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## **OLR Bill Analysis**

### **sHB 6470**

#### ***AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW.***

#### **SUMMARY**

This bill adds licensed nurse-midwives and behavior analysts to the types of health professionals who can provide telehealth services. It also removes a provision excluding audio-only telephone services from being considered as telehealth and requires the Department of Social Services (DSS) to cover audio-only telehealth services under Medicaid and the state Children's Health Insurance Program (CHIP), in certain circumstances and to the extent permissible under federal law.

The bill expands the types of health care providers who can order home health care services to include advanced practice registered nurses (APRNs) and physician assistants. It also allows DSS to waive or suspend prior authorization requirements and other utilization review criteria and procedures for Medicaid and CHIP.

The bill removes obsolete provisions and makes conforming changes.

EFFECTIVE DATE: Upon passage

#### **§§ 1 & 2 — ORDERS FOR HOME HEALTH CARE SERVICES**

Current Department of Health (DPH) regulations generally require physicians to sign patient care plans that include a needs assessment for home health services (Conn. Agencies Regs. § 19-13-D73). The bill allows licensed physicians, APRNs, and physician assistants to order home health services for an individual. The bill applies any DPH regulation, policy, or procedure that applies to a physician ordering home health care services to APRNs and physician assistants. (An April 27, 2020, DPH order issued under Executive Order 7K enacted a

similar policy for the duration of the COVID-19 public health and civil preparedness emergencies.) The bill also allows APRNs and physician assistants in states that border Connecticut to order home health care agency services, in addition to physicians in bordering states under current law.

The bill similarly allows APRNs and physician assistants to order home health care services covered by DSS (i.e., under medical assistance programs; e.g., Medicaid). Under the bill, any DSS regulation, policy, or procedure that applies to physicians ordering home health care services also applies to APRNs and physician assistants, including related provisions on care plan review and approval.

### **§§ 3 & 4 — TELEHEALTH**

#### ***Definition and Health Insurance Coverage***

Under existing law, “telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s physical and mental health.

The bill removes an explicit exclusion for audio-only telephone use in telehealth. The law also adds licensed nurse-midwives and behavior analysts to the types of health professionals who can provide telehealth services. (Executive Order 7DD, § 1, issued April 22, 2020, adds behavioral analysts as telehealth providers for the duration of the COVID-19 public health and civil preparedness emergency.)

Existing law, unchanged by the bill, requires certain individual and group health insurance policies to cover services provided through telehealth to the same extent as those provided through in-person consultation and subject to the same terms and conditions applicable to all other benefits under the policy.

#### ***Coverage under Medicaid and CHIP***

The bill requires DSS to cover audio-only telehealth services under

the medical assistance program (i.e., Medicaid and CHIP) to the extent permissible under federal law if all of the following conditions apply:

1. audio-only telehealth services are clinically appropriate, as determined by the DSS commissioner;
2. it is not possible to provide comparable audiovisual telehealth services; and
3. the services are provided to individuals who are unable to use or access comparable, covered audiovisual telehealth services.

(Executive Order 7F, § 3, issued March 18, 2020, authorizes the DSS commissioner to cover applicable services provided through audio-only telehealth for the duration of the COVID-19 public health and civil preparedness emergencies.)

The bill also requires the DSS commissioner to provide Medicaid reimbursement for telehealth services to the same extent as in-person services to the extent permissible under federal law.

## **§ 5 — PRIOR AUTHORIZATION AND UTILIZATION REVIEW**

The bill allows the DSS commissioner to waive or suspend, in whole or in part, any prior authorization or other utilization review criteria and procedures for Medicaid and CHIP. The bill requires her to include notice of any waiver or suspension in a provider bulletin sent to affected providers and posted on the Connecticut Medical Assistance Program website at least 14 days before implementing it. (Executive Order 7EE, § 4, issued April 23, 2020, authorizes the DSS commissioner to waive, suspend, or modify any prior authorization or other utilization review requirements required by (1) state law for hospital admissions and lengths of stay or (2) regulations, policies, rules, or other directives for medical assistance programs for the duration of the COVID-19 public health and civil preparedness emergencies.)

## **BACKGROUND**

### ***Related Bill***

SB 1022, favorably reported by the Insurance Committee, makes several changes in statutes about telehealth, including (1) excluding audio-only telehealth unless the provider is in-network or providing services through a medical assistance program (e.g., Medicaid) and (2) adding nurse-midwives and behavior analysts to the types of providers that may provide telehealth in certain circumstances.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/18/2021)