**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑295 SO AS TO DEFINE “TELEMEDICINE” AND “TELEHEALTH” AND REQUIRE ALL INDIVIDUAL AND GROUP HEALTH INSURANCE, HEALTH MAINTENANCE ORGANIZATIONS, AND THE STATE HEALTH PLAN TO PROVIDE COVERAGE FOR THE COST OF TELEMEDICINE SERVICES.

Whereas, telemedicine can efficiently improve access and quality of care for underserved patients by providing consultations and specialty care. Remote monitoring and home telehealth can help the chronically ill stay at home and out of hospitals and emergency rooms, dramatically reducing costs; and

Whereas, while citizens may be able to take advantage of telemedicine health opportunities, such services are not available to everyone due to insurance coverage concerns. Now, therefore,

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

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

“Section 38‑71‑295. (A) ‘Telemedicine’ or ‘Telehealth’ means health care services provided through telecommunications to a patient from a health care provider who is in a remote location.

(B)(1) All health insurance plans offered by individual and group health insurers and health maintenance organizations, including the State Health Plan, providing coverage for medical treatment must provide coverage for the cost of telemedicine services when the services are recommended by a treating physician.

(2) Insurers must cover the cost of telemedicine services when the insurer would otherwise cover the treatment if offered in a clinical setting, with the patient and health care provider in the same location.

(C) The Department of Health and Environmental Control shall lead an interagency study and report to the South Carolina General Assembly within twelve months on comprehensive plans that include telehealth services and multi‑payer coverage and reimbursement for stroke diagnosis, high‑risk pregnancies and premature births, and emergency services.

(D)(1) The state’s health professional and licensing boards must maintain consistent licensure and standards of care requirements between in‑person and telemedicine‑provided practices with the following exemptions:

(a) a health care professional licensed, certified, or registered in another jurisdiction may consult with a licensed peer health care professional in this State, such as a sub‑specialist, without the need for additional licensure issued by this State; and

(b) a health professional licensed, certified, or registered in another jurisdiction and temporarily located in this State may consult with established patients from the health care professional’s home jurisdiction using telecommunications without the need for additional licensure issued by this State.

(2) A health care provider delivering services through the use of telehealth shall be held to the same standard of professional practice as a similar licensee of the same practice area or specialty that is providing the same health care services through in‑person encounters, and nothing in this section is intended to create any new standards of care.

(3) The Department of Labor, Licensing and Regulation or any other entity governing health care providers covered by this section shall not establish a more restrictive standard of professional care for the practice of telehealth than that specifically authorized by the provider’s practice or other specifically applicable statute, including prescribing and dispensing controlled substances.”

SECTION 2. This act takes effect on July 1, 2020, and applies to health insurance plans issued, renewed, delivered, or entered into on or after the effective date of this act.

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