



House Bill No. 6001

July Special Session, Public Act No. 20-2

AN ACT CONCERNING TELEHEALTH.

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

Section 1. (*Effective from passage*) (a) As used in this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes.

(2) "Connecticut medical assistance program" means the state's Medicaid program and the Children's Health Insurance program administered by the Department of Social Services.

(3) "Facility fee" has the same meaning as provided in section 19a-508c of the general statutes.

(4) "Health record" has the same meaning as provided in section 19a-906 of the general statutes.

(5) "Medical history" has the same meaning as provided in section 19a-906 of the general statutes.

(6) "Medication-assisted treatment" has the same meaning as provided in section 19a-906 of the general statutes.

(7) "Originating site" has the same meaning as provided in section

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19a-906 of the general statutes.

(8) "Peripheral devices" has the same meaning as provided in section 19a-906 of the general statutes.

(9) "Remote patient monitoring" has the same meaning as provided in section 19a-906 of the general statutes.

(10) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes.

(11) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes.

(12) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical, oral and mental health, and includes interaction between the patient at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone unless the telehealth provider is (i) in-network, or (ii) a provider enrolled in the Connecticut medical assistance program providing such health care or other health services to a Connecticut medical assistance program recipient.

(13) "Telehealth provider" means any person who is (A) an in-network provider or a provider enrolled in the Connecticut medical assistance program providing health care or other health services to a Connecticut medical assistance program recipient through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) (i) a physician or physician assistant licensed under chapter 370 of the

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general statutes, physical therapist or physical therapist assistant licensed under chapter 376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes, nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist certified in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug

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counselor, professional counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

(b) (1) Notwithstanding the provisions of section 19a-906 of the general statutes, during the period beginning on the effective date of this section and ending on March 15, 2021, a telehealth provider may only provide a telehealth service to a patient when the telehealth provider:

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

(B) Has determined whether the patient has health coverage that is fully insured, not fully insured or provided through Medicaid or the Children's Health Insurance Program, and whether the patient's health coverage, if any, provides coverage for the telehealth service;

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

(D) Conforms to the standard of care applicable to the telehealth provider's profession and expected for in-person care as appropriate to the patient's age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical

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examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and

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

(2) Notwithstanding the provisions of section 19a-906 of the general statutes, if a telehealth provider provides a telehealth service to a patient during the period beginning on the effective date of this section and ending on March 15, 2021, the telehealth provider shall, at the time of the telehealth provider's first telehealth interaction with a patient, inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform, including, but not limited to, the limited duration of the relevant provisions of this section and sections 2 to 5, inclusive, of this act, and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

(c) Notwithstanding the provisions of this section or title 20 of the general statutes, no telehealth provider shall, during the period beginning on the effective date of this section and ending on March 15, 2021, prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o of the general statutes, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or substance use disorder, as defined in section 17a-458 of the general statutes, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically

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submit the prescription pursuant to section 21a-249 of the general statutes.

(d) During the period beginning on the effective date of this section and ending on March 15, 2021, each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions during such period to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive, of the general statutes.

(e) During the period beginning on the effective date of this section and ending on March 15, 2021, any consent or revocation of consent under this section shall be obtained from or communicated by the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

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

(2) Notwithstanding the provisions of section 19a-906 of the general statutes and subdivision (1) of this subsection, a telehealth provider that is an in-network provider or a provider enrolled in the Connecticut medical assistance program that provides telehealth services to a Connecticut medical assistance program recipient, may, during the period beginning on the effective date of this section and ending on March 15, 2021, use any information or communication technology in accordance with the directions, modifications or revisions, if any, made

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by the Office for Civil Rights of the United States Department of Health and Human Services to the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time, or the rules and regulations adopted thereunder.

(g) Notwithstanding any provision of the general statutes, nothing in this section shall, during the period beginning on the effective date of this section and ending on March 15, 2021, prohibit a health care provider from: (1) Providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) consulting with another health care provider concerning a patient's care; (3) ordering care for hospital outpatients or inpatients; or (4) using telehealth for a hospital inpatient, including for the purpose of ordering medication or treatment for such patient in accordance with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. As used in this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j of the general statutes or licensed or certified pursuant to chapter 368d or 384d of the general statutes.

