



General Assembly

February Session, 2022

Raised Bill No. 375

LCO No. 2728



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. Section 1 of public act 21-9, as amended by section 3 of
2 public act 21-133, is repealed and the following is substituted in lieu
3 thereof (*Effective from passage*):

4 (a) As used in this section:

5 (1) "Asynchronous" has the same meaning as provided in section 19a-
6 906 of the general statutes.

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

10 (3) "Facility fee" has the same meaning as provided in section 19a-
11 508c of the general statutes.

12 (4) "Health record" has the same meaning as provided in section 19a-
13 906 of the general statutes.

14 (5) "Medical history" has the same meaning as provided in section
15 19a-906 of the general statutes.

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

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

20 (8) "Peripheral devices" has the same meaning as provided in section
21 19a-906 of the general statutes.

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

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

26 (11) "Synchronous" has the same meaning as provided in section 19a-
27 906 of the general statutes.

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

41 (13) "Telehealth provider" means any person who is (A) an in-
42 network provider or a provider enrolled in the Connecticut medical
43 assistance program providing health care or other health services to a

44 Connecticut medical assistance program recipient through the use of
45 telehealth within such person's scope of practice and in accordance with
46 the standard of care applicable to such person's profession, and (B) (i) a
47 physician or physician assistant licensed under chapter 370 of the
48 general statutes, physical therapist or physical therapist assistant
49 licensed under chapter 376 of the general statutes, chiropractor licensed
50 under chapter 372 of the general statutes, naturopath licensed under
51 chapter 373 of the general statutes, podiatrist licensed under chapter 375
52 of the general statutes, occupational therapist or occupational therapy
53 assistant licensed under chapter 376a of the general statutes, optometrist
54 licensed under chapter 380 of the general statutes, registered nurse or
55 advanced practice registered nurse licensed under chapter 378 of the
56 general statutes, psychologist licensed under chapter 383 of the general
57 statutes, marital and family therapist licensed under chapter 383a of the
58 general statutes, clinical social worker or master social worker licensed
59 under chapter 383b of the general statutes, alcohol and drug counselor
60 licensed under chapter 376b of the general statutes, professional
61 counselor licensed under chapter 383c of the general statutes, dietitian-
62 nutritionist certified under chapter 384b of the general statutes, speech
63 and language pathologist licensed under chapter 399 of the general
64 statutes, respiratory care practitioner licensed under chapter 381a of the
65 general statutes, audiologist licensed under chapter 397a of the general
66 statutes, pharmacist licensed under chapter 400j of the general statutes,
67 paramedic licensed pursuant to chapter 384d of the general statutes,
68 nurse-midwife licensed under chapter 377 of the general statutes,
69 dentist licensed under chapter 379 of the general statutes, behavior
70 analyst licensed under chapter 382a of the general statutes, genetic
71 counselor licensed under chapter 383d of the general statutes, music
72 therapist certified in the manner described in chapter 383f of the general
73 statutes, art therapist [certified] licensed in the manner described in
74 chapter 383g of the general statutes or athletic trainer licensed under
75 chapter 375a of the general statutes, or (ii) an appropriately licensed,
76 certified or registered physician, physician assistant, physical therapist,
77 physical therapist assistant, chiropractor, naturopath, podiatrist,
78 occupational therapist, occupational therapy assistant, optometrist,

79 registered nurse, advanced practice registered nurse, psychologist,
80 marital and family therapist, clinical social worker, master social
81 worker, alcohol and drug counselor, professional counselor, dietitian-
82 nutritionist, speech and language pathologist, respiratory care
83 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,
84 dentist, behavior analyst, genetic counselor, music therapist, art
85 therapist or athletic trainer, in another state or territory of the United
86 States or the District of Columbia, that provides telehealth services
87 pursuant to his or her authority under any relevant order issued by the
88 Commissioner of Public Health and maintains professional liability
89 insurance or other indemnity against liability for professional
90 malpractice in an amount that is equal to or greater than that required
91 for similarly licensed, certified or registered Connecticut health care
92 providers.

