



## Working Draft

General Assembly

**Bill No.**

July Special Session, 2020

LCO No. 3614

Referred to Committee on

Introduced by:

### **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.

## WORKING DRAFT

*Bill No.*

---

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

## WORKING DRAFT

*Bill No.*

---

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

## WORKING DRAFT

*Bill No.*

---

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 in a  
85 public health emergency declared by the Governor in accordance with  
86 sections 19a-131a, 19a-131j and 28-9 of the general statutes and  
87 maintains professional liability insurance or other indemnity against  
88 liability for professional malpractice in an amount that is equal to or  
89 greater than that required for similarly licensed, certified or registered  
90 Connecticut health care providers.

91 (b) (1) Notwithstanding the provisions of section 19a-906 of the  
92 general statutes, during the period beginning on the effective date of  
93 this section and ending on June 30, 2021, a telehealth provider may only  
94 provide a telehealth service to a patient when the telehealth provider:

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

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

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

## WORKING DRAFT

*Bill No.*

---

104 (D) Conforms to the standard of care applicable to the telehealth  
105 provider's profession and expected for in-person care as appropriate to  
106 the patient's age and presenting condition, except when the standard of  
107 care requires the use of diagnostic testing and performance of a physical  
108 examination, such testing or examination may be carried out through  
109 the use of peripheral devices appropriate to the patient's condition; and

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

112 (2) Notwithstanding the provisions of section 19a-906 of the general  
113 statutes, if a telehealth provider provides a telehealth service to a patient  
114 during the period beginning on the effective date of this section and  
115 ending on June 30, 2021, the telehealth provider shall, at the time of the  
116 telehealth provider's first telehealth interaction with a patient, inform  
117 the patient concerning the treatment methods and limitations of  
118 treatment using a telehealth platform, including, but not limited to, the  
119 limited duration of the relevant provisions of this section and sections 2  
120 to 5, inclusive, of this act, and, after providing the patient with such  
121 information, obtain the patient's consent to provide telehealth services.  
122 The telehealth provider shall document such notice and consent in the  
123 patient's health record. If a patient later revokes such consent, the  
124 telehealth provider shall document the revocation in the patient's health  
125 record.

126 (c) Notwithstanding the provisions of this section or title 20 of the  
127 general statutes, no telehealth provider shall, during the period  
128 beginning on the effective date of this section and ending on June 30,  
129 2021, prescribe any schedule I, II or III controlled substance through the  
130 use of telehealth, except a schedule II or III controlled substance other  
131 than an opioid drug, as defined in section 20-14o of the general statutes,  
132 in a manner fully consistent with the Ryan Haight Online Pharmacy  
133 Consumer Protection Act, 21 USC 829(e), as amended from time to time,  
134 for the treatment of a person with a psychiatric disability or substance

## WORKING DRAFT

*Bill No.*

---

135 use disorder, as defined in section 17a-458 of the general statutes,  
136 including, but not limited to, medication-assisted treatment. A  
137 telehealth provider using telehealth to prescribe a schedule II or III  
138 controlled substance pursuant to this subsection shall electronically  
139 submit the prescription pursuant to section 21a-249 of the general  
140 statutes.

141 (d) During the period beginning on the effective date of this section  
142 and ending on June 30, 2021, each telehealth provider shall, at the time  
143 of the initial telehealth interaction, ask the patient whether the patient  
144 consents to the telehealth provider's disclosure of records concerning  
145 the telehealth interaction to the patient's primary care provider. If the  
146 patient consents to such disclosure, the telehealth provider shall provide  
147 records of all telehealth interactions during such period to the patient's  
148 primary care provider, in a timely manner, in accordance with the  
149 provisions of sections 20-7b to 20-7e, inclusive, of the general statutes.

150 (e) During the period beginning on the effective date of this section  
151 and ending on June 30, 2021, any consent or revocation of consent under  
152 this section shall be obtained from or communicated by the patient, or  
153 the patient's legal guardian, conservator or other authorized  
154 representative, as applicable.

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

161 (2) Notwithstanding the provisions of section 19a-906 of the general  
162 statutes and subdivision (1) of this subsection, a telehealth provider that  
163 is an in-network provider or a provider enrolled in the Connecticut  
164 medical assistance program that provides telehealth services to a

## WORKING DRAFT

*Bill No.*

---

165 Connecticut medical assistance program recipient, may, during the  
166 period beginning on the effective date of this section and ending on June  
167 30, 2021, use any information or communication technology in  
168 accordance with the directions, modifications or revisions, if any, made  
169 by the Office for Civil Rights of the United States Department of Health  
170 and Human Services to the provisions of the Health Insurance  
171 Portability and Accountability Act of 1996 P.L. 104-191, as amended  
172 from time to time, or the rules and regulations adopted thereunder.

