



# House of Representatives

## File No. 641

General Assembly

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February Session, 2024 **(Reprint of File No. 124)**

Substitute House Bill No. 5198  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 1, 2024

### **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 Section 19a-906 of the general statutes is repealed and the  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 licensed under  
50 chapter 370, physical therapist licensed under chapter 376, chiropractor  
51 licensed under chapter 372, naturopath licensed under chapter 373,  
52 podiatrist licensed under chapter 375, occupational therapist licensed  
53 under chapter 376a, optometrist licensed under chapter 380, registered  
54 nurse or advanced practice registered nurse licensed under chapter 378,  
55 physician assistant licensed under chapter 370, psychologist licensed  
56 under chapter 383, marital and family therapist licensed under chapter  
57 383a, clinical social worker or master social worker licensed under  
58 chapter 383b, alcohol and drug counselor licensed under chapter 376b,  
59 professional counselor licensed under chapter 383c, dietitian-  
60 nutritionist certified under chapter 384b, speech and language  
61 pathologist licensed under chapter 399, respiratory care practitioner  
62 licensed under chapter 381a, audiologist licensed under chapter 397a,  
63 pharmacist licensed under chapter 400j or paramedic licensed pursuant  
64 to chapter 384d] any health care provider licensed pursuant to title 20  
65 and any pharmacist licensed by the Department of Consumer Protection  
66 pursuant to title 20 who is providing health care or other health services  
67 through the use of telehealth within such [person's] provider's scope of  
68 practice and in accordance with the standard of care applicable to the  
69 profession, and (B) [on and after July 1, 2024] on or before June 30, 2025,  
70 an appropriately licensed, certified or registered physician, naturopath,  
71 registered nurse, advanced practice registered nurse, physician  
72 assistant, psychologist, marital and family therapist, clinical social  
73 worker, master social worker, alcohol and drug counselor, professional  
74 counselor, dietitian-nutritionist, nurse-midwife, behavior analyst,  
75 music therapist or art therapist, in another state or territory of the United  
76 States or the District of Columbia, who [(i) provides telehealth services

77 under any relevant order issued pursuant to section 19a-906a, (ii)] (i)  
78 provides mental or behavioral health care through the use of telehealth  
79 within such person's scope of practice and in accordance with the  
80 standard of care applicable to the profession, [and (iii)] (ii) maintains  
81 professional liability insurance, or other indemnity against liability for  
82 professional malpractice, in an amount that is equal to or greater than  
83 that required for similarly licensed, certified or registered Connecticut  
84 mental or behavioral health care providers, (iii) registers with the  
85 Department of Public Health, in a form and manner prescribed by the  
86 Commissioner of Public Health, as a provider of mental or behavioral  
87 health care in the state through the use of telehealth prior to providing  
88 telehealth to a patient in the state, and (iv) submits an application to the  
89 Department of Public Health for a license, certificate or registration as a  
90 mental or behavioral health care provider pursuant to title 20 not later  
91 than sixty days after registering with the department pursuant to clause  
92 (iii) of this subparagraph and completes the application process for such  
93 license, certificate or registration not later than sixty days after  
94 submitting such application.

95 (b) (1) A telehealth provider shall only provide telehealth services to  
96 a patient when the telehealth provider: (A) Is communicating through  
97 real-time, interactive, two-way communication technology or store and  
98 forward technologies; (B) has access to, or knowledge of, the patient's  
99 medical history, as provided by the patient, and the patient's health  
100 record, including the name and address of the patient's primary care  
101 provider, if any; (C) conforms to the standard of care applicable to the  
102 telehealth provider's profession and expected for in-person care as  
103 appropriate to the patient's age and presenting condition, except when  
104 the standard of care requires the use of diagnostic testing and  
105 performance of a physical examination, such testing or examination  
106 may be carried out through the use of peripheral devices appropriate to  
107 the patient's condition; and (D) provides the patient with the telehealth's  
108 provider license number and contact information.