93 (b) (1) Notwithstanding the provisions of section 19a-906 of the
94 general statutes, during the period beginning on [the effective date of
95 this section] May 20, 2021, and ending on June 30, [2023] 2024, a
96 telehealth provider may only provide a telehealth service to a patient
97 when the telehealth provider:

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

100 (B) Has determined whether the patient has health coverage that is
101 fully insured, not fully insured or provided through [Medicaid or the
102 Children's Health Insurance Program] the Connecticut medical
103 assistance program, and whether the patient's health coverage, if any,
104 provides coverage for the telehealth service;

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

108 (D) Conforms to the standard of care applicable to the telehealth
109 provider's profession and expected for in-person care as appropriate to
110 the patient's age and presenting condition, except when the standard of

111 care requires the use of diagnostic testing and performance of a physical
112 examination, such testing or examination may be carried out through
113 the use of peripheral devices appropriate to the patient's condition; and

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

116 (2) Notwithstanding the provisions of section 19a-906 of the general
117 statutes, if a telehealth provider provides a telehealth service to a patient
118 during the period beginning on [the effective date of this section] May
119 10, 2021, and ending on June 30, [2023] 2024, the telehealth provider
120 shall, at the time of the telehealth provider's first telehealth interaction
121 with a patient, inform the patient concerning the treatment methods and
122 limitations of treatment using a telehealth platform, including, but not
123 limited to, the limited duration of the relevant provisions of this section
124 and sections 3 to 7, inclusive, of [this act] public act 21-9, and, after
125 providing the patient with such information, obtain the patient's
126 consent to provide telehealth services. The telehealth provider shall
127 document such notice and consent in the patient's health record. If a
128 patient later revokes such consent, the telehealth provider shall
129 document the revocation in the patient's health record.

130 (c) Notwithstanding the provisions of this section or title 20 of the
131 general statutes, no telehealth provider shall, during the period
132 beginning on [the effective date of this section] May 10, 2021, and ending
133 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled
134 substance through the use of telehealth, except a schedule II or III
135 controlled substance other than an opioid drug, as defined in section 20-
136 14o of the general statutes, in a manner fully consistent with the Ryan
137 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as
138 amended from time to time, for the treatment of a person with a
139 psychiatric disability or substance use disorder, as defined in section
140 17a-458 of the general statutes, including, but not limited to, medication-
141 assisted treatment. A telehealth provider using telehealth to prescribe a
142 schedule II or III controlled substance pursuant to this subsection shall
143 electronically submit the prescription pursuant to section 21a-249 of the

144 general statutes, as amended by this act.

145 (d) During the period beginning on [the effective date of this section]
146 May 10, 2021, and ending on June 30, [2023] 2024, each telehealth
147 provider shall, at the time of the initial telehealth interaction, ask the
148 patient whether the patient consents to the telehealth provider's
149 disclosure of records concerning the telehealth interaction to the
150 patient's primary care provider. If the patient consents to such
151 disclosure, the telehealth provider shall provide records of all telehealth
152 interactions during such period to the patient's primary care provider,
153 in a timely manner, in accordance with the provisions of sections 20-7b
154 to 20-7e, inclusive, of the general statutes.

155 (e) During the period beginning on [the effective date of this section]
156 May 10, 2021, and ending on June 30, [2023] 2024, any consent or
157 revocation of consent under this section shall be obtained from or
158 communicated by the patient, or the patient's legal guardian,
159 conservator or other authorized representative, as applicable.

