



General Assembly

February Session, 2024

Raised Bill No. 5198

LCO No. 890



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING TELEHEALTH.

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

1 Section 1. Subsections (b) to (l), inclusive, of section 1 of public act 21-
2 9, as amended by section 3 of public act 21-133 and section 32 of public
3 act 22-81, are repealed and the following is substituted in lieu thereof
4 (*Effective from passage*):

5 (b) (1) Notwithstanding the provisions of section 19a-906 of the
6 general statutes, as amended by [this act] public act 22-81, during the
7 period beginning on May 10, 2021, and ending on June 30, [2024] 2027,
8 a telehealth provider may only provide a telehealth service to a patient
9 when the telehealth provider:

10 (A) Is communicating through real-time, interactive, two-way
11 communication technology or store and forward transfer technology;

12 (B) Has determined whether the patient has health coverage that is
13 fully insured, not fully insured or provided through the Connecticut
14 medical assistance program, and whether the patient's health coverage,
15 if any, provides coverage for the telehealth service;

16 (C) Has access to, or knowledge of, the patient's medical history, as
17 provided by the patient, and the patient's health record, including the
18 name and address of the patient's primary care provider, if any;

19 (D) Conforms to the standard of care applicable to the telehealth
20 provider's profession and expected for in-person care as appropriate to
21 the patient's age and presenting condition, except when the standard of
22 care requires the use of diagnostic testing and performance of a physical
23 examination, such testing or examination may be carried out through
24 the use of peripheral devices appropriate to the patient's condition; and

25 (E) Provides the patient with the telehealth provider's license
26 number, if any, and contact information.

27 (2) Notwithstanding the provisions of section 19a-906 of the general
28 statutes, as amended by [this act] public act 22-81, if a telehealth
29 provider provides a telehealth service to a patient during the period
30 beginning on May 10, 2021, and ending on June 30, [2024] 2027, the
31 telehealth provider shall, at the time of the telehealth provider's first
32 telehealth interaction with a patient, inform the patient concerning the
33 treatment methods and limitations of treatment using a telehealth
34 platform, including, but not limited to, the limited duration of the
35 relevant provisions of this section and sections 3 to 7, inclusive, of public
36 act 21-9, as amended by public act 22-81 and this act, and, after
37 providing the patient with such information, obtain the patient's
38 consent to provide telehealth services. The telehealth provider shall
39 document such notice and consent in the patient's health record. If a
40 patient later revokes such consent, the telehealth provider shall
41 document the revocation in the patient's health record.

42 (c) Notwithstanding the provisions of this section or title 20 of the
43 general statutes, no telehealth provider shall, during the period
44 beginning on May 10, 2021, and ending on June 30, [2024] 2027, prescribe
45 any schedule I, II or III controlled substance through the use of
46 telehealth, except a schedule II or III controlled substance other than an
47 opioid drug, as defined in section 20-14o of the general statutes, in a

48 manner fully consistent with the Ryan Haight Online Pharmacy
49 Consumer Protection Act, 21 USC 829(e), as amended from time to time,
50 for the treatment of a person with a psychiatric disability or a person
51 with a substance use disorder, as defined in section 17a-458 of the
52 general statutes, including, but not limited to, medication-assisted
53 treatment. A telehealth provider using telehealth to prescribe a schedule
54 II or III controlled substance pursuant to this subsection shall
55 electronically transmit the prescription pursuant to section 21a-249 of
56 the general statutes, as amended by public act 21-9, as amended by this
57 act.

58 (d) During the period beginning on May 10, 2021, and ending on June
59 30, [2024] 2027, each telehealth provider shall, at the time of the initial
60 telehealth interaction, ask the patient whether the patient consents to the
61 telehealth provider's disclosure of records concerning the telehealth
62 interaction to the patient's primary care provider. If the patient consents
63 to such disclosure, the telehealth provider shall provide records of all
64 telehealth interactions during such period to the patient's primary care
65 provider, in a timely manner, in accordance with the provisions of
66 sections 20-7b to 20-7e, inclusive, of the general statutes.

67 (e) During the period beginning on May 10, 2021, and ending on June
68 30, [2024] 2027, any consent or revocation of consent under this section
69 shall be obtained from or communicated by the patient, or the patient's
70 legal guardian, conservator or other authorized representative, as
71 applicable.

72 (f) (1) The provision of telehealth services and health records
73 maintained and disclosed as part of a telehealth interaction shall comply
74 with all provisions of the Health Insurance Portability and
75 Accountability Act of 1996, P.L. 104-191, as amended from time to time,
76 and the rules and regulations adopted thereunder, that are applicable to
77 such provision, maintenance or disclosure.

