

[Second Reprint]

SENATE, No. 2559

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:

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District 11 (Monmouth)

Senator NIA H. GILL

District 34 (Essex and Passaic)

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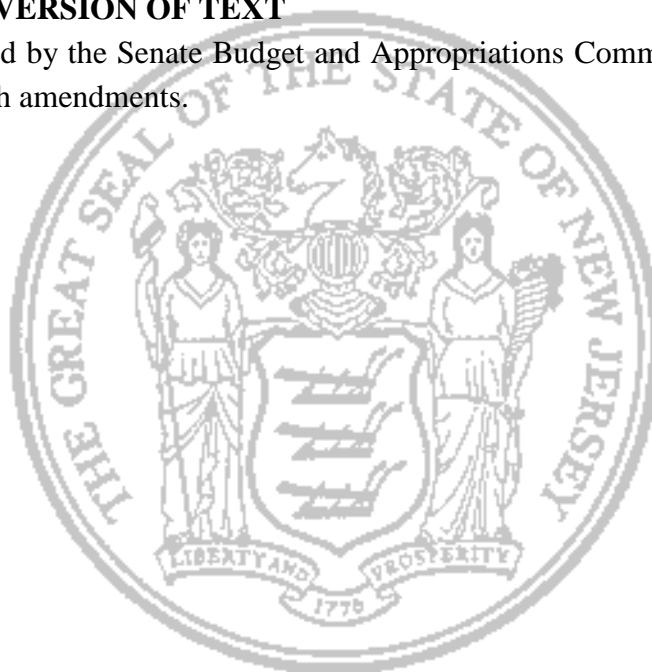
**Senators Corrado, Diegnan, Brown, T.Kean, Singer, Turner, O'Scanlon,
Addiego, Greenstein and Lagana**

SYNOPSIS

Revises requirements for health insurance providers and Medicaid to cover services provided using telemedicine and telehealth; appropriates \$5 million.

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on March 22, 2021, with amendments.



(Sponsorship Updated As Of: 3/25/2021)

1 AN ACT concerning telemedicine and telehealth ¹**[and]** ¹ amending
 2 P.L.2017, c.117 ¹, and making an appropriation¹ .

3
 4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 5 *of New Jersey:*

6
 7 1. Section 8 of P.L.2017, c.117 (C.26:2S-29) is amended to
 8 read as follows:

9 8. a. A carrier that offers a health benefits plan in this State
 10 shall provide coverage and payment for ²**[¹all forms of² physical**
 11 **and behavioral¹** health care services delivered to a covered person
 12 through telemedicine or telehealth, on the same basis as, and at a
 13 provider reimbursement rate that **[does not exceed]** equals the
 14 provider reimbursement rate that is applicable, when the services
 15 are delivered through in-person contact and consultation in New
 16 Jersey ², provided the services are otherwise covered under the plan
 17 when delivered through in-person contact and consultation in New
 18 Jersey² . Reimbursement payments under this section may be
 19 provided either to the individual practitioner who delivered the
 20 reimbursable services, or to the agency, facility, or organization that
 21 employs the individual practitioner who delivered the reimbursable
 22 services, as appropriate ²; provided that, if a telemedicine or
 23 telehealth organization does not provide a given service on an in-
 24 person basis in New Jersey, the telemedicine or telehealth
 25 organization shall not be subject to this requirement² .

26 b. A carrier may limit coverage to services that are delivered
 27 by health care providers in the health benefits plan's network, but
 28 may not charge any deductible, copayment, or coinsurance for a
 29 health care service, delivered through telemedicine or telehealth, in
 30 an amount that exceeds the deductible, copayment, or coinsurance
 31 amount that is applicable to an in-person consultation. In no case
 32 shall a carrier:

33 (1) impose any restrictions on the location or setting of the
 34 distant site used by a health care provider to provide services using
 35 telemedicine and telehealth¹ or on the location or setting of the
 36 originating site where the patient is located when receiving services
 37 using telemedicine and telehealth¹ ; ¹**[or]**¹

38 (2) restrict the ability of a provider to use any electronic or
 39 technological platform ²**[, including interactive, real-time, two-way**
 40 audio in combination with asynchronous store-and-forward
 41 technology without video capabilities,] that the federal Centers for
 42 Medicare and Medicaid Services has authorized for use in
 43 connection with the federal Medicare program² to provide services
 44 using telemedicine or telehealth², provided² that ²**[:**

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined **thus** is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted January 14, 2021.

