**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “SOUTH CAROLINA INSURANCE REIMBURSEMENT TELEMEDICINE ACT” BY ADDING ARTICLE 3 TO CHAPTER 47, TITLE 40 SO AS TO PROVIDE THAT AN ENTITY AUTHORIZED TO PROVIDE HEALTH INSURANCE COVERAGE IN THIS STATE SHALL PROVIDE COVERAGE FOR TELEMEDICINE SERVICES TO THE SAME EXTENT AS FOR IN‑PERSON CONSULTATION, SUBJECT TO CERTAIN LIMITATIONS; TO PROVIDE FOR THE ESTABLISHMENT OF A PHYSICIAN‑PATIENT RELATIONSHIP THROUGH TELEMEDICINE SERVICES IN CERTAIN CIRCUMSTANCES, AND TO PROVIDE NECESSARY DEFINITIONS.

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

SECTION 1. Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Article 3

South Carolina Insurance Reimbursement Telemedicine Act

Section 40‑47‑300. This article must be known and may be cited as the ‘South Carolina Insurance Reimbursement Telemedicine Act’.

Section 40‑47‑310. (A) For the purposes of this article:

(1) ‘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 by the State of South Carolina to provide health insurance policies in this State.

(2) ‘Telemedicine’ means the delivery of health care services, including diagnosis, treatment, or transfer of medical data by means audio telecommunications systems and video telecommunications systems that are bidirectional, real‑time, interactive, secured, and HIPAA compliant. Standard telephone, facsimile transmissions, unsecured electronic mail, or a combination of them do not constitute telemedicine services.

(B) After December 31, 2014, an insurer must provide coverage for telemedicine services to the same extent that the services would be covered if provided to an insured individual through in‑person consultation.

(1) An insurer may subject coverage of a telemedicine service under this section to all terms and conditions of the insured individual’s health insurance plan, including, but not limited to, the deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health service provided in person. The deductible, coinsurance, or copayment requirements for the telemedicine service rendered may not exceed the amount applicable to the same service when it is delivered to the insured individual in person.

(2) This section must not be interpreted to require the use of telemedicine when the health care provider determines it is not appropriate.

(C)(1) Subject to the limitations of the license under which the health care practitioner is practicing, the health care practitioner providing telemedicine services may prescribe, provide treatment recommendations, direct the administration of medicine or medical services, and provide therapeutic treatment services after having performed an appropriate examination of the patient through telemedicine.

(2) If the health care practitioner is a physician as defined in Section 40‑47‑20(35), the examination and diagnosis services provided through telemedicine to the patient must meet the requirements to establish a physician‑patient relationship as defined in Section 40‑47‑113 if the services are provided in accordance with generally accepted health care practices and standards at the time the telemedicine service was provided.”

SECTION 2. This act takes effect upon approval by the Governor.

‑‑‑‑XX‑‑‑‑