



Senate

General Assembly

File No. 549

January Session, 2019

Substitute Senate Bill No. 1052

Senate, April 8, 2019

The Committee on Human Services reported through SEN. MOORE, M. of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT EXPANDING MEDICAID COVERAGE OF TELEHEALTH SERVICES.

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

1 Section 1. (NEW) (*Effective from passage*) (a) For purposes of this
2 section, (1) "telehealth" means the remote delivery of physical and
3 mental health care services to facilitate the diagnosis, treatment,
4 education, care management and self-management of a patient via
5 information and communication technologies that may include, but
6 are not limited to, (A) videoconferencing, (B) computer programs, and
7 (C) mobile cellular phone applications; (2) (A) "asynchronous", (B)
8 "originating site", (C) "remote patient monitoring", (D) "store and
9 forward transfer", and (E) "synchronous" have the same meaning as
10 provided in section 19a-906 of the general statutes; and (3) "electronic
11 consultations" means the sharing of information and advice
12 electronically by providers.

13 (b) The Commissioner of Social Services shall expand coverage of
14 telehealth services under the medical assistance program.

15 Notwithstanding any provision of section 19a-906 of the general
16 statutes, the commissioner shall provide Medicaid coverage state wide
17 not later than July 1, 2020, for (1) asynchronous transmission of health
18 information, (2) electronic consultations, (3) remote patient monitoring,
19 (4) store and forward transfer of a patient's medical information, and
20 (5) synchronous forms of telehealth services whenever such coverage
21 meets federal Medicaid requirements for efficiency, economy and
22 quality of care.

23 (c) On and after July 1, 2019, the commissioner shall phase in state-
24 wide coverage of telehealth services beginning with (1) chronic
25 conditions, including, but not limited to, diabetes and cardiac
26 conditions, (2) behavioral disorders, including, but not limited to,
27 substance abuse, and (3) mental health disorders. The commissioner
28 shall establish requirements for telehealth providers to (A) ensure
29 privacy of patient information and (B) obtain consent for telehealth
30 services. The commissioner may limit coverage of telehealth services to
31 originating sites and licensed providers approved by the
32 commissioner.

33 (d) The commissioner may seek federal approval for a Medicaid
34 state plan amendment, if necessary, to establish rates of
35 reimbursement for telehealth services not already included under
36 other rates of reimbursement in the Medicaid state plan. The
37 commissioner shall seek federal approval of any Medicaid waiver or
38 other program authorized by the Centers for Medicare and Medicaid
39 Services that would allow for (1) a more expeditious expansion of
40 telehealth services, or (2) a higher rate of federal reimbursement for
41 such services. The submission of any such Medicaid state plan
42 amendment or waiver shall be in accordance with the provisions of
43 section 17b-8 of the general statutes.

44 Sec. 2. Section 17b-245e of the general statutes is repealed. (*Effective*
45 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	Repealer section

Statement of Legislative Commissioners:

In Section 1(a), the definitions of "telehealth" and "telemental health" were combined and redrafted for clarity and accuracy and subdivisions were redesignated accordingly; in Section 1(c), "(A)" was added before "ensure" and "(B) obtain" was added before "consent" for clarity and consistency with drafting conventions.

HS *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 20 \$	FY 21 \$
Social Services, Dept.	GF - Uncertain	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

There will be a fiscal impact to the Department of Social Services (DSS) to expand Medicaid coverage for telehealth services. Currently, electronic consultations (e-consults) between primary care providers and specialists are covered under Medicaid, as are certain telehealth services under the Community First Choice program.

The bill requires DSS to phase in statewide coverage of telehealth services by July 1, 2020. The impact will depend on (1) the extent to which telehealth will be utilized by clients, (2) the impact of telemedicine on total overall utilization of services covered by Medicaid, and (3) patient outcomes.

The Out Years

There may be savings to the state in the future depending on the health outcomes of participants and any changes in the utilization of services.

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)