²Senate SBA committee amendments adopted March 22, 2021.

1 (a) the platform² allows the provider to meet the same standard
2 of care as would be provided if the services were provided in person
3 ²]; and

4 (b) is compliant with the requirements of the federal health
5 privacy rule set forth at 45 CFR Parts 160 and 164]^{2 1}; or

6 (3) deny coverage for or refuse to provide reimbursement for
7 routine patient monitoring performed using telemedicine and
8 telehealth, including remote monitoring of a patient's vital signs
9 and routine check-ins with the patient to monitor the patient's status
10 and condition, if coverage and reimbursement would be provided if
11 those services are provided in person.¹

12 c. Nothing in this section shall be construed to:

13 (1) prohibit a carrier from providing coverage for only those
14 services that are medically necessary, subject to the terms and
15 conditions of the covered person's health benefits plan; or

16 (2) allow a carrier to require a covered person to use
17 telemedicine or telehealth in lieu of receiving an in-person service
18 from an in-network provider ²or allow a carrier to impose more
19 stringent utilization management requirements on the provision of
20 services using telemedicine and telehealth than apply when those
21 services are provided in person².

22 d. The Commissioner of Banking and Insurance shall adopt
23 rules and regulations, pursuant to the "Administrative Procedure
24 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the
25 provisions of this section.

26 e. As used in this section:

27 "Asynchronous store-and-forward" means the same as that term
28 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

29 "Carrier" means the same as that term is defined by section 2 of
30 P.L.1997, c.192 (C.26:2S-2).

31 "Covered person" means the same as that term is defined by
32 section 2 of P.L.1997, c.192 (C.26:2S-2).

33 "Distant site" means the same as that term is defined by section 1
34 of P.L.2017, c.117 (C.45:1-61).

35 "Health benefits plan" means the same as that term is defined by
36 section 2 of P.L.1997, c.192 (C.26:2S-2).

37 ¹"Originating site" means the same as that term is defined by
38 section 1 of P.L.2017, c.117 (C.45:1-61).¹

39 "Telehealth" means the same as that term is defined by section 1
40 of P.L.2017, c.117 (C.45:1-61).

41 "Telemedicine" means the same as that term is defined by
42 section 1 of P.L.2017, c.117 (C.45:1-61).

43 ²"Telemedicine or telehealth organization" means the same as
44 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).²

45 (cf: P.L.2017, c.117, s.8)

46

47 2. Section 7 of P.L.2017, c.117 (C.30:4D-6k) is amended to
48 read as follows:

1 7. a. The State Medicaid and NJ FamilyCare programs shall
2 provide coverage and payment for ²[¹all forms of]² physical and
3 behavioral¹ health care services delivered to a benefits recipient
4 through telemedicine or telehealth, on the same basis as, and at a
5 provider reimbursement rate that [does not exceed] equals the
6 provider reimbursement rate that is applicable, when the services
7 are delivered through in-person contact and consultation in New
8 Jersey ², provided the services are otherwise covered when
9 delivered through in-person contact and consultation in New Jersey²
10 . Reimbursement payments under this section may be provided
11 either to the individual practitioner who delivered the reimbursable
12 services, or to the agency, facility, or organization that employs the
13 individual practitioner who delivered the reimbursable services, as
14 appropriate ²; provided that, if a telemedicine or telehealth
15 organization does not provide a given service on an in-person basis
16 in New Jersey, the telemedicine or telehealth organization shall not
17 be subject to this requirement² .