(h) Notwithstanding any provision of the general statutes, no telehealth provider shall charge a facility fee for a telehealth service provided during the period beginning on the effective date of this section and ending on March 15, 2021.

(i) (1) Notwithstanding any provision of the general statutes, a telehealth provider who provides health care or health services to a patient through telehealth during the period beginning on the effective date of this section and ending on March 15, 2021, shall accept as full payment for such health care or health services:

(A) An amount that is equal to the amount that Medicare reimburses

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for such health care or health services if the telehealth provider determines that the patient does not have health coverage for such health care or health services; or

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

(2) If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivision (1) of this subsection that the provider provided to the patient through telehealth during the period described in said subdivision, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

(j) Notwithstanding any provision of the general statutes or any regulation adopted thereunder, a telehealth provider may provide telehealth services pursuant to the provisions of this section from any location.

(k) Notwithstanding the provisions of section 19a-906 of the general statutes, during the period beginning on the effective date of this section and ending on March 15, 2021, any Connecticut entity, institution or health care provider that engages or contracts with a telehealth provider that is licensed, certified or registered in another state or territory of the United States or the District of Columbia to provide health care or other health services shall verify the credentials of such provider in the state in which he or she is licensed, certified or registered, ensure that such a provider is in good standing in such state, and confirm that such provider maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal

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to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

(l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general statutes, from the period beginning on the effective date of this section and ending on March 15, 2021, the Commissioner of Public Health may temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner of Public Health or any boards or commissions under chapters 368a, 368d, 368v, 369 to 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j and 474 of the general statutes as the Commissioner of Public Health deems necessary to reduce the spread of COVID-19 and to protect the public health.

Sec. 2. Section 21a-249 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) All prescriptions for controlled drugs shall include (1) the name and address of the patient, or the name and address of the owner of an animal and the species of the animal, (2) whether the patient is an adult or a child, or his specific age, (3) the compound or preparation prescribed and the amount thereof, (4) directions for use of the medication, (5) the name and address of the prescribing practitioner, (6) the date of issuance, and (7) the Federal Registry number of the practitioner. No prescription blank containing a prescription for a schedule II substance shall contain more than one prescription. No prescription or order for a controlled substance issued by a practitioner to an inanimate object or thing shall be considered a valid prescription within the meaning of this chapter.

(b) Each prescribing practitioner, as defined in section 20-14c, who the Department of Consumer Protection authorizes to prescribe controlled substances, within the scope of practice of his or her license, shall electronically transmit the controlled substance prescription to a pharmacy. Electronically transmitted prescriptions shall be promptly

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printed out in hardcopy or created as an electronic record and filed by the prescriber. Electronically transmitted prescriptions shall be consistent with the requirements of the federal Controlled Substances Act, 21 USC 801, as amended from time to time. All records shall be kept on file for three years at the premises of the licensed practitioner and maintained in such form as to be readily available for inspection by the commissioner, his or her authorized agent or other persons, as authorized in section 21a-265, at reasonable times. For purposes of this subsection and subsections (c), (d) and (e) of this section, the term "electronically transmit" means to transmit by computer modem or other similar electronic device.

(c) A licensed practitioner shall not be required to electronically transmit a prescription when:

(1) Electronic transmission is not available due to a temporary technological or electrical failure. In the event of a temporary technological or electrical failure, the practitioner shall, without undue delay, reasonably attempt to correct any cause for the failure that is within his or her control. A practitioner who issues a prescription, but fails to electronically transmit the prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record as soon as practicable, but in no instance more than seventy-two hours following the end of the temporary technological or electrical failure that prevented the electronic transmittal of the prescription. For purposes of this subdivision, "temporary technological or electrical failure" means failure of a computer system, application or device or the loss of electrical power to such system, application or device, or any other service interruption to such system, application or device that reasonably prevents the practitioner from utilizing his or her certified application to electronically transmit the prescription in accordance with subsection (b) of this section;

