



General Assembly

July Special Session, 2020

Bill No. 6001

LCO No. 3696



Referred to Committee on No Committee

Introduced by:

REP. ARESIMOWICZ, 30th Dist.

SEN. LOONEY, 11th Dist.

REP. RITTER M., 1st Dist.

SEN. DUFF, 25th Dist.

REP. KLARIDES, 114th Dist.

SEN. FASANO, 34th Dist.

AN ACT CONCERNING TELEHEALTH.

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

- 1 Section 1. (*Effective from passage*) (a) As used in this section:
- 2 (1) "Asynchronous" has the same meaning as provided in section 19a-
3 906 of the general statutes.
- 4 (2) "Connecticut medical assistance program" means the state's
5 Medicaid program and the Children's Health Insurance program
6 administered by the Department of Social Services.
- 7 (3) "Facility fee" has the same meaning as provided in section 19a-
8 508c of the general statutes.
- 9 (4) "Health record" has the same meaning as provided in section 19a-
10 906 of the general statutes.
- 11 (5) "Medical history" has the same meaning as provided in section

12 19a-906 of the general statutes.

13 (6) "Medication-assisted treatment" has the same meaning as
14 provided in section 19a-906 of the general statutes.

15 (7) "Originating site" has the same meaning as provided in section
16 19a-906 of the general statutes.

17 (8) "Peripheral devices" has the same meaning as provided in section
18 19a-906 of the general statutes.

19 (9) "Remote patient monitoring" has the same meaning as provided
20 in section 19a-906 of the general statutes.

21 (10) "Store and forward transfer" has the same meaning as provided
22 in section 19a-906 of the general statutes.

23 (11) "Synchronous" has the same meaning as provided in section 19a-
24 906 of the general statutes.

25 (12) "Telehealth" means the mode of delivering health care or other
26 health services via information and communication technologies to
27 facilitate the diagnosis, consultation and treatment, education, care
28 management and self-management of a patient's physical, oral and
29 mental health, and includes interaction between the patient at the
30 originating site and the telehealth provider at a distant site, synchronous
31 interactions, asynchronous store and forward transfers or remote
32 patient monitoring, but does not include interaction through (A)
33 facsimile, texting or electronic mail, or (B) audio-only telephone unless
34 the telehealth provider is (i) in-network, or (ii) a provider enrolled in the
35 Connecticut medical assistance program providing such health care or
36 other health services to a Connecticut medical assistance program
37 recipient.

38 (13) "Telehealth provider" means any person who is (A) an in-
39 network provider or a provider enrolled in the Connecticut medical
40 assistance program providing health care or other health services to a

41 Connecticut medical assistance program recipient through the use of
42 telehealth within such person's scope of practice and in accordance with
43 the standard of care applicable to such person's profession, and (B) (i) a
44 physician or physician assistant licensed under chapter 370 of the
45 general statutes, physical therapist or physical therapist assistant
46 licensed under chapter 376 of the general statutes, chiropractor licensed
47 under chapter 372 of the general statutes, naturopath licensed under
48 chapter 373 of the general statutes, podiatrist licensed under chapter 375
49 of the general statutes, occupational therapist or occupational therapy
50 assistant licensed under chapter 376a of the general statutes, optometrist
51 licensed under chapter 380 of the general statutes, registered nurse or
52 advanced practice registered nurse licensed under chapter 378 of the
53 general statutes, psychologist licensed under chapter 383 of the general
54 statutes, marital and family therapist licensed under chapter 383a of the
55 general statutes, clinical social worker or master social worker licensed
56 under chapter 383b of the general statutes, alcohol and drug counselor
57 licensed under chapter 376b of the general statutes, professional
58 counselor licensed under chapter 383c of the general statutes, dietitian-
59 nutritionist certified under chapter 384b of the general statutes, speech
60 and language pathologist licensed under chapter 399 of the general
61 statutes, respiratory care practitioner licensed under chapter 381a of the
62 general statutes, audiologist licensed under chapter 397a of the general
63 statutes, pharmacist licensed under chapter 400j of the general statutes,
64 paramedic licensed pursuant to chapter 384d of the general statutes,
65 nurse-midwife licensed under chapter 377 of the general statutes,
66 dentist licensed under chapter 379 of the general statutes, behavior
67 analyst licensed under chapter 382a of the general statutes, genetic
68 counselor licensed under chapter 383d of the general statutes, music
69 therapist certified in the manner described in chapter 383f of the general
70 statutes, art therapist certified in the manner described in chapter 383g
71 of the general statutes or athletic trainer licensed under chapter 375a of
72 the general statutes, or (ii) an appropriately licensed, certified or
73 registered physician, physician assistant, physical therapist, physical
74 therapist assistant, chiropractor, naturopath, podiatrist, occupational