18 b. The State Medicaid and NJ FamilyCare programs may limit
19 coverage to services that are delivered by participating health care
20 providers, but may not charge any deductible, copayment, or
21 coinsurance for a health care service, delivered through
22 telemedicine or telehealth, in an amount that exceeds the deductible,
23 copayment, or coinsurance amount that is applicable to an in-person
24 consultation. In no case shall the State Medicaid and NJ
25 FamilyCare programs:

26 (1) impose any restrictions on the location or setting of the
27 distant site used by a health care provider to provide services using
28 telemedicine and telehealth ¹or on the location or setting of the
29 originating site where the patient is located when receiving services
30 using telemedicine and telehealth¹ ; ¹[or]¹

31 (2) restrict the ability of a provider to use any electronic or
32 technological platform ²[, including interactive, real-time, two-way
33 audio in combination with asynchronous store-and-forward
34 technology without video capabilities,] that the federal Centers for
35 Medicare and Medicaid Services has authorized for use in
36 connection with the federal Medicare program² to provide services
37 using telemedicine or telehealth ², provided² that ²[:

38 (a) the platform² allows the provider to meet the same standard
39 of care as would be provided if the services were provided in person
40 ²[: and

41 (b) is compliant with the requirements of the federal health
42 privacy rule set forth at 45 CFR Parts 160 and 164]² ¹; or

43 (3) deny coverage for or refuse to provide reimbursement for
44 routine patient monitoring performed using telemedicine and
45 telehealth, including remote monitoring of a patient's vital signs
46 and routine check-ins with the patient to monitor the patient's status

1 and condition, if coverage and reimbursement would be provided if
2 those services are provided in person¹ .

3 c. Nothing in this section shall be construed to:

4 (1) prohibit the State Medicaid or NJ FamilyCare programs
5 from providing coverage for only those services that are medically
6 necessary, subject to the terms and conditions of the recipient's
7 benefits plan; or

8 (2) allow the State Medicaid or NJ FamilyCare programs to
9 require a benefits recipient to use telemedicine or telehealth in lieu
10 of obtaining an in-person service from a participating health care
11 provider ²or allow the State Medicaid or NJ FamilyCare programs
12 to impose more stringent utilization management requirements on
13 the provision of services using telemedicine and telehealth than
14 apply when those services are provided in person² .

15 d. The Commissioner of Human Services, in consultation with
16 the Commissioner of Children and Families, shall apply for such
17 State plan amendments or waivers as may be necessary to
18 implement the provisions of this section and to secure federal
19 financial participation for State expenditures under the federal
20 Medicaid program and Children's Health Insurance Program.

21 e. As used in this section:

22 "Asynchronous store-and-forward" means the same as that term
23 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

24 "Benefits recipient" or "recipient" means a person who is eligible
25 for, and who is receiving, hospital or medical benefits under the
26 State Medicaid program established pursuant to P.L.1968, c.413
27 (C.30:4D-1 et seq.), or under the NJ FamilyCare program
28 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.), as
29 appropriate.

30 "Distant site" means the same as that term is defined by section 1
31 of P.L.2017, c.117 (C.45:1-61).

32 ¹"Originating site" means the same as that term is defined by
33 section 1 of P.L.2017, c.117 (C.45:1-61).¹

34 "Participating health care provider" means a licensed or certified
35 health care provider who is registered to provide health care
36 services to benefits recipients under the State Medicaid or NJ
37 FamilyCare programs, as appropriate.

38 "Telehealth" means the same as that term is defined by section 1
39 of P.L.2017, c.117 (C.45:1-61).

40 "Telemedicine" means the same as that term is defined by
41 section 1 of P.L.2017, c.117 (C.45:1-61).

42 ²"Telemedicine or telehealth organization" means the same as
43 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).²
44 (cf: P.L.2017, c.117, s.7)

45

46 3. Section 2 of P.L.2017, c.117 (C.45:1-62) is amended to read
47 as follows:

1 2. a. Unless specifically prohibited or limited by federal or
2 State law, a health care provider who establishes a proper provider-
3 patient relationship with a patient may remotely provide health care
4 services to a patient through the use of telemedicine ¹], regardless
5 of whether the health care provider is located in New Jersey at the
6 time the remote health care services are provided]¹ . A health care
7 provider may also engage in telehealth as may be necessary to
8 support and facilitate the provision of health care services to
9 patients.