109 (2) At the time of the telehealth provider's first telehealth interaction  
110 with a patient, the telehealth provider shall inform the patient

111 concerning the treatment methods and limitations of treatment using a  
112 telehealth platform and, after providing the patient with such  
113 information, obtain the patient's consent to provide telehealth services.  
114 The telehealth provider shall document such notice and consent in the  
115 patient's health record. If a patient later revokes such consent, the  
116 telehealth provider shall document the revocation in the patient's health  
117 record.

118 (c) Notwithstanding the provisions of this section or title 20, no  
119 telehealth provider shall prescribe any schedule I, II or III controlled  
120 substance through the use of telehealth, except a schedule II or III  
121 controlled substance other than an opioid drug, as defined in section 20-  
122 14o, in a manner fully consistent with the Ryan Haight Online Pharmacy  
123 Consumer Protection Act, 21 USC 829(e), as amended from time to time,  
124 for the treatment of a person with a psychiatric disability or substance  
125 use disorder, as defined in section 17a-458, including, but not limited to,  
126 medication-assisted treatment. A telehealth provider using telehealth to  
127 prescribe a schedule II or III controlled substance pursuant to this  
128 subsection shall electronically submit the prescription pursuant to  
129 section 21a-249, as amended by this act.

130 (d) Each telehealth provider shall, at the time of the initial telehealth  
131 interaction, ask the patient whether the patient consents to the telehealth  
132 provider's disclosure of records concerning the telehealth interaction to  
133 the patient's primary care provider. If the patient consents to such  
134 disclosure, the telehealth provider shall provide records of all telehealth  
135 interactions to the patient's primary care provider, in a timely manner,  
136 in accordance with the provisions of sections 20-7b to 20-7e, inclusive.

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

140 (f) The provision of telehealth services and health records maintained  
141 and disclosed as part of a telehealth interaction shall comply with the  
142 provisions of the Health Insurance Portability and Accountability Act of

143 1996 P.L. 104-191, as amended from time to time.

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

158 (h) No telehealth provider or hospital shall charge a facility fee for  
159 telehealth services. Such prohibition shall apply to hospital telehealth  
160 services whether provided on campus or otherwise. For purposes of this  
161 subsection, "hospital" has the same meaning as provided in section 19a-  
162 490 and "campus" has the same meaning as provided in section 19a-  
163 508c.

164 (i) (1) No telehealth provider shall provide health care or health  
165 services to a patient through telehealth unless the telehealth provider  
166 (A) has determined whether the patient has health coverage for such  
167 health care or health services, and, if the patient has such health  
168 coverage, whether the patient elects to either use such health coverage  
169 to pay for such health care or health services, in whole or in part, or pay  
170 the telehealth provider directly for such health care or health services  
171 without using such coverage, and (B) prior to providing such health care  
172 or health services to any patient who elects to pay the telehealth  
173 provider in part using such coverage or directly without using such  
174 coverage, discloses the cost of such health care or health services to the  
175 patient.

176 (2) Notwithstanding any provision of the general statutes, a  
177 telehealth provider who agrees to provide health care or health services  
178 to a patient through telehealth shall accept as full payment for such  
179 health care or health services:

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

184 (B) The amount that the patient's health coverage reimburses and any  
185 coinsurance, copayment, deductible or other out-of-pocket expense  
186 imposed by the patient's health coverage for such health care or health  
187 services if the telehealth provider determines that the patient has health  
188 coverage for such health care or health services, unless the patient has  
189 explicitly elected to pay the provider directly without using such  
190 coverage pursuant to subparagraph (A) of subdivision (1) of this  
191 subsection, in which case the patient and provider may mutually agree  
192 to a different amount; or

193 (C) An amount mutually agreed to by the patient and telehealth  
194 provider.

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

200 (4) Nothing in this subsection shall be construed to prohibit a patient  
201 from paying a telehealth provider directly for health care or health  
202 services without seeking coverage from a health carrier for such health  
203 care or health services.

204 (j) Subject to compliance with all applicable federal requirements,  
205 state licensing standards, state telehealth laws or any regulation  
206 adopted thereunder, a telehealth provider may provide telehealth

207 services pursuant to the provisions of this section from any location to a  
208 patient in any location.