75 therapist, occupational therapy assistant, optometrist, registered nurse,
76 advanced practice registered nurse, psychologist, marital and family
77 therapist, clinical social worker, master social worker, alcohol and drug
78 counselor, professional counselor, dietitian-nutritionist, speech and
79 language pathologist, respiratory care practitioner, audiologist,
80 pharmacist, paramedic, nurse-midwife, dentist, behavior analyst,
81 genetic counselor, music therapist, art therapist or athletic trainer, in
82 another state or territory of the United States or the District of Columbia,
83 that provides telehealth services pursuant to his or her authority under
84 any relevant order issued by the Commissioner of Public Health and
85 maintains professional liability insurance or other indemnity against
86 liability for professional malpractice in an amount that is equal to or
87 greater than that required for similarly licensed, certified or registered
88 Connecticut health care providers.

89 (b) (1) Notwithstanding the provisions of section 19a-906 of the
90 general statutes, during the period beginning on the effective date of
91 this section and ending on March 15, 2021, a telehealth provider may
92 only provide a telehealth service to a patient when the telehealth
93 provider:

94 (A) Is communicating through real-time, interactive, two-way
95 communication technology or store and forward transfer technology;

96 (B) Has determined whether the patient has health coverage that is
97 fully insured, not fully insured or provided through Medicaid or the
98 Children's Health Insurance Program, and whether the patient's health
99 coverage, if any, provides coverage for the telehealth service;

100 (C) Has access to, or knowledge of, the patient's medical history, as
101 provided by the patient, and the patient's health record, including the
102 name and address of the patient's primary care provider, if any;

103 (D) Conforms to the standard of care applicable to the telehealth
104 provider's profession and expected for in-person care as appropriate to
105 the patient's age and presenting condition, except when the standard of

106 care requires the use of diagnostic testing and performance of a physical
107 examination, such testing or examination may be carried out through
108 the use of peripheral devices appropriate to the patient's condition; and

109 (E) Provides the patient with the telehealth provider's license
110 number, if any, and contact information.

111 (2) Notwithstanding the provisions of section 19a-906 of the general
112 statutes, if a telehealth provider provides a telehealth service to a patient
113 during the period beginning on the effective date of this section and
114 ending on March 15, 2021, the telehealth provider shall, at the time of
115 the telehealth provider's first telehealth interaction with a patient,
116 inform the patient concerning the treatment methods and limitations of
117 treatment using a telehealth platform, including, but not limited to, the
118 limited duration of the relevant provisions of this section and sections 2
119 to 5, inclusive, of this act, and, after providing the patient with such
120 information, obtain the patient's consent to provide telehealth services.
121 The telehealth provider shall document such notice and consent in the
122 patient's health record. If a patient later revokes such consent, the
123 telehealth provider shall document the revocation in the patient's health
124 record.

125 (c) Notwithstanding the provisions of this section or title 20 of the
126 general statutes, no telehealth provider shall, during the period
127 beginning on the effective date of this section and ending on March 15,
128 2021, prescribe any schedule I, II or III controlled substance through the
129 use of telehealth, except a schedule II or III controlled substance other
130 than an opioid drug, as defined in section 20-14o of the general statutes,
131 in a manner fully consistent with the Ryan Haight Online Pharmacy
132 Consumer Protection Act, 21 USC 829(e), as amended from time to time,
133 for the treatment of a person with a psychiatric disability or substance
134 use disorder, as defined in section 17a-458 of the general statutes,
135 including, but not limited to, medication-assisted treatment. A
136 telehealth provider using telehealth to prescribe a schedule II or III
137 controlled substance pursuant to this subsection shall electronically

138 submit the prescription pursuant to section 21a-249 of the general
139 statutes.

140 (d) During the period beginning on the effective date of this section
141 and ending on March 15, 2021, each telehealth provider shall, at the time
142 of the initial telehealth interaction, ask the patient whether the patient
143 consents to the telehealth provider's disclosure of records concerning
144 the telehealth interaction to the patient's primary care provider. If the
145 patient consents to such disclosure, the telehealth provider shall provide
146 records of all telehealth interactions during such period to the patient's
147 primary care provider, in a timely manner, in accordance with the
148 provisions of sections 20-7b to 20-7e, inclusive, of the general statutes.

149 (e) During the period beginning on the effective date of this section
150 and ending on March 15, 2021, any consent or revocation of consent
151 under this section shall be obtained from or communicated by the
152 patient, or the patient's legal guardian, conservator or other authorized
153 representative, as applicable.

154 (f) (1) The provision of telehealth services and health records
155 maintained and disclosed as part of a telehealth interaction shall comply
156 with all provisions of the Health Insurance Portability and
157 Accountability Act of 1996 P.L. 104-191, as amended from time to time,
158 and the rules and regulations adopted thereunder, that are applicable to
159 such provision, maintenance or disclosure.

