



House of Representatives

General Assembly

File No. 124

February Session, 2024

Substitute House Bill No. 5198

House of Representatives, March 26, 2024

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING TELEHEALTH.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-906 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) As used in this section:

4 (1) "Asynchronous" means any transmission to another site for
5 review at a later time that uses a camera or other technology to capture
6 images or data to be recorded.

7 (2) "Facility fee" has the same meaning as in section 19a-508c.

8 (3) "Health record" means the record of individual, health-related
9 information that may include, but need not be limited to, continuity of
10 care documents, discharge summaries and other information or data
11 relating to a patient's demographics, medical history, medication,
12 allergies, immunizations, laboratory test results, radiology or other
13 diagnostic images, vital signs and statistics.

14 (4) "Medical history" means information, including, but not limited
15 to, a patient's past illnesses, medications, hospitalizations, family
16 history of illness if known, the name and address of the patient's
17 primary care provider if known and other matters relating to the health
18 condition of the patient at the time of a telehealth interaction.

19 (5) "Medication-assisted treatment" means the use of medications
20 approved by the federal Food and Drug Administration, in combination
21 with counseling and behavioral therapies, to provide a whole-patient
22 approach to the treatment of substance use disorders.

23 (6) "Originating site" means a site at which a patient is located at the
24 time health care services are provided to the patient by means of
25 telehealth.

26 (7) "Peripheral devices" means the instruments a telehealth provider
27 uses to perform a patient exam, including, but not limited to,
28 stethoscope, otoscope, ophthalmoscope, sphygmomanometer,
29 thermometer, tongue depressor and reflex hammer.

30 (8) "Remote patient monitoring" means the personal health and
31 medical data collection from a patient in one location via electronic
32 communication technologies that is then transmitted to a telehealth
33 provider located at a distant site for the purpose of health care
34 monitoring to assist the effective management of the patient's treatment,
35 care and related support.

36 (9) "Store and forward transfer" means the asynchronous
37 transmission of a patient's medical information from an originating site
38 to the telehealth provider at a distant site.

39 (10) "Synchronous" means real-time interactive technology.

40 (11) "Telehealth" means the mode of delivering health care or other
41 health services via information and communication technologies to
42 facilitate the diagnosis, consultation and treatment, education, care
43 management and self-management of a patient's physical and mental
44 health, and includes [(A)] interaction between the patient at the

45 originating site and the telehealth provider at a distant site, and [(B)]
46 synchronous interactions, asynchronous store and forward transfers or
47 remote patient monitoring. [Telehealth] "Telehealth" does not include
48 the use of facsimile, [audio-only telephone,] texting or electronic mail.

49 (12) "Telehealth provider" means (A) any physician or physician
50 assistant licensed under chapter 370, physical therapist or physical
51 therapist assistant licensed under chapter 376, chiropractor licensed
52 under chapter 372, naturopath licensed under chapter 373, podiatrist
53 licensed under chapter 375, occupational therapist or occupational
54 therapy assistant licensed under chapter 376a, optometrist licensed
55 under chapter 380, registered nurse or advanced practice registered
56 nurse licensed under chapter 378, [physician assistant licensed under
57 chapter 370,] psychologist licensed under chapter 383, marital and
58 family therapist licensed under chapter 383a, clinical social worker or
59 master social worker licensed under chapter 383b, alcohol and drug
60 counselor licensed under chapter 376b, professional counselor licensed
61 under chapter 383c, dietitian-nutritionist certified under chapter 384b,
62 speech and language pathologist licensed under chapter 399,
63 respiratory care practitioner licensed under chapter 381a, audiologist
64 licensed under chapter 397a, pharmacist licensed under chapter 400j,
65 [or] paramedic licensed pursuant to chapter 384d, nurse-midwife
66 licensed under chapter 377, dentist licensed under chapter 379, behavior
67 analyst licensed under chapter 382a, genetic counselor licensed under
68 chapter 383d, music therapist, as defined in section 20-195ggg, art
69 therapist licensed under chapter 383g or athletic trainer licensed under
70 chapter 375a who [is providing] provides health care or other health
71 services through the use of telehealth within such person's scope of
72 practice and in accordance with the standard of care applicable to the
73 profession, and (B) [on and after July 1, 2024, an appropriately licensed,
74 certified or registered physician, naturopath, registered nurse,
75 advanced practice registered nurse, physician assistant, psychologist,
76 marital and family therapist, clinical social worker, master social
77 worker, alcohol and drug counselor, professional counselor, dietitian-
78 nutritionist, nurse-midwife, behavior analyst, music therapist or art
79 therapist, in another state or territory of the United States or the District

