after July
117 1, 2025.

118 **SECTION 2.** This act shall take effect and be in force from
119 and after its passage.