10 b. Any health care provider who uses telemedicine or engages
11 in telehealth while providing health care services to a patient, shall:
12 (1) be validly licensed, certified, or registered, pursuant to Title 45
13 of the Revised Statutes, to provide such services in the State of New
14 Jersey; (2) remain subject to regulation by the appropriate New
15 Jersey State licensing board or other New Jersey State professional
16 regulatory entity; (3) act in compliance with existing requirements
17 regarding the maintenance of liability insurance; and (4) remain
18 subject to New Jersey jurisdiction if either the patient or the
19 provider is located in New Jersey at the time services are provided.

20 c. (1) Telemedicine services ¹[shall] may¹ be provided using
21 interactive, real-time, two-way communication technologies ¹or,
22 subject to the requirements of paragraph (2) of this paragraph,
23 asynchronous store-and-forward technology¹ .

24 (2) A health care provider engaging in telemedicine or
25 telehealth may use asynchronous store-and-forward technology ¹[to
26 allow for the electronic transmission of images, diagnostics, data,
27 and medical information; except that the health care provider may
28 use interactive, real-time, two-way audio in combination with
29 asynchronous store-and-forward technology, without video
30 capabilities,] to provide services¹ ²with or without the use of
31 interactive, real-time, two-way audio² if, after accessing and
32 reviewing the patient's medical records, the provider determines
33 that the provider is able to meet the same standard of care as if the
34 health care services were being provided in person ¹and ²informs²
35 the patient ²[concur[s], in writing, in the provider's assessment that
36 the provider will be able to meet in-person standard of care
37 requirements when using asynchronous store-and forward
38 technology¹] of this determination at the outset of the telemedicine
39 or telehealth encounter.²

40 (3) The identity, professional credentials, and contact
41 information of a health care provider providing telemedicine or
42 telehealth services shall be made available to the patient ²at the time
43 the patient schedules services to be provided using telemedicine or
44 telehealth, except that, if the identity of the provider is not known at
45 the time the services are scheduled, this information shall be made
46 available to the patient² during and after the provision of services ²,
47 and, at the time the services are scheduled, the patient shall be

1 advised that the health care provider who provides services may not
2 be a physician² . The contact information shall enable the patient to
3 contact the health care provider, or a substitute health care provider
4 authorized to act on behalf of the provider who provided services,
5 for at least 72 hours following the provision of services. ¹If the
6 health care provider is not a physician, ²[the health care provider
7 shall request from the patient, prior to the start of the telemedicine
8 or telehealth encounter, an affirmative written acknowledgement
9 that the patient understands the provider is not a physician and
10 would still like to proceed with the encounter] and the patient
11 requests that the services be provided by a physician, the health care
12 provider shall assist the patient with scheduling a telemedicine or
13 telehealth encounter with a physician² .¹

14 (4) A health care provider engaging in telemedicine or
15 telehealth shall review the medical history and any medical records
16 provided by the patient. For an initial encounter with the patient,
17 the provider shall review the patient's medical history and medical
18 records prior to initiating contact with the patient, as required
19 pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017,
20 c.117 (C.45:1-63). In the case of a subsequent telemedicine or
21 telehealth encounter conducted pursuant to an ongoing provider-
22 patient relationship, the provider may review the information prior
23 to initiating contact with the patient or contemporaneously with the
24 telemedicine or telehealth encounter.

25 (5) Following the provision of services using telemedicine or
26 telehealth, the patient's medical information shall be ²[made
27 available to the patient upon the patient's request, and, with the
28 patient's affirmative consent,] entered into the patient's electronic
29 health record and, if so requested to by the patient² forwarded
30 directly to the patient's primary care provider ²[or] ,² health care
31 provider of record ²[, or, upon request by the patient, to] or any²
32 other health care providers ²as may be specified by the patient² .
33 For patients without a primary care provider or other health care
34 provider of record, the health care provider engaging in
35 telemedicine or telehealth may advise the patient to contact a
36 primary care provider, and, upon request by the patient, ²shall²
37 assist the patient with locating a primary care provider or other in-
38 person medical assistance that, to the extent possible, is located
39 within reasonable proximity to the patient. The health care provider
40 engaging in telemedicine or telehealth shall also refer the patient to
41 appropriate follow up care where necessary, including making
42 appropriate referrals for ²in-person care or² emergency or
43 complimentary care, if needed. Consent may be oral, written, or
44 digital in nature, provided that the chosen method of consent is
45 deemed appropriate under the standard of care.