80 of Columbia, who (i) provides telehealth services under any relevant
81 order issued pursuant to section 19a-906a, (ii) provides mental or
82 behavioral health care through the use of telehealth within such person's
83 scope of practice and in accordance with the standard of care applicable
84 to the profession, and (iii)] any appropriately licensed, certified or
85 registered physician, physician assistant, physical therapist, physical
86 therapist assistant, chiropractor, naturopath, podiatrist, occupational
87 therapist, occupational therapy assistant, optometrist, registered nurse,
88 advanced practice registered nurse, psychologist, marital and family
89 therapist, clinical social worker, master social worker, alcohol and drug
90 counselor, professional counselor, dietitian-nutritionist, speech and
91 language pathologist, respiratory care practitioner, audiologist,
92 pharmacist, paramedic, nurse-midwife, dentist, behavior analyst,
93 genetic counselor, music therapist, art therapist or athletic trainer, in
94 another state or territory of the United States or the District of Columbia,
95 who provides health care or other health services through the use of
96 telehealth within such person's scope of practice and in accordance with
97 the standard of care applicable to the profession and maintains
98 professional liability insurance, or other indemnity against liability for
99 professional malpractice, in an amount that is equal to or greater than
100 that required for similarly licensed, certified or registered Connecticut
101 [mental or behavioral] health care providers.

102 (b) (1) A telehealth provider shall only provide telehealth services to
103 a patient when the telehealth provider: (A) Is communicating through
104 real-time, interactive, two-way communication technology or store and
105 forward technologies; (B) has determined whether the patient has health
106 coverage that is fully insured, not fully insured or provided through the
107 Connecticut medical assistance program, and whether the patient's
108 health coverage, if any, provides coverage for the telehealth service; (C)
109 has access to, or knowledge of, the patient's medical history, as provided
110 by the patient, and the patient's health record, including the name and
111 address of the patient's primary care provider, if any; [(C)] (D) conforms
112 to the standard of care applicable to the telehealth provider's profession
113 and expected for in-person care as appropriate to the patient's age and
114 presenting condition, except when the standard of care requires the use

115 of diagnostic testing and performance of a physical examination, such
116 testing or examination may be carried out through the use of peripheral
117 devices appropriate to the patient's condition; and [(D)] (E) provides the
118 patient with the telehealth's provider license number and contact
119 information.

120 (2) At the time of the telehealth provider's first telehealth interaction
121 with a patient, the telehealth provider shall inform the patient
122 concerning the treatment methods and limitations of treatment using a
123 telehealth platform and, after providing the patient with such
124 information, obtain the patient's consent to provide telehealth services.
125 The telehealth provider shall document such notice and consent in the
126 patient's health record. If a patient later revokes such consent, the
127 telehealth provider shall document the revocation in the patient's health
128 record.

129 (c) Notwithstanding the provisions of this section or title 20, no
130 telehealth provider shall prescribe any schedule I, II or III controlled
131 substance through the use of telehealth, except a schedule II or III
132 controlled substance other than an opioid drug, as defined in section 20-
133 14o, in a manner fully consistent with the Ryan Haight Online Pharmacy
134 Consumer Protection Act, 21 USC 829(e), as amended from time to time,
135 for the treatment of a person with a psychiatric disability or substance
136 use disorder, as defined in section 17a-458, including, but not limited to,
137 medication-assisted treatment. A telehealth provider using telehealth to
138 prescribe a schedule II or III controlled substance pursuant to this
139 subsection shall electronically submit the prescription pursuant to
140 section 21a-249, as amended by this act.