173 (g) Notwithstanding any provision of the general statutes, nothing in  
174 this section shall, during the period beginning on the effective date of  
175 this section and ending on June 30, 2021, prohibit a health care provider  
176 from: (1) Providing on-call coverage pursuant to an agreement with  
177 another health care provider or such health care provider's professional  
178 entity or employer; (2) consulting with another health care provider  
179 concerning a patient's care; (3) ordering care for hospital outpatients or  
180 inpatients; or (4) using telehealth for a hospital inpatient, including for  
181 the purpose of ordering medication or treatment for such patient in  
182 accordance with the Ryan Haight Online Pharmacy Consumer  
183 Protection Act, 21 USC 829(e), as amended from time to time. As used  
184 in this subsection, "health care provider" means a person or entity  
185 licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b,  
186 inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or  
187 400j of the general statutes or licensed or certified pursuant to chapter  
188 368d or 384d of the general statutes.

189 (h) Notwithstanding any provision of the general statutes, no  
190 telehealth provider shall charge a facility fee for a telehealth service  
191 provided during the period beginning on the effective date of this  
192 section and ending on June 30, 2021.

193 (i) (1) Notwithstanding any provision of the general statutes, a  
194 telehealth provider who provides health care or health services to a  
195 patient through telehealth during the period beginning on the effective

## WORKING DRAFT

*Bill No.*

---

196 date of this section and ending on June 30, 2021, shall accept as full  
197 payment for such health care or health services:

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

202 (B) The amount that the patient's health coverage reimburses for such  
203 health care or health services if the telehealth provider determines that  
204 the patient has health coverage for such health care or health services.

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

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

216 (k) Notwithstanding the provisions of section 19a-906 of the general  
217 statutes, during the period beginning on the effective date of this section  
218 and ending on June 30, 2021, any Connecticut entity, institution or  
219 health care provider that engages or contracts with a telehealth provider  
220 that is licensed, certified or registered in another state or territory of the  
221 United States or the District of Columbia to provide health care or other  
222 health services shall verify the credentials of such provider in the state  
223 in which he or she is licensed, certified or registered, ensure that such a  
224 provider is in good standing in such state, and confirm that such  
225 provider maintains professional liability insurance or other indemnity



## WORKING DRAFT

*Bill No.*

---

226 against liability for professional malpractice in an amount that is equal  
227 to or greater than that required for similarly licensed, certified or  
228 registered Connecticut health care providers.

229 Sec. 2. Section 21a-249 of the general statutes is repealed and the  
230 following is substituted in lieu thereof (*Effective from passage*):

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

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

## WORKING DRAFT

*Bill No.*

---

257 "electronically transmit" means to transmit by computer modem or  
258 other similar electronic device.

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

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

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

## WORKING DRAFT

*Bill No.*

288 shall document the reason for the practitioner's failure to electronically  
289 transmit the prescription in the patient's medical record;

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

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

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

317 (d) Any prescription issued in a form other than an electronically

## WORKING DRAFT

*Bill No.*

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

328 (e) Prescriptions for schedule II substances shall be electronically  
329 transmitted by the prescribing practitioner at the time of issuance and  
330 previously signed orders for such schedule II substances shall not be  
331 considered valid prescriptions within the meaning of this chapter. No  
332 practitioner shall prescribe, dispense or administer schedule II  
333 sympathomimetic amines as anorectics, except as may be authorized by  
334 regulations adopted by the Departments of Public Health and  
335 Consumer Protection acting jointly. To the extent permitted by the  
336 federal Controlled Substances Act, 21 USC 801, as from time to time  
337 amended, in an emergency, the dispensing of schedule II substances  
338 may be made upon the oral order of a prescribing registrant known to  
339 or confirmed by the filling pharmacist. The filling pharmacist shall  
340 promptly reduce such oral order to writing on a prescription blank,  
341 provided such oral order shall be confirmed by the proper completion  
342 and mailing or delivery of a prescription prepared by the prescribing  
343 registrant to the pharmacist filling such oral order within seventy-two  
344 hours after the oral order has been given. Such prescription of the  
345 registrant shall be affixed to the temporary prescription prepared by the  
346 pharmacist and both prescriptions shall be maintained on file as  
347 required in this chapter. The Department of Public Health and the  
348 Department of Consumer Protection, acting jointly, may adopt  
349 regulations, in accordance with chapter 54, allowing practitioners to

## WORKING DRAFT

*Bill No.*

---

350 prescribe, dispense or administer schedule II sympathomimetic amines  
351 as anorectics under certain specific circumstances. Nothing in this  
352 subsection shall be construed to require a licensed pharmacist to  
353 determine the diagnosis of a patient prior to dispensing a prescription  
354 for such substances to a patient.

