

[Fourth Reprint]

**SENATE, No. 2559**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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INTRODUCED JUNE 8, 2020

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**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 amended by the General Assembly on June 21, 2021.

**(Sponsorship Updated As Of: 6/24/2021)**

1 AN ACT concerning telemedicine and telehealth <sup>1</sup>**[and]** <sup>1</sup> amending  
 2 P.L.2017, c.117 <sup>3</sup>, repealing P.L.2020, c.3 and P.L.2020, c.7<sup>3 1</sup>,  
 3 and making an appropriation<sup>1</sup> .  
 4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
 6 *of New Jersey:*  
 7

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

10 8. a. <sup>3</sup>(1)<sup>3</sup> A carrier that offers a health benefits plan in this  
 11 State shall provide coverage and payment for <sup>2</sup>**[<sup>1</sup>all forms of<sup>2</sup>**  
 12 **physical and behavioral<sup>1</sup>** health care services delivered to a covered  
 13 person through telemedicine or telehealth, on the same basis as, and  
 14 at a provider reimbursement rate that **[does not exceed]** equals the  
 15 provider reimbursement rate that is applicable, when the services  
 16 are delivered through in-person contact and consultation in New  
 17 Jersey <sup>2</sup>, provided the services are otherwise covered under the plan  
 18 when delivered through in-person contact and consultation in New  
 19 Jersey<sup>2</sup> . Reimbursement payments under this section may be  
 20 provided either to the individual practitioner who delivered the  
 21 reimbursable services, or to the agency, facility, or organization that  
 22 employs the individual practitioner who delivered the reimbursable  
 23 services, as appropriate <sup>3</sup>**[<sup>2</sup>**; provided that, if a telemedicine or  
 24 telehealth organization does not provide a given service on an in-  
 25 person basis in New Jersey, the telemedicine or telehealth  
 26 organization shall not be subject to this requirement<sup>2</sup> ] .  
 27

28 (2) The requirements of paragraph (1) of this subsection shall  
 29 not apply to:

30 (a) a health care service provided by a telemedicine or telehealth  
 31 organization that does not provide the health care service on an in-  
 32 person basis in New Jersey; or

33 (b) a physical health care service <sup>4</sup>that was<sup>4</sup> provided <sup>4</sup>[using  
 34 telemedicine or telehealth utilizing] through<sup>4</sup> real-time, two way  
 35 audio without a video component, whether or not utilized in  
 36 combination with asynchronous store-and-forward technology,  
 37 <sup>4</sup>[the] including through audio-only telephone conversation. The<sup>4</sup>  
 38 reimbursement rate for <sup>4</sup>[which] a<sup>4</sup> physical health care service  
 39 <sup>4</sup>that is subject to this subparagraph<sup>4</sup> shall be determined under the  
 40 <sup>4</sup>[plan when delivered through in-person contact and consultation in  
 41 New Jersey] contract between the carrier and the provider;  
 42 provided that the reimbursement rate for a physical health care  
 43 service when provided through audio-only telephone conversation  
 44 shall be at least 50 percent of the reimbursement rate for the service  
when provided in person<sup>4</sup> .

**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:

<sup>1</sup>Senate SHH committee amendments adopted January 14, 2021.

<sup>2</sup>Senate SBA committee amendments adopted March 22, 2021.

<sup>3</sup>Assembly AAP committee amendments adopted June 16, 2021.

<sup>4</sup>Assembly floor amendments adopted June 21, 2021.

1       (3) The provisions of subparagraph (b) of paragraph (2) of this  
 2 subsection shall not apply to <sup>4</sup>a<sup>4</sup> behavioral health <sup>4</sup>[services]  
 3 service that was<sup>4</sup> provided <sup>4</sup>[using telemedicine or telehealth  
 4 utilizing] through<sup>4</sup> real-time, two way audio without a video  
 5 component, whether or not utilized in combination with  
 6 asynchronous store-and-forward technology, <sup>4</sup>[which] including  
 7 audio-only telephone conversation. A<sup>4</sup> behavioral health care  
 8 service <sup>4</sup>described in this paragraph<sup>4</sup> shall be reimbursed at a rate  
 9 that equals the provider reimbursement rate for the service when  
 10 provided in person<sup>3</sup> .