46 d. (1) Any health care provider providing health care services
47 using telemedicine or telehealth shall be subject to the same

1 standard of care or practice standards as are applicable to in-person
2 settings. If telemedicine or telehealth services would not be
3 consistent with this standard of care, the health care provider shall
4 direct the patient to seek in-person care.

5 (2) Diagnosis, treatment, and consultation recommendations,
6 including discussions regarding the risk and benefits of the patient's
7 treatment options, which are made through the use of telemedicine
8 or telehealth, including the issuance of a prescription based on a
9 telemedicine or telehealth encounter, shall be held to the same
10 standard of care or practice standards as are applicable to in-person
11 settings. Unless the provider has established a proper provider-
12 patient relationship with the patient, a provider shall not issue a
13 prescription to a patient based solely on the responses provided in
14 an online ¹static¹ questionnaire.

15 ¹(3) In the event that a mental health screener, screening service,
16 or screening psychiatrist subject to the provisions of P.L.1987,
17 c.116 (C.30:4-27.1 et seq.) determines that an in-person psychiatric
18 evaluation is necessary to meet standard of care requirements, or in
19 the event that a patient requests an in-person psychiatric evaluation
20 in lieu of a psychiatric evaluation performed using telemedicine or
21 telehealth, the mental health screener, screening service, or
22 screening psychiatrist may nevertheless perform a psychiatric
23 evaluation using telemedicine and telehealth if it is determined that
24 the patient cannot be scheduled for an in-person psychiatric
25 evaluation within the next 24 hours. Nothing in this paragraph shall
26 be construed to prevent a patient who receives a psychiatric
27 evaluation using telemedicine and telehealth as provided in this
28 paragraph from receiving a subsequent, in-person psychiatric
29 evaluation in connection with the same treatment event, provided
30 that the subsequent in-person psychiatric evaluation is necessary to
31 meet standard of care requirements for that patient.¹

32 e. The prescription of Schedule II controlled dangerous
33 substances through the use of telemedicine or telehealth shall be
34 authorized only after an initial in-person examination of the patient,
35 as provided by regulation, and a subsequent in-person visit with the
36 patient shall be required every three months for the duration of time
37 that the patient is being prescribed the Schedule II controlled
38 dangerous substance. However, the provisions of this subsection
39 shall not apply, and the in-person examination or review of a patient
40 shall not be required, when a health care provider is prescribing a
41 stimulant which is a Schedule II controlled dangerous substance for
42 use by a minor patient under the age of 18, provided that the health
43 care provider is using interactive, real-time, two-way audio and
44 video technologies when treating the patient and the health care
45 provider has first obtained written consent for the waiver of these
46 in-person examination requirements from the minor patient's parent
47 or guardian.

- 1 f. A mental health screener, screening service, or screening
2 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
3 27.1 et seq.):
- 4 (1) shall not be required to obtain a separate authorization in
5 order to engage in telemedicine or telehealth for mental health
6 screening purposes; and
- 7 (2) shall not be required to request and obtain a waiver from
8 existing regulations, prior to engaging in telemedicine or telehealth.
- 9 g. A health care provider who engages in telemedicine or
10 telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall
11 maintain a complete record of the patient's care, and shall comply
12 with all applicable State and federal statutes and regulations for
13 recordkeeping, confidentiality, and disclosure of the patient's
14 medical record.
- 15 h. A health care provider shall not be subject to any
16 professional disciplinary action under Title 45 of the Revised
17 Statutes solely on the basis that the provider engaged in
18 telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-
19 61 et al.).
- 20 i. (1) In accordance with the "Administrative Procedure Act,"
21 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other
22 entities that, pursuant to Title 45 of the Revised Statutes, are
23 responsible for the licensure, certification, or registration of health
24 care providers in the State, shall each adopt rules and regulations
25 that are applicable to the health care providers under their
26 respective jurisdictions, as may be necessary to implement the
27 provisions of this section and facilitate the provision of
28 telemedicine and telehealth services. Such rules and regulations
29 shall, at a minimum:
- 30 (a) include best practices for the professional engagement in
31 telemedicine and telehealth;
- 32 (b) ensure that the services patients receive using telemedicine
33 or telehealth are appropriate, medically necessary, and meet current
34 quality of care standards;
- 35 (c) include measures to prevent fraud and abuse in connection
36 with the use of telemedicine and telehealth, including requirements
37 concerning the filing of claims and maintaining appropriate records
38 of services provided; and
- 39 (d) provide substantially similar metrics for evaluating quality
40 of care and patient outcomes in connection with services provided
41 using telemedicine and telehealth as currently apply to services
42 provided in person.
- 43 (2) In no case shall the rules and regulations adopted pursuant to
44 paragraph (1) of this subsection require a provider to conduct an
45 initial in-person visit with the patient as a condition of providing
46 services using telemedicine or telehealth.
- 47 (3) The failure of any licensing board to adopt rules and
48 regulations pursuant to this subsection shall not have the effect of
49 delaying the implementation of this act, and shall not prevent health

