

As Reported by the House Insurance Committee

134th General Assembly

Regular Session

2021-2022

Sub. H. B. No. 122

Representatives Fraizer, Holmes

Cosponsors: Representatives Carfagna, Hall, Seitz

A BILL

To amend sections 3902.30, 4723.94, 4731.2910, 1
4732.33, and 5164.95; to amend, for the purpose 2
of adopting a new section number as indicated in 3
parentheses, section 4731.2910 (4743.09); and to 4
enact sections 3701.1310, 3721.60, 4725.35, 5
4729.284, 4730.60, 4731.741, 4734.60, 4753.20, 6
4755.90, 4757.50, 4758.80, 4759.20, 4761.30, 7
4778.30, and 5119.368 of the Revised Code to 8
establish and modify requirements regarding the 9
provision of telehealth services. 10

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3902.30, 4723.94, 4731.2910, 11
4732.33, and 5164.95 be amended; section 4731.2910 (4743.09) be 12
amended for the purpose of adopting a new section number as 13
indicated in parentheses; and sections 3701.1310, 3721.60, 14
4725.35, 4729.284, 4730.60, 4731.741, 4734.60, 4753.20, 4755.90, 15
4757.50, 4758.80, 4759.20, 4761.30, 4778.30, and 5119.368 of the 16
Revised Code be enacted to read as follows: 17

Sec. 3701.1310. During any declared disaster, epidemic, 18

pandemic, public health emergency, or public safety emergency, 19
an individual with a developmental disability or any other 20
permanent disability who is in need of surgery or any other 21
health care procedure, any medical or other health care test, or 22
any clinical care visit shall be given the opportunity to have 23
at least one parent or legal guardian present if the presence of 24
the individual's parent or legal guardian is necessary to 25
alleviate any negative reaction that may be experienced by the 26
individual who is the patient. 27

The director of health may take any action necessary to 28
enforce this section. 29

Sec. 3721.60. (A) As used in this section, "long-term care 30
facility" means all of the following: 31

(1) A home, as defined in section 3721.10 of the Revised 32
Code; 33

(2) A residential facility licensed by the department of 34
mental health and addiction services under section 5119.34 of 35
the Revised Code; 36

(3) A residential facility licensed by the department of 37
developmental disabilities under section 5123.19 of the Revised 38
Code; 39

(4) A facility operated by a hospice care program licensed 40
by the department of health under Chapter 3712. of the Revised 41
Code that is used exclusively for care of hospice patients or 42
any other facility in which a hospice care program provides care 43
for hospice patients. 44

(B) During any declared disaster, epidemic, pandemic, 45
public health emergency, or public safety emergency, each long- 46
term care facility shall provide residents and their families 47

with a video-conference visitation option if the governor, the 48
director of health, other government official or entity, or the 49
long-term care facility determines that allowing in-person 50
visits at the facility would create a risk to the health of the 51
residents. 52

Sec. 3902.30. (A) As used in this section: 53

(1) "Cost sharing" means the cost to a covered individual 54
under a health benefit plan according to any coverage limit, 55
copayment, coinsurance, deductible, or other out-of-pocket 56
expense requirements imposed by the plan. 57

(2) "Health benefit plan," "health care services," and 58
"health plan issuer" have the same meanings as in section 59
3922.01 of the Revised Code. 60

~~(2)-(3) "Health care professional" means any of the~~ 61
~~following:~~ 62

~~(a) A physician licensed under Chapter 4731. of the~~ 63
~~Revised Code to practice medicine and surgery, osteopathic~~ 64
~~medicine and surgery, or podiatric medicine and surgery;~~ 65

~~(b) A physician assistant licensed under Chapter 4731. of~~ 66
~~the Revised Code;~~ 67

~~(c) An advanced practice registered nurse as defined in~~ 68
~~section 4723.01 of the Revised Code. has the same meaning as in~~ 69
~~section 4743.09 of the Revised Code.~~ 70

~~(3)-(4) "In-person health care services" means health care~~ 71
~~services delivered by a health care professional through the use~~ 72
~~of any communication method where the professional and patient~~ 73
~~are simultaneously present in the same geographic location.~~ 74

~~(4) "Recipient" means a patient receiving health care~~ 75

~~services or a health care professional with whom the provider of~~ 76
~~health care services is consulting regarding the patient.~~ 77