11       b. A carrier may limit coverage to services that are delivered  
 12 by health care providers in the health benefits plan's network, but  
 13 may not charge any deductible, copayment, or coinsurance for a  
 14 health care service, delivered through telemedicine or telehealth, in  
 15 an amount that exceeds the deductible, copayment, or coinsurance  
 16 amount that is applicable to an in-person consultation. In no case  
 17 shall a carrier:

18       (1) impose any restrictions on the location or setting of the  
 19 distant site used by a health care provider to provide services using  
 20 telemedicine and telehealth <sup>1</sup>or on the location or setting of the  
 21 originating site where the patient is located when receiving services  
 22 using telemedicine and telehealth<sup>1</sup> ; <sup>1</sup>[or]<sup>1</sup>

23       (2) restrict the ability of a provider to use any electronic or  
 24 technological platform <sup>2</sup>[, including interactive, real-time, two-way  
 25 audio in combination with asynchronous store-and-forward  
 26 technology without video capabilities,] <sup>3</sup>[that the federal Centers  
 27 for Medicare and Medicaid Services has authorized for use in  
 28 connection with the federal Medicare program<sup>2</sup>]<sup>3</sup> to provide  
 29 services using telemedicine or telehealth <sup>3</sup>, including, but not  
 30 limited to, interactive, real-time, two-way audio, which may be used  
 31 in combination with asynchronous store-and-forward technology  
 32 without video capabilities, <sup>4</sup>including audio-only telephone  
 33 conversations,<sup>4</sup> to provide services using telemedicine or telehealth<sup>3</sup>  
 34 <sup>2</sup>, provided<sup>2</sup> that <sup>2</sup>[:

35       (a)] the platform<sup>2</sup> <sup>3</sup>used :

36       (a)<sup>3</sup> allows the provider to meet the same standard of care as  
 37 would be provided if the services were provided in person <sup>2</sup>[: and

38       (b) is compliant with the requirements of the federal health  
 39 privacy rule set forth at 45 CFR Parts 160 and 164]<sup>2</sup> <sup>1</sup>; <sup>3</sup>[or] and

40       (b) is compliant with the requirements of the federal health  
 41 privacy rule set forth at 45 CFR Parts 160 and 164;<sup>3</sup>

42       (3) deny coverage for or refuse to provide reimbursement for  
 43 routine patient monitoring performed using telemedicine and  
 44 telehealth, including remote monitoring of a patient's vital signs  
 45 and routine check-ins with the patient to monitor the patient's status  
 46 and condition, if coverage and reimbursement would be provided if  
 47 those services are provided in person <sup>3</sup>;

1       (4) use telemedicine or telehealth to satisfy network adequacy  
2 requirements with regard to a health care service; or

3       (5) limit coverage only to services delivered by select third  
4 party telemedicine or telehealth organizations<sup>3</sup> .<sup>1</sup>

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

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

9       (2) allow a carrier to require a covered person to use  
10 telemedicine or telehealth in lieu of receiving an in-person service  
11 from an in-network provider <sup>3</sup>**[<sup>2</sup>or]** ;

12       (3)<sup>3</sup> allow a carrier to impose more stringent utilization  
13 management requirements on the provision of services using  
14 telemedicine and telehealth than apply when those services are  
15 provided in person<sup>2</sup> <sup>3</sup>; or

16       (4) allow a carrier to impose any other requirements for the use  
17 of telemedicine or telehealth to provide a health care service that  
18 are more restrictive than the requirements that apply when the  
19 service is provided in person<sup>3</sup> .

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

24       e. As used in this section:

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

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

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

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

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

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

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

41       <sup>2</sup>"Telemedicine or telehealth organization" means the same as  
42 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).<sup>2</sup>  
43 (cf: P.L.2017, c.117, s.8)

44  
45       2. Section 7 of P.L.2017, c.117 (C.30:4D-6k) is amended to  
46 read as follows:

47       7. a. <sup>3</sup>**(1)<sup>3</sup>** The State Medicaid and NJ FamilyCare programs  
48 shall provide coverage and payment for <sup>2</sup>**[<sup>1</sup>all forms of]<sup>2</sup>** physical

1 and behavioral<sup>1</sup> health care services delivered to a benefits recipient  
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 Jersey<sup>2</sup>, provided the services are otherwise covered when  
7 delivered through in-person contact and consultation in New  
8 Jersey<sup>2</sup>. Reimbursement payments under this section may be  
9 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 appropriate<sup>3</sup>[<sup>2</sup>; 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 requirement<sup>2</sup>].