209 (k) Any Connecticut entity, institution or health care provider, that  
210 engages or contracts with a telehealth provider who is licensed, certified  
211 or registered in another state or territory of the United States or the  
212 District of Columbia to provide health care or other health services, but  
213 who is not licensed, certified or registered by the Department of Public  
214 Health to provide such care or services, shall verify that the telehealth  
215 provider has registered with the Department of Public Health pursuant  
216 to subparagraph (B)(iii) of subdivision (12) of subsection (a) of this  
217 section. The department shall (1) verify the credentials of such telehealth  
218 provider in the state in which such provider is licensed, certified or  
219 registered, (2) ensure that such telehealth provider is in good standing  
220 in such state, and (3) confirm that such telehealth provider maintains  
221 professional liability insurance or other indemnity against liability for  
222 professional malpractice in an amount that is equal to or greater than  
223 that required for similarly licensed, certified or registered health care or  
224 other services health provider in the state.

225 (l) The Commissioner of Public Health shall issue a decision on each  
226 application for a license, certificate or registration made by a health care  
227 provider pursuant to subparagraph (B)(iv) of subdivision (12) of  
228 subsection (a) of this section not later than forty-five days after the  
229 completion of the application process for such provider.  
230 Notwithstanding any provision of this section, a health care provider  
231 who is not licensed, certified or registered as a health care provider by  
232 the Department of Public Health pursuant to title 20 shall not provide  
233 mental or behavioral health care through telehealth in the state if such  
234 provider is on the list of excluded individuals or entities posted in the  
235 federal online database maintained by the United States Department of  
236 Health and Human Services Office of Inspector General. The  
237 commissioner may prohibit a health care provider who is not licensed,  
238 certified or registered as a health care provider by the Department of  
239 Public Health pursuant to title 20 from registering with the department  
240 pursuant to subparagraph (B)(iii) of subdivision (12) of subsection (a) of



241 this section or suspend or revoke a provider's registration made  
242 pursuant to said subparagraph, if such provider does not meet any of  
243 the requirements set forth in this section or act in accordance with the  
244 provisions of subdivision (6) of subsection (a) of section 19a-14.

245 Sec. 2. Subdivision (5) of subsection (c) of section 21a-249 of the 2024  
246 supplement to the general statutes is repealed and the following is  
247 substituted in lieu thereof (*Effective from passage*):

248 (5) The practitioner demonstrates, in a form and manner prescribed  
249 by the commissioner, that such practitioner does not have the  
250 technological capacity to issue an electronically transmitted  
251 prescription. For the purposes of this subsection, "technological  
252 capacity" means possession of a computer system, hardware or device  
253 that can be used to electronically transmit controlled substance  
254 prescriptions consistent with the requirements of the federal Controlled  
255 Substances Act, 21 USC 801, as amended from time to time. The  
256 provisions of this subdivision shall not apply to a practitioner when  
257 such practitioner is prescribing as a telehealth provider, as defined in  
258 section 19a-906, as amended by this act, [section 1 of public act 20-2 of  
259 the July special session or section 1 of public act 21-9, as applicable,]  
260 pursuant to subsection (c) of said section. [19a-906, subsection (c) of  
261 section 1 of public act 20-2 of the July special session or subsection (c) of  
262 section 1 of public act 21-9, as applicable.]

263 Sec. 3. (NEW) (*Effective from passage*) (a) As used in this section:

264 (1) "Health carrier" has the same meaning as provided in section 38a-  
265 1080 of the general statutes;