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

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

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

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

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

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

## WORKING DRAFT

*Bill No.*

379 prescriptions shall, immediately upon filling, be filed chronologically  
380 and consecutively.

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

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

387 (B) During the period beginning on the effective date of this section  
388 and ending on June 30, 2021, an unfilled prescription for a controlled  
389 substance included in schedule II, III, IV or V that was electronically  
390 transmitted in accordance with the requirements set forth in the federal  
391 Controlled Substances Act 21 USC 801 et seq. and the regulations  
392 promulgated thereunder, as from time to time amended. The pharmacy  
393 may transfer the unfilled electronic prescription by telephone or other  
394 electronic transmission if:

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

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

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

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

## WORKING DRAFT

*Bill No.*

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

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

410 (II) That such prescription has been transferred;

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

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

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

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

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

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

425 (n) Each pharmacy, as defined in section 20-571, shall accept an  
426 electronically transmitted prescription for a controlled substance from a  
427 practitioner, as defined in section 21a-316. All records shall be kept on  
428 file for three years at the premises of the pharmacy and maintained  
429 current and separate from other business records in such form as to be  
430 readily available at the pharmacy for inspection by the Commissioner  
431 of Consumer Protection, his or her authorized agent or other persons, as  
432 authorized in section 21a-265, at reasonable times. Prescription records  
433 received from the practitioner electronically may be stored

## WORKING DRAFT

*Bill No.*

434 electronically, provided the files are maintained in the pharmacy  
435 computer system for not less than three years. If the electronically  
436 transmitted prescription is printed, it shall be filed as required in  
437 subsection (k) of this section.

Commented [LE1]: 21a-00--0249---K;,,,,;

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

439 (1) "Asynchronous" has the same meaning as provided in section 19a-  
440 906 of the general statutes;

441 (2) "Originating site" has the same meaning as provided in section  
442 19a-906 of the general statutes;

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

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

447 (5) "Synchronous" has the same meaning as provided in section 19a-  
448 906 of the general statutes;

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

459 (7) "Telehealth provider" means any person who (A) provides health  
460 care or other health services through the use of telehealth within such  
461 person's scope of practice and in accordance with the standard of care



## WORKING DRAFT

*Bill No.*

---

462 applicable to such person's profession, and (B) is (i) a physician or  
463 physician assistant licensed under chapter 370 of the general statutes,  
464 physical therapist or physical therapist assistant licensed under chapter  
465 376 of the general statutes, chiropractor licensed under chapter 372 of  
466 the general statutes, naturopath licensed under chapter 373 of the  
467 general statutes, podiatrist licensed under chapter 375 of the general  
468 statutes, occupational therapist or occupational therapy assistant  
469 licensed under chapter 376a of the general statutes, optometrist licensed  
470 under chapter 380 of the general statutes, registered nurse or advanced  
471 practice registered nurse licensed under chapter 378 of the general  
472 statutes, psychologist licensed under chapter 383 of the general statutes,  
473 marital and family therapist licensed under chapter 383a of the general  
474 statutes, clinical social worker or master social worker licensed under  
475 chapter 383b of the general statutes, alcohol and drug counselor licensed  
476 under chapter 376b of the general statutes, professional counselor  
477 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
478 certified under chapter 384b of the general statutes, speech and  
479 language pathologist licensed under chapter 399 of the general statutes,  
480 respiratory care practitioner licensed under chapter 381a of the general  
481 statutes, audiologist licensed under chapter 397a of the general statutes,  
482 pharmacist licensed under chapter 400j of the general statutes,  
483 paramedic licensed pursuant to chapter 384d of the general statutes,  
484 nurse-midwife licensed under chapter 377 of the general statutes,  
485 dentist licensed under chapter 379 of the general statutes, behavior  
486 analyst licensed under chapter 382a of the general statutes, genetic  
487 counselor licensed under chapter 383d of the general statutes, music  
488 therapist certified in the manner described in chapter 383f of the general  
489 statutes, art therapist certified in the manner described in chapter 383g  
490 of the general statutes or athletic trainer licensed under chapter 375a of  
491 the general statutes, or (ii) an in-network and appropriately licensed,  
492 certified or registered physician, physician assistant, physical therapist,  
493 physical therapist assistant, chiropractor, naturopath, podiatrist,  
494 occupational therapist, occupational therapy assistant, optometrist,