(5) ~~"Telemedicine"~~ "Telehealth services" means a mode of 78
~~providing health care services through synchronous or~~ 79
~~asynchronous information and communication technology by a~~ 80
~~health care professional, within the professional's scope of~~ 81
~~practice, who is located at a site other than the site where the~~ 82
~~recipient is located~~ has the same meaning as in section 4743.09 83
of the Revised Code. 84

(B) (1) A health benefit plan shall provide coverage for 85
~~telemedicine~~ telehealth services on the same basis and to the 86
same extent that the plan provides coverage for the provision of 87
in-person health care services. 88

(2) A health benefit plan shall not exclude coverage for a 89
service solely because it is provided as a ~~telemedicine~~ 90
telehealth service. 91

(3) A health plan issuer shall reimburse a health care 92
professional for a telehealth service that is covered under a 93
patient's health benefit plan. Division (B) (3) of this section 94
shall not be construed to require a specific reimbursement 95
amount. 96

(C) A health benefit plan shall not impose any annual or 97
lifetime benefit maximum in relation to ~~telemedicine~~ telehealth 98
services other than such a benefit maximum imposed on all 99
benefits offered under the plan. 100

~~(D) This~~ (D) (1) A health benefit plan shall not impose a 101
cost-sharing requirement for telehealth services that exceeds 102
the cost-sharing requirement for comparable in-person health 103
care services. 104

(2) (a) A health benefit plan shall not impose a cost-sharing requirement for a communication when all of the following apply: 105
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(i) The communication was initiated by the health care professional. 108
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(ii) The patient consented to receive a telehealth service from that provider on any prior occasion. 110
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(iii) The communication is conducted for the purposes of preventive health care services only. 112
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(b) If a communication described in division (D) (2) (a) of this section is coded based on time, then only the time the health care professional spends engaged in the communication is billable. 114
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(E) This section shall not be construed as doing any of the following: 118
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~~(1) Prohibiting a health benefit plan from assessing cost-sharing requirements to a covered individual for telemedicine services, provided that such cost sharing requirements for telemedicine services are not greater than those for comparable in-person health care services;~~ 120
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~~(2) Requiring a health plan issuer to reimburse a health care professional for any costs or fees associated with the provision of telemedicine telehealth services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services;~~ 125
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~~(3) (2) Requiring a health plan issuer to reimburse a telemedicine telehealth provider for telemedicine telehealth services at the same rate as in-person services.~~ 130
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(E) This section applies to all health benefit plans	133
issued, offered, or renewed on or after January 1, 2021.;	134
<u>(3) Requiring a health plan issuer to provide coverage for</u>	135
<u>asynchronous communication that differs from the coverage</u>	136
<u>described in the applicable health benefit plan.</u>	137
<u>(F) The superintendent of insurance may adopt rules in</u>	138
<u>accordance with Chapter 119. of the Revised Code as necessary to</u>	139
<u>carry out the requirements of this section. Any such rules are</u>	140
<u>not subject to the requirements of division (F) of section</u>	141
<u>121.95 of the Revised Code.</u>	142
Sec. 4723.94. (A) As used in this section:—	143
(1) "Facility fee" means any fee charged or billed for	144
telemedicine services provided in a facility that is intended to	145
compensate the facility for its operational expenses and is	146
separate and distinct from a professional fee.—	147
(2) "Health plan issuer" has the same meaning as in	148
section 3922.01 of the Revised Code.—	149
(3) "Telemedicine services" has the same meaning as in	150
section 3902.30 of the Revised Code.—	151
(B) An advanced practice registered nurse providing	152
telemedicine <u>may provide telehealth</u> services shall not charge a	153
facility fee, an origination fee, or any fee associated with the	154
cost of the equipment used to provide telemedicine services to a	155
health plan issuer covering telemedicine services under <u>in</u>	156
<u>accordance with section 3902.30-4743.09</u> of the Revised Code.	157
<u>Sec. 4725.35. An optometrist who holds a therapeutic</u>	158
<u>pharmaceutical agents certificate issued under this chapter may</u>	159
<u>provide telehealth services in accordance with section 4743.09</u>	160