78 (2) Notwithstanding the provisions of section 19a-906 of the general
79 statutes, as amended by [this act] public act 22-81, and subdivision (1)

80 of this subsection, a telehealth provider that is an in-network provider
81 or a provider enrolled in the Connecticut medical assistance program
82 that provides telehealth services to a Connecticut medical assistance
83 program recipient, may, during the period beginning on May 10, 2021,
84 and ending on June 30, [2024] 2027, use any information or
85 communication technology in accordance with the directions,
86 modifications or revisions, if any, made by the Office for Civil Rights of
87 the United States Department of Health and Human Services to the
88 provisions of the Health Insurance Portability and Accountability Act of
89 1996, P.L. 104-191, as amended from time to time, or the rules and
90 regulations adopted thereunder.

91 (g) Notwithstanding any provision of the general statutes, nothing in
92 this section shall, during the period beginning on May 10, 2021, and
93 ending on June 30, [2024] 2027, prohibit a health care provider from: (1)
94 Providing on-call coverage pursuant to an agreement with another
95 health care provider or such health care provider's professional entity
96 or employer; (2) consulting with another health care provider
97 concerning a patient's care; (3) ordering care for hospital outpatients or
98 inpatients; or (4) using telehealth for a hospital inpatient, including for
99 the purpose of ordering medication or treatment for such patient in
100 accordance with the Ryan Haight Online Pharmacy Consumer
101 Protection Act, 21 USC 829(e), as amended from time to time. As used
102 in this subsection, "health care provider" means a person or entity
103 licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b,
104 inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or
105 400j of the general statutes or licensed or certified pursuant to chapter
106 368d or 384d of the general statutes.

107 (h) Notwithstanding any provision of the general statutes, no
108 telehealth provider shall charge a facility fee for a telehealth service
109 provided during the period beginning on May 10, 2021, and ending on
110 June 30, [2024] 2027.

111 (i) (1) Notwithstanding any provision of the general statutes, no
112 telehealth provider shall provide health care or health services to a

113 patient through telehealth during the period beginning on May 10, 2021,
114 and ending on June 30, [2024] 2027, unless the telehealth provider has
115 determined whether or not the patient has health coverage for such
116 health care or health services.

117 (2) Notwithstanding any provision of the general statutes, a
118 telehealth provider who provides health care or health services to a
119 patient through telehealth during the period beginning on May 10, 2021,
120 and ending on June 30, [2024] 2027, shall [:

121 (A) Accept] accept as full payment for such health care or health
122 services:

123 [(i)] (A) An amount that is equal to the amount that Medicare
124 reimburses for such health care or health services if the telehealth
125 provider determines that the patient does not have health coverage for
126 such health care or health services; or

127 [(ii)] (B) The amount that the patient's health coverage reimburses,
128 and any coinsurance, copayment, deductible or other out-of-pocket
129 expense imposed by the patient's health coverage, for such health care
130 or health services if the telehealth provider determines that the patient
131 has health coverage for such health care or health services. If the
132 patient's health coverage uses a provider network, the amount of such
133 reimbursement, and such coinsurance, copayment, deductible or other
134 out-of-pocket expense, shall not exceed the in-network amount
135 regardless of the network status of such telehealth provider.

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

141 (j) Subject to compliance with all applicable federal requirements,
142 notwithstanding any provision of the general statutes, state licensing
143 standards or any regulation adopted thereunder, a telehealth provider

144 may provide telehealth services pursuant to the provisions of this
145 section from any location.

146 (k) Notwithstanding the provisions of section 19a-906 of the general
147 statutes, as amended by [this act] public act 22-81, during the period
148 beginning on May 10, 2021, and ending on June 30, [2024] 2027, any
149 Connecticut entity, institution or health care provider that engages or
150 contracts with a telehealth provider that is licensed, certified or
151 registered in another state or territory of the United States or the District
152 of Columbia to provide health care or other health services shall verify
153 the credentials of such provider in the state in which he or she is
154 licensed, certified or registered, ensure that such provider is in good
155 standing in such state, and confirm that such provider maintains
156 professional liability insurance or other indemnity against liability for
157 professional malpractice in an amount that is equal to or greater than
158 that required for similarly licensed, certified or registered Connecticut
159 health care providers.

160 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general
161 statutes, from the period beginning on May 10, 2021, and ending on June
162 30, [2024] 2027, the Commissioner of Public Health may temporarily
163 waive, modify or suspend any regulatory requirements adopted by the
164 Commissioner of Public Health or any boards or commissions under
165 chapters 368a, 368d, 368v, 369 to 381a, inclusive, 382a, 383 to 388,
166 inclusive, 397a, 398, 399, 400a, 400c, 400j and 474 of the general statutes
167 as the Commissioner of Public Health deems necessary to reduce the
168 spread of COVID-19 and to protect the public health for the purpose of
169 providing residents of this state with telehealth services from out-of-
170 state practitioners.