16 (2) The requirements of paragraph (1) of this subsection shall  
17 not apply to:

18 (a) a health care service provided by a telemedicine or telehealth  
19 organization that does not provide the health care service on an in-  
20 person basis in New Jersey; or

21 (b) a physical health care service<sup>4</sup> that was<sup>4</sup> provided<sup>4</sup> [using  
22 telemedicine or telehealth utilizing] through<sup>4</sup> real-time, two way  
23 audio without a video component, whether or not utilized in  
24 combination with asynchronous store-and-forward technology,  
25 <sup>4</sup>[the] including through audio-only telephone conversation. The<sup>4</sup>  
26 reimbursement rate for<sup>4</sup> [which] a<sup>4</sup> physical health care service  
27 <sup>4</sup>that is subject to this subparagraph<sup>4</sup> shall be determined under the  
28 <sup>4</sup>[plan when delivered through in-person contact and consultation in  
29 New Jersey] contract between the State Medicaid or NJ FamilyCare  
30 program and the provider; provided that the reimbursement rate for  
31 a physical health care service when provided through audio-only  
32 telephone conversation shall be at least 50 percent of the  
33 reimbursement rate for the service when provided in person<sup>4</sup>.

34 (3) The provisions of subparagraph (b) of paragraph (2) of this  
35 subsection shall not apply to<sup>4</sup> a<sup>4</sup> behavioral health<sup>4</sup> [services]  
36 service that was<sup>4</sup> provided<sup>4</sup> [using telemedicine or telehealth  
37 utilizing] through<sup>4</sup> real-time, two way audio without a video  
38 component, whether or not utilized in combination with  
39 asynchronous store-and-forward technology, <sup>4</sup>[which] including  
40 audio-only telephone conversation. A<sup>4</sup> behavioral health care  
41 service<sup>4</sup> described in this paragraph<sup>4</sup> shall be reimbursed at a rate  
42 that equals the provider reimbursement rate for the service when  
43 provided in person<sup>3</sup>.

44 b. The State Medicaid and NJ FamilyCare programs may limit  
45 coverage to services that are delivered by participating health care  
46 providers, but may not charge any deductible, copayment, or  
47 coinsurance for a health care service, delivered through

1 telemedicine or telehealth, in an amount that exceeds the deductible,  
 2 copayment, or coinsurance amount that is applicable to an in-person  
 3 consultation. In no case shall the State Medicaid and NJ  
 4 FamilyCare programs:

5 (1) impose any restrictions on the location or setting of the  
 6 distant site used by a health care provider to provide services using  
 7 telemedicine and telehealth <sup>1</sup>or on the location or setting of the  
 8 originating site where the patient is located when receiving services  
 9 using telemedicine and telehealth <sup>1</sup>; <sup>1</sup>[or] <sup>1</sup>

10 (2) restrict the ability of a provider to use any electronic or  
 11 technological platform <sup>2</sup>[, including interactive, real-time, two-way  
 12 audio in combination with asynchronous store-and-forward  
 13 technology without video capabilities,] <sup>3</sup>[that the federal Centers  
 14 for Medicare and Medicaid Services has authorized for use in  
 15 connection with the federal Medicare program <sup>2</sup><sup>3</sup> to provide  
 16 services using telemedicine or telehealth <sup>3</sup>, including, but not  
 17 limited to, interactive, real-time, two-way audio, which may be used  
 18 in combination with asynchronous store-and-forward technology  
 19 without video capabilities, <sup>4</sup>including audio-only telephone  
 20 conversations, <sup>4</sup> to provide services using telemedicine or  
 21 telehealth <sup>3</sup> <sup>2</sup>, provided <sup>2</sup> that <sup>2</sup>:

22 (a) <sup>1</sup>the platform <sup>2</sup> <sup>3</sup>used :

23 (a) <sup>3</sup> allows the provider to meet the same standard of care as  
 24 would be provided if the services were provided in person <sup>2</sup>; and

25 (b) is compliant with the requirements of the federal health  
 26 privacy rule set forth at 45 CFR Parts 160 and 164] <sup>2</sup> <sup>1</sup>; <sup>3</sup>[or] and

27 (b) is compliant with the requirements of the federal health  
 28 privacy rule set forth at 45 CFR Parts 160 and 164; <sup>3</sup>

29 (3) deny coverage for or refuse to provide reimbursement for  
 30 routine patient monitoring performed using telemedicine and  
 31 telehealth, including remote monitoring of a patient's vital signs  
 32 and routine check-ins with the patient to monitor the patient's status  
 33 and condition, if coverage and reimbursement would be provided if  
 34 those services are provided in person <sup>1</sup> <sup>3</sup>; or

35 (4) limit coverage only to services delivered by select third  
 36 party telemedicine or telehealth organizations <sup>3</sup> .

