



Substitute Senate Bill No. 467

Public Act No. 15-88

AN ACT CONCERNING THE FACILITATION OF TELEHEALTH.

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

Section 1. (NEW) (*Effective October 1, 2015*) (a) As used in this section:

(1) "Asynchronous" means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.

(2) "Health record" means the record of individual, health-related information that may include, but need not be limited to, continuity of care documents, discharge summaries and other information or data relating to a patient's demographics, medical history, medication, allergies, immunizations, laboratory test results, radiology or other diagnostic images, vital signs and statistics.

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

(4) "Medical history" means information, including, but not limited to, a patient's past illnesses, medications, hospitalizations, family history of illness if known, the name and address of the patient's primary care provider if known and other matters relating to the

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health condition of the patient at the time of a telehealth interaction.

(5) "Originating site" means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.

(6) "Peripheral devices" means the instruments a telehealth provider uses to perform a patient exam, including, but not limited to, stethoscope, otoscope, ophthalmoscope, sphygmomanometer, thermometer, tongue depressor and reflex hammer.

(7) "Remote patient monitoring" means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient's treatment, care and related support.

(8) "Store and forward transfer" means the asynchronous transmission of a patient's medical information from an originating site to the telehealth provider at a distant site.

(9) "Synchronous" means real-time interactive technology.

(10) "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 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 remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.

(11) "Telehealth provider" means any physician licensed under

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chapter 370 of the general statutes, physical therapist 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 licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, advanced practice registered nurse licensed under chapter 378 of the general statutes, physician assistant licensed under chapter 370 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 or dietitian-nutritionist certified under chapter 384b of the general statutes, who is providing 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 the profession.

(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) 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; (C) 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 examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient's condition; and (D) provides the patient with the

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telehealth's provider license number and contact information.

(2) At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform 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.

(c) Notwithstanding the provisions of this section or title 20 of the general statutes, no telehealth provider shall prescribe schedule I, II or III controlled substances through the use of telehealth.

(d) Each telehealth provider shall, at the time of each telehealth interaction, ask the patient whether the patient consents to the telehealth's provider 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 such records 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) The provision of telehealth services and health records maintained and disclosed as part of a telehealth interaction shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time.

(f) Nothing in this section shall prohibit: (1) A health care provider from providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) a health care provider from consulting with another health care provider concerning a patient's care; or (3) orders of health care providers for hospital outpatients or

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inpatients. For purposes of this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 378 or 379 of the general statutes or licensed or certified pursuant to chapter 368d or 384d of the general statutes.

(g) No telehealth provider shall charge a facility fee for telehealth services.

Sec. 2. (NEW) (*Effective January 1, 2016*) (a) As used in this section, "telehealth" has the same meaning provided in section 1 of this act.

(b) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services.

(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

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the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.

Sec. 3. (NEW) (*Effective January 1, 2016*) (a) As used in this section, "telehealth" has the same meaning provided in section 1 of this act.

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services.

(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.

Approved June 22, 2015