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

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

270 (4) "Telehealth provider" means any physician licensed under chapter

271 370 of the general statutes, physical therapist licensed under chapter 376  
272 of the general statutes, chiropractor licensed under chapter 372 of the  
273 general statutes, naturopath licensed under chapter 373 of the general  
274 statutes, podiatrist licensed under chapter 375 of the general statutes,  
275 occupational therapist licensed under chapter 376a of the general  
276 statutes, optometrist licensed under chapter 380 of the general statutes,  
277 registered nurse or advanced practice registered nurse licensed under  
278 chapter 378 of the general statutes, physician assistant licensed under  
279 chapter 370 of the general statutes, psychologist licensed under chapter  
280 383 of the general statutes, marital and family therapist licensed under  
281 chapter 383a of the general statutes, clinical social worker or master  
282 social worker licensed under chapter 383b of the general statutes,  
283 alcohol and drug counselor licensed under chapter 376b of the general  
284 statutes, professional counselor licensed under chapter 383c of the  
285 general statutes, dietitian-nutritionist certified under chapter 384b of the  
286 general statutes, speech and language pathologist licensed under  
287 chapter 399 of the general statutes, respiratory care practitioner licensed  
288 under chapter 381a of the general statutes, audiologist licensed under  
289 chapter 397a of the general statutes, pharmacist licensed under chapter  
290 400j of the general statutes or paramedic licensed pursuant to chapter  
291 384d of the general statutes who is providing health care or other health  
292 services through the use of telehealth within such person's scope of  
293 practice and in accordance with the standard of care applicable to the  
294 profession.

295 (b) Notwithstanding any provision of title 38a of the general statutes,  
296 no health carrier shall reduce the amount of a reimbursement paid to a  
297 telehealth provider for covered health care or health services that the  
298 telehealth provider appropriately provided to an insured through  
299 telehealth because the telehealth provider provided such health care or  
300 health services to the patient through telehealth and not in person.

301 Sec. 4. Subsection (a) of section 38a-499a of the general statutes is  
302 repealed and the following is substituted in lieu thereof (*Effective from*  
303 *passage*):

304 (a) As used in this section, (1) "telehealth" has the same meaning as  
305 provided in section 19a-906, as amended by this act, and (2) "telehealth  
306 provider" means any physician licensed under chapter 370, physical  
307 therapist licensed under chapter 376, chiropractor licensed under  
308 chapter 372, naturopath licensed under chapter 373, podiatrist licensed  
309 under chapter 375, occupational therapist licensed under chapter 376a,  
310 optometrist licensed under chapter 380, registered nurse or advanced  
311 practice registered nurse licensed under chapter 378, physician assistant  
312 licensed under chapter 370, psychologist licensed under chapter 383,  
313 marital and family therapist licensed under chapter 383a, clinical social  
314 worker or master social worker licensed under chapter 383b, alcohol  
315 and drug counselor licensed under chapter 376b, professional counselor  
316 licensed under chapter 383c, dietitian-nutritionist certified under  
317 chapter 384b, speech and language pathologist licensed under chapter  
318 399, respiratory care practitioner licensed under chapter 381a,  
319 audiologist licensed under chapter 397a, pharmacist licensed under  
320 chapter 400j or paramedic licensed pursuant to chapter 384d who is  
321 providing health care or other health services through the use of  
322 telehealth within such person's scope of practice and in accordance with  
323 the standard of care applicable to the profession.

324 Sec. 5. Subsection (a) of section 38a-499a of the general statutes, as  
325 amended by section 39 of public act 22-81, is repealed and the following  
326 is substituted in lieu thereof (*Effective July 1, 2024*):

327 (a) As used in this section, (1) "telehealth" has the same meaning as  
328 provided in section 19a-906, as amended by this act, and (2) "telehealth  
329 provider" means any physician licensed under chapter 370, physical  
330 therapist licensed under chapter 376, chiropractor licensed under  
331 chapter 372, naturopath licensed under chapter 373, podiatrist licensed  
332 under chapter 375, occupational therapist licensed under chapter 376a,  
333 optometrist licensed under chapter 380, registered nurse or advanced  
334 practice registered nurse licensed under chapter 378, physician assistant  
335 licensed under chapter 370, psychologist licensed under chapter 383,  
336 marital and family therapist licensed under chapter 383a, clinical social  
337 worker or master social worker licensed under chapter 383b, alcohol

338 and drug counselor licensed under chapter 376b, professional counselor  
339 licensed under chapter 383c, dietitian-nutritionist certified under  
340 chapter 384b, speech and language pathologist licensed under chapter  
341 399, respiratory care practitioner licensed under chapter 381a,  
342 audiologist licensed under chapter 397a, pharmacist licensed under  
343 chapter 400j or paramedic licensed pursuant to chapter 384d who is  
344 providing health care or other health services through the use of  
345 telehealth within such person's scope of practice and in accordance with  
346 the standard of care applicable to the profession.

