

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 21-133—sHB 6470

Human Services Committee

AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW

SUMMARY: This act requires the Department of Social Services (DSS) commissioner, to the extent permissible under federal law, to provide Medicaid reimbursement for telehealth services to the same extent as services provided in person. Existing law requires DSS to provide Medicaid coverage for categories of telehealth services if the DSS commissioner determines they are (1) clinically appropriate to be provided through telehealth, (2) cost effective for the state, and (3) likely to expand access in certain circumstances (CGS § 17b-245e).

Prior law allowed the DSS commissioner, at her discretion, to cover audio-only telehealth services under the state's medical assistance programs (e.g., Medicaid) until June 30, 2023. The act instead requires her to do so, without a sunset date, when (1) she determines doing so is clinically appropriate; (2) providing comparable covered audiovisual telehealth services is not possible; and (3) audio-only services are provided to people who are unable to use or access comparable, covered audiovisual services. Both the authorization under prior law and the requirement under the act are applicable to the extent permissible under federal law.

The act also expands the types of health care providers who can order home health care services to include advanced practice registered nurses (APRNs) and physician assistants (PAs), in addition to physicians under existing law.

It allows DSS to waive or suspend prior authorization requirements and other utilization review criteria and procedures for Medicaid and the Children's Health Insurance Program (CHIP).

The act makes a minor change to a provision allowing telehealth providers to provide services from any location. It also removes obsolete provisions and makes conforming changes.

EFFECTIVE DATE: Upon passage

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

Existing Department of Public 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 act supersedes this and any other state regulation and allows APRNs and PAs, as well as physicians, to order home health care agency, hospice home health care agency, and home health aide agency services.

The act also allows APRNs and PAs, in addition to physicians, who are licensed in bordering states to order home health care agency services. The act

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expands this authority to also explicitly apply to hospice home health care agency services and home health aide agency services.

The act extends any DPH regulation, policy, or procedure that applies to a physician ordering home health services to also apply to APRNs and PAs. This includes provisions on reviewing and approving care plans for these services.

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

§ 3 — TELEHEALTH PROVIDER LOCATION

PA 21-9 establishes requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023. Among other things, the law allows telehealth providers, regardless of any contrary state laws, to provide telehealth services from any location. Under the act, this provision applies (1) subject to compliance with all applicable federal requirements and (2) regardless of any state licensing standards.

§ 5 — PRIOR AUTHORIZATION AND UTILIZATION REVIEW

The act 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 act 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. (An executive order issued during the COVID-19 pandemic contained similar provisions (Executive Order 7EE, § 4, issued April 23, 2020); the order was repealed on May 20, 2021.)

BACKGROUND

Related Acts

PA 21-9 establishes requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023.

PA 21-121, § 52, also allows APRNs and PAs to issue orders for home health care agency services, hospice agency services, and home health aide agency services.