## WORKING DRAFT

*Bill No.*

---

495 registered nurse, advanced practice registered nurse, psychologist,  
496 marital and family therapist, clinical social worker, master social  
497 worker, alcohol and drug counselor, professional counselor, dietitian-  
498 nutritionist, speech and language pathologist, respiratory care  
499 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,  
500 dentist, behavior analyst, genetic counselor, music therapist, art  
501 therapist or athletic trainer, in another state or territory of the United  
502 States or the District of Columbia, that provides telehealth services  
503 pursuant to his or her authority under any relevant order issued by the  
504 Commissioner of Public Health in a public health emergency declared  
505 by the Governor in accordance with sections 19a-131a, 19a-131j and 28-  
506 9 of the general statutes and maintains professional liability insurance  
507 or other indemnity against liability for professional malpractice in an  
508 amount that is equal to or greater than that required for similarly  
509 licensed, certified or registered Connecticut health care providers.

510 (b) Notwithstanding any provision of the general statutes, each  
511 individual health insurance policy that provides coverage of the type  
512 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
513 the general statutes that is effective at any time during the period  
514 beginning on the effective date of this section and ending on June 30,  
515 2021, shall, at all times that the policy remains in effect during such  
516 period, provide coverage for medical advice, diagnosis, care or  
517 treatment provided through telehealth, to the same extent coverage is  
518 provided for such advice, diagnosis, care or treatment when provided  
519 to the insured in person. The policy shall not, at any time during such  
520 period, exclude coverage for a service that is appropriately provided  
521 through telehealth because such service is provided through telehealth  
522 or a telehealth platform selected by an in-network telehealth provider.

523 (c) Notwithstanding any provision of the general statutes, no  
524 telehealth provider who receives a reimbursement for a covered service  
525 provided through telehealth in accordance with subsection (b) of this  
526 section shall seek any payment for such service from the insured who

## WORKING DRAFT

*Bill No.*

---

527 received such service, except for any coinsurance, copayment,  
528 deductible or other out-of-pocket expense set forth in the insured's  
529 policy. Such amount shall be deemed by the telehealth provider to be  
530 payment in full.

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

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

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

544 (2) "Originating site" has the same meaning as provided in section  
545 19a-906 of the general statutes;

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

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

550 (5) "Synchronous" has the same meaning as provided in section 19a-  
551 906 of the general statutes;

552 (6) "Telehealth" means the mode of delivering health care or other  
553 health services via information and communication technologies to  
554 facilitate the diagnosis, consultation and treatment, education, care

## WORKING DRAFT

*Bill No.*

---

555 management and self-management of an insured's physical, oral and  
556 mental health, and includes interaction between the insured at the  
557 originating site and the telehealth provider at a distant site, synchronous  
558 interactions, asynchronous store and forward transfers or remote  
559 patient monitoring, but does not include interaction through (A)  
560 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
561 telehealth provider is out-of-network; and

562 (7) "Telehealth provider" means any person who (A) provides health  
563 care or other health services through the use of telehealth within such  
564 person's scope of practice and in accordance with the standard of care  
565 applicable to such person's profession, and (B) is (i) a physician or  
566 physician assistant licensed under chapter 370 of the general statutes,  
567 physical therapist or physical therapist assistant licensed under chapter  
568 376 of the general statutes, chiropractor licensed under chapter 372 of  
569 the general statutes, naturopath licensed under chapter 373 of the  
570 general statutes, podiatrist licensed under chapter 375 of the general  
571 statutes, occupational therapist or occupational therapy assistant  
572 licensed under chapter 376a of the general statutes, optometrist licensed  
573 under chapter 380 of the general statutes, registered nurse or advanced  
574 practice registered nurse licensed under chapter 378 of the general  
575 statutes, psychologist licensed under chapter 383 of the general statutes,  
576 marital and family therapist licensed under chapter 383a of the general  
577 statutes, clinical social worker or master social worker licensed under  
578 chapter 383b of the general statutes, alcohol and drug counselor licensed  
579 under chapter 376b of the general statutes, professional counselor  
580 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
581 certified under chapter 384b of the general statutes, speech and  
582 language pathologist licensed under chapter 399 of the general statutes,  
583 respiratory care practitioner licensed under chapter 381a of the general  
584 statutes, audiologist licensed under chapter 397a of the general statutes,  
585 pharmacist licensed under chapter 400j of the general statutes,  
586 paramedic licensed pursuant to chapter 384d of the general statutes,