160 (2) Notwithstanding the provisions of section 19a-906 of the general
161 statutes and subdivision (1) of this subsection, a telehealth provider that
162 is an in-network provider or a provider enrolled in the Connecticut
163 medical assistance program that provides telehealth services to a
164 Connecticut medical assistance program recipient, may, during the
165 period beginning on the effective date of this section and ending on
166 March 15, 2021, use any information or communication technology in
167 accordance with the directions, modifications or revisions, if any, made
168 by the Office for Civil Rights of the United States Department of Health

169 and Human Services to the provisions of the Health Insurance
170 Portability and Accountability Act of 1996 P.L. 104-191, as amended
171 from time to time, or the rules and regulations adopted thereunder.

172 (g) Notwithstanding any provision of the general statutes, nothing in
173 this section shall, during the period beginning on the effective date of
174 this section and ending on March 15, 2021, prohibit a health care
175 provider from: (1) Providing on-call coverage pursuant to an agreement
176 with another health care provider or such health care provider's
177 professional entity or employer; (2) consulting with another health care
178 provider concerning a patient's care; (3) ordering care for hospital
179 outpatients or inpatients; or (4) using telehealth for a hospital inpatient,
180 including for the purpose of ordering medication or treatment for such
181 patient in accordance with the Ryan Haight Online Pharmacy
182 Consumer Protection Act, 21 USC 829(e), as amended from time to time.
183 As used in this subsection, "health care provider" means a person or
184 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to
185 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399
186 or 400j of the general statutes or licensed or certified pursuant to chapter
187 368d or 384d of the general statutes.

188 (h) Notwithstanding any provision of the general statutes, no
189 telehealth provider shall charge a facility fee for a telehealth service
190 provided during the period beginning on the effective date of this
191 section and ending on March 15, 2021.

192 (i) (1) Notwithstanding any provision of the general statutes, a
193 telehealth provider who provides health care or health services to a
194 patient through telehealth during the period beginning on the effective
195 date of this section and ending on March 15, 2021, shall accept as full
196 payment for such health care or health services:

197 (A) An amount that is equal to the amount that Medicare reimburses
198 for such health care or health services if the telehealth provider
199 determines that the patient does not have health coverage for such

200 health care or health services; or

201 (B) The amount that the patient's health coverage reimburses, and
202 any coinsurance, copayment, deductible or other out-of-pocket expense
203 imposed by the patient's health coverage, for such health care or health
204 services if the telehealth provider determines that the patient has health
205 coverage for such health care or health services.

206 (2) If a telehealth provider determines that a patient is unable to pay
207 for any health care or health services described in subdivision (1) of this
208 subsection that the provider provided to the patient through telehealth
209 during the period described in said subdivision, the provider shall offer
210 to the patient financial assistance, if such provider is otherwise required
211 to offer to the patient such financial assistance, under any applicable
212 state or federal law.

213 (j) Notwithstanding any provision of the general statutes or any
214 regulation adopted thereunder, a telehealth provider may provide
215 telehealth services pursuant to the provisions of this section from any
216 location.

217 (k) Notwithstanding the provisions of section 19a-906 of the general
218 statutes, during the period beginning on the effective date of this section
219 and ending on March 15, 2021, any Connecticut entity, institution or
220 health care provider that engages or contracts with a telehealth provider
221 that is licensed, certified or registered in another state or territory of the
222 United States or the District of Columbia to provide health care or other
223 health services shall verify the credentials of such provider in the state
224 in which he or she is licensed, certified or registered, ensure that such a
225 provider is in good standing in such state, and confirm that such
226 provider maintains professional liability insurance or other indemnity
227 against liability for professional malpractice in an amount that is equal
228 to or greater than that required for similarly licensed, certified or
229 registered Connecticut health care providers.

230 Sec. 2. Section 21a-249 of the general statutes is repealed and the

231 following is substituted in lieu thereof (*Effective from passage*):

232 (a) All prescriptions for controlled drugs shall include (1) the name
233 and address of the patient, or the name and address of the owner of an
234 animal and the species of the animal, (2) whether the patient is an adult
235 or a child, or his specific age, (3) the compound or preparation
236 prescribed and the amount thereof, (4) directions for use of the
237 medication, (5) the name and address of the prescribing practitioner, (6)
238 the date of issuance, and (7) the Federal Registry number of the
239 practitioner. No prescription blank containing a prescription for a
240 schedule II substance shall contain more than one prescription. No
241 prescription or order for a controlled substance issued by a practitioner
242 to an inanimate object or thing shall be considered a valid prescription
243 within the meaning of this chapter.

