

## Recent Changes to Connecticut's Telehealth Law

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### Issue

This report describes recent changes to Connecticut's requirements for the delivery and insurance coverage of telehealth services, as enacted in [PA 24-110](#). It updates OLR Report [2023-R-0173](#).

### Summary

Connecticut law establishes requirements for the delivery of telehealth services and insurance coverage of these services ([CGS §§ 19a-906](#), [38a-499a](#) & [38a-526a](#)). In response to the COVID-19 pandemic, in the spring of 2020 the governor issued several executive orders modifying these telehealth requirements to ensure residents had continued access to care. (For more information on these executive orders, see OLR Report [2020-R-0138](#).) In July 2020, the legislature enacted a law that temporarily codified several provisions of the governor's orders until March 15, 2021 ([PA 20-2, July Special Session](#)).



[PA 21-9](#) and [PA 22-81](#) temporarily replaced these requirements with similar, but more expansive requirements until June 30, 2024. But in 2024, the legislature made permanent several of these expanded requirements, such as (1) allowing authorized telehealth providers to use audio-only telephone to provide services; (2) prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; (3) allowing authorized providers to provide telehealth services from any location to patients in any location, subject to applicable state

and federal requirements; and (4) prohibiting health carriers from reducing the reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in-person ([PA 24-110](#)).

Additionally, the legislature repealed a provision in prior law that permanently allowed certain out-of-state mental or behavioral health providers to practice telehealth in the state without a Connecticut credential (i.e., license, registration, or certification). The legislation 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 credential within a specified timeframe.

## **Permanent Telehealth Changes**

[PA 21-9](#) temporarily replaced telehealth requirements for authorized providers who were (1) in-network providers for fully-insured health plans or (2) Connecticut Medical Assistance Program (i.e., Medicaid and HUSKY B) providers until June 30, 2023. Legislation enacted in 2022 extended the more expansive requirements until June 30, 2024, and applied them to all authorized telehealth providers ([PA 22-81](#)).

In 2024, the legislature made permanent several of these expanded requirements and applied them to all Connecticut-licensed health care providers and pharmacists as described below.

### ***Audio-Only Telephone***

Under [PA 24-110](#), “telehealth” is a way of delivering health care services through information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management, and self-management of a patient’s physical and mental health. It excludes fax, texting, and email but allows audio-only telephone. (Prior law excluded all audio-only telephone from the definition.)

Telehealth 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.

## ***Authorized Telehealth Providers***

[PA 24-110](#) expands the list of providers authorized to conduct telehealth services to include all Connecticut-licensed health care providers and pharmacists. Prior law allowed the following licensed health care providers to provide health care using telehealth: advanced practice registered nurses (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 (PAs), podiatrists, professional counselors, psychologists, registered nurses, respiratory care practitioners, and speech and language pathologists.

By law, authorized telehealth providers must provide telehealth services within their profession's scope of practice and standard of care ([CGS § 19a-906\(a\)\(12\)](#)).

## ***Location***

Under [PA 24-110](#), telehealth providers may 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***

[PA 24-110](#) 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, if so, (2) plans to use the coverage to pay for all or part of the services or will pay for them directly (self-payment). (Insured patients are not required to use their health insurance coverage to pay for the services and may choose self-payment.) 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 act, a 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 the patient and provider mutually agree to.

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

### ***Provider Reimbursement***

Under existing law, certain commercial health insurance policies must cover medical advice, diagnosis, care, or treatment provided through telehealth to the extent that they cover those services when provided in person. It generally subjects telehealth coverage to the same terms and conditions that apply to other benefits under a health policy. Insurers, HMOs, and related entities may conduct utilization reviews for telehealth services as they do for in-person services, including using the same clinical review criteria ([CGS §§ 38a-499a & -526a](#)).

[PA 24-110](#) prohibits 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.

### **Out-of-State Providers**

Under [PA 21-9](#), certain out-of-state providers were authorized to practice telehealth in the state without a Connecticut credential, until June 30, 2024. Additionally, [PA 22-81](#) permanently allowed out-of-state behavioral or mental health providers meeting certain requirements to practice telehealth in the state without a Connecticut license, starting July 1, 2024. However, [PA 24-110](#) repealed this permanent authorization and instead temporarily allows them to do so until June 30, 2025, if the behavioral or mental health 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, PA, 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 that at least equals what is required for Connecticut health providers;
3. provides mental or behavioral health services through telehealth within his or her professional scope of practice and professional standards of care; and
4. registers with DPH before providing telehealth services to patients in Connecticut, as described below.

The act 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***

Under [PA 24-110](#), out-of-state mental or behavioral telehealth providers must register with DPH 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, any Connecticut entity, institution, or provider who engages or contracts with an out-of-state telehealth provider who is not also credentialed in Connecticut must verify that the provider registered with DPH. The act 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 the required professional liability insurance or other indemnity against professional malpractice liability.

### ***Excluded Providers***

Regardless of the above requirements, [PA 24-110](#) 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").

Additionally, if a provider does not comply with the act'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***

In order to determine the extent to which out-of-state providers practice in Connecticut, [PA 24-110](#) requires DPH to collect data on the number of out-of-state:

1. 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. health care providers who apply for a Connecticut license.

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

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