141 (d) Each telehealth provider shall, at the time of the initial telehealth
142 interaction, ask the patient whether the patient consents to the telehealth
143 provider's disclosure of records concerning the telehealth interaction to
144 the patient's primary care provider. If the patient consents to such
145 disclosure, the telehealth provider shall provide records of all telehealth
146 interactions to the patient's primary care provider, in a timely manner,
147 in accordance with the provisions of sections 20-7b to 20-7e, inclusive.

148 (e) Any consent required under this section shall be obtained from
149 the patient, or the patient's legal guardian, conservator or other
150 authorized representative, as applicable.

151 (f) The provision of telehealth services and health records maintained
152 and disclosed as part of a telehealth interaction shall comply with the
153 provisions of the Health Insurance Portability and Accountability Act of
154 1996 P.L. 104-191, as amended from time to time.

155 (g) Nothing in this section shall prohibit: (1) A health care provider
156 from providing on-call coverage pursuant to an agreement with another
157 health care provider or such health care provider's professional entity
158 or employer; (2) a health care provider from consulting with another
159 health care provider concerning a patient's care; (3) orders of health care
160 providers for hospital outpatients or inpatients; or (4) the use of
161 telehealth for a hospital inpatient, including for the purpose of ordering
162 any medication or treatment for such patient in accordance with Ryan
163 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as
164 amended from time to time. For purposes of this subsection, "health care
165 provider" means a person or entity licensed or certified pursuant to
166 chapter 370, 372, 373, 375 [376] to 376b, inclusive, 377, 378, 379, 380,
167 381a, 382, 382a, 383 to [383c] 383d, inclusive, 383f, 383g, 384b, 384d, 397a,
168 399 or 400j, or licensed or certified pursuant to chapter 368d or 384d.

169 (h) No telehealth provider or hospital shall charge a facility fee for
170 telehealth services. Such prohibition shall apply to hospital telehealth
171 services whether provided on campus or otherwise. For purposes of this
172 subsection, "hospital" has the same meaning as provided in section 19a-
173 490 and "campus" has the same meaning as provided in section 19a-
174 508c.

175 (i) (1) No telehealth provider shall provide health care or health
176 services to a patient through telehealth unless the telehealth provider
177 has determined whether or not the patient has health coverage for such
178 health care or health services.

179 (2) Notwithstanding any provision of the general statutes, a

180 telehealth provider who provides health care or health services to a
181 patient through telehealth shall accept as full payment for such health
182 care or health services:

183 (A) An amount that is equal to the amount that Medicare reimburses
184 for such health care or health services if the telehealth provider
185 determines that the patient does not have health coverage for such
186 health care or health services; or

187 (B) The amount that the patient's health coverage reimburses and any
188 coinsurance, copayment, deductible or other out-of-pocket expense
189 imposed by the patient's health coverage for such health care or health
190 services if the telehealth provider determines that the patient has health
191 coverage for such health care or health services.

192 (3) If a telehealth provider determines that a patient is unable to pay
193 for any health care or health services described in subdivisions (1) and
194 (2) of this subsection, the provider shall offer to the patient financial
195 assistance if such provider is required to offer to the patient such
196 financial assistance under any applicable state or federal law.

197 (j) Subject to compliance with all applicable federal requirements,
198 state licensing standards or any regulation adopted thereunder, a
199 telehealth provider may provide telehealth services pursuant to the
200 provisions of this section from any location.

201 (k) Any Connecticut entity, institution or health care provider, that
202 engages or contracts with a telehealth provider who is licensed, certified
203 or registered in another state or territory of the United States or the
204 District of Columbia to provide health care or other health services, shall
205 (1) verify the credentials of such telehealth provider in the state in which
206 such provider is licensed, certified or registered, (2) ensure that such
207 telehealth provider is in good standing in such state, and (3) confirm
208 that such telehealth provider maintains professional liability insurance
209 or other indemnity against liability for professional malpractice in an
210 amount that is equal to or greater than that required for similarly
211 licensed, certified or registered health care or other services health

212 provider in the state.

