

By Senator Garcia

40-01494A-11

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1 A bill to be entitled

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

24  
25 Be It Enacted by the Legislature of the State of Florida:

26  
27 Section 1. Coverage for telemedicine services.—Each insurer  
28 proposing to issue individual or group accident and sickness  
29 insurance policies providing hospital, medical and surgical, or

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30 major medical coverage on an expense-incurred basis; each  
31 corporation providing individual or group accident and sickness  
32 subscription contracts; and each health maintenance organization  
33 providing a health care plan for health care services must  
34 provide coverage for the cost of such health care services  
35 provided through telemedicine services, as provided in this  
36 section.

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

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

41 (b) "Telemedicine services," as it pertains to the delivery  
42 of health care services, means interactive audio, video, or  
43 other electronic media used for the purpose of diagnosis,  
44 consultation, or treatment, including home health video  
45 conferencing and remote patient monitoring. "Telemedicine  
46 services" does not include an audio-only telephone, electronic  
47 mail message, or facsimile transmission.

48 (c) "Utilization review" means a review to determine the  
49 appropriateness of telemedicine services or whether coverage of  
50 the delivery of telemedicine services rendered or proposed to be  
51 rendered by a health care provider is required, provided the  
52 determination is made in the same manner as those determinations  
53 are made for the treatment of any other illness, condition, or  
54 disorder covered under the policy, contract, or plan.

55 (2) An insurer, corporation, or health maintenance  
56 organization may not exclude a service from coverage solely  
57 because the service is provided through telemedicine services  
58 rather than face-to-face consultation or contact between a

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59 health care provider and a patient.

60 (3) An insurer, corporation, or health maintenance  
61 organization is not required to reimburse the telemedicine  
62 provider or the consulting provider for technological fees or  
63 costs for the provision of telemedicine services; however, an  
64 insurer, corporation, or health maintenance organization must  
65 reimburse the telemedicine provider or the consulting provider  
66 for the diagnosis, consultation, or treatment of the insured  
67 delivered through telemedicine services on the same basis that  
68 the insurer, corporation, or health maintenance organization is  
69 responsible for coverage for the provision of the same services  
70 through face-to-face diagnosis, consultation, or treatment.

71 (4) An insurer, corporation, or health maintenance  
72 organization may offer a health care plan containing a  
73 deductible, copayment, or coinsurance requirement for a health  
74 care service provided through telemedicine services if the  
75 deductible, copayment, or coinsurance does not exceed the  
76 deductible, copayment, or coinsurance applicable if the same  
77 services were provided through face-to-face diagnosis,  
78 consultation, or treatment.

79 (5) An insurer, corporation, or health maintenance  
80 organization may not impose any annual or lifetime dollar  
81 maximum on coverage for telemedicine services other than an  
82 annual or lifetime dollar maximum that applies in the aggregate  
83 to all items and services covered under the policy, contract, or  
84 plan and may not impose upon any person receiving benefits under  
85 this section any copayment, coinsurance, or deductible amount,  
86 or any policy year, calendar year, lifetime, or other durational  
87 benefit limitation or maximum for benefits or services, that is

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88 not equally imposed upon all terms and services covered under  
89 the policy, contract, or plan.

90 (6) This section applies to:

91 (a) Insurance policies, contracts, and plans delivered,  
92 issued for delivery, reissued, or extended in this state on and  
93 after July 1, 2011, or at any time after July 1, 2011, when any  
94 term of the policy, contract, or plan is changed or any premium  
95 adjustment is made, but in no event later than July 1, 2012. For  
96 purposes of this paragraph, all policies, contracts, and plans  
97 are deemed to be renewed no later than the next yearly  
98 anniversary date of the contract, policy, or plan.

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

102 (7) This section does not apply to short-term travel,  
103 accident-only, limited or specified disease, or individual  
104 conversion policies or contracts or to policies or contracts  
105 designed for issuance to persons eligible for Medicare coverage  
106 under Title XVIII of the Social Security Act or any other  
107 similar coverage under state or federal governmental plans.

108 (8) This section may not be construed to preclude any  
109 insurer, corporation, or health maintenance organization  
110 providing coverage for telemedicine services under an insurance  
111 policy, contract, or plan from undertaking a utilization review.  
112 After making an adverse decision, an insurer, corporation, or  
113 health maintenance organization must notify the covered  
114 individual and the individual's health care provider and must  
115 undertake a utilization review after receiving a written request  
116 to undertake such review from a covered individual or the

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117 individual's health care provider.

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

123       Section 3. Except as otherwise expressly provided in this  
124 act, this act shall take effect July 1, 2011.