<u>of the Revised Code.</u>	161
<u>Sec. 4729.284. A pharmacist may provide telehealth</u>	162
<u>services in accordance with section 4743.09 of the Revised Code.</u>	163
<u>Sec. 4730.60. A physician assistant may provide telehealth</u>	164
<u>services in accordance with section 4743.09 of the Revised Code.</u>	165
<u>Sec. 4731.741. A physician may provide telehealth services</u>	166
<u>in accordance with sections 4743.09 of the Revised Code.</u>	167
<u>Sec. 4732.33. (A) The state board of psychology shall</u>	168
<u>adopt rules governing the use of telepsychology for the purpose</u>	169
<u>of protecting the welfare of recipients of telepsychology</u>	170
<u>services and establishing requirements for the responsible use</u>	171
<u>of telepsychology in the practice of psychology and school</u>	172
<u>psychology, including supervision of persons registered with the</u>	173
<u>state board of psychology as described in division (B) of</u>	174
<u>section 4732.22 of the Revised Code. <u>The rules shall be</u></u>	175
<u>consistent with section 4743.09 of the Revised Code.</u>	176
<u>(B) A psychologist or school psychologist may provide</u>	177
<u>telehealth services in accordance with section 4743.09 of the</u>	178
<u>Revised Code.</u>	179
<u>Sec. 4734.60. A chiropractor may provide telehealth</u>	180
<u>services in accordance with section 4743.09 of the Revised Code.</u>	181
<u>Sec. 4731.2910 4743.09. (A) As used in this section:</u>	182
<u>(1) "Durable medical equipment" means a type of equipment,</u>	183
<u>such as a remote monitoring device utilized by a physician,</u>	184
<u>physician assistant, or advanced practice registered nurse in</u>	185
<u>accordance with this section, that can withstand repeated use,</u>	186
<u>is primarily and customarily used to serve a medical purpose,</u>	187
<u>and generally is not useful to a person in the absence of</u>	188

illness or injury and, in addition, includes repair and 189
replacement parts for the equipment. 190

~~(2) "Facility fee" has the same meaning as in section~~ 191
~~4723.94 of the Revised Code means any fee charged or billed for~~ 192
telehealth services provided in a facility that is intended to 193
compensate the facility for its operational expenses and is 194
separate and distinct from a professional fee. 195

~~(2)~~ (3) "Health care professional" means: 196

(a) An advanced practice registered nurse, as defined in 197
section 4723.01 of the Revised Code; 198

(b) An optometrist licensed under Chapter 4725. of the 199
Revised Code to practice optometry under a therapeutic 200
pharmaceutical agents certificate; 201

(c) A pharmacist licensed under Chapter 4729. of the 202
Revised Code; 203

(d) A physician assistant licensed under Chapter 4730. of 204
the Revised Code; 205

(e) A physician licensed under ~~this chapter~~ Chapter 4731. 206
of the Revised Code to practice medicine and surgery, 207
osteopathic medicine and surgery, or podiatric medicine and 208
surgery; 209

~~(b) A physician assistant licensed under Chapter 4730.~~ 210

(f) A psychologist or school psychologist licensed under 211
Chapter 4732. of the Revised Code; 212

(g) A chiropractor licensed under Chapter 4734. of the 213
Revised Code; 214

(h) An audiologist or speech-language pathologist licensed 215

<u>under Chapter 4753. of the Revised Code;</u>	216
<u>(i) An occupational therapist or physical therapist</u>	217
<u>licensed under Chapter 4755. of the Revised Code;</u>	218
<u>(j) An occupational therapy assistant or physical</u>	219
<u>therapist assistant licensed under Chapter 4755. of the Revised</u>	220
<u>Code;</u>	221
<u>(k) A professional clinical counselor, independent social</u>	222
<u>worker, or independent marriage and family therapist licensed</u>	223
<u>under Chapter 4757. of the Revised Code;</u>	224
<u>(l) An independent chemical dependency counselor licensed</u>	225
<u>under Chapter 4758. of the Revised Code;</u>	226
<u>(m) A dietitian licensed under Chapter 4759. of the</u>	227
<u>Revised Code;</u>	228
<u>(n) A respiratory care professional licensed under Chapter</u>	229
<u>4761. of the Revised Code;</u>	230
<u>(o) A genetic counselor licensed under Chapter 4778. of</u>	231
<u>the Revised Code.</u>	232
(3) <u>(4) "Health care professional licensing board" means</u>	233
<u>any of the following:</u>	234
<u>(a) The board of nursing;</u>	235
<u>(b) The state vision professionals board;</u>	236
<u>(c) The state board of pharmacy;</u>	237
<u>(d) The state medical board;</u>	238
<u>(e) The state board of psychology;</u>	239
<u>(f) The state chiropractic board;</u>	240

