**South Carolina General Assembly**

120th Session, 2013-2014

**H. 3779**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. K.R. Crawford, Mitchell, Stavrinakis, Bannister, Bowers, Cobb‑Hunter, Gagnon, Gambrell, Hart, Henderson, Powers Norrell and G.M. Smith

Document Path: l:\council\bills\agm\19926ab13.docx

Companion/Similar bill(s): 290

Introduced in the House on March 7, 2013

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Telemedicine Insurance Reimbursement Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/7/2013 House Introduced and read first time ([House Journal‑page 14](file:///h:\HJ%20Archive\2013\03-07-13.docx))

3/7/2013 House Referred to Committee on **Labor, Commerce and Industry** ([House Journal‑page 14](file:///h:\HJ%20Archive\2013\03-07-13.docx))

**VERSIONS OF THIS BILL**

[3/7/2013](file:///p:\pprever\2013-14\3779_20130307.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “SOUTH CAROLINA TELEMEDICINE INSURANCE REIMBURSEMENT ACT”; BY ADDING SECTION 38‑71‑300 SO AS TO PROVIDE DEFINITIONS AND TO REQUIRE COVERAGE OF TELEMEDICINE SERVICES BY INDIVIDUAL AND GROUP HEALTH MAINTENANCE ORGANIZATIONS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act is known and may be cited as the “South Carolina Telemedicine Insurance Reimbursement Act”.

SECTION 2. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑300. (A) For the purposes of this article:

(1) ‘Telemedicine’ means the delivery of health care, including diagnosis, treatment, or transfer of medical data, by means on interactive audio, video, or data communications by a consulting health care provider to a patient at a referring site. Interactive audio and video telecommunications must be used between the consultant site and referring site. Standard telephone, facsimile transmissions, unsecured electronic mail, or a combination of them do not constitute telemedicine services.

(2) ‘Consultant site’ means the physical site at which the consulting health care provider is located at the time the health care is provided by means of telemedicine.

(3) ‘Referring site’ means the physical site of the patient.

(4) ‘Consulting health care provider’ means a health care provider at the consultant site who is licensed in the State of South Carolina and practicing within the scope of his practice pursuant to Title 40.

(5) ‘Referring health care provider’ means a health care provider who, upon evaluation of the patient, determines the need for consultation and makes the arrangements for the consulting health care provider services. A referring health care provider must be licensed in the State of South Carolina and practicing within the scope of his practice as defined in Title 40.

(6) ‘Insurer’ means an accident and health insurance company, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, preferred provider organization, provider sponsored health care corporation, managed care entity, or a similar entity authorized in the State of South Carolina to provide health insurance policies.

(B) On or after July 1, 2013, no insurer shall require face‑to‑face contact between a consulting health care provider and a patient as a prerequisite for payment for services appropriately provided through telemedicine in accordance with generally accepted health care practices and standards at the time the telemedicine service was rendered.

(C) It is the responsibility of the consulting health care provider to promptly communicate the details of the telemedicine service with the patient’s primary care provider or referring health care provider.

(D) The Board of Medical Examiners has the authority to authorize, at its sole discretion, other specific programs that use standard telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof to render health care services, however, services provided though specific programs must not be subject to subsection (B).”

SECTION 3. This act takes effect upon approval by the Governor.

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