244 (b) Each prescribing practitioner, as defined in section 20-14c, who
245 the Department of Consumer Protection authorizes to prescribe
246 controlled substances, within the scope of practice of his or her license,
247 shall electronically transmit the controlled substance prescription to a
248 pharmacy. Electronically transmitted prescriptions shall be promptly
249 printed out in hardcopy or created as an electronic record and filed by
250 the prescriber. Electronically transmitted prescriptions shall be
251 consistent with the requirements of the federal Controlled Substances
252 Act, 21 USC 801, as amended from time to time. All records shall be kept
253 on file for three years at the premises of the licensed practitioner and
254 maintained in such form as to be readily available for inspection by the
255 commissioner, his or her authorized agent or other persons, as
256 authorized in section 21a-265, at reasonable times. For purposes of this
257 subsection and subsections (c), (d) and (e) of this section, the term
258 "electronically transmit" means to transmit by computer modem or
259 other similar electronic device.

260 (c) A licensed practitioner shall not be required to electronically
261 transmit a prescription when:

262 (1) Electronic transmission is not available due to a temporary
263 technological or electrical failure. In the event of a temporary
264 technological or electrical failure, the practitioner shall, without undue
265 delay, reasonably attempt to correct any cause for the failure that is
266 within his or her control. A practitioner who issues a prescription, but
267 fails to electronically transmit the prescription, as permitted by this
268 subsection, shall document the reason for the practitioner's failure to
269 electronically transmit the prescription in the patient's medical record
270 as soon as practicable, but in no instance more than seventy-two hours
271 following the end of the temporary technological or electrical failure
272 that prevented the electronic transmittal of the prescription. For
273 purposes of this subdivision, "temporary technological or electrical
274 failure" means failure of a computer system, application or device or the
275 loss of electrical power to such system, application or device, or any
276 other service interruption to such system, application or device that
277 reasonably prevents the practitioner from utilizing his or her certified
278 application to electronically transmit the prescription in accordance
279 with subsection (b) of this section;

280 (2) The practitioner reasonably determines that it would be
281 impractical for the patient to obtain substances prescribed by an
282 electronically transmitted prescription in a timely manner and that such
283 delay would adversely impact the patient's medical condition, provided
284 if such prescription is for a controlled substance, the quantity of such
285 controlled substance does not exceed a five-day supply for the patient,
286 if the controlled substance was used in accordance with the directions
287 for use. A practitioner who issues a prescription, but fails to
288 electronically transmit the prescription, as permitted by this subsection,
289 shall document the reason for the practitioner's failure to electronically
290 transmit the prescription in the patient's medical record;

291 (3) The prescription is to be dispensed by a pharmacy located outside
292 this state. A practitioner who issues a prescription, but fails to
293 electronically transmit the prescription, as permitted by this subsection,
294 shall document the reason for the practitioner's failure to electronically

295 transmit the prescription in the patient's medical record;

296 (4) Use of an electronically transmitted prescription may negatively
297 impact patient care, such as a prescription containing two or more
298 products to be compounded by a pharmacist, a prescription for direct
299 administration to a patient by parenteral, intravenous, intramuscular,
300 subcutaneous or intraspinal infusion, a prescription that contains long
301 or complicated directions, a prescription that requires certain elements
302 to be included by the federal Food and Drug Administration, or an
303 oral prescription communicated to a pharmacist by a health care
304 practitioner for a patient in a chronic and convalescent nursing home,
305 licensed pursuant to chapter 368v; or

306 (5) The practitioner demonstrates, in a form and manner prescribed
307 by the commissioner, that such practitioner does not have the
308 technological capacity to issue electronically transmitted prescriptions.
309 For the purposes of this subsection, "technological capacity" means
310 possession of a computer system, hardware or device that can be used
311 to electronically transmit controlled substance prescriptions consistent
312 with the requirements of the federal Controlled Substances Act, 21 USC
313 801, as amended from time to time. The provisions of this subdivision
314 shall not apply to a practitioner when such practitioner is prescribing as
315 a telehealth provider, as defined in section 19a-906 or section 1 of this
316 act, as applicable, pursuant to [subdivision (2) of] subsection (c) of [said]
317 section 19a-906 or subsection (c) of section 1 of this act, as applicable.

318 (d) Any prescription issued in a form other than an electronically
319 transmitted prescription pursuant to subsection (c) of this section may
320 be issued as a written order or, to the extent permitted by the federal
321 Controlled Substance Act, 21 USC 801, as from time to time amended,
322 as an oral order or transmitted by facsimile machine. Such oral order or
323 order transmitted by facsimile machine shall be promptly reduced to
324 writing on a prescription blank or a hardcopy printout or created as an
325 electronic record and filed by the pharmacist filling it. No duplicate,
326 carbon or photographic copies and no printed or rubber-stamped orders

327 shall be considered valid prescriptions within the meaning of this
328 chapter.