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

166 (2) Notwithstanding the provisions of section 19a-906 of the general
167 statutes and subdivision (1) of this subsection, a telehealth provider that
168 is an in-network provider or a provider enrolled in the Connecticut
169 medical assistance program that provides telehealth services to a
170 Connecticut medical assistance program recipient, may, during the
171 period beginning on [the effective date of this section] May 10, 2021, and
172 ending on June 30, [2023] 2024, use any information or communication
173 technology in accordance with the directions, modifications or
174 revisions, if any, made by the Office for Civil Rights of the United States
175 Department of Health and Human Services to the provisions of the

176 Health Insurance Portability and Accountability Act of 1996 P.L. 104-
177 191, as amended from time to time, or the rules and regulations adopted
178 thereunder.

179 (g) Notwithstanding any provision of the general statutes, nothing in
180 this section shall, during the period beginning on [the effective date of
181 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit
182 a health care provider from: (1) Providing on-call coverage pursuant to
183 an agreement with another health care provider or such health care
184 provider's professional entity or employer; (2) consulting with another
185 health care provider concerning a patient's care; (3) ordering care for
186 hospital outpatients or inpatients; or (4) using telehealth for a hospital
187 inpatient, including for the purpose of ordering medication or treatment
188 for such patient in accordance with the Ryan Haight Online Pharmacy
189 Consumer Protection Act, 21 USC 829(e), as amended from time to time.
190 As used in this subsection, "health care provider" means a person or
191 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to
192 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399
193 or 400j of the general statutes or licensed or certified pursuant to chapter
194 368d or 384d of the general statutes.

195 (h) Notwithstanding any provision of the general statutes, no
196 telehealth provider shall charge a facility fee for a telehealth service
197 provided during the period beginning on [the effective date of this
198 section] May 10, 2021, and ending on June 30, [2023] 2024.

199 (i) (1) Notwithstanding any provision of the general statutes, no
200 telehealth provider shall provide health care or health services to a
201 patient through telehealth during the period beginning on [the effective
202 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
203 unless the telehealth provider has determined whether or not the patient
204 has health coverage for such health care or health services.

205 (2) Notwithstanding any provision of the general statutes, a
206 telehealth provider who provides health care or health services to a
207 patient through telehealth during the period beginning on [the effective

208 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
209 shall:

210 (A) Accept as full payment for such health care or health services:

211 (i) An amount that is equal to the amount that Medicare reimburses
212 for such health care or health services if the telehealth provider
213 determines that the patient does not have health coverage for such
214 health care or health services; or

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

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

225 (j) Subject to compliance with all applicable federal requirements,
226 notwithstanding any provision of the general statutes, state licensing
227 standards or any regulation adopted thereunder, a telehealth provider
228 may provide telehealth services pursuant to the provisions of this
229 section from any location.

230 (k) Notwithstanding the provisions of section 19a-906 of the general
231 statutes, during the period beginning on [the effective date of this
232 section] May 10, 2021, and ending on June 30, [2023] 2024, any
233 Connecticut entity, institution or health care provider that engages or
234 contracts with a telehealth provider that is licensed, certified or
235 registered in another state or territory of the United States or the District
236 of Columbia to provide health care or other health services shall verify
237 the credentials of such provider in the state in which he or she is
238 licensed, certified or registered, ensure that such a provider is in good

239 standing in such state, and confirm that such provider maintains
240 professional liability insurance or other indemnity against liability for
241 professional malpractice in an amount that is equal to or greater than
242 that required for similarly licensed, certified or registered Connecticut
243 health care providers.

244 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general
245 statutes, from the period beginning on [the effective date of this section]
246 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of
247 Public Health may temporarily waive, modify or suspend any
248 regulatory requirements adopted by the Commissioner of Public Health
249 or any boards or commissions under chapters 368a, 368d, 368v, 369 to
250 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j
251 and 474 of the general statutes as the Commissioner of Public Health
252 deems necessary to reduce the spread of COVID-19 and to protect the
253 public health for the purpose of providing residents of this state with
254 telehealth services from out-of-state practitioners.