171 Sec. 2. Subsection (b) of section 3 of public act 21-9, as amended by
172 section 35 of public act 22-81, is repealed and the following is substituted
173 in lieu thereof (*Effective from passage*):

174 (b) Notwithstanding any provision of the general statutes, each
175 individual health insurance policy that provides coverage of the type

176 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
177 the general statutes that is effective at any time during the period
178 beginning on May 10, 2021, and ending on June 30, [2024] 2027, shall, at
179 all times that the policy remains in effect during such period, provide
180 coverage for medical advice, diagnosis, care or treatment provided
181 through telehealth, to the same extent coverage is provided for such
182 advice, diagnosis, care or treatment when provided to the insured in
183 person. The policy shall not, at any time during such period, exclude
184 coverage for a service that is appropriately provided through telehealth
185 because such service is provided through telehealth or a telehealth
186 platform selected by an in-network telehealth provider.

187 Sec. 3. Subsection (b) of section 4 of public act 21-9, as amended by
188 section 36 of public act 22-81, is repealed and the following is substituted
189 in lieu thereof (*Effective from passage*):

190 (b) Notwithstanding any provision of the general statutes, each
191 group health insurance policy that provides coverage of the type
192 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
193 the general statutes that is effective at any time during the period
194 beginning on May 10, 2021, and ending on June 30, [2024] 2027, shall, at
195 all times that the policy remains in effect during such period, provide
196 coverage for medical advice, diagnosis, care or treatment provided
197 through telehealth, to the same extent coverage is provided for such
198 advice, diagnosis, care or treatment when provided to the insured in
199 person. The policy shall not, at any time during such period, exclude
200 coverage for a service that is appropriately provided through telehealth
201 because such service is provided through telehealth or a telehealth
202 platform selected by an in-network telehealth provider.

203 Sec. 4. Subsection (b) of section 5 of public act 21-9, as amended by
204 section 37 of public act 22-81, is repealed the following is substituted in
205 lieu thereof (*Effective from passage*):

206 (b) Notwithstanding any provision of the general statutes, no health
207 carrier shall reduce the amount of a reimbursement paid to a telehealth

208 provider for covered health care or health services that the telehealth
209 provider appropriately provided to an insured through telehealth
210 during the period beginning on May 10, 2021, and ending on June 30,
211 [2024] 2027, because the telehealth provider provided such health care
212 or health services to the patient through telehealth and not in person.

213 Sec. 5. Subsection (b) of section 7 of public act 21-9, as amended by
214 section 38 of public act 22-81, is repealed and the following is substituted
215 in lieu thereof (*Effective from passage*):

216 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,
217 inclusive, of the general statutes, or any other section, regulation, rule,
218 policy or procedure concerning the certification of medical marijuana
219 patients, a physician or advanced practice registered nurse may issue a
220 written certification to a qualifying patient and provide any follow-up
221 care using telehealth services during the period beginning on May 10,
222 2021, and ending on June 30, [2024] 2027, provided all other
223 requirements for issuing the written certification to the qualifying
224 patient and all recordkeeping requirements are satisfied.

225 Sec. 6. Subdivision (5) of subsection (c) of section 21a-249 of the 2024
226 supplement to the general statutes is repealed and the following is
227 substituted in lieu thereof (*Effective from passage*):

228 (5) The practitioner demonstrates, in a form and manner prescribed
229 by the commissioner, that such practitioner does not have the
230 technological capacity to issue an electronically transmitted
231 prescription. For the purposes of this subsection, "technological
232 capacity" means possession of a computer system, hardware or device
233 that can be used to electronically transmit controlled substance
234 prescriptions consistent with the requirements of the federal Controlled
235 Substances Act, 21 USC 801, as amended from time to time. The
236 provisions of this subdivision shall not apply to a practitioner when
237 such practitioner is prescribing as a telehealth provider, as defined in
238 section 19a-906, section 1 of public act 20-2 of the July special session or
239 section 1 of public act 21-9, as amended by section 34 of public act 22-81

240 and this act, as applicable, pursuant to subsection (c) of section 19a-906,
241 subsection (c) of section 1 of public act 20-2 of the July special session or
242 subsection (c) of section 1 of public act 21-9, as amended by section 34
243 of public act 22-81 and this act, as applicable.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	PA 21-9, Sec. 1(b) to (l)
Sec. 2	<i>from passage</i>	PA 21-9, Sec. 3(b)
Sec. 3	<i>from passage</i>	PA 21-9, Sec. 4(b)
Sec. 4	<i>from passage</i>	PA 21-9, Sec. 5(b)
Sec. 5	<i>from passage</i>	PA 21-9, Sec. 7(b)
Sec. 6	<i>from passage</i>	21a-249(c)(5)

Statement of Purpose:

To extend telehealth provisions adopted during the COVID-19 pandemic until June 30, 2027.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]