
OLR Bill Analysis

sHB 5198

AN ACT CONCERNING TELEHEALTH.

SUMMARY

This bill makes permanent certain temporary expanded requirements for telehealth service delivery and insurance coverage enacted under PA 21-9 and PA 22-81 that will sunset under current law on June 30, 2024. Among other things, these provisions include:

1. allowing authorized telehealth providers to use audio-only telephone to provide services;
2. allowing authorized providers to provide telehealth services from any location, subject to applicable state and federal requirements;
3. expanding the list of authorized telehealth providers to include art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse midwives, and occupational and physical therapist assistants;
4. prohibiting providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services;
5. allowing out-of-state providers to practice telehealth in Connecticut, under certain conditions, and eliminating the condition that they do so under a Department of Public Health (DPH) order;
6. requiring Connecticut providers or entities that engage or contract with out-of-state telehealth providers to verify the provider's credentials and professional liability insurance;
7. prohibiting health carriers (e.g., insurers and HMOs) from

- reducing the amount of reimbursement they pay to telehealth providers for covered services appropriately provided through telehealth instead of in-person;
8. authorizing the Department of Social Services (DSS) commissioner, to the extent allowed under federal law, to enable the Connecticut Medical Assistance Program (CMAP, i.e., Medicaid and HUSKY B) to cover applicable services provided through audio-only telehealth services (existing law already allows this under certain conditions); and
 9. eliminating the DPH commissioner's authority to issue an order authorizing out-of-state telehealth providers to practice in Connecticut but continuing to allow her to suspend or revoke an out-of-state provider's authority to practice telehealth in Connecticut if he or she violates any condition the commissioner imposes or any applicable statutory requirements.

The bill also makes technical and conforming changes, including repealing corresponding provisions in PA 21-9 and PA 22-81.

EFFECTIVE DATE: Upon passage

TELEHEALTH PROVIDERS

Authorized Telehealth Providers

The bill expands the list of authorized telehealth providers to include the following professionals: art therapists, athletic trainers, behavior analysts, dentists, genetic counselors, music therapists, nurse midwives, and occupational and physical therapist assistants.

Current law already allows the following licensed health care providers to provide health care services using telehealth: APRNs, alcohol and drug counselors, audiologists, certified dietician-nutritionists, chiropractors, clinical and master social workers, marital and family therapists, naturopaths, occupational and physical therapists, optometrists, paramedics, pharmacists, physicians, physician assistants, podiatrists, professional counselors, psychologists, registered nurses, respiratory care practitioners, and speech and

language pathologists.

Under current law, unchanged by the bill, authorized telehealth providers must provide telehealth services within their profession's scope of practice and standard of care.

Out-of-State Providers

The bill allows out-of-state authorized telehealth providers (see above) to practice telehealth in Connecticut and requires them to:

1. be appropriately licensed, certified, or registered in another U.S. state or territory or the District of Columbia;
2. have professional liability insurance or other indemnity against professional malpractice liability in an amount at least equal to that required for Connecticut health providers; and
3. provide telehealth services within their scope of practice and in accordance with applicable professional standards of care.

It eliminates the requirement under PA 21-9 and PA 22-81 that an out-of-state provider be authorized to practice telehealth under any relevant order issued by DPH. But the bill continues to allow DPH to suspend or revoke an out-of-state provider's authority to practice telehealth in Connecticut if he or she violates any condition the commissioner imposes or applicable statutory requirements.

Additionally, the bill requires any Connecticut entity, institution, or provider who engages or contracts with an out-of-state telehealth provider to:

1. verify the provider's credentials to ensure the provider is certified, licensed, or registered and in good standing in his or her home jurisdiction and
2. confirm the telehealth provider has professional liability insurance or other indemnity against professional malpractice liability in an amount at least equal to that required for Connecticut health providers.

SERVICE DELIVERY

Audio-Only Telephone

The bill allows authorized telehealth providers to provide telehealth services via audio-only telephone. Under the bill and existing law, “telehealth” excludes fax, texting, and email. It includes:

1. interaction between a patient at an originating site and the telehealth provider at a distant site and
2. synchronous (real-time) interactions, asynchronous store and forward transfers (transmitting medical information from the patient to the telehealth provider for review at a later time), or remote patient monitoring.

Expanded CMAP Coverage

The bill permits the DSS commissioner, to the extent allowed under federal law, to enable CMAP to cover applicable services provided through audio-only telehealth services. Existing law already allows the commissioner to do this 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.

Service Delivery

Under existing law, a telehealth provider can provide telehealth services to a patient only when the provider has met certain requirements, such as (1) having access to, or knowledge of, the patient’s medical history and health record and (2) conforming to his or her professional standard of care expected for in-person care appropriate for the patient’s age and presenting condition.

The bill requires that the provider also determine whether the (1) patient has health coverage that is fully insured, not fully insured, or provided through CMAP and (2) coverage includes telehealth services.

Additionally, the bill allows telehealth providers to provide

telehealth services from any location subject to compliance with applicable federal requirements, state licensing standards, or related regulations.

PAYMENT FOR UNINSURED AND UNDERINSURED PATIENTS

The bill requires a telehealth provider, before providing services, to determine whether the patient has health coverage for any of the services to be provided. Under the bill, the provider must accept the following as payment in full for telehealth services:

1. for patients who do not have health insurance coverage for telehealth services, an amount equal to the Medicare reimbursement rate for those services, or
2. for patients with health insurance coverage, the amount the carrier reimburses for telehealth services and any cost sharing (e.g., copay, coinsurance, deductible) or other out-of-pocket expense imposed by the health plan.

Under the bill, a telehealth provider who determines that a patient is unable to pay for telehealth services must offer the patient financial assistance to the extent required under federal or state law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 37 Nay 0 (03/11/2024)