

OFFICE OF FISCAL ANALYSIS

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sHB-5198

AN ACT CONCERNING TELEHEALTH.

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

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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.