<u>(g) The state speech and hearing professionals board;</u>	241
<u>(h) The Ohio occupational therapy, physical therapy, and athletic trainers board;</u>	242 243
<u>(i) The counselor, social worker, and marriage and family therapist board;</u>	244 245
<u>(j) The chemical dependency professionals board.</u>	246
<u>(5) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.</u>	247 248
<u>(4) (6) "Telemedicine-Telehealth services" has the same meaning as in section 3902.30 of the Revised Code means health care services provided through the use of information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where either of the following is located:</u>	249 250 251 252 253 254
<u>(a) The patient receiving the services;</u>	255
<u>(b) Another health care professional with whom the provider of the services is consulting regarding the patient.</u>	256 257
<u>(B) Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. The board may adopt any rules it considers necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.</u>	258 259 260 261 262 263
<u>(C) With respect to the provision of telehealth services, all of the following apply:</u>	264 265
<u>(1) A health care professional may use synchronous or asynchronous technology to provide telehealth services to a</u>	266 267

patient during an initial visit if the appropriate standard of 268
care for an initial visit is satisfied. 269

(2) A health care professional may deny a patient 270
telehealth services and, instead, require the patient to undergo 271
an in-person visit. 272

(3) When providing telehealth services in accordance with 273
this section, a health care professional shall comply with all 274
requirements under state and federal law regarding the 275
protection of patient information. A health care professional 276
shall ensure that any username or password information and any 277
electronic communications between the professional and a patient 278
are securely transmitted and stored. 279

(4) A health care professional may use synchronous or 280
asynchronous technology to provide telehealth services to a 281
patient during an annual visit if the appropriate standard of 282
care for an annual visit is satisfied. 283

(5) In the case of a health care professional who is a 284
physician, physician assistant, or advanced practice registered 285
nurse, both of the following apply: 286

(a) The professional may provide telehealth services to a 287
patient located outside of this state if permitted by the laws 288
of the state in which the patient is located. 289

(b) The professional may provide telehealth services 290
through the use of medical devices that enable remote 291
monitoring, including such activities as monitoring a patient's 292
blood pressure, heart rate, or glucose level. 293

(D) When a patient has consented to receiving telehealth 294
services, the health care professional who provides those 295
services is not liable in damages under any claim made on the 296

basis that the services do not meet the same standard of care 297
that would apply if the services were provided in-person. 298

(E)(1) A health care professional providing ~~telemedicine-~~ 299
telehealth services shall not charge a health plan issuer 300
covering telehealth services under section 3902.30 of the 301
Revised Code any of the following: a facility fee, an 302
origination fee, or any fee associated with the cost of the 303
equipment used at the provider site to provide ~~telemedicine-~~ 304
telehealth services to a health plan issuer covering 305
telemedicine services under section 3902.30 of the Revised Code. 306
A health care professional may charge a health plan issuer for 307
durable medical equipment used at a patient or client site. 308

(2) A health care professional may negotiate with a health 309
plan issuer to establish a reimbursement rate for fees 310
associated with the administrative costs incurred in providing 311
telehealth services as long as a patient is not responsible for 312
any portion of the fee. 313

(3) A health care professional providing telehealth 314
services shall obtain a patient's consent before billing for the 315
cost of providing the services, but the requirement to do so 316
applies only once. 317

(F) Nothing in this section limits or otherwise affects 318
any other provision of the Revised Code that requires a health 319
care professional who is not a physician to practice under the 320
supervision of, in collaboration with, in consultation with, or 321
pursuant to the referral of another health care professional. 322

Sec. 4753.20. An audiologist or speech-language 323
pathologist may provide telehealth services in accordance with 324
section 4743.09 of the Revised Code. 325

Sec. 4755.90. An occupational therapist or physical therapist may provide telehealth services in accordance with section 4743.09 of the Revised Code. 326
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An occupational therapy assistant or physical therapist assistant may provide telehealth services in accordance with section 4743.09 of the Revised Code. 329
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Sec. 4757.50. A professional clinical counselor, independent social worker, or independent marriage and family therapist may provide telehealth services in accordance with section 4743.09 of the Revised Code. 332
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Sec. 4758.80. An independent chemical dependency counselor may provide telehealth services in accordance with section 4743.09 of the Revised Code. 336
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Sec. 4759.20. A dietitian may provide telehealth services in accordance with section 4743.09 of the Revised Code. 339
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Sec. 4761.30. A respiratory care professional may provide telehealth services in accordance with section 4743.09 of the Revised Code. 341
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Sec. 4778.30. A genetic counselor may provide telehealth services in accordance with section 4743.09 of the Revised Code. 344
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Sec. 5119.368. (A) As used in this section, "telehealth services" has the same meaning as in section 4743.09 of the Revised Code. 346
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(B) Each community mental health services provider and community addiction services provider shall establish written policies and procedures describing how the provider will ensure that staff persons assisting clients with receiving telehealth services or providing telehealth services are fully trained in 349
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using equipment necessary for providing the services. 354