255 Sec. 2. Subsection (c) of section 21a-249 of the 2022 supplement to the
256 general statutes is repealed and the following is substituted in lieu
257 thereof (*Effective from passage*):

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

260 (1) Electronic transmission is not available due to a temporary
261 technological or electrical failure. In the event of a temporary
262 technological or electrical failure, the practitioner shall, without undue
263 delay, reasonably attempt to correct any cause for the failure that is
264 within his or her control. A practitioner who issues a prescription, but
265 fails to electronically transmit the prescription, as permitted by this
266 subsection, shall document the reason for the practitioner's failure to
267 electronically transmit the prescription in the patient's medical record
268 as soon as practicable, but in no instance more than seventy-two hours
269 following the end of the temporary technological or electrical failure
270 that prevented the electronic transmittal of the prescription. For

271 purposes of this subdivision, "temporary technological or electrical
272 failure" means failure of a computer system, application or device or the
273 loss of electrical power to such system, application or device, or any
274 other service interruption to such system, application or device that
275 reasonably prevents the practitioner from utilizing his or her certified
276 application to electronically transmit the prescription in accordance
277 with subsection (b) of this section;

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

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

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

304 (5) The practitioner demonstrates, in a form and manner prescribed
305 by the commissioner, that such practitioner does not have the
306 technological capacity to issue electronically transmitted prescriptions.
307 For the purposes of this subsection, "technological capacity" means
308 possession of a computer system, hardware or device that can be used
309 to electronically transmit controlled substance prescriptions consistent
310 with the requirements of the federal Controlled Substances Act, 21 USC
311 801, as amended from time to time. The provisions of this subdivision
312 shall not apply to a practitioner when such practitioner is prescribing as
313 a telehealth provider, as defined in section 19a-906, section 1 of public
314 act 20-2 of the July special session or section 1 of public act 21-9, as
315 amended by this act, as applicable, pursuant to subsection (c) of section
316 19a-906, subsection (c) of section 1 of public act 20-2 of the July special
317 session or subsection (c) of section 1 of public act 21-9, as amended by
318 this act, as applicable.

319 Sec. 3. Section 3 of public act 21-9 is repealed and the following is
320 substituted in lieu thereof (*Effective from passage*):

321 (a) For the purposes of this section:

322 (1) "Asynchronous" has the same meaning as provided in section 19a-
323 906 of the general statutes;

324 (2) "Originating site" has the same meaning as provided in section
325 19a-906 of the general statutes;

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

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

330 (5) "Synchronous" has the same meaning as provided in section 19a-
331 906 of the general statutes;

332 (6) "Telehealth" means the mode of delivering health care or other
333 health services via information and communication technologies to

334 facilitate the diagnosis, consultation and treatment, education, care
335 management and self-management of an insured's physical, oral and
336 mental health, and includes interaction between the insured at the
337 originating site and the telehealth provider at a distant site, synchronous
338 interactions, asynchronous store and forward transfers or remote
339 patient monitoring, but does not include interaction through (A)
340 facsimile, texting or electronic mail, or (B) audio-only telephone if the
341 telehealth provider is out-of-network; and

342 (7) "Telehealth provider" means any person who (A) provides health
343 care or other health services through the use of telehealth within such
344 person's scope of practice and in accordance with the standard of care
345 applicable to such person's profession, and (B) is (i) a physician or
346 physician assistant licensed under chapter 370 of the general statutes,
347 physical therapist or physical therapist assistant licensed under chapter
348 376 of the general statutes, chiropractor licensed under chapter 372 of
349 the general statutes, naturopath licensed under chapter 373 of the
350 general statutes, podiatrist licensed under chapter 375 of the general
351 statutes, occupational therapist or occupational therapy assistant
352 licensed under chapter 376a of the general statutes, optometrist licensed
353 under chapter 380 of the general statutes, registered nurse or advanced
354 practice registered nurse licensed under chapter 378 of the general
355 statutes, psychologist licensed under chapter 383 of the general statutes,
356 marital and family therapist licensed under chapter 383a of the general
357 statutes, clinical social worker or master social worker licensed under
358 chapter 383b of the general statutes, alcohol and drug counselor licensed
359 under chapter 376b of the general statutes, professional counselor
360 licensed under chapter 383c of the general statutes, dietitian-nutritionist
361 certified under chapter 384b of the general statutes, speech and
362 language pathologist licensed under chapter 399 of the general statutes,
363 respiratory care practitioner licensed under chapter 381a of the general
364 statutes, audiologist licensed under chapter 397a of the general statutes,
365 pharmacist licensed under chapter 400j of the general statutes,
366 paramedic licensed pursuant to chapter 384d of the general statutes,
367 nurse-midwife licensed under chapter 377 of the general statutes,