1 care providers from engaging in telemedicine or telehealth in
2 accordance with the provisions of this act and the practice act
3 applicable to the provider's professional licensure, certification, or
4 registration.

5 (cf: P.L.2017, c.117, s.2)

6

7 4. Section 9 of P.L.2017, c.117 (C.52:14-17.29w) is amended
8 to read as follows:

9 9. a. The State Health Benefits Commission shall ensure that
10 every contract purchased thereby, which provides hospital and
11 medical expense benefits, additionally provides coverage and
12 payment for ²['all forms of']² physical and behavioral¹ health care
13 services delivered to a covered person through telemedicine or
14 telehealth, on the same basis as, and at a provider reimbursement
15 rate that [does not exceed] equals the provider reimbursement rate
16 that is applicable, when the services are delivered through in-person
17 contact and consultation in New Jersey ², provided the services are
18 otherwise covered under the contract when delivered through in-
19 person contact and consultation in New Jersey² . Reimbursement
20 payments under this section may be provided either to the
21 individual practitioner who delivered the reimbursable services, or
22 to the agency, facility, or organization that employs the individual
23 practitioner who delivered the reimbursable services, as appropriate
24 ²; provided that, if a telemedicine or telehealth organization does
25 not provide a given service on an in-person basis in New Jersey, the
26 telemedicine or telehealth organization shall not be subject to this
27 requirement² .

28 b. A health benefits contract purchased by the State Health
29 Benefits Commission may limit coverage to services that are
30 delivered by health care providers in the health benefits plan's
31 network, but may not charge any deductible, copayment, or
32 coinsurance for a health care service, delivered through
33 telemedicine or telehealth, in an amount that exceeds the deductible,
34 copayment, or coinsurance amount that is applicable to an in-person
35 consultation. In no case shall a health benefits contract purchased
36 by the State Health Benefits Commission:

37 (1) impose any restrictions on the location or setting of the
38 distant site used by a health care provider to provide services using
39 telemedicine and telehealth ¹or on the location or setting of the
40 originating site where the patient is located when receiving services
41 using telemedicine and telehealth¹ ; ¹['or']¹

42 (2) restrict the ability of a provider to use any electronic or
43 technological platform ²['including interactive, real-time, two-way
44 audio in combination with asynchronous store-and-forward
45 technology without video capabilities,] that the federal Centers for
46 Medicare and Medicaid Services has authorized for use in
47 connection with the federal Medicare program² to provide services
48 using telemedicine or telehealth ², provided² that ²[':

1 (a) the platform² allows the provider to meet the same standard
 2 of care as would be provided if the services were provided in person
 3 ²]; and

4 (b) is compliant with the requirements of the federal health
 5 privacy rule set forth at 45 CFR Parts 160 and 164]^{2 1}; or

6 (3) deny coverage for or refuse to provide reimbursement for
 7 routine patient monitoring performed using telemedicine and
 8 telehealth, including remote monitoring of a patient's vital signs
 9 and routine check-ins with the patient to monitor the patient's status
 10 and condition, if coverage and reimbursement would be provided if
 11 those services are provided in person¹ .

