

## Insurance Coverage of Telehealth Services

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### Issue

Describe Connecticut's requirements for insurance coverage of telehealth services, as enacted in [PA 20-2, July Special Session](#) (JSS). **This report has been updated by OLR Report [2021-R-0199](#).**

### Summary

Connecticut law establishes requirements for health insurance coverage of services provided through telehealth ([CGS §§ 38a-499a](#) and [38a-526a](#)). [PA 20-2, JSS](#), §§ 3-5, temporarily replaces these requirements with similar but more expansive requirements from July 31, 2020, through March 15, 2021.

[PA 20-2, JSS](#), requires certain health insurance policies to cover medical advice, diagnosis, care, or treatment provided through telehealth to the extent that they cover those services when provided in person. It prohibits providers who are reimbursed for telehealth services from seeking payment from an insured patient beyond cost sharing (e.g., copayments, deductibles, and coinsurance).

The act also prohibits (1) insurance policies from excluding coverage for a telehealth platform selected by an in-network provider and (2) health carriers (e.g., insurers and HMOs) from reducing reimbursement to a provider because he or she provides services through telehealth instead of in-person.

# **Requirements for Telehealth until March 15, 2021**

## ***Insurance Coverage Requirement***

As with existing law, [PA 20-2, JSS](#), requires certain commercial health insurance policies to cover medical advice, diagnosis, care, or treatment provided through telehealth to the extent that they cover those services when provided in person. They both generally subject telehealth coverage to the same terms and conditions that apply to other benefits under the policy. They also allow insurers, HMOs, and related entities to conduct utilization review for telehealth services in the same manner they conduct it for in-person services, including using the same clinical review criteria.

## ***Prohibitions***

Under the act and existing law, affected health insurance policies cannot exclude coverage solely because a service is provided through telehealth, as long as it is an appropriate method of delivering the service. The act further prohibits these policies from excluding coverage for a telehealth platform that a telehealth provider selects. (A telehealth platform is the technological program or system used to deliver telehealth (e.g., video conferencing programs).)

The act prohibits a telehealth provider who receives reimbursement for providing a telehealth service from seeking any payment from the insured patient beyond any applicable cost sharing. The provider must accept this as payment in full.

## ***Provider Reimbursement***

The act prohibits health carriers from reducing the amount of reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in person. (This is often referred to as payment parity. For more information about payment parity, see OLR Report [2020-R-0161](#).)

## ***Applicability of Insurance Provisions***

The act applies to fully insured individual and group health insurance policies in effect any time from July 31, 2020, until March 15, 2021, that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

## **Definitions**

### ***Telehealth***

Under the act, “telehealth” is a way of delivering health care services through information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management, and self-management of an insured's physical, oral, and mental health. It excludes fax, texting, and email, as well as audio-only telephone for out-of-network providers. (Existing law, which [PA 20-2, JSS](#), expands upon, excludes all audio-only telephone from the definition.)

Telehealth includes:

1. interaction between a patient at an originating site and the telehealth provider at a distant site and
2. synchronous (real-time) interactions, asynchronous store and forward transfers (transmitting medical information from the patient to the telehealth provider for review at a later time), or remote patient monitoring.

### ***Telehealth Providers***

The act expands the list of providers authorized under existing law to conduct telehealth services by including art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse mid-wives, and occupational or physical therapist assistants.

Thus, the act authorizes the following certified, licensed, or registered health care providers to provide health care services using telehealth: advanced practice registered nurses, alcohol and drug counselors, art therapists, athletic trainers, audiologists, behavior analysts, chiropractors, clinical and master social workers, dentists, dietician-nutritionists, genetic counselors, marital and family therapists, music therapists, naturopaths, nurse mid-wives, occupational or physical therapists, occupational or physical therapist assistants, optometrists, paramedics, pharmacists, physicians, physician assistants, podiatrists, professional counselors, psychologists, registered nurses, respiratory care practitioners, and speech and language pathologists.

The act also authorizes any of the above listed providers who (1) are appropriately certified, licensed, or registered in another U.S. state or territory, or the District of Columbia; (2) are authorized to practice telehealth under any relevant order issued by the public health commissioner; and (3) maintain professional liability insurance or other indemnity against professional malpractice liability in an amount equal to or greater than that required for Connecticut health providers.

As under existing law, authorized telehealth providers must provide telehealth services within their profession's scope of practice and standard of care.

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