213 Sec. 2. Section 19a-906a of the general statutes is repealed and the
214 following is substituted in lieu thereof (*Effective from passage*):

215 The Commissioner of Public Health may issue an order [authorizing
216 telehealth providers who are not licensed, certified or registered to
217 practice in this state to provide telehealth services to patients in this
218 state. Such order may be of limited duration and limited to one or more
219 types of providers described in subdivision (13) of subsection (a) of
220 section 1 of public act 21-9, or subdivision (12) of subsection (a) of
221 section 19a-906. The commissioner may impose conditions including,
222 but not limited to, a requirement that any telehealth provider providing
223 telehealth services to patients in this state pursuant to such order shall
224 submit an application for licensure, certification or registration, as
225 applicable. The commissioner may suspend or revoke any authorization
226 provided pursuant to this section to a telehealth provider who] to
227 suspend or revoke the authority of any telehealth provider licensed,
228 certified or registered to practice in another state or territory of the
229 United States or the District of Columbia to provide telehealth services
230 in this state pursuant to section 19a-906, as amended by this act, if such
231 telehealth provider violates any condition imposed by the
232 commissioner or applicable requirements for the provision of telehealth
233 services under the law. Any such order issued pursuant to this section
234 shall not constitute a regulation, as defined in section 4-166.

235 Sec. 3. Subdivision (5) of subsection (c) of section 21a-249 of the 2024
236 supplement to the general statutes is repealed and the following is
237 substituted in lieu thereof (*Effective from passage*):

238 (5) The practitioner demonstrates, in a form and manner prescribed
239 by the commissioner, that such practitioner does not have the
240 technological capacity to issue an electronically transmitted
241 prescription. For the purposes of this subsection, "technological
242 capacity" means possession of a computer system, hardware or device
243 that can be used to electronically transmit controlled substance
244 prescriptions consistent with the requirements of the federal Controlled

245 Substances Act, 21 USC 801, as amended from time to time. The
246 provisions of this subdivision shall not apply to a practitioner when
247 such practitioner is prescribing as a telehealth provider, as defined in
248 section 19a-906, as amended by this act, [section 1 of public act 20-2 of
249 the July special session or section 1 of public act 21-9, as applicable,]
250 pursuant to subsection (c) of said section. [19a-906, subsection (c) of
251 section 1 of public act 20-2 of the July special session or subsection (c) of
252 section 1 of public act 21-9, as applicable.]

253 Sec. 4. (NEW) (*Effective from passage*) (a) As used in this section:

254 (1) "Health carrier" has the same meaning as provided in section 38a-
255 1080 of the general statutes;

256 (2) "Insured" has the same meaning as provided in section 38a-1 of
257 the general statutes;

258 (3) "Telehealth" has the same meaning as provided in section 19a-906
259 of the general statutes, as amended by this act; and

260 (4) "Telehealth provider" has the same meaning as provided in
261 section 19a-906 of the general statutes, as amended by this act.

262 (b) Notwithstanding any provision of title 38a of the general statutes,
263 no health carrier shall reduce the amount of a reimbursement paid to a
264 telehealth provider for covered health care or health services that the
265 telehealth provider appropriately provided to an insured through
266 telehealth because the telehealth provider provided such health care or
267 health services to the patient through telehealth and not in person.

268 Sec. 5. (NEW) (*Effective from passage*) (a) As used in this section:

269 (1) "Telehealth" means the mode of delivering health care or other
270 health services via information and communication technologies to
271 facilitate the diagnosis, consultation and treatment, education, care
272 management and self-management of a patient's physical, oral and
273 mental health, and includes (A) interaction between the patient at the
274 originating site and the telehealth provider at a distant site, and (B)

275 synchronous interactions, asynchronous store and forward transfers or
276 remote patient monitoring. "Telehealth" does not include the use of
277 facsimile, texting or electronic mail.