12 c. Nothing in this section shall be construed to:

13 (1) prohibit a health benefits contract from providing coverage
 14 for only those services that are medically necessary, subject to the
 15 terms and conditions of the covered person's health benefits plan; or

16 (2) allow the State Health Benefits Commission, or a contract
 17 purchased thereby, to require a covered person to use telemedicine
 18 or telehealth in lieu of receiving an in-person service from an in-
 19 network provider ²or allow the State Health Benefits Commission,
 20 or a contract purchased thereby, to impose more stringent utilization
 21 management requirements on the provision of services using
 22 telemedicine and telehealth than apply when those services are
 23 provided in person² .

24 d. The State Health Benefits Commission shall adopt rules and
 25 regulations, pursuant to the "Administrative Procedure Act,"
 26 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions
 27 of this section.

28 e. As used in this section:

29 "Asynchronous store-and-forward" means the same as that term
 30 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

31 "Distant site" means the same as that term is defined by section 1
 32 of P.L.2017, c.117 (C.45:1-61).

33 ¹"Originating site" means the same as that term is defined by
 34 section 1 of P.L.2017, c.117 (C.45:1-61).¹

35 "Telehealth" means the same as that term is defined by section 1
 36 of P.L.2017, c.117 (C.45:1-61).

37 "Telemedicine" means the same as that term is defined by
 38 section 1 of P.L.2017, c.117 (C.45:1-61).

39 ²"Telemedicine or telehealth organization" means the same as
 40 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).²

41 (cf: P.L.2017, c.117, s.9)

42
 43 5. Section 10 of P.L.2017, c.117 (C.52:14-17.46.6h) is
 44 amended to read as follows:

45 10. a. The School Employees' Health Benefits Commission
 46 shall ensure that every contract purchased thereby, which provides
 47 hospital and medical expense benefits, additionally provides
 48 coverage and payment for ²[¹all forms of]² physical and

1 behavioral¹ health care services delivered to a covered person
2 through telemedicine or telehealth, on the same basis as, and at a
3 provider reimbursement rate that [does not exceed] equals the
4 provider reimbursement rate that is applicable, when the services
5 are delivered through in-person contact and consultation in New
6 Jersey², provided the services are otherwise covered under the
7 contract when delivered through in-person contact and consultation
8 in New Jersey² . Reimbursement payments under this section may
9 be provided either to the individual practitioner who delivered the
10 reimbursable services, or to the agency, facility, or organization that
11 employs the individual practitioner who delivered the reimbursable
12 services, as appropriate²; provided that, if a telemedicine or
13 telehealth organization does not provide a given service on an in-
14 person basis in New Jersey, the telemedicine or telehealth
15 organization shall not be subject to this requirement² .

16 b. A health benefits contract purchased by the School
17 Employees' Health Benefits Commission may limit coverage to
18 services that are delivered by health care providers in the health
19 benefits plan's network, but may not charge any deductible,
20 copayment, or coinsurance for a health care service, delivered
21 through telemedicine or telehealth, in an amount that exceeds the
22 deductible, copayment, or coinsurance amount that is applicable to
23 an in-person consultation. In no case shall a health benefits
24 contract purchased by the School Employees' Health Benefits
25 Commission:

26 (1) impose any restrictions on the location or setting of the
27 distant site used by a health care provider to provide services using
28 telemedicine and telehealth¹ or on the location or setting of the
29 originating site where the patient is located when receiving services
30 using telemedicine and telehealth¹ ;¹ [or]¹

31 (2) restrict the ability of a provider to use any electronic or
32 technological platform² [, including interactive, real-time, two-way
33 audio in combination with asynchronous store-and-forward
34 technology without video capabilities.] that the federal Centers for
35 Medicare and Medicaid Services has authorized for use in
36 connection with the federal Medicare program² to provide services
37 using telemedicine or telehealth², provided² that² [:

38 (a)] the platform² allows the provider to meet the same standard
39 of care as would be provided if the services were provided in person
40 ² [; and

41 (b) is compliant with the requirements of the federal health
42 privacy rule set forth at 45 CFR Parts 160 and 164]^{2 1}; or

43 (3) deny coverage for or refuse to provide reimbursement for
44 routine patient monitoring performed using telemedicine and
45 telehealth, including remote monitoring of a patient's vital signs
46 and routine check-ins with the patient to monitor the patient's status

1 and condition, if coverage and reimbursement would be provided if
2 those services are provided in person¹ .

