



**Senate Bill No. 298**

**Public Act No. 16-198**

**AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS.**

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

Section 1. (NEW) (*Effective July 1, 2016*) (a) For purposes of this section: (1) "Commissioner" means the Commissioner of Social Services; (2) "department" means the Department of Social Services; and (3) "telehealth" has the same meaning as provided in section 19a-906 of the general statutes.

(b) The department shall, within available state and federal resources, provide coverage under the Medicaid program for telehealth services for categories of health care services that the commissioner determines are (1) clinically appropriate to be provided by means of telehealth, (2) cost effective for the state, and (3) likely to expand access to medically necessary services for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship.

(c) The commissioner shall seek any federal waiver or amend the Medicaid state plan as necessary to attempt to secure federal reimbursement for the costs of providing such coverage under the Medicaid program. An application for such waiver or proposed

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amendment to the Medicaid state plan shall be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies as required under the provisions of section 17b-8 of the general statutes.

(d) Not later than January 1, 2018, the commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health concerning the telehealth services provided to Medicaid recipients, if any, in accordance with the provisions of this section.

Approved June 7, 2016