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(2) The practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by an electronically transmitted prescription in a timely manner and that such delay would adversely impact the patient's medical condition, provided if such prescription is for a controlled substance, the quantity of such controlled substance does not exceed a five-day supply for the patient, if the controlled substance was used in accordance with the directions for use. A practitioner who issues a prescription, but fails to electronically transmit the prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record;

(3) The prescription is to be dispensed by a pharmacy located outside this state. A practitioner who issues a prescription, but fails to electronically transmit the prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record;

(4) Use of an electronically transmitted prescription may negatively impact patient care, such as a prescription containing two or more products to be compounded by a pharmacist, a prescription for direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, a prescription that contains long or complicated directions, a prescription that requires certain elements to be included by the federal Food and Drug Administration, or an oral prescription communicated to a pharmacist by a health care practitioner for a patient in a chronic and convalescent nursing home, licensed pursuant to chapter 368v; or

(5) The practitioner demonstrates, in a form and manner prescribed by the commissioner, that such practitioner does not have the technological capacity to issue electronically transmitted prescriptions. For the purposes of this subsection, "technological capacity" means possession of a computer system, hardware or device that can be used

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to electronically transmit controlled substance prescriptions consistent with the requirements of the federal Controlled Substances Act, 21 USC 801, as amended from time to time. The provisions of this subdivision shall not apply to a practitioner when such practitioner is prescribing as a telehealth provider, as defined in section 19a-906 or section 1 of this act, as applicable, pursuant to [subdivision (2) of] subsection (c) of [said] section 19a-906 or subsection (c) of section 1 of this act, as applicable.

(d) Any prescription issued in a form other than an electronically transmitted prescription pursuant to subsection (c) of this section may be issued as a written order or, to the extent permitted by the federal Controlled Substance Act, 21 USC 801, as from time to time amended, as an oral order or transmitted by facsimile machine. Such oral order or order transmitted by facsimile machine shall be promptly reduced to writing on a prescription blank or a hardcopy printout or created as an electronic record and filed by the pharmacist filling it. No duplicate, carbon or photographic copies and no printed or rubber-stamped orders shall be considered valid prescriptions within the meaning of this chapter.

(e) Prescriptions for schedule II substances shall be electronically transmitted by the prescribing practitioner at the time of issuance and previously signed orders for such schedule II substances shall not be considered valid prescriptions within the meaning of this chapter. No practitioner shall prescribe, dispense or administer schedule II sympathomimetic amines as anorectics, except as may be authorized by regulations adopted by the Departments of Public Health and Consumer Protection acting jointly. To the extent permitted by the federal Controlled Substances Act, 21 USC 801, as from time to time amended, in an emergency, the dispensing of schedule II substances may be made upon the oral order of a prescribing registrant known to or confirmed by the filling pharmacist. The filling pharmacist shall promptly reduce such oral order to writing on a prescription blank,

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provided such oral order shall be confirmed by the proper completion and mailing or delivery of a prescription prepared by the prescribing registrant to the pharmacist filling such oral order within seventy-two hours after the oral order has been given. Such prescription of the registrant shall be affixed to the temporary prescription prepared by the pharmacist and both prescriptions shall be maintained on file as required in this chapter. The Department of Public Health and the Department of Consumer Protection, acting jointly, may adopt regulations, in accordance with chapter 54, allowing practitioners to prescribe, dispense or administer schedule II sympathomimetic amines as anorectics under certain specific circumstances. Nothing in this subsection shall be construed to require a licensed pharmacist to determine the diagnosis of a patient prior to dispensing a prescription for such substances to a patient.

(f) All prescriptions for controlled substances shall comply fully with any additional requirements of the federal food and drug laws, the federal Controlled Substances Act, and state laws and regulations adopted under this chapter.

(g) Repealed by P.A. 82-419, S. 46, 47.

