

FISCAL IMPACT STATEMENT ON BILL NO. **S.290**

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| TO:       | The Honorable Harvey S. Peeler, Jr., Chairperson, Senate Medical Affairs Committee |      |         |
| FROM:     | State Budget Division, Budget and Control Board                                    |      |         |
| ANALYSTS: | Stephen Gardner, Torina Wood, Rachael Fulmer                                       |      |         |
| DATE:     | March 19, 2013                                                                     | SBD: | 2013184 |

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|----------|------------------------------------------|--------------------|-----------|
| AUTHOR:  | Senator Cleary                           | PRIMARY CODE CITE: | 38-71-300 |
| SUBJECT: | Telemedicine Insurance Reimbursement Act |                    |           |

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ESTIMATED FISCAL IMPACT ON GENERAL FUND EXPENDITURES:

Minimal (Some additional costs expected but can be absorbed)

ESTIMATED FISCAL IMPACT ON FEDERAL & OTHER FUND EXPENDITURES:

\$0 (No additional expenditures or savings are expected)

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**BILL SUMMARY:**

Senate Bill 290 amends 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.

**EXPLANATION OF IMPACT:**

Department of Insurance

The Department estimates there would be a temporary in-flux of forms and possibly rates that could be handled by existing staff and not expect this Bill to result in a fiscal impact.

Department of Labor, Licensing and Regulation

Department of Health and Human Services (DHHS)

The Departments estimate that this Bill will have no fiscal impact on the State General Fund or on Federal and/or Other Funds.

Department of Mental Health (DMH)

DMH reports this Bill would have no impact on the General Fund of the State or Federal and/or Other Funds. The agency indicates any savings resulting from the proposed Bill would not likely be significant as few patients are seen via telemedicine who have private health insurance.

**SPECIAL NOTES:**

None.

Approved by:



Brenda Hart  
Assistant Director, State Budget Division