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

392 (b) Notwithstanding any provision of the general statutes, each
393 individual health insurance policy that provides coverage of the type
394 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
395 the general statutes that is effective at any time during the period
396 beginning on [the effective date of this section] May 10, 2021, and ending
397 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
398 during such period, provide coverage for medical advice, diagnosis,
399 care or treatment provided through telehealth, to the same extent
400 coverage is provided for such advice, diagnosis, care or treatment when
401 provided to the insured in person. The policy shall not, at any time

402 during such period, exclude coverage for a service that is appropriately
403 provided through telehealth because such service is provided through
404 telehealth or a telehealth platform selected by an in-network telehealth
405 provider.

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

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

424 Sec. 4. Section 4 of public act 21-9 is repealed and the following is
425 substituted in lieu thereof (*Effective from passage*):

426 (a) For the purposes of this section:

427 (1) "Asynchronous" has the same meaning as provided in section 19a-
428 906 of the general statutes;

429 (2) "Originating site" has the same meaning as provided in section
430 19a-906 of the general statutes;

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

432 in section 19a-906 of the general statutes;

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

435 (5) "Synchronous" has the same meaning as provided in section 19a-
436 906 of the general statutes;

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

447 (7) "Telehealth provider" means any person who (A) provides health
448 care or other health services through the use of telehealth within such
449 person's scope of practice and in accordance with the standard of care
450 applicable to such person's profession, and (B) is (i) a physician or
451 physician assistant licensed under chapter 370 of the general statutes,
452 physical therapist or physical therapist assistant licensed under chapter
453 376 of the general statutes, chiropractor licensed under chapter 372 of
454 the general statutes, naturopath licensed under chapter 373 of the
455 general statutes, podiatrist licensed under chapter 375 of the general
456 statutes, occupational therapist or occupational therapy assistant
457 licensed under chapter 376a of the general statutes, optometrist licensed
458 under chapter 380 of the general statutes, registered nurse or advanced
459 practice registered nurse licensed under chapter 378 of the general
460 statutes, psychologist licensed under chapter 383 of the general statutes,
461 marital and family therapist licensed under chapter 383a of the general
462 statutes, clinical social worker or master social worker licensed under
463 chapter 383b of the general statutes, alcohol and drug counselor licensed