329 (e) Prescriptions for schedule II substances shall be electronically
330 transmitted by the prescribing practitioner at the time of issuance and
331 previously signed orders for such schedule II substances shall not be
332 considered valid prescriptions within the meaning of this chapter. No
333 practitioner shall prescribe, dispense or administer schedule II
334 sympathomimetic amines as anorectics, except as may be authorized by
335 regulations adopted by the Departments of Public Health and
336 Consumer Protection acting jointly. To the extent permitted by the
337 federal Controlled Substances Act, 21 USC 801, as from time to time
338 amended, in an emergency, the dispensing of schedule II substances
339 may be made upon the oral order of a prescribing registrant known to
340 or confirmed by the filling pharmacist. The filling pharmacist shall
341 promptly reduce such oral order to writing on a prescription blank,
342 provided such oral order shall be confirmed by the proper completion
343 and mailing or delivery of a prescription prepared by the prescribing
344 registrant to the pharmacist filling such oral order within seventy-two
345 hours after the oral order has been given. Such prescription of the
346 registrant shall be affixed to the temporary prescription prepared by the
347 pharmacist and both prescriptions shall be maintained on file as
348 required in this chapter. The Department of Public Health and the
349 Department of Consumer Protection, acting jointly, may adopt
350 regulations, in accordance with chapter 54, allowing practitioners to
351 prescribe, dispense or administer schedule II sympathomimetic amines
352 as anorectics under certain specific circumstances. Nothing in this
353 subsection shall be construed to require a licensed pharmacist to
354 determine the diagnosis of a patient prior to dispensing a prescription
355 for such substances to a patient.

356 (f) All prescriptions for controlled substances shall comply fully with
357 any additional requirements of the federal food and drug laws, the
358 federal Controlled Substances Act, and state laws and regulations
359 adopted under this chapter.

360 (g) Repealed by P.A. 82-419, S. 46, 47.

361 (h) Except when dispensed directly by a practitioner, other than a
362 pharmacy, to an ultimate user, a controlled substance included in
363 schedule III or IV, which is a prescription drug as determined under
364 federal food and drug laws, shall not be dispensed without a written,
365 electronically transmitted or oral prescription of a practitioner. The
366 prescription shall not be filled or refilled more than six months after the
367 date thereof or be refilled more than five times, unless renewed by the
368 practitioner.

369 (i) A controlled substance included in schedule V shall not be
370 distributed or dispensed other than for a medical purpose.

371 (j) A pharmacy may sell and dispense controlled substances upon the
372 prescription of a prescribing practitioner, as defined in subdivision (22)
373 of section 20-571.

374 (k) Pharmacies shall file filled prescriptions for controlled substances
375 separately from other prescriptions. All schedule II prescriptions shall
376 be filed in a separate file or in an electronic file. All schedule III, IV and
377 V prescriptions shall be filed in another separate file or in an electronic
378 file, except as otherwise provided for in regulations adopted pursuant
379 to section 21a-243, 21a-244 or 21a-244a. All written controlled substance
380 prescriptions shall, immediately upon filling, be filed chronologically
381 and consecutively.

382 (l) (1) Any pharmacy may transfer: [prescriptions]

383 (A) A prescription for a controlled [substances] substance included in
384 [schedules] schedule III, IV [and] or V to any other pharmacy in
385 accordance with the requirements set forth in the federal Controlled
386 Substances Act 21 USC 801 et seq. and the regulations promulgated
387 thereunder, as from time to time amended; [.] and

388 (B) An unfilled prescription for a controlled substance included in

389 schedule II, III, IV or V that was electronically transmitted in accordance
390 with the requirements set forth in the federal Controlled Substances Act
391 21 USC 801 et seq. and the regulations promulgated thereunder, as from
392 time to time amended. The pharmacy may transfer the unfilled
393 electronic prescription by telephone or other electronic transmission if:

394 (i) Such transfer is consistent with the federal Controlled Substances
395 Act 21 USC 801 et seq. and the regulations promulgated thereunder, as
396 from time to time amended, and policies established by the federal Drug
397 Enforcement Administration;

398 (ii) The pharmacy that first receives such prescription:

399 (I) Takes measures to prevent such prescription from being filled at
400 any pharmacy other than the pharmacy to which the such pharmacy is
401 transferring such prescription; and

402 (II) Records the name, telephone number and address of the
403 pharmacy to which such pharmacy is transferring such prescription,
404 and the name and license number of the pharmacist who receives such
405 transferred prescription; and

406 (iii) The pharmacy that receives such transferred prescription
407 records:

408 (I) All of the information required under subsection (a) of this section;

409 (II) That such prescription has been transferred;

410 (III) The name of the pharmacy that first received such prescription;

411 (IV) The date on which such prescription was issued;

412 (V) The date on which such prescription was transferred; and

413 (VI) Any refills issued for such prescription if such prescription is for
414 a controlled substance included in schedule III, IV or V of the federal
415 Controlled Substances Act 21 USC 801 et seq.

416 (2) The pharmacy that first receives an electronically transmitted
417 prescription described in subparagraph (B) of subdivision (1) of this
418 subsection may send a facsimile containing the prescription information
419 for such prescription if such pharmacy is transferring such prescription
420 pursuant to said subparagraph by telephone.