3 c. Nothing in this section shall be construed to:

4 (1) prohibit a health benefits contract from providing coverage
5 for only those services that are medically necessary, subject to the
6 terms and conditions of the covered person's health benefits plan; or

7 (2) allow the School Employees' Health Benefits Commission,
8 or a contract purchased thereby, to require a covered person to use
9 telemedicine or telehealth in lieu of receiving an in-person service
10 from an in-network provider ²or allow the School Employees'
11 Health Benefits Commission, or a contract purchased thereby, to
12 impose more stringent utilization management requirements on the
13 provision of services using telemedicine and telehealth than apply
14 when those services are provided in person² .

15 d. The School Employees' Health Benefits Commission shall
16 adopt rules and regulations, pursuant to the "Administrative
17 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement
18 the provisions of this section.

19 e. As used in this section:

20 "Asynchronous store-and-forward" means the same as that term
21 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

22 "Distant site" means the same as that term is defined by section 1
23 of P.L.2017, c.117 (C.45:1-61).

24 ¹"Originating site" means the same as that term is defined by
25 section 1 of P.L.2017, c.117 (C.45:1-61).¹

26 "Telehealth" means the same as that term is defined by section 1
27 of P.L.2017, c.117 (C.45:1-61).

28 "Telemedicine" means the same as that term is defined by
29 section 1 of P.L.2017, c.117 (C.45:1-61).

30 ²"Telemedicine or telehealth organization" means the same as
31 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).²
32 (cf: P.L.2017, c.117, s.10)

33

34 ²6. (New section) The Commissioner of Banking and Insurance
35 shall conduct a study to determine whether telemedicine and
36 telehealth may be appropriately used to satisfy network adequacy
37 requirements applicable to health benefits plans in New Jersey. The
38 commissioner shall prepare and submit a report to the Governor
39 and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
40 Legislature, no later than one year after the effective date of this act
41 outlining the commissioner's findings and any recommendations for
42 legislation, administrative action, or other actions as the
43 commissioner deems appropriate.²

44

45 ²**[6.] 7.**² The Commissioner of Human Services shall apply for
46 such State plan amendments or waivers as may be necessary to
47 implement the provisions of this act and to secure federal financial

1 participation for State Medicaid expenditures under the federal
2 Medicaid program.

3
4 ²[17.] 8.² There is appropriated from the General Fund to the
5 Department of Human Services the sum of \$5,000,000 to establish a
6 program under which health care providers that provide
7 telemedicine or telehealth services to patients who are enrolled in
8 the State Medicaid program can be reimbursed for the costs of
9 ²[making telemedicine and telehealth technologies available to]
10 providing² those patients ²with access, on a temporary or permanent
11 basis, to appropriate devices, programs, and technologies necessary
12 to enable patients who do not ordinarily have access to those
13 devices, programs, or technologies to engage in a telemedicine or
14 telehealth encounter² . The Commissioner of Human Services shall
15 establish standards and protocols for health care providers to apply
16 for reimbursement under the program established pursuant to this
17 section.¹ ²The funds appropriated pursuant to this section may only
18 be expended on acquiring electronic communication and
19 information devices, programs, and technologies for use by patients,
20 and in no case shall the funds be used to provide any form of direct
21 reimbursement to an individual provider for physical or behavioral
22 health care services provided to a patient using telemedicine or
23 telehealth, or to provide reimbursement for any electronic
24 communication or information device, program, or technology for
25 which payment may be made or covered or for which
26 reimbursement is provided by a health benefits plan or any other
27 State or federal program. Nothing in this section shall be construed
28 to require a health benefits plan, Medicaid or NJ FamilyCare, the
29 State Health Benefits Plan, or the School Employees' Health
30 Benefits plan to provide reimbursement for acquiring or providing
31 access to any electronic communication or information device,
32 program, or technology for which coverage would not ordinarily be
33 provided under the plan or contract.²

34
35 ¹[7.] ²[8.1] 9.² This act shall take effect immediately ², except
36 that sections 1, 2, 4, and 5 of this act shall take effect January 1,
37 2022 and shall apply to all health benefits plans or contracts issued
38 or renewed on or after that date² .