

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 application; providing  
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; creating ss. 458.355  
22      and 459.029, F.S.; authorizing physicians and osteopathic  
23      physicians to provide diagnostic services through  
24      electronic means directly to a patient under specified  
25      circumstances; providing nonapplicability; providing  
26      effective dates.

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

37  
38 Be It Enacted by the Legislature of the State of Florida:

39  
40 Section 1. Coverage for telemedicine services.—Each  
41 insurer proposing to issue individual or group accident and  
42 sickness insurance policies providing hospital, medical and  
43 surgical, or major medical coverage on an expense-incurred  
44 basis; each corporation providing individual or group accident  
45 and sickness subscription contracts; and each health maintenance  
46 organization providing a health care plan for health care  
47 services must provide coverage for the cost of such health care  
48 services provided through telemedicine services, as provided in  
49 this section.

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

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

54 (b) "Telemedicine services," as it pertains to the  
55 delivery of health care services, means interactive audio,

56 video, or other electronic media used for the purpose of  
57 diagnosis, consultation, or treatment, including home health  
58 video conferencing and remote patient monitoring. "Telemedicine  
59 services" does not include an audio-only telephone, electronic  
60 mail message, or facsimile transmission.

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

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

73 (3) An insurer, corporation, or health maintenance  
74 organization is not required to reimburse the telemedicine  
75 provider or the consulting provider for technological fees or  
76 costs for the provision of telemedicine services; however, an  
77 insurer, corporation, or health maintenance organization must  
78 reimburse the telemedicine provider or the consulting provider  
79 for the diagnosis, consultation, or treatment of the insured  
80 delivered through telemedicine services on the same basis that  
81 the insurer, corporation, or health maintenance organization is  
82 responsible for coverage for the provision of the same services  
83 through face-to-face diagnosis, consultation, or treatment.

84       (4) An insurer, corporation, or health maintenance  
85 organization may offer a health care plan containing a  
86 deductible, copayment, or coinsurance requirement for a health  
87 care service provided through telemedicine services if the  
88 deductible, copayment, or coinsurance does not exceed the  
89 deductible, copayment, or coinsurance applicable if the same  
90 services were provided through face-to-face diagnosis,  
91 consultation, or treatment.

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

103       (6) This section applies to:

104       (a) Insurance policies, contracts, and plans delivered,  
105 issued for delivery, reissued, or extended in this state on and  
106 after July 1, 2011, or at any time after July 1, 2011, when any  
107 term of the policy, contract, or plan is changed or any premium  
108 adjustment is made, but in no event later than July 1, 2012. For  
109 purposes of this paragraph, all policies, contracts, and plans  
110 are deemed to be renewed no later than the next yearly  
111 anniversary date of the contract, policy, or plan.

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

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

121        (8) This section may not be construed to preclude any  
122 insurer, corporation, or health maintenance organization  
123 providing coverage for telemedicine services under an insurance  
124 policy, contract, or plan from undertaking a utilization review.  
125 After making an adverse decision, an insurer, corporation, or  
126 health maintenance organization must notify the covered  
127 individual and the individual's health care provider and must  
128 undertake a utilization review after receiving a written request  
129 to undertake such review from a covered individual or the  
130 individual's health care provider.

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

136        Section 3. Section 458.355, Florida Statutes, is created  
137 to read:

138        458.355 Provision of telemedicine services.—

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139       (1) A physician may provide diagnostic services through  
140 electronic means directly to a patient if the patient is an  
141 established patient of the physician's practice or group who has  
142 had an in-person physical examination from the physician or a  
143 member of the physician's practice or group.

144       (2) This section does not apply to a physician practicing  
145 in a pain-management clinic as defined in s. 458.3265 or s.  
146 459.0137.

147       Section 4. Section 459.029, Florida Statutes, is created  
148 to read:

149       459.029 Provision of telemedicine services.—

150       (1) An osteopathic physician may provide diagnostic  
151 services through electronic means directly to a patient if the  
152 patient is an established patient of the osteopathic physician's  
153 practice or group who has had an in-person physical examination  
154 from the osteopathic physician or a member of the osteopathic  
155 physician's practice or group.

156       (2) This section does not apply to an osteopathic  
157 physician practicing in a pain-management clinic as defined in  
158 s. 458.3265 or s. 459.0137.

159       Section 5. Except as otherwise expressly provided in this  
160 act, this act shall take effect July 1, 2011.