421 (m) A practitioner authorized to prescribe controlled substances shall
422 not prescribe anabolic steroids for the sole purpose of enhancing a
423 patient's athletic ability or performance.

424 (n) Each pharmacy, as defined in section 20-571, shall accept an
425 electronically transmitted prescription for a controlled substance from a
426 practitioner, as defined in section 21a-316. All records shall be kept on
427 file for three years at the premises of the pharmacy and maintained
428 current and separate from other business records in such form as to be
429 readily available at the pharmacy for inspection by the Commissioner
430 of Consumer Protection, his or her authorized agent or other persons, as
431 authorized in section 21a-265, at reasonable times. Prescription records
432 received from the practitioner electronically may be stored
433 electronically, provided the files are maintained in the pharmacy
434 computer system for not less than three years. If the electronically
435 transmitted prescription is printed, it shall be filed as required in
436 subsection (k) of this section.

437 Sec. 3. (*Effective from passage*) (a) For the purposes of this section:

438 (1) "Asynchronous" has the same meaning as provided in section 19a-
439 906 of the general statutes;

440 (2) "Originating site" has the same meaning as provided in section
441 19a-906 of the general statutes;

442 (3) "Remote patient monitoring" has the same meaning as provided
443 in section 19a-906 of the general statutes;

444 (4) "Store and forward transfer" has the same meaning as provided in

445 section 19a-906 of the general statutes;

446 (5) "Synchronous" has the same meaning as provided in section 19a-
447 906 of the general statutes;

448 (6) "Telehealth" means the mode of delivering health care or other
449 health services via information and communication technologies to
450 facilitate the diagnosis, consultation and treatment, education, care
451 management and self-management of an insured's physical, oral and
452 mental health, and includes interaction between the insured at the
453 originating site and the telehealth provider at a distant site, synchronous
454 interactions, asynchronous store and forward transfers or remote
455 patient monitoring, but does not include interaction through (A)
456 facsimile, texting or electronic mail, or (B) audio-only telephone if the
457 telehealth provider is out-of-network; and

458 (7) "Telehealth provider" means any person who (A) provides health
459 care or other health services through the use of telehealth within such
460 person's scope of practice and in accordance with the standard of care
461 applicable to such person's profession, and (B) is (i) a physician or
462 physician assistant licensed under chapter 370 of the general statutes,
463 physical therapist or physical therapist assistant licensed under chapter
464 376 of the general statutes, chiropractor licensed under chapter 372 of
465 the general statutes, naturopath licensed under chapter 373 of the
466 general statutes, podiatrist licensed under chapter 375 of the general
467 statutes, occupational therapist or occupational therapy assistant
468 licensed under chapter 376a of the general statutes, optometrist licensed
469 under chapter 380 of the general statutes, registered nurse or advanced
470 practice registered nurse licensed under chapter 378 of the general
471 statutes, psychologist licensed under chapter 383 of the general statutes,
472 marital and family therapist licensed under chapter 383a of the general
473 statutes, clinical social worker or master social worker licensed under
474 chapter 383b of the general statutes, alcohol and drug counselor licensed
475 under chapter 376b of the general statutes, professional counselor
476 licensed under chapter 383c of the general statutes, dietitian-nutritionist

477 certified under chapter 384b of the general statutes, speech and
478 language pathologist licensed under chapter 399 of the general statutes,
479 respiratory care practitioner licensed under chapter 381a of the general
480 statutes, audiologist licensed under chapter 397a of the general statutes,
481 pharmacist licensed under chapter 400j of the general statutes,
482 paramedic licensed pursuant to chapter 384d of the general statutes,
483 nurse-midwife licensed under chapter 377 of the general statutes,
484 dentist licensed under chapter 379 of the general statutes, behavior
485 analyst licensed under chapter 382a of the general statutes, genetic
486 counselor licensed under chapter 383d of the general statutes, music
487 therapist certified in the manner described in chapter 383f of the general
488 statutes, art therapist certified in the manner described in chapter 383g
489 of the general statutes or athletic trainer licensed under chapter 375a of
490 the general statutes, or (ii) an in-network and appropriately licensed,
491 certified or registered physician, physician assistant, physical therapist,
492 physical therapist assistant, chiropractor, naturopath, podiatrist,
493 occupational therapist, occupational therapy assistant, optometrist,
494 registered nurse, advanced practice registered nurse, psychologist,
495 marital and family therapist, clinical social worker, master social
496 worker, alcohol and drug counselor, professional counselor, dietitian-
497 nutritionist, speech and language pathologist, respiratory care
498 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,
499 dentist, behavior analyst, genetic counselor, music therapist, art
500 therapist or athletic trainer, in another state or territory of the United
501 States or the District of Columbia, that provides telehealth services
502 pursuant to his or her authority under any relevant order issued by the
503 Commissioner of Public Health and maintains professional liability
504 insurance or other indemnity against liability for professional
505 malpractice in an amount that is equal to or greater than that required
506 for similarly licensed, certified or registered Connecticut health care
507 providers.