347 Sec. 6. Subsection (a) of section 38a-526a of the general statutes is  
348 repealed and the following is substituted in lieu thereof (*Effective from*  
349 *passage*):

350 (a) As used in this section, (1) "telehealth" has the same meaning as  
351 provided in section 19a-906, as amended by this act, and (2) "telehealth  
352 provider" means any physician licensed under chapter 370, physical  
353 therapist licensed under chapter 376, chiropractor licensed under  
354 chapter 372, naturopath licensed under chapter 373, podiatrist licensed  
355 under chapter 375, occupational therapist licensed under chapter 376a,  
356 optometrist licensed under chapter 380, registered nurse or advanced  
357 practice registered nurse licensed under chapter 378, physician assistant  
358 licensed under chapter 370, psychologist licensed under chapter 383,  
359 marital and family therapist licensed under chapter 383a, clinical social  
360 worker or master social worker licensed under chapter 383b, alcohol  
361 and drug counselor licensed under chapter 376b, professional counselor  
362 licensed under chapter 383c, dietitian-nutritionist certified under  
363 chapter 384b, speech and language pathologist licensed under chapter  
364 399, respiratory care practitioner licensed under chapter 381a,  
365 audiologist licensed under chapter 397a, pharmacist licensed under  
366 chapter 400j or paramedic licensed pursuant to chapter 384d who is  
367 providing health care or other health services through the use of  
368 telehealth within such person's scope of practice and in accordance with  
369 the standard of care applicable to the profession.

370 Sec. 7. Subsection (a) of section 38a-526a of the general statutes, as

371 amended by section 40 of public act 22-81, is repealed and the following  
372 is substituted in lieu thereof (*Effective July 1, 2024*):

373 (a) As used in this section, (1) "telehealth" has the same meaning as  
374 provided in section 19a-906, as amended by this act, and (2) "telehealth  
375 provider" means any physician licensed under chapter 370, physical  
376 therapist licensed under chapter 376, chiropractor licensed under  
377 chapter 372, naturopath licensed under chapter 373, podiatrist licensed  
378 under chapter 375, occupational therapist licensed under chapter 376a,  
379 optometrist licensed under chapter 380, registered nurse or advanced  
380 practice registered nurse licensed under chapter 378, physician assistant  
381 licensed under chapter 370, psychologist licensed under chapter 383,  
382 marital and family therapist licensed under chapter 383a, clinical social  
383 worker or master social worker licensed under chapter 383b, alcohol  
384 and drug counselor licensed under chapter 376b, professional counselor  
385 licensed under chapter 383c, dietitian-nutritionist certified under  
386 chapter 384b, speech and language pathologist licensed under chapter  
387 399, respiratory care practitioner licensed under chapter 381a,  
388 audiologist licensed under chapter 397a, pharmacist licensed under  
389 chapter 400j or paramedic licensed pursuant to chapter 384d who is  
390 providing health care or other health services through the use of  
391 telehealth within such person's scope of practice and in accordance with  
392 the standard of care applicable to the profession.