(C) Prior to providing telehealth services to a client, a provider shall describe to the client the potential risks associated with receiving treatment through telehealth services and shall document that the client was provided with the risks and agreed to assume those risks. The risks communicated to a client shall address the following: 355
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(1) Clinical aspects of receiving treatment through telehealth services; 361
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(2) Security considerations when receiving treatment through telehealth services; 363
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(3) Confidentiality for individual and group counseling. 365

(D) It is the responsibility of the provider, to the extent possible, to ensure contractually that any entity or individuals involved in the transmission of information through telehealth mechanisms guarantee that the confidentiality of the information is protected. 366
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(E) Every provider shall have a contingency plan for providing telehealth services to clients in the event that technical problems occur during the provision of those services. 371
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(F) Providers shall maintain, at a minimum, the following information pertaining to local resources: 374
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(1) The local suicide prevention telephone hotline, if available, or the national suicide prevention telephone hotline. 376
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(2) Contact information for the local police and fire departments. 378
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The provider shall provide the client written information 380

on how to access assistance in a crisis, including one caused by 381
equipment malfunction or failure. 382

(G) It is the responsibility of the provider to ensure 383
that equipment meets standards sufficient to do the following: 384

(1) To the extent possible, ensure confidentiality of 385
communication; 386

(2) Provide for interactive communication between the 387
provider and the client; 388

(3) When providing telehealth services using synchronous 389
technology, ensure that video or audio are sufficient to enable 390
real-time interaction between the client and the provider and to 391
ensure the quality of the service provided. 392

(H) A mental health facility or unit that is serving as a 393
client site shall be maintained in such a manner that 394
appropriate staff persons are on hand at the facility or unit in 395
the event of a malfunction with the equipment used to provide 396
telehealth services. 397

(I) (1) All telehealth services provided by interactive 398
videoconferencing shall meet both of the following conditions: 399

(a) Begin with the verification of the client through a 400
name and password or personal identification number when 401
treatment services are being provided; 402

(b) Be provided in accordance with state and federal law. 403

(2) When providing telehealth services in accordance with 404
this section, a provider shall comply with all requirements 405
under state and federal law regarding the protection of patient 406
information. Each provider shall ensure that any username or 407
password information and any electronic communications between 408

the provider and a client are securely transmitted and stored. 409

(J) The department of mental health and addiction services 410
may adopt rules as it considers necessary to implement this 411
section. The rules shall be adopted in accordance with Chapter 412
119. of the Revised Code. Any such rules are not subject to the 413
requirements of division (F) of section 121.95 of the Revised 414
Code. 415

Sec. 5164.95. (A) As used in this section, "telehealth 416
service" means a health care service delivered to a patient 417
through the use of interactive audio, video, or other 418
telecommunications or electronic technology from a site other 419
than the site where the patient is located. 420

(B) The department of medicaid shall establish standards 421
for medicaid payments for health care services the department 422
determines are appropriate to be covered by the medicaid program 423
when provided as telehealth services. The standards shall be 424
established in rules adopted under section 5164.02 of the 425
Revised Code. 426

In accordance with section 5162.021 of the Revised Code, 427
the medicaid director shall adopt rules authorizing the 428
directors of other state agencies to adopt rules regarding the 429
medicaid coverage of telehealth services under programs 430
administered by the other state agencies. Any such rules adopted 431
by the medicaid director or the directors of other state 432
agencies are not subject to the requirements of division (F) of 433
section 121.95 of the Revised Code. 434

(C) (1) The following practitioners are eligible to provide 435
telehealth services covered pursuant to this section: 436