508 (b) Notwithstanding any provision of the general statutes, each
509 individual health insurance policy that provides coverage of the type

510 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
511 the general statutes that is effective at any time during the period
512 beginning on the effective date of this section and ending on March 15,
513 2021, shall, at all times that the policy remains in effect during such
514 period, provide coverage for medical advice, diagnosis, care or
515 treatment provided through telehealth, to the same extent coverage is
516 provided for such advice, diagnosis, care or treatment when provided
517 to the insured in person. The policy shall not, at any time during such
518 period, exclude coverage for a service that is appropriately provided
519 through telehealth because such service is provided through telehealth
520 or a telehealth platform selected by an in-network telehealth provider.

521 (c) Notwithstanding any provision of the general statutes, no
522 telehealth provider who receives a reimbursement for a covered service
523 provided through telehealth in accordance with subsection (b) of this
524 section shall seek any payment for such service from the insured who
525 received such service, except for any coinsurance, copayment,
526 deductible or other out-of-pocket expense set forth in the insured's
527 policy. Such amount shall be deemed by the telehealth provider to be
528 payment in full.

529 (d) Nothing in this section shall prohibit or limit a health insurer,
530 health care center, hospital service corporation, medical service
531 corporation or other entity from conducting utilization review for
532 telehealth services, provided such utilization review is conducted in the
533 same manner and uses the same clinical review criteria as a utilization
534 review for an in-person consultation for the same service. Except as
535 provided in subsection (b) or (c) of this section, the coverage required
536 under subsection (b) of this section shall be subject to the same terms
537 and conditions applicable to all other benefits under the policy
538 providing such coverage.

539 Sec. 4. (*Effective from passage*) (a) For the purposes of this section:

540 (1) "Asynchronous" has the same meaning as provided in section 19a-

541 906 of the general statutes;

542 (2) "Originating site" has the same meaning as provided in section
543 19a-906 of the general statutes;

544 (3) "Remote patient monitoring" has the same meaning as provided
545 in section 19a-906 of the general statutes;

546 (4) "Store and forward transfer" has the same meaning as provided in
547 section 19a-906 of the general statutes;

548 (5) "Synchronous" has the same meaning as provided in section 19a-
549 906 of the general statutes;

550 (6) "Telehealth" means the mode of delivering health care or other
551 health services via information and communication technologies to
552 facilitate the diagnosis, consultation and treatment, education, care
553 management and self-management of an insured's physical, oral and
554 mental health, and includes interaction between the insured at the
555 originating site and the telehealth provider at a distant site, synchronous
556 interactions, asynchronous store and forward transfers or remote
557 patient monitoring, but does not include interaction through (A)
558 facsimile, texting or electronic mail, or (B) audio-only telephone if the
559 telehealth provider is out-of-network; and

560 (7) "Telehealth provider" means any person who (A) provides health
561 care or other health services through the use of telehealth within such
562 person's scope of practice and in accordance with the standard of care
563 applicable to such person's profession, and (B) is (i) a physician or
564 physician assistant licensed under chapter 370 of the general statutes,
565 physical therapist or physical therapist assistant licensed under chapter
566 376 of the general statutes, chiropractor licensed under chapter 372 of
567 the general statutes, naturopath licensed under chapter 373 of the
568 general statutes, podiatrist licensed under chapter 375 of the general
569 statutes, occupational therapist or occupational therapy assistant
570 licensed under chapter 376a of the general statutes, optometrist licensed

571 under chapter 380 of the general statutes, registered nurse or advanced
572 practice registered nurse licensed under chapter 378 of the general
573 statutes, psychologist licensed under chapter 383 of the general statutes,
574 marital and family therapist licensed under chapter 383a of the general
575 statutes, clinical social worker or master social worker licensed under
576 chapter 383b of the general statutes, alcohol and drug counselor licensed
577 under chapter 376b of the general statutes, professional counselor
578 licensed under chapter 383c of the general statutes, dietitian-nutritionist
579 certified under chapter 384b of the general statutes, speech and
580 language pathologist licensed under chapter 399 of the general statutes,
581 respiratory care practitioner licensed under chapter 381a of the general
582 statutes, audiologist licensed under chapter 397a of the general statutes,
583 pharmacist licensed under chapter 400j of the general statutes,
584 paramedic licensed pursuant to chapter 384d of the general statutes,
585 nurse-midwife licensed under chapter 377 of the general statutes,
586 dentist licensed under chapter 379 of the general statutes, behavior
587 analyst licensed under chapter 382a of the general statutes, genetic
588 counselor licensed under chapter 383d of the general statutes, music
589 therapist certified in the manner described in chapter 383f of the general
590 statutes, art therapist certified in the manner described in chapter 383g
591 of the general statutes or athletic trainer licensed under chapter 375a of
592 the general statutes, or (ii) an in-network and appropriately licensed,
593 certified or registered physician, physician assistant, physical therapist,
594 physical therapist assistant, chiropractor, naturopath, podiatrist,
595 occupational therapist, occupational therapy assistant, optometrist,
596 registered nurse, advanced practice registered nurse, psychologist,
597 marital and family therapist, clinical social worker, master social
598 worker, alcohol and drug counselor, professional counselor, dietitian-
599 nutritionist, speech and language pathologist, respiratory care
600 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,
601 dentist, behavior analyst, genetic counselor, music therapist, art
602 therapist or athletic trainer, in another state or territory of the United
603 States or the District of Columbia, that provides telehealth services
604 pursuant to his or her authority under any relevant order issued by the

