By Senator Joyner

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A bill to be entitled

An act relating to health care coverage; requiring health insurers, corporations, and health maintenance organizations issuing certain health policies to provide coverage for telemedicine services; providing definitions; prohibiting the exclusion of telemedicine cost coverage solely because the services were not provided face to face; specifying conditions under which an insurer, corporation, or health maintenance organization must reimburse a telemedicine provider for certain fees and costs; authorizing provisions requiring a deductible, copayment, or coinsurance requirement for telemedicine services under certain circumstances; prohibiting the imposition of certain dollar and durational coverage limitations or copayments, coinsurance, or deductibles on telemedicine services unless imposed equally on all terms and services; providing for applicability and construction; requiring a utilization review under certain circumstances; providing coverage under the state plan or a waiver for health home services provided to eligible individuals with chronic conditions; requiring the Department of Health to conduct an interagency study relating to telemedicine services and coverage; requiring a report to the Legislature; authorizing the department to adopt rules in consultation with certain boards; providing an effective date.

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

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

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

Section 1. Coverage for telemedicine services.—

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

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

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

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

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

(a) "Adverse decision" means a determination that the use of telemedicine services rendered or proposed to be rendered is

not covered under the policy, contract, or plan.

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

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

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

(4) An insurer, corporation, or health maintenance organization is not required to reimburse the telemedicine provider or the consulting provider for technology fees or costs related to the provision of telemedicine services; however, an insurer, corporation, or health maintenance organization must reimburse the telemedicine provider or the consulting provider for the diagnosis, consultation, or treatment of the insured

delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage of the same services through face-to-face diagnosis, consultation, or treatment.

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

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

(7) This section applies to:

(a) An insurance policy, contract, or plan that is delivered, issued for delivery, reissued, or extended in this state on or after July 1, 2013; a policy, contract, or plan for which any term of the policy, contract, or plan is changed or any premium adjustment is made on or after July 1, 2013; and,

effective July 1, 2014, any other policy, contract, or plan. For purposes of this paragraph, a policy, contract, or plan is deemed to be renewed no later than the next annual anniversary date of the contract, policy, or plan.

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

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

(9) This section does not preclude an insurer, corporation, or health maintenance organization providing coverage for telemedicine services under an insurance policy, contract, or plan from conducting a utilization review. After making an adverse decision, an insurer, corporation, or health maintenance organization must notify the covered individual and the individual's health care provider and must conduct a utilization review after receiving a written request to conduct such a review from a covered individual or the individual's health care

provider.

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

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

Section 4. The Department of Health may adopt rules in consultation with those boards that exercise regulatory or rulemaking functions within the department relating to health care practitioners as defined in s. 456.001(4), Florida Statutes, to implement the requirements of this act relating to the provision of telemedicine services and coverage by such health care practitioners.

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