(a) A physician licensed under Chapter 4731. of the 437

<u>Revised Code to practice medicine and surgery, osteopathic</u>	438
<u>medicine and surgery, or podiatric medicine and surgery;</u>	439
<u>(b) A psychologist licensed under Chapter 4732. of the</u>	440
<u>Revised Code;</u>	441
<u>(c) A physician assistant licensed under Chapter 4730. of</u>	442
<u>the Revised Code;</u>	443
<u>(d) A clinical nurse specialist, certified nurse-midwife,</u>	444
<u>or certified nurse practitioner licensed under Chapter 4723. of</u>	445
<u>the Revised Code;</u>	446
<u>(e) An independent social worker, independent marriage and</u>	447
<u>family therapist, or professional clinical counselor licensed</u>	448
<u>under Chapter 4757. of the Revised Code;</u>	449
<u>(f) An independent chemical dependency counselor licensed</u>	450
<u>under Chapter 4758. of the Revised Code;</u>	451
<u>(g) A supervised practitioner or supervised trainee;</u>	452
<u>(h) An audiologist or speech-language pathologist licensed</u>	453
<u>under Chapter 4753. of the Revised Code;</u>	454
<u>(i) An audiology aide or speech-language pathology aide,</u>	455
<u>as defined in section 4753.072 of the Revised Code, or an</u>	456
<u>individual holding a conditional license under section 4753.071</u>	457
<u>of the Revised Code;</u>	458
<u>(j) An occupational therapist or physical therapist</u>	459
<u>licensed under Chapter 4755. of the Revised Code;</u>	460
<u>(k) An occupational therapy assistant or physical</u>	461
<u>therapist assistant licensed under Chapter 4755. of the Revised</u>	462
<u>Code.</u>	463
<u>(l) A dietitian licensed under Chapter 4759. of the</u>	464

<u>Revised Code;</u>	465
<u>(m) A chiropractor licensed under Chapter 4734. of the</u>	466
<u>Revised Code;</u>	467
<u>(n) A pharmacist licensed under Chapter 4729. of the</u>	468
<u>Revised Code;</u>	469
<u>(o) A genetic counselor licensed under Chapter 4778. of</u>	470
<u>the Revised Code;</u>	471
<u>(p) An optometrist licensed under Chapter 4725. of the</u>	472
<u>Revised Code to practice optometry under a therapeutic</u>	473
<u>pharmaceutical agents certificate;</u>	474
<u>(q) A respiratory care professional licensed under Chapter</u>	475
<u>4761. of the Revised Code;</u>	476
<u>(r) A practitioner who provides services through a</u>	477
<u>medicaid school program;</u>	478
<u>(s) Subject to section 5119.368 of the Revised Code, a</u>	479
<u>practitioner authorized to provide services and supports</u>	480
<u>certified under section 5119.36 of the Revised Code through a</u>	481
<u>community mental health services provider or community addiction</u>	482
<u>services provider;</u>	483
<u>(t) Any other practitioner the medicaid director considers</u>	484
<u>eligible to provide telehealth services.</u>	485
<u>(2) The following provider types are eligible to submit</u>	486
<u>claims for medicaid payments for providing telehealth services:</u>	487
<u>(a) Any practitioner described in division (B) (1) of this</u>	488
<u>section, except for those described in divisions (B) (1) (g), (i),</u>	489
<u>and (k) of this section;</u>	490
<u>(b) A professional medical group;</u>	491

<u>(c) A federally qualified health center or rural health clinic;</u>	492 493
<u>(d) An ambulatory health care clinic;</u>	494
<u>(e) An outpatient hospital;</u>	495
<u>(f) A medicaid school program;</u>	496
<u>(g) Subject to section 5119.368 of the Revised Code, a community mental health services provider or community addiction services provider that offers services and supports certified under section 5119.36 of the Revised Code;</u>	497 498 499 500
<u>(h) Any other provider type the medicaid director considers eligible to submit the claims for payment.</u>	501 502
<u>(D) (1) When providing telehealth services under this section, a practitioner shall comply with all requirements under state and federal law regarding the protection of patient information. A practitioner shall ensure that any username or password information and any electronic communications between the practitioner and a patient are securely transmitted and stored.</u>	503 504 505 506 507 508 509
<u>(2) When providing telehealth services under this section, every practitioner site shall have access to the medical records of the patient at the time telehealth services are provided.</u>	510 511 512
Section 2. That existing sections 3902.30, 4723.94, 4731.2910, 4732.33, and 5164.95 of the Revised Code are hereby repealed.	513 514 515
Section 3. Section 3902.30 of the Revised Code, as amended by this act, applies to health benefit plans, as defined in section 3922.01 of the Revised Code, that are in effect on the effective date of the amendment to that section and to plans	516 517 518 519

that are issued, renewed, modified, or amended on or after the
effective date of that amendment.

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