393 Sec. 8. (*Effective from passage*) The Department of Public Health shall  
394 collect the following data regarding each telehealth provider who  
395 registers with the department pursuant to subparagraph (B)(iii) of  
396 subdivision (12) of subsection (a) of section 19a-906 of the general  
397 statutes, as amended by this act, and each out-of-state health care  
398 provider who applies to the department for a license pursuant to title 20  
399 of the general statutes on and after the effective date of this section. Not  
400 later than January 1, 2025, and, thereafter, not later than July 1, 2025, the  
401 Commissioner of Public Health shall report, in accordance with the  
402 provisions of section 11-4a of the general statutes, to the joint standing  
403 committees of the General Assembly having cognizance of matters  
404 relating to public health regarding the following:

405 (1) The number of such telehealth providers who registered with the  
 406 department on or after the effective date of this section;

407 (2) The number of such telehealth providers who applied to the  
 408 department for a license pursuant to subparagraph (B)(iv) of  
 409 subdivision (12) of subsection (a) of section 19a-906 of the general  
 410 statutes, as amended by this act, on or after the effective date of this  
 411 section;

412 (3) The number of such telehealth providers who receive a license  
 413 from the department on or after the effective date of this section; and

414 (4) The number of such out-of-state health care providers who apply  
 415 for a license with the department pursuant to title 20 of the general  
 416 statutes on or after the effective date of this section.

417 Sec. 9. Section 1 of public act 21-9, as amended by section 3 of public  
 418 act 21-133 and section 32 of public act 22-81, section 3 of public act 21-9,  
 419 as amended by section 35 of public act 22-81, section 4 of public act 21-  
 420 9, as amended by section 36 of public act 22-81, section 5 of public act  
 421 21-9, as amended by section 37 of public act 22-81, and section 6 of public  
 422 act 21-9, as amended by section 4 of public act 21-133, are repealed.  
 423 (*Effective from passage*)

424 Sec. 10. Section 19a-906a of the general statutes is repealed. (*Effective*  
 425 *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>	21a-249(c)(5)
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	38a-499a(a)
Sec. 5	<i>July 1, 2024</i>	38a-499a(a)
Sec. 6	<i>from passage</i>	38a-526a(a)
Sec. 7	<i>July 1, 2024</i>	38a-526a(a)
Sec. 8	<i>from passage</i>	New section

Sec. 9	<i>from passage</i>	Repealer section
Sec. 10	<i>from passage</i>	Repealer section

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.	Other - 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	Savings	Minimal	Minimal

**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.

House "A" made various procedural and technical changes to the bill, and it conforms statute to current practice. The amendment did not change the fiscal impact contained in the underlying bill.

### ***The Out Years***

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

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**OLR Bill Analysis****sHB 5198 (as amended by House "A")\******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 to patients at any location, subject to applicable state and federal requirements;
3. prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; and
4. 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.

Among other changes, the bill also expands the list of authorized telehealth providers to include all Connecticut licensed health care providers and pharmacists.

Additionally, the bill repeals a provision in current law that permanently allows out-of-state mental or behavioral health services

providers to practice telehealth in Connecticut under certain conditions. It instead temporarily allows them to do so, until June 30, 2025, if they meet certain requirements, such as registering with the Department of Public Health (DPH) and obtaining a Connecticut license within a specified timeframe. It requires Connecticut providers or entities that engage or contract with these out-of-state providers to verify that they registered with DPH.

The bill also repeals a provision in current law permitting the DPH commissioner to issue an order authorizing out-of-state telehealth providers to practice in Connecticut.

Lastly, the bill makes technical and conforming changes, including repealing corresponding provisions in PA 21-9 and PA 22-81. It also specifies that existing laws on health insurance coverage of telehealth services remain applicable only to the following licensed health care providers: 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.

\*House Amendment "A" replaces the underlying bill (File 124) and (1) expands the list of authorized telehealth providers to include all state licensed health care providers and pharmacists; (2) eliminates the ability of all out-of-state providers to permanently practice telehealth in the state, thereby only allowing them to do so if they obtain a Connecticut credential; (3) allows out-of-state mental or behavioral health providers to practice telehealth in the state temporarily, until June 30, 2025, if they register with DPH and obtain a Connecticut license within specified timeframes; (4) repeals a provision allowing DPH to issue an order authorizing out-of-state providers to practice telehealth in Connecticut; (5) requires DPH to report certain information on out-of-state telehealth providers to the Public Health Committee; and (6) eliminates a

provision authorizing the social services commissioner to cover Connecticut Medical Assistance Program services via telehealth (existing law already allows this).

