
OLR Bill Analysis

sSB 1052

AN ACT EXPANDING MEDICAID COVERAGE OF TELEHEALTH SERVICES.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner to expand Medicaid coverage of telehealth services and provide state-wide coverage by July 1, 2020, with a phase in for coverage of certain conditions beginning July 1, 2019. The bill repeals and replaces the current Medicaid telehealth provision which, among other things, required DSS to provide telehealth coverage, within available state and federal resources, for categories of health care services that the commissioner determines are (1) clinically appropriate, (2) cost effective, and (3) likely to expand access.

EFFECTIVE DATE: Upon passage

STATE-WIDE MEDICAID COVERAGE

Definitions

Under the bill, “telehealth” is the remote delivery of physical and mental health care services to facilitate the diagnosis, treatment, education, care management, and self-management of a patient via information and communication technologies. The technology may include videoconferencing, computer programs, and mobile cellular phone applications.

Covered Telehealth Services

Under the bill, the commissioner must provide Medicaid coverage statewide by July 1, 2020 for:

1. asynchronous transmission of health information;
2. electronic consultations (i.e., providers sharing information and advice electronically);

3. remote patient monitoring;
4. store and forward transfer of a patient's medical information;
and
5. synchronous forms of telehealth services that meet federal Medicaid requirements for efficiency, economy, and quality of care.

Coverage Phase In

As of July 1, 2019, the bill requires the commissioner to phase in state-wide coverage of telehealth services beginning with (1) chronic conditions, including diabetes and cardiac conditions; (2) behavioral disorders, including substance abuse; and (3) mental health disorders. The commissioner must establish requirements for telehealth providers to ensure privacy of patient information and obtain consent for telehealth services. The bill authorizes the commissioner to limit coverage of telehealth services to originating sites and licensed providers that he approves.

Approvals

The bill also authorizes the commissioner to seek federal approval for a Medicaid state plan amendment, if necessary, to establish reimbursement rates for telehealth that are not already included under other rates. It requires him to seek federal approval of any Medicaid waiver or other program authorized by the Centers of Medicare and Medicaid Services that would allow for a (1) more expeditious expansion of telehealth services, or (2) higher rate of federal reimbursement for such services. Any such plan amendment or waiver must undergo statutory legislative review (i.e., approval from the Human Services and Appropriations committees) prior to submission. Under current law, the commissioner must seek any plan amendment or waiver necessary to attempt to secure federal reimbursement for the costs of telehealth coverage under Medicaid, with approval from the Human Services and Appropriations committees.

BACKGROUND

Telehealth Parity

CGS § 38a-499a requires certain health insurance policies to provide coverage for telehealth services to the same extent as provided for in-person services.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/21/2019)