## WORKING DRAFT

*Bill No.*

---

587 nurse-midwife licensed under chapter 377 of the general statutes,  
588 dentist licensed under chapter 379 of the general statutes, behavior  
589 analyst licensed under chapter 382a of the general statutes, genetic  
590 counselor licensed under chapter 383d of the general statutes, music  
591 therapist certified in the manner described in chapter 383f of the general  
592 statutes, art therapist certified in the manner described in chapter 383g  
593 of the general statutes or athletic trainer licensed under chapter 375a of  
594 the general statutes, or (ii) an in-network and appropriately licensed,  
595 certified or registered physician, physician assistant, physical therapist,  
596 physical therapist assistant, chiropractor, naturopath, podiatrist,  
597 occupational therapist, occupational therapy assistant, optometrist,  
598 registered nurse, advanced practice registered nurse, psychologist,  
599 marital and family therapist, clinical social worker, master social  
600 worker, alcohol and drug counselor, professional counselor, dietitian-  
601 nutritionist, speech and language pathologist, respiratory care  
602 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,  
603 dentist, behavior analyst, genetic counselor, music therapist, art  
604 therapist or athletic trainer, in another state or territory of the United  
605 States or the District of Columbia, that provides telehealth services  
606 pursuant to his or her authority under any relevant order issued by the  
607 Commissioner of Public Health in a public health emergency declared  
608 by the Governor in accordance with sections 19a-131a, 19a-131j and 28-  
609 9 of the general statutes and maintains professional liability insurance  
610 or other indemnity against liability for professional malpractice in an  
611 amount that is equal to or greater than that required for similarly  
612 licensed, certified or registered Connecticut health care providers.

613 (b) Notwithstanding any provision of the general statutes, each  
614 group health insurance policy that provides coverage of the type  
615 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
616 the general statutes that is effective at any time during the period  
617 beginning on the effective date of this section and ending on June 30,  
618 2021, shall, at all times that the policy remains in effect during such

## WORKING DRAFT

*Bill No.*

---

619 period, provide coverage for medical advice, diagnosis, care or  
620 treatment provided through telehealth, to the same extent coverage is  
621 provided for such advice, diagnosis, care or treatment when provided  
622 to the insured in person. The policy shall not, at any time during such  
623 period, exclude coverage for a service that is appropriately provided  
624 through telehealth because such service is provided through telehealth  
625 or a telehealth platform selected by an in-network telehealth provider.

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

634 (d) Nothing in this section shall prohibit or limit a health insurer,  
635 health care center, hospital service corporation, medical service  
636 corporation or other entity from conducting utilization review for  
637 telehealth services, provided such utilization review is conducted in the  
638 same manner and uses the same clinical review criteria as a utilization  
639 review for an in-person consultation for the same service. Except as  
640 provided in subsection (b) or (c) of this section, the coverage required  
641 under subsection (b) of this section shall be subject to the same terms  
642 and conditions applicable to all other benefits under the policy  
643 providing such coverage.

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

645 (1) "Health carrier" has the same meaning as provided in section 38a-  
646 1080 of the general statutes;

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

## WORKING DRAFT

*Bill No.*

---

649 (3) "Telehealth" has the same meaning as provided in sections 3 and  
650 4 of this act; and

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

653 (b) Notwithstanding any provision of the general statutes, no health  
654 carrier shall reduce the amount of a reimbursement paid to a telehealth  
655 provider for covered health care or health services that the telehealth  
656 provider appropriately provided to an insured through telehealth  
657 during the period beginning on the effective date of this section and  
658 ending on June 30, 2021, because the telehealth provider provided such  
659 health care or health services to the patient through telehealth and not  
660 in person.

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

662 (1) "Telehealth" means the mode of delivering health care or other  
663 health services via information and communication technologies to  
664 facilitate the diagnosis, consultation and treatment, education, care  
665 management and self-management of a patient's physical, oral and  
666 mental health, and includes (A) interaction between the patient at the  
667 originating site and the telehealth provider at a distant site, and (B)  
668 synchronous interactions, asynchronous store and forward transfers or  
669 remote patient monitoring. "Telehealth" does not include the use of  
670 facsimile, texting or electronic mail.

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

674 (b) Notwithstanding the provisions of section 17b-245c, 17b-245e or  
675 19a-906 of the general statutes, or any other section, regulation, rule,  
676 policy or procedure governing the Connecticut medical assistance  
677 program, the Commissioner of Social Services may, in the

## WORKING DRAFT

*Bill No.*

---

678 commissioner's discretion and to the extent permissible under federal  
679 law, provide coverage under the Connecticut medical assistance  
680 program for audio-only telehealth services for the period beginning on  
681 the effective date of this section and ending on June 30, 2021.

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>	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