A bill to amend 1956 PA 218, entitled "The insurance code of 1956,"
by amending section 3476 (MCL 500.3476), as amended by 2020 PA 97.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 3476. (1) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not require do any of the following:

(a) Require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer.
(b) Exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health care professional and a patient for services appropriately provided through telemedicine services.

(c) 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 on any individual receiving benefits under this section any copayment, 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 on all terms and services covered under the policy.

(d) Impose on coverage for health care services provided through telemedicine a prior authorization requirement for services provided through telemedicine that exceeds the prior authorization requirement for in-person health care services under the policy.

(e) Require demonstration that it is necessary to provide services to a patient through telemedicine.

(f) Restrict or deny coverage of telemedicine based solely on the communication technology or application used to deliver the telemedicine services.

(g) Require a health care professional to be part of a telemedicine network.

(2) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall do both of the following:

(a) Provide coverage for the cost of health care services
provided through telemedicine on the same basis and to the same extent that the insurer is responsible for coverage for the provision of the same service through in-person treatment or consultation. Coverage must not be limited to services provided only by select third-party telemedicine providers.

(b) Reimburse the treating or consulting physician for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and to the same extent that the insurer is responsible for reimbursement for the provision of the same service through in-person treatment or consultation.

(3) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy may do any of the following:

(a) Offer a policy containing a deductible, copayment, or coinsurance requirement for a health care service provided through telemedicine services, if the deductible, copayment, or coinsurance does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person diagnosis, consultation, or treatment.

(b) Adopt policies to ensure that health care services provided through telemedicine submitted for payment comply with the same coding, documentation, and other requirements necessary for payment as an in-person service other than the in-person requirement.

(4) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy does not satisfy the network adequacy requirements under section 3428 if either of the following applies:
(a) The insurer uses contracted telemedicine providers who provide only telemedicine services and do not provide in-person health care services in this state.

(b) Patients are not able to access appropriate in-person services in a timely manner on request.

(5) Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services must conform to the standards of care applicable to the telemedicine provider's profession and specialty. Telemedicine services are subject to all terms and conditions of the health insurance policy agreed upon between the policy holder and the insurer, including, but not limited to, required copayments, coinsurances, deductibles, and approved amounts.

(6) (2) As used in this section:

(a) After December 31, 2017, "insurer" includes a nonprofit dental care corporation operating under 1963 PA 125, MCL 550.351 to 550.373.

(b) "Telemedicine" means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

Enacting section 1. Section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476, as amended by this amendatory act,
applies to health insurance policies delivered, executed, issued, amended, adjusted, or renewed in this state, or outside of this state if covering residents of this state, after December 31, 2023.