464 under chapter 376b of the general statutes, professional counselor
465 licensed under chapter 383c of the general statutes, dietitian-nutritionist
466 certified under chapter 384b of the general statutes, speech and
467 language pathologist licensed under chapter 399 of the general statutes,
468 respiratory care practitioner licensed under chapter 381a of the general
469 statutes, audiologist licensed under chapter 397a of the general statutes,
470 pharmacist licensed under chapter 400j of the general statutes,
471 paramedic licensed pursuant to chapter 384d of the general statutes,
472 nurse-midwife licensed under chapter 377 of the general statutes,
473 dentist licensed under chapter 379 of the general statutes, behavior
474 analyst licensed under chapter 382a of the general statutes, genetic
475 counselor licensed under chapter 383d of the general statutes, music
476 therapist certified in the manner described in chapter 383f of the general
477 statutes, art therapist [certified] licensed in the manner described in
478 chapter 383g of the general statutes or athletic trainer licensed under
479 chapter 375a of the general statutes, or (ii) an in-network and
480 appropriately licensed, certified or registered physician, physician
481 assistant, physical therapist, physical therapist assistant, chiropractor,
482 naturopath, podiatrist, occupational therapist, occupational therapy
483 assistant, optometrist, registered nurse, advanced practice registered
484 nurse, psychologist, marital and family therapist, clinical social worker,
485 master social worker, alcohol and drug counselor, professional
486 counselor, dietitian-nutritionist, speech and language pathologist,
487 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-
488 midwife, dentist, behavior analyst, genetic counselor, music therapist,
489 art therapist or athletic trainer, in another state or territory of the United
490 States or the District of Columbia, that provides telehealth services
491 pursuant to his or her authority under any relevant order issued by the
492 Commissioner of Public Health and maintains professional liability
493 insurance or other indemnity against liability for professional
494 malpractice in an amount that is equal to or greater than that required
495 for similarly licensed, certified or registered Connecticut health care
496 providers.

497 (b) Notwithstanding any provision of the general statutes, each

498 group health insurance policy that provides coverage of the type
499 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
500 the general statutes that is effective at any time during the period
501 beginning on [the effective date of this section] May 10, 2021, and ending
502 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
503 during such period, provide coverage for medical advice, diagnosis,
504 care or treatment provided through telehealth, to the same extent
505 coverage is provided for such advice, diagnosis, care or treatment when
506 provided to the insured in person. The policy shall not, at any time
507 during such period, exclude coverage for a service that is appropriately
508 provided through telehealth because such service is provided through
509 telehealth or a telehealth platform selected by an in-network telehealth
510 provider.

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

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

529 Sec. 5. Section 5 of public act 21-9 is repealed the following is
530 substituted in lieu thereof (*Effective from passage*):

531 (a) As used in this section:

532 (1) "Health carrier" has the same meaning as provided in section 38a-
533 1080 of the general statutes;

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

536 (3) "Telehealth" has the same meaning as provided in sections 3 and
537 4 of public act 21-9, as amended by this act; and

538 (4) "Telehealth provider" has the same meaning as provided in
539 sections 3 and 4 of public act 21-9, as amended by this act.

540 (b) Notwithstanding any provision of the general statutes, no health
541 carrier shall reduce the amount of a reimbursement paid to a telehealth
542 provider for covered health care or health services that the telehealth
543 provider appropriately provided to an insured through telehealth
544 during the period beginning on [the effective date of this section] May
545 10, 2021, and ending on June 30, [2023] 2024, because the telehealth
546 provider provided such health care or health services to the patient
547 through telehealth and not in person.

548 Sec. 6. Section 7 of public act 21-9 is repealed and the following is
549 substituted in lieu thereof (*Effective from passage*):

550 (a) As used in this section:

551 (1) "Advanced practice registered nurse" means an advanced practice
552 registered nurse licensed pursuant to chapter 378 of the general statutes;

553 (2) "Physician" has the same meaning as provided in section 21a-408
554 of the general statutes;

555 (3) "Qualifying patient" has the same meaning as provided in section
556 21a-408 of the general statutes; and

557 (4) "Written certification" has the same meaning as provided in
558 section 21a-408 of the general statutes.

559 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,
 560 inclusive, of the general statutes, or any other section, regulation, rule,
 561 policy or procedure concerning the certification of medical marijuana
 562 patients, a physician or advanced practice registered nurse may issue a
 563 written certification to a qualifying patient and provide any follow-up
 564 care using telehealth services during the period beginning on [the
 565 effective date of this section] May 10, 2021, and ending on June 30, [2023]
 566 2024, provided all other requirements for issuing the written
 567 certification to the qualifying patient and all recordkeeping
 568 requirements are satisfied.

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

Statement of Purpose:

To extend the expansion of telehealth provisions in the state to June 30, 2024.

[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.]