(h) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in schedule III or IV, which is a prescription drug as determined under federal food and drug laws, shall not be dispensed without a written, electronically transmitted or oral prescription of a practitioner. The prescription shall not be filled or refilled more than six months after the date thereof or be refilled more than five times, unless renewed by the practitioner.

(i) A controlled substance included in schedule V shall not be distributed or dispensed other than for a medical purpose.

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(j) A pharmacy may sell and dispense controlled substances upon the prescription of a prescribing practitioner, as defined in subdivision (22) of section 20-571.

(k) Pharmacies shall file filled prescriptions for controlled substances separately from other prescriptions. All schedule II prescriptions shall be filed in a separate file or in an electronic file. All schedule III, IV and V prescriptions shall be filed in another separate file or in an electronic file, except as otherwise provided for in regulations adopted pursuant to section 21a-243, 21a-244 or 21a-244a. All written controlled substance prescriptions shall, immediately upon filling, be filed chronologically and consecutively.

(l) (1) Any pharmacy may transfer: [prescriptions]

(A) A prescription for a controlled [substances] substance included in [schedules] schedule III, IV [and] or V to any other pharmacy in accordance with the requirements set forth in the federal Controlled Substances Act 21 USC 801 et seq. and the regulations promulgated thereunder, as from time to time amended; [.] and

(B) An unfilled prescription for a controlled substance included in schedule II, III, IV or V that was electronically transmitted in accordance with the requirements set forth in the federal Controlled Substances Act 21 USC 801 et seq. and the regulations promulgated thereunder, as from time to time amended. The pharmacy may transfer the unfilled electronic prescription by telephone or other electronic transmission if:

(i) Such transfer is consistent with the federal Controlled Substances Act 21 USC 801 et seq. and the regulations promulgated thereunder, as from time to time amended, and policies established by the federal Drug Enforcement Administration;

(ii) The pharmacy that first receives such prescription:

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(I) Takes measures to prevent such prescription from being filled at any pharmacy other than the pharmacy to which the such pharmacy is transferring such prescription; and

(II) Records the name, telephone number and address of the pharmacy to which such pharmacy is transferring such prescription, and the name and license number of the pharmacist who receives such transferred prescription; and

(iii) The pharmacy that receives such transferred prescription records:

(I) All of the information required under subsection (a) of this section;

(II) That such prescription has been transferred;

(III) The name of the pharmacy that first received such prescription;

(IV) The date on which such prescription was issued;

(V) The date on which such prescription was transferred; and

(VI) Any refills issued for such prescription if such prescription is for a controlled substance included in schedule III, IV or V of the federal Controlled Substances Act 21 USC 801 et seq.

(2) The pharmacy that first receives an electronically transmitted prescription described in subparagraph (B) of subdivision (1) of this subsection may send a facsimile containing the prescription information for such prescription if such pharmacy is transferring such prescription pursuant to said subparagraph by telephone.

(m) A practitioner authorized to prescribe controlled substances shall not prescribe anabolic steroids for the sole purpose of enhancing a patient's athletic ability or performance.

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(n) Each pharmacy, as defined in section 20-571, shall accept an electronically transmitted prescription for a controlled substance from a practitioner, as defined in section 21a-316. All records shall be kept on file for three years at the premises of the pharmacy and maintained current and separate from other business records in such form as to be readily available at the pharmacy for inspection by the Commissioner of Consumer Protection, his or her authorized agent or other persons, as authorized in section 21a-265, at reasonable times. Prescription records received from the practitioner electronically may be stored electronically, provided the files are maintained in the pharmacy computer system for not less than three years. If the electronically transmitted prescription is printed, it shall be filed as required in subsection (k) of this section.

