

1 SB323
2 200111-1
3 By Senator Roberts
4 RFD: Banking and Insurance
5 First Read: 31-MAR-20

SYNOPSIS: Existing law provides for the provision of medical services across state lines using technological aids, so long as the medical practitioner providing the services has secured the appropriate license.

This bill would require all health insurance providers, group health plan providers, and health maintenance organizations to provide coverage for the cost of health care services provided via specified technological aids.

This bill would provide requirements and restrictions for health insurance providers, group health plan providers, and health maintenance organizations regarding coverage and payment for health care services provided via specified technological aids.

A BILL
TO BE ENTITLED
AN ACT

1
2 Relating to health care; to require all health
3 insurance providers, group health plan providers, and health
4 maintenance organizations to provide coverage for the cost of
5 health care services provided via specified technological
6 aids; and to provide requirements and restrictions for health
7 insurance providers, group health plan providers, and health
8 maintenance organizations regarding coverage and payment for
9 those health care services.

10 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

11 Section 1. (a) For the purposes of this act, the
12 term "telemedicine services" means the use of electronic
13 technology or media, including interactive audio or video, for
14 the purpose of diagnosing or treating a patient, providing
15 remote patient monitoring services, or consulting with other
16 health care providers regarding a patient's diagnosis or
17 treatment and does not include audio-only telephone
18 communications, electronic mail messages, facsimile
19 transmissions, or online questionnaires.

20 (b) All of the following shall provide coverage for
21 the cost of health care services provided through telemedicine
22 services:

23 (1) Any insurer proposing to issue individual or
24 group accident and sickness insurance policies providing
25 hospital, medical and surgical, or major medical coverage on
26 an expense-incurred basis.

1 (2) Any corporation providing individual or group
2 accident and sickness subscription contracts.

3 (3) Any health maintenance organization providing a
4 health care plan for health care services.

5 (c) No insurer, corporation, or health maintenance
6 organization shall exclude a service for coverage solely
7 because the service is provided through telemedicine services
8 and not provided via face-to-face consultation or in-person
9 contact between a health care provider and a patient when
10 those services can be appropriately provided through
11 telemedicine services.

12 (d) No insurer, corporation, or health maintenance
13 organization shall be required to reimburse the treating
14 provider or the consulting provider for technical fees or
15 costs for the provision of telemedicine services, except that
16 an insurer, corporation, or health maintenance organization
17 shall reimburse the treating provider or the consulting
18 provider for the diagnosis, consultation, or treatment of the
19 insured delivered through telemedicine services on the same
20 basis that the insurer, corporation, or health maintenance
21 organization is responsible for coverage for the provision of
22 the same service through face-to-face consultation or contact.

23 (e) Nothing in this section shall preclude the
24 insurer, corporation, or health maintenance organization from
25 undertaking utilization review to determine the
26 appropriateness of telemedicine services, provided that a
27 determination of appropriateness is made in the same manner as

1 determinations are made for the treatment of any other
2 illness, condition, or disorder covered by the policy,
3 contract, or plan. No utilization review shall require
4 pre-authorization of emergent telemedicine services.

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

13 (g) (1) No insurer, corporation, or health
14 maintenance organization shall impose any annual or lifetime
15 dollar maximum on coverage for telemedicine services other
16 than an annual or lifetime dollar maximum that applies in the
17 aggregate to all items and services covered under the policy.

18 (2) No insurer, corporation, or health maintenance
19 organization shall impose any copayment, coinsurance,
20 deductible amount, or any time-based limitation or maximum for
21 benefits or services upon any person receiving benefits
22 pursuant to this section that is not equally imposed upon all
23 terms and services covered under the policy, contract, or
24 plan.

25 (h) This section applies to all insurance policies,
26 contracts, and plans delivered, issued for delivery, reissued,
27 or extended in this state on and after January 1, 2020, or at

1 any time thereafter when any term of a policy, contract, or
2 plan is changed or any premium adjustment is made.

3 (i) This section does not apply to contracts or
4 policies providing short-term travel coverage, accident-only
5 coverage, limited disease coverage, or specified disease
6 coverage, or to policies or contracts designed for issuance to
7 persons eligible for coverage under Title XVIII of the Social
8 Security Act, known as Medicare, or that provide any other
9 similar coverage under state or federal governmental plans.

10 (j) The coverage required by this section shall
11 include the use of telemedicine technologies employed to
12 provide medically necessary remote patient monitoring services
13 to the full extent those services are available.

14 Section 2. This act shall become effective on the
15 first day of the third month following its passage and
16 approval by the Governor, or its otherwise becoming law.