



General Assembly

February Session, 2008

Raised Bill No. 5542

LCO No. 1627

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Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING THE USE OF TELEMEDICINE TO PROMOTE EFFICIENCY IN THE DELIVERY OF HEALTH CARE SERVICES.

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

1 Section 1. (NEW) (*Effective July 1, 2008*) (a) As used in sections 1 to 5,
2 inclusive, of this act, "health care provider" means a person licensed to
3 practice under chapter 370, 372, 373, 375, 376c, 377, 378, 379, 380 or 382
4 of the general statutes; and "telemedicine" means the delivery of health
5 care services and any diagnosis, consultation or treatment using
6 interactive audio, interactive video or interactive data communication,
7 and includes the types of services described in subsection (d) of section
8 20-9 of the general statutes.

9 (b) Prior to the delivery of health care services to a patient through
10 telemedicine for the first time, a health care provider shall have in-
11 person contact with the patient and shall obtain verbal and written
12 informed consent from the patient or the patient's legal representative.
13 The informed consent procedure shall, at a minimum, ensure that the
14 following information is given to the patient or the patient's legal
15 representative verbally and in writing:

16 (1) The patient retains the option to refuse the delivery of health
17 care services via telemedicine at any time without affecting the
18 patient's right to future care or treatment and without risking the loss
19 or withdrawal of any program benefits to which the patient would
20 otherwise be entitled;

21 (2) All applicable confidentiality protections apply to telemedicine
22 services;

23 (3) All medical reports resulting from telemedicine services are part
24 of a patient's health record and shall be made available to the patient in
25 accordance with the provisions of sections 19a-490b and 20-7c of the
26 general statutes; and

27 (4) A description of the potential risks, consequences and benefits of
28 telemedicine.

29 Sec. 2. (NEW) (*Effective July 1, 2008*) (a) To the extent permitted by
30 federal law and except as provided in subsection (b) of section 1 of this
31 act, on and after July 1, 2008, in-person contact between a health care
32 provider and a patient shall not be required for health care services
33 delivered through telemedicine under the HUSKY Plan, Part A or Part
34 B, the Charter Oak Health Plan, the state-administered general
35 assistance program or the Medicaid program, provided such health
36 care services are otherwise eligible for reimbursement under the
37 HUSKY Plan, Part A or Part B, the Charter Oak Health Plan, the state-
38 administered general assistance program or the Medicaid program, as
39 appropriate.

40 (b) The Commissioner of Social Services, in consultation with the
41 Commissioner of Public Health, shall adopt regulations, in accordance
42 with the provisions of chapter 54 of the general statutes, establishing
43 rates for transmission cost reimbursement for telemedicine services
44 provided to beneficiaries under the HUSKY Plan, Part A or Part B, the
45 Charter Oak Health Plan, the Medicaid program and state-
46 administered general assistance program, considering, to the extent

47 applicable, reductions in travel costs by health care providers and
48 patients to deliver or to access health care services and such other
49 factors as the Commissioner of Social Services deems relevant.

50 Sec. 3. (NEW) (*Effective October 1, 2008*) Each individual health
51 insurance policy providing coverage of the type specified in
52 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
53 statutes delivered, issued for delivery, amended, renewed or
54 continued in this state on or after October 1, 2008, shall provide
55 coverage for telemedicine services that meet the requirements of
56 section 1 of this act, provided such health care services are otherwise
57 covered under the policy.

58 Sec. 4. (NEW) (*Effective October 1, 2008*) Each group health insurance
59 policy providing coverage of the type specified in subdivisions (1), (2),
60 (4), (11) and (12) of section 38a-469 of the general statutes delivered,
61 issued for delivery, amended, renewed or continued in this state on or
62 after October 1, 2008, shall provide coverage for telemedicine services
63 that meet the requirements of section 1 of this act, provided such
64 health care services are otherwise covered under the policy.

65 Sec. 5. (NEW) (*Effective July 1, 2008*) (a) On or before October 1, 2009,
66 the Department of Public Health shall establish one or more two-year
67 pilot programs to (1) investigate the feasibility and appropriateness of
68 using telemedicine to manage and treat patients with (A) congestive
69 heart failure, (B) diabetes, its indicative conditions, or both, and (C)
70 chronic obstructive pulmonary disease, and (2) develop methods and
71 procedures for preventing fraud, abuse and overuse of telemedicine
72 services. The Commissioner of Public Health shall contract, through a
73 request for proposal process, with one or more entities to operate the
74 pilot program or programs in accordance with this section. Each
75 proposal shall include a detailed description of the entity's plan for
76 administering the pilot program and methods and procedures for data
77 collection and reporting.

78 (b) The course of treatment for any patient selected to participate in

79 a pilot program under this section shall not differ from the usual and
80 customary course of treatment for such patient if the patient had not
81 participated in such pilot program.

82 (c) In selecting patients to participate in a pilot program authorized
83 under this section, the entity shall consider the following factors: (1)
84 The nature of the patient's medical condition and whether it has or will
85 require health care services of unusually high frequency, urgency or
86 duration, (2) the patient's cognitive ability, (3) whether the patient
87 resides in a medically underserved area, (4) whether the patient has
88 support from a relative or other caregiver, and (5) whether the patient
89 has access to telecommunications technology services.

90 (d) The Commissioner of Public Health shall evaluate the pilot
91 program or programs established under this section and shall submit a
92 report of the commissioner's findings and recommendations to the
93 joint standing committee of the General Assembly having cognizance
94 of matters relating to public health, not later than December 31, 2011,
95 in accordance with the provisions of section 11-4a of the general
96 statutes. Such report shall include an evaluation of the data collected
97 with respect to improved chronic disease management and cost
98 savings, based on patient outcomes.

99 (e) Nothing in this section shall be construed to alter the scope of
100 practice of any health care provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	New section
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>October 1, 2008</i>	New section
Sec. 4	<i>October 1, 2008</i>	New section
Sec. 5	<i>July 1, 2008</i>	New section

Statement of Purpose:

To promote the use of telecommunications technology for medical diagnosis and patient care.

[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.]