278 (2) "Connecticut medical assistance program" means the state's
279 Medicaid program and the Children's Health Insurance Program under
280 Title XXI of the Social Security Act, as amended from time to time.

281 (b) Notwithstanding the provisions of section 17b-245c, 17b-245e or
282 19a-906 of the general statutes, as amended by this act, or any other
283 section, regulation, rule, policy or procedure governing the Connecticut
284 medical assistance program, the Commissioner of Social Services may,
285 in the commissioner's discretion and to the extent permissible under
286 federal law, provide coverage under the Connecticut medical assistance
287 program for audio-only telehealth services.

288 Sec. 6. Section 1 of public act 21-9, as amended by section 3 of public
289 act 21-133 and section 32 of public act 22-81, section 3 of public act 21-9,
290 as amended by section 35 of public act 22-81, section 4 of public act 21-
291 9, as amended by section 36 of public act 22-81, section 5 of public act
292 21-9, as amended by section 37 of public act 22-81, and section 6 of public
293 act 21-9, as amended by section 4 of public act 21-133, are repealed.
294 (*Effective from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-906
Sec. 2	<i>from passage</i>	19a-906a
Sec. 3	<i>from passage</i>	21a-249(c)(5)
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	Repealer section

PH Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
UConn Health Ctr.	Clinical Revenue Impact	See Below	See Below
Social Services, Dept.	GF - See Below	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 25 \$	FY 26 \$
Various Municipalities	Precludes Savings	Potential	Potential

Explanation

The bill, which makes permanent several requirements related to telehealth, prevents a revenue loss to the University of Connecticut Health Center (UHC). The bill makes various other changes to audio-only services and precludes savings to fully insured municipalities.

The bill allows UHC to continue to charge for and receive comparable reimbursement for a variety of telehealth services; these provisions otherwise are scheduled to expire on June 30, 2024. It is estimated that by the end of FY 24, UHC will have collected approximately \$2.8 million in fees associated with a variety of telehealth services.

Additionally, the bill allows, rather than requires, coverage of audio-only services and repeals the requirement that the rate for telehealth services be the same as in person rates. The fiscal impact to the Department of Social Services (DSS) is dependent on future coverage of audio-only services, the associated Medicaid and HUSKY B rates, and

the extent to which coverage of audio-only telehealth services is permissible under federal law.

The bill may preclude future savings to fully insured municipalities to the extent their plans' coverage would otherwise differ from the coverage required by the bill. The impact would be reflected in premium costs when policies are renewed. Pursuant to federal law, self-insured plans are exempt from state health mandates.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to various telehealth utilization rates and reimbursement.

OLR Bill Analysis**sHB 5198*****AN ACT CONCERNING TELEHEALTH.*****SUMMARY**

This bill makes permanent certain temporary expanded requirements for telehealth service delivery and insurance coverage enacted under PA 21-9 and PA 22-81 that will sunset under current law on June 30, 2024. Among other things, these provisions include:

1. allowing authorized telehealth providers to use audio-only telephone to provide services;
2. allowing authorized providers to provide telehealth services from any location, subject to applicable state and federal requirements;
3. expanding the list of authorized telehealth providers to include art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse midwives, and occupational and physical therapist assistants;
4. prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services;
5. allowing out-of-state providers to practice telehealth in Connecticut, under certain conditions, and eliminating the condition that they do so under a Department of Public Health (DPH) order;
6. requiring Connecticut providers or entities that engage or contract with out-of-state telehealth providers to verify the provider's credentials and professional liability insurance;

7. prohibiting health carriers (e.g., insurers and HMOs) from reducing the amount of reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in-person;
8. authorizing the Department of Social Services (DSS) commissioner, to the extent allowed under federal law, to enable the Connecticut Medical Assistance Program (CMAP, i.e., Medicaid and HUSKY B) to cover applicable services provided through audio-only telehealth services (existing law already allows this under certain conditions); and
9. eliminating the DPH commissioner's authority to issue an order authorizing out-of-state telehealth providers to practice in Connecticut but continuing to allow her to suspend or revoke an out-of-state provider's authority to practice telehealth in Connecticut if he or she violates any condition the commissioner imposes or any applicable statutory requirements.