Sec. 3. (*Effective from passage*) (a) For the purposes of this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes;

(2) "Originating site" has the same meaning as provided in section 19a-906 of the general statutes;

(3) "Remote patient monitoring" has the same meaning as provided in section 19a-906 of the general statutes;

(4) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes;

(5) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes;

(6) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of an insured's physical, oral and

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mental health, and includes interaction between the insured at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone if the telehealth provider is out-of-network; and

(7) "Telehealth provider" means any person who (A) provides health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) is (i) a physician or physician assistant licensed under chapter 370 of the general statutes, physical therapist or physical therapist assistant licensed under chapter 376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes, nurse-midwife licensed under chapter 377 of the general statutes,

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dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist certified in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an in-network and appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

(b) Notwithstanding any provision of the general statutes, each individual health insurance policy that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is effective at any time during the period beginning on the effective date of this section and ending on March 15, 2021, shall, at all times that the policy remains in effect during such period, provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the same extent coverage is

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provided for such advice, diagnosis, care or treatment when provided to the insured in person. The policy shall not, at any time during such period, exclude coverage for a service that is appropriately provided through telehealth because such service is provided through telehealth or a telehealth platform selected by an in-network telehealth provider.

(c) Notwithstanding any provision of the general statutes, no telehealth provider who receives a reimbursement for a covered service provided through telehealth in accordance with subsection (b) of this section shall seek any payment for such service from the insured who received such service, except for any coinsurance, copayment, deductible or other out-of-pocket expense set forth in the insured's policy. Such amount shall be deemed by the telehealth provider to be payment in full.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for telehealth services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service. Except as provided in subsection (b) or (c) of this section, the coverage required under subsection (b) of this section shall be subject to the same terms and conditions applicable to all other benefits under the policy providing such coverage.

Sec. 4. (*Effective from passage*) (a) For the purposes of this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes;

(2) "Originating site" has the same meaning as provided in section 19a-906 of the general statutes;

(3) "Remote patient monitoring" has the same meaning as provided

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in section 19a-906 of the general statutes;

(4) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes;

(5) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes;

(6) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of an insured's physical, oral and mental health, and includes interaction between the insured at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone if the telehealth provider is out-of-network; and

(7) "Telehealth provider" means any person who (A) provides health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) is (i) a physician or physician assistant licensed under chapter 370 of the general statutes, physical therapist or physical therapist assistant licensed under chapter 376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general

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statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes, nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist certified in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an in-network and appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required

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for similarly licensed, certified or registered Connecticut health care providers.

(b) Notwithstanding any provision of the general statutes, each group health insurance policy that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is effective at any time during the period beginning on the effective date of this section and ending on March 15, 2021, shall, at all times that the policy remains in effect during such period, provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the same extent coverage is provided for such advice, diagnosis, care or treatment when provided to the insured in person. The policy shall not, at any time during such period, exclude coverage for a service that is appropriately provided through telehealth because such service is provided through telehealth or a telehealth platform selected by an in-network telehealth provider.

(c) Notwithstanding any provision of the general statutes, no telehealth provider who receives a reimbursement for a covered service provided through telehealth in accordance with subsection (b) of this section shall seek any payment for such service from the insured who received such service, except for any coinsurance, copayment, deductible or other out-of-pocket expense set forth in the insured's policy. Such amount shall be deemed by the telehealth provider to be payment in full.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for telehealth services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service. Except as provided in subsection (b) or (c) of this section, the coverage required under subsection (b) of this section shall be subject to the same terms

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and conditions applicable to all other benefits under the policy providing such coverage.

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

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

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

(3) "Telehealth" has the same meaning as provided in sections 3 and 4 of this act; and

(4) "Telehealth provider" has the same meaning as provided in sections 3 and 4 of this act.

(b) Notwithstanding any provision of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth during the period beginning on the effective date of this section and ending on March 15, 2021, because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.

Sec. 6. (*Effective from passage*) (a) As used in this section:

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

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remote patient monitoring. "Telehealth" does not include the use of facsimile, texting or electronic mail.

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

(b) Notwithstanding the provisions of section 17b-245c, 17b-245e or 19a-906 of the general statutes, or any other section, regulation, rule, policy or procedure governing the Connecticut medical assistance program, the Commissioner of Social Services may, in the commissioner's discretion and to the extent permissible under federal law, provide coverage under the Connecticut medical assistance program for audio-only telehealth services for the period beginning on the effective date of this section and ending on March 15, 2021.

Approved July 31, 2020