

State Corporation Commission 2010 Fiscal Impact Statement

1. Bill Number: SB 675

House of Origin ☐ Introduced ☒ Substitute ☐ Engrossed
Second House ☒ In Committee ☐ Substitute ☐ Enrolled

2. Patron: Wampler

3. Committee: Commerce and Labor

4. Title: **Health insurance; mandated coverage for telemedicine services.**

5. Summary: Requires insurers to offer coverage for telemedicine services. "Telemedicine services" means the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation or treatment. "Telemedicine services" as it pertains to the delivery of health care services do not include an audio-only telephone conversation, electronic mail message, or facsimile transmission. An insurer, corporation, or HMO cannot exclude a service for coverage solely because the service is provided through telemedicine and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telehealth services. Nothing shall preclude the insurer, corporation or HMO from undertaking utilization review to determine the appropriateness of telemedicine services provided that such appropriateness is determined in the same manner as for other illnesses, conditions and disorders. Any such utilization review shall not require pre-authorization of emergent telemedicine services nor shall any penalty be assessed if the provider is out-of-network. An insurer, corporation or HMO may offer a health plan containing a deductible, copayment or coinsurance requirement for a health care service provided that the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable if the same services were provided through face-to-face diagnosis, consultation or treatment. No insurer, corporation, or HMO can 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, or impose upon any person receiving benefits pursuant to this section any co-payment, coinsurance, or deductible amounts, 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. The requirements of the bill apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, or extended in the Commonwealth on and after January 1, 2011, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made. The bill does not apply to short-term travel, accident-only, limited or specified disease, or individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Medicare, or any other similar coverage under state or federal governmental plans.

6. No Fiscal Impact on the State Corporation Commission.

7. Budget amendment necessary: No

8. Fiscal implications: None on the State Corporation Commission

9. Specific agency or political subdivisions affected: State Corporation Commission Bureau of Insurance

10. Technical amendment necessary: No

11. Other comments: No

Date: 02/19/10 V. Tompkins

cc: Secretary of Health and Human Resources