The bill also makes technical and conforming changes, including repealing corresponding provisions in PA 21-9 and PA 22-81.

EFFECTIVE DATE: Upon passage

TELEHEALTH PROVIDERS

Authorized Telehealth Providers

The bill expands the list of authorized telehealth providers to include the following professionals: art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse midwives, and occupational and physical therapist assistants.

Current law already allows the following licensed health care providers to provide health care services using telehealth: APRNs, alcohol and drug counselors, audiologists, certified dietician-nutritionists, chiropractors, clinical and master social workers, marital and family therapists, naturopaths, occupational and physical therapists, optometrists, paramedics, pharmacists, physicians,

physician assistants, podiatrists, professional counselors, psychologists, registered nurses, respiratory care practitioners, and speech and language pathologists.

Under current law, unchanged by the bill, authorized telehealth providers must provide telehealth services within their profession's scope of practice and standard of care.

Out-of-State Providers

The bill allows out-of-state authorized telehealth providers (see above) to practice telehealth in Connecticut and requires them to:

1. be appropriately licensed, certified, or registered in another U.S. state or territory or the District of Columbia;
2. have professional liability insurance or other indemnity against professional malpractice liability in an amount at least equal to that required for Connecticut health providers; and
3. provide telehealth services within their scope of practice and in accordance with applicable professional standards of care.

It eliminates the requirement under PA 21-9 and PA 22-81 that an out-of-state provider be authorized to practice telehealth under any relevant order issued by DPH. But the bill continues to allow DPH to suspend or revoke an out-of-state provider's authority to practice telehealth in Connecticut if he or she violates any condition the commissioner imposes or applicable statutory requirements.

Additionally, the bill requires any Connecticut entity, institution, or provider who engages or contracts with an out-of-state telehealth provider to:

1. verify the provider's credentials to ensure the provider is certified, licensed, or registered and in good standing in his or her home jurisdiction and
2. confirm the telehealth provider has professional liability

insurance or other indemnity against professional malpractice liability in an amount at least equal to that required for Connecticut health providers.

SERVICE DELIVERY

Audio-Only Telephone

The bill allows authorized telehealth providers to provide telehealth services via audio-only telephone. Under the bill and existing law, “telehealth” excludes fax, texting, and email. It 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.

Expanded CMAP Coverage

The bill permits the DSS commissioner, to the extent allowed under federal law, to enable CMAP to cover applicable services provided through audio-only telehealth services. Existing law already allows the commissioner to do this 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.

Service Delivery

Under existing law, a telehealth provider can provide telehealth services to a patient only when the provider has met certain requirements, such as (1) having access to, or knowledge of, the patient’s medical history and health record and (2) conforming to his or her professional standard of care expected for in-person care appropriate for the patient’s age and presenting condition.

The bill requires that the provider also determine whether the (1)

patient has health coverage that is fully insured, not fully insured, or provided through CMAP and (2) coverage includes telehealth services.

Additionally, the bill allows telehealth providers to provide telehealth services from any location subject to compliance with applicable federal requirements, state licensing standards, or related regulations.

PAYMENT FOR UNINSURED AND UNDERINSURED PATIENTS

The bill requires a telehealth provider, before providing services, to determine whether the patient has health coverage for any of the services to be provided. Under the bill, the provider must accept the following as payment in full for telehealth services:

1. for patients who do not have health insurance coverage for telehealth services, an amount equal to the Medicare reimbursement rate for those services, or
2. for patients with health insurance coverage, the amount the carrier reimburses for telehealth services and any cost sharing (e.g., copay, coinsurance, deductible) or other out-of-pocket expense imposed by the health plan.

Under the bill, a telehealth provider who determines that a patient is unable to pay for telehealth services must offer the patient financial assistance to the extent required under federal or state law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
 Yea 37 Nay 0 (03/11/2024)