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Bill Analysis
Legislative Service Commission

S.B. 94

126th General Assembly
(As Introduced)

Sens. Miller, Fedor, Dann, Hagan

BILL SUMMARY

- Defines "telemedicine service" as a medical service delivered through the use of any communication, including oral, written, or electronic communication, by a physician or person who holds a certificate to practice telemedicine.
- Prohibits sickness and accident insurers, health insuring corporations, and multiple employer welfare arrangements from excluding coverage for telemedicine services solely because the service is not provided through a face-to-face consultation.
- Permits insurers to charge a deductible, copayment, or coinsurance for telemedicine services.
- Specifies that the deductible, copayment, or coinsurance for telemedicine services may not exceed the amount of such charge for comparable medical service provided through a face-to-face consultation.
- Requires the Director of Ohio Department of Job and Family Services (ODJFS) to ensure that the Medicaid program does not deny coverage for a telemedicine service solely because the service is not provided by a face-to-face consultation.
- Permits the ODJFS Director to require a face-to-face consultation between a Medicaid recipient and a physician providing a telemedicine service within a specified period of time following an initial telemedicine service only if the physician has never seen the patient.

CONTENT AND OPERATION

Background

(R.C. 4731.296; not in the bill)

Ohio law currently provides that a physician who is not licensed in Ohio may apply to the State Medical Board to obtain a special telemedicine certificate. The practice of telemedicine is defined under current law as the "practice of medicine in this state through the use of any communication, including oral, written, or electronic communication, by a physician located outside this state." Ohio law is silent with respect to third-party reimbursement and Medicaid reimbursement of telemedicine services.

Telemedicine services

(R.C. 1739.23, 1751.69, 3923.235, and 5111.026)

Consistent with current law regarding the practice of telemedicine, the bill defines "telemedicine service" as a "medical service delivered through the use of any communication, including oral, written, or electronic communication, by a physician or person who holds a certificate to practice telemedicine."

Private coverage of telemedicine services

(R.C. 1739.23, 1751.69, 3923.235, and 5111.026)

The bill prohibits a multiple employer welfare arrangement operating a group self-insurance program, an individual or group health insuring corporation policy, or an individual or group policy of sickness and accident insurance from excluding coverage for a telemedicine service solely because the service is not provided through a face-to-face consultation.

The bill permits a policy to require a deductible, copayment, or coinsurance for the telemedicine service, but prohibits the deductible, copayment, or coinsurance from exceeding the amount of the deductible, copayment, or coinsurance required for a comparable medical service provided through a face-to-face consultation.

Because the bill's telemedicine insurance provisions conflict with current law regarding new health mandates, the bill exempts these mandates from R.C. 3901.71.¹

Medicaid reimbursement

(R.C. 5111.02 and 5111.026)

Current law is silent regarding the coverage of telemedicine services under the state Medicaid plan. The bill explicitly requires the Director of ODJFS to:

(1) Ensure that the Medicaid program does not deny coverage for telemedicine service solely because the service is not provided by a face-to-face consultation;

(2) Ensure that the Medicaid program does not require a medical service to be provided to a Medicaid recipient through a telemedicine service when the service can reasonably be provided by a physician through a face-to-face consultation;

(3) Establish a system to monitor the provision of telemedicine services to Medicaid recipients for purposes of ensuring quality care and preventing fraud and abuse.

The bill provides that the Director of ODJFS may require a face-to-face consultation between a Medicaid recipient and a physician providing telemedicine service within a specified period of time following an initial telemedicine service only if the physician has never seen the patient.

¹ R.C. 3901.71 requires the Superintendent of Insurance to hold a public hearing to consider any new health benefit mandate contained in a law enacted by the General Assembly. A new health benefit mandate may not be applied to policies and plans of insurance until the Superintendent determines that the mandate can be fully and equally applied to self-insurance employee benefit plans subject to regulation under the federal Employee Retirement Income Security Act of 1974 (ERISA), and to employee benefit plans established by the state or its political subdivisions, or their agencies and instrumentalities. ERISA generally precludes state regulation of benefits offered by private, self-insured, employee benefit plans.

HISTORY

ACTION

DATE

Introduced

03-08-05

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