EFFECTIVE DATE: Upon passage, except that conforming changes to two insurance provisions take effect July 1, 2024 (§§ 5 & 7).

## **TELEHEALTH PROVIDERS**

### ***Authorized Telehealth Providers***

The bill expands the list of authorized telehealth providers to include all Connecticut-licensed health care providers and pharmacists.

Current law 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. (Art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse midwives, and occupational and physical therapist assistants may also do so temporarily, until June 30, 2024.)

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 Mental and Behavioral Health Providers***

***Temporary Authorization.*** PA 22-81 permanently allows out-of-state behavioral or mental health providers to practice telehealth in the state without a Connecticut license under certain conditions. The bill instead temporarily allows them to do so, until June 30, 2025, if the provider:

1. is appropriately licensed, certified, or registered in another U.S.

state or territory or the District of Columbia as a physician, naturopath, registered nurse, APRN, physician assistant, psychologist, marital and family therapist, clinical or master social worker, alcohol and drug counselor, professional counselor, dietician-nutritionist, nurse-midwife, behavior analyst, or music or art therapist;

2. has professional liability insurance or other indemnity against professional malpractice liability in an amount at least equal to that required for Connecticut health providers;
3. provides mental or behavioral health care services through telehealth within his or her scope of practice and in accordance with applicable professional standards of care; and
4. registers with DPH before providing telehealth services to patients in Connecticut (see below).

It also 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.

***DPH Registration.*** The bill requires out-of-state mental or behavioral telehealth providers to register with DPH, as the commissioner prescribes, before providing telehealth to patients in Connecticut. They must also apply to DPH for a Connecticut license, certificate, or registration within 60 days after registering as a telehealth provider and complete the credentialing application process within 60 days after submitting the application. The department must then issue a decision on the application within 45 days after the provider completes the application process.

Additionally, the bill requires any Connecticut entity, institution, or provider who engages or contracts with an out-of-state telehealth provider who is not also credentialed in Connecticut to verify that the provider registered with DPH as described above. It also requires the department 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.

**Excluded Providers.** Regardless of the above requirements, the bill prohibits a mental or behavioral health provider who is not credentialed in Connecticut from providing telehealth services in the state if the provider is on the federal Department of Health and Human Services' list of people excluded from participating in federally funded health programs, such as Medicare and Medicaid (i.e., "List of Excluded Individuals/Entities").

If the provider does not comply with the bill's requirements or state health provider licensure laws, it also allows DPH to (1) prohibit a mental or behavioral health provider who is not credentialed in Connecticut from registering with the department as a telehealth provider, or (2) suspend or revoke an existing registration.

**Provider Data.** The bill requires DPH to collect the following data on out-of-state providers:

1. the number of mental or behavioral health providers who (a) registered with DPH as telehealth providers, (b) applied for a Connecticut license, and (c) received a license through the process described above and
2. the number of out-of-state health care providers who apply for a Connecticut license.

Under the bill, DPH must report this information to the Public Health Committee by January 1, 2025, and again by July 1, 2025.

## **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.

**Location**

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

**PAYMENT FOR UNINSURED AND UNDERINSURED PATIENTS**

The bill requires a telehealth provider, before providing services, to determine whether the patient (1) has health insurance coverage for any of the services to be provided, and (2) if so, plans to use the coverage to pay for all or part of the services or will pay for them directly (self-pay). The provider must disclose the cost of the services to patients who choose to pay for them in part with health insurance coverage or directly.

Under the bill, the provider who agrees to provide telehealth services must accept the following as payment in full:

1. for patients who do not have health insurance coverage for telehealth services, an amount equal to the Medicare reimbursement rate for those services;
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, unless the patient elects not to use this coverage, in which case the provider and patient may mutually agree to a different amount; or

3. an amount mutually agreed to by the patient and provider.

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.

The bill expressly provides that its requirements do not prohibit a patient from paying a telehealth provider directly for services without seeking health insurance coverage for them.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 37    Nay 0    (03/11/2024)