
OLR Bill Analysis

sHB 6470 (as amended by House "A")*

AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner, to the extent permissible under federal law, to provide Medicaid reimbursement for telehealth services to the same extent as services provided in person. Existing law requires DSS to provide Medicaid coverage for categories of telehealth services if the DSS commissioner determines they are (1) clinically appropriate to be provided through telehealth, (2) cost effective for the state, and (3) likely to expand access in certain circumstances (CGS § 17b-245e).

Current law allows the DSS commissioner, at her discretion, to cover audio-only telehealth services under the state's medical assistance programs (e.g., Medicaid) until June 30, 2023. The bill instead requires her to do so, without a sunset date, when (1) she determines doing so is clinically appropriate; (2) providing comparable covered audiovisual telehealth services is not possible; and (3) audio-only services are provided to people who are unable to use or access comparable, covered audiovisual services. Both the authorization under current law and the requirement under the bill are applicable to the extent permissible under federal law.

The bill also expands the types of health care providers who can order home health care services to include advanced practice registered nurses (APRNs) and physician assistants.

It also allows DSS to waive or suspend prior authorization requirements and other utilization review criteria and procedures for Medicaid and the Children's Health Insurance Program (CHIP).

The bill makes a minor change to a provision allowing telehealth

providers to provide services from any location. It also removes obsolete provisions and makes conforming changes.

*House Amendment "A" (1) eliminates provisions in the underlying bill allowing licensed nurse midwives and behavior analysts to provide telehealth services, and (2) makes minor changes to provisions on orders for home health care services and telehealth providers providing services from any location.

EFFECTIVE DATE: Upon passage

§§ 1 & 2 — ORDERS FOR HOME HEALTH CARE SERVICES

Current Department of Public Health (DPH) regulations generally require physicians to sign patient care plans that include a needs assessment for home health services (Conn. Agencies Regs. § 19-13-D73). The bill supersedes this and any other state regulation and allows APRNs and physician assistants, as well as physicians, to order home health care agency, hospice home health care agency, and home health aide agency services. (An April 27, 2020, DPH order enacted a similar policy for the duration of the COVID-19 public health and civil preparedness emergencies; the authorizing executive order (Executive Order 7K) has since expired.)

The bill also allows APRNs and physician assistants in states that border Connecticut to order home health care agency services, in addition to physicians in bordering states under current law. The bill expands this provision to also explicitly apply to hospice home health care agency services and home health aide agency services.

The bill extends any DPH regulation, policy, or procedure that applies to a physician ordering home health services to also apply to APRNs and physician assistants. This includes provisions on reviewing and approving care plans for these services.

The bill similarly allows APRNs and physician assistants to order home health care services covered by DSS (i.e., under medical assistance programs, such as Medicaid). Under the bill, any DSS regulation, policy, or procedure that applies to physicians ordering

home health care services also applies to APRNs and physician assistants, including related provisions on care plan review and approval.

§ 3 — TELEHEALTH PROVIDER LOCATION

PA 21-9 establishes requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023. Among other things, the law allows telehealth providers, regardless of any contrary state laws, to provide telehealth services from any location. Under the bill, this provision applies (1) subject to compliance with all applicable federal requirements and (2) regardless of any state licensing standards.

§ 5 — PRIOR AUTHORIZATION AND UTILIZATION REVIEW

The bill allows the DSS commissioner to waive or suspend, in whole or in part, any prior authorization or other utilization review criteria and procedures for Medicaid and CHIP. The bill requires her to include notice of any waiver or suspension in a provider bulletin sent to affected providers and posted on the Connecticut Medical Assistance Program website at least 14 days before implementing it. (An executive order issued during the COVID-19 pandemic contained similar provisions (Executive Order 7EE, § 4, issued April 23, 2020); the order was repealed on May 20, 2021.)

BACKGROUND

Related Bill

sHB 6666 (§ 52), as amended by House Amendment “A” and passed by the House, similarly allows licensed APRNs and physician assistants to order home health care agency, hospice agency, and home health aide agency services.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/18/2021)