605 Commissioner of Public Health and maintains professional liability
606 insurance or other indemnity against liability for professional
607 malpractice in an amount that is equal to or greater than that required
608 for similarly licensed, certified or registered Connecticut health care
609 providers.

610 (b) Notwithstanding any provision of the general statutes, each
611 group health insurance policy that provides coverage of the type
612 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
613 the general statutes that is effective at any time during the period
614 beginning on the effective date of this section and ending on March 15,
615 2021, shall, at all times that the policy remains in effect during such
616 period, provide coverage for medical advice, diagnosis, care or
617 treatment provided through telehealth, to the same extent coverage is
618 provided for such advice, diagnosis, care or treatment when provided
619 to the insured in person. The policy shall not, at any time during such
620 period, exclude coverage for a service that is appropriately provided
621 through telehealth because such service is provided through telehealth
622 or a telehealth platform selected by an in-network telehealth provider.

623 (c) Notwithstanding any provision of the general statutes, no
624 telehealth provider who receives a reimbursement for a covered service
625 provided through telehealth in accordance with subsection (b) of this
626 section shall seek any payment for such service from the insured who
627 received such service, except for any coinsurance, copayment,
628 deductible or other out-of-pocket expense set forth in the insured's
629 policy. Such amount shall be deemed by the telehealth provider to be
630 payment in full.

631 (d) Nothing in this section shall prohibit or limit a health insurer,
632 health care center, hospital service corporation, medical service
633 corporation or other entity from conducting utilization review for
634 telehealth services, provided such utilization review is conducted in the
635 same manner and uses the same clinical review criteria as a utilization
636 review for an in-person consultation for the same service. Except as

637 provided in subsection (b) or (c) of this section, the coverage required
638 under subsection (b) of this section shall be subject to the same terms
639 and conditions applicable to all other benefits under the policy
640 providing such coverage.

641 Sec. 5. (*Effective from passage*) (a) As used in this section:

642 (1) "Health carrier" has the same meaning as provided in section 38a-
643 1080 of the general statutes;

644 (2) "Insured" has the same meaning as provided in section 38a-1 of
645 the general statutes;

646 (3) "Telehealth" has the same meaning as provided in sections 3 and
647 4 of this act; and

648 (4) "Telehealth provider" has the same meaning as provided in
649 sections 3 and 4 of this act.

650 (b) Notwithstanding any provision of the general statutes, no health
651 carrier shall reduce the amount of a reimbursement paid to a telehealth
652 provider for covered health care or health services that the telehealth
653 provider appropriately provided to an insured through telehealth
654 during the period beginning on the effective date of this section and
655 ending on March 15, 2021, because the telehealth provider provided
656 such health care or health services to the patient through telehealth and
657 not in person.

658 Sec. 6. (*Effective from passage*) (a) As used in this section:

659 (1) "Telehealth" means the mode of delivering health care or other
660 health services via information and communication technologies to
661 facilitate the diagnosis, consultation and treatment, education, care
662 management and self-management of a patient's physical, oral and
663 mental health, and includes (A) interaction between the patient at the
664 originating site and the telehealth provider at a distant site, and (B)
665 synchronous interactions, asynchronous store and forward transfers or

666 remote patient monitoring. "Telehealth" does not include the use of
667 facsimile, texting or electronic mail.

668 (2) "Connecticut medical assistance program" means the state's
669 Medicaid program and the Children's Health Insurance Program under
670 Title XXI of the Social Security Act, as amended from time to time.

671 (b) Notwithstanding the provisions of section 17b-245c, 17b-245e or
672 19a-906 of the general statutes, or any other section, regulation, rule,
673 policy or procedure governing the Connecticut medical assistance
674 program, the Commissioner of Social Services may, in the
675 commissioner's discretion and to the extent permissible under federal
676 law, provide coverage under the Connecticut medical assistance
677 program for audio-only telehealth services for the period beginning on
678 the effective date of this section and ending on March 15, 2021.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	21a-249
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section