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

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

42 (2) allow the State Medicaid or NJ FamilyCare programs to  
 43 require a benefits recipient to use telemedicine or telehealth in lieu  
 44 of obtaining an in-person service from a participating health care  
 45 provider <sup>3</sup>[ <sup>2</sup>or] ;

46 (3) <sup>3</sup> allow the State Medicaid or NJ FamilyCare programs to  
 47 impose more stringent utilization management requirements on the

1 provision of services using telemedicine and telehealth than apply  
2 when those services are provided in person<sup>2 3</sup>; or

3 (4) allow the State Medicaid or NJ FamilyCare programs to  
4 impose any other requirements for the use of telemedicine or  
5 telehealth to provide a health care service that are more restrictive  
6 than the requirements that apply when the service is provided in  
7 person<sup>3</sup> .

8 d. The Commissioner of Human Services, in consultation with  
9 the Commissioner of Children and Families, shall apply for such  
10 State plan amendments or waivers as may be necessary to  
11 implement the provisions of this section and to secure federal  
12 financial participation for State expenditures under the federal  
13 Medicaid program and Children's Health Insurance Program.

14 e. As used in this section:

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

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

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

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

27 "Participating health care provider" means a licensed or certified  
28 health care provider who is registered to provide health care  
29 services to benefits recipients under the State Medicaid or NJ  
30 FamilyCare programs, as appropriate.

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

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

35 <sup>2</sup>"Telemedicine or telehealth organization" means the same as  
36 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).<sup>2</sup>  
37 (cf: P.L.2017, c.117, s.7)

38  
39 <sup>4</sup>3. Section 1 of P.L.2017, c.117 (C. 45:1-61) is amended to read  
40 as follows:

41 1. As used in P.L.2017, c.117 (C.45:1-61 et al.):

42 "Asynchronous store-and-forward" means the acquisition and  
43 transmission of images, diagnostics, data, and medical information  
44 either to, or from, an originating site or to, or from, the health care  
45 provider at a distant site, which allows for the patient to be  
46 evaluated without being physically present.

47 "Cross-coverage service provider" means a health care provider,  
48 acting within the scope of a valid license or certification issued

1 pursuant to Title 45 of the Revised Statutes, who engages in a  
2 remote medical evaluation of a patient, without in-person contact, at  
3 the request of another health care provider who has established a  
4 proper provider-patient relationship with the patient.

5 "Distant site" means a site at which a health care provider, acting  
6 within the scope of a valid license or certification issued pursuant to  
7 Title 45 of the Revised Statutes, is located while providing health  
8 care services by means of telemedicine or telehealth.

9 "Health care provider" means an individual who provides a  
10 health care service to a patient, and includes, but is not limited to, a  
11 licensed physician, nurse, nurse practitioner, psychologist,  
12 psychiatrist, psychoanalyst, clinical social worker, physician  
13 assistant, professional counselor, respiratory therapist, speech  
14 pathologist, audiologist, optometrist, or any other health care  
15 professional acting within the scope of a valid license or  
16 certification issued pursuant to Title 45 of the Revised Statutes.

17 "On-call provider" means a licensed or certified health care  
18 provider who is available, where necessary, to physically attend to  
19 the urgent and follow-up needs of a patient for whom the provider  
20 has temporarily assumed responsibility, as designated by the  
21 patient's primary care provider or other health care provider of  
22 record.

23 "Originating site" means a site at which a patient is located at the  
24 time that health care services are provided to the patient by means  
25 of telemedicine or telehealth.

26 "Telehealth" means the use of information and communications  
27 technologies, including telephones, remote patient monitoring  
28 devices, or other electronic means, to support clinical health care,  
29 provider consultation, patient and professional health-related  
30 education, public health, health administration, and other services in  
31 accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et  
32 al.).

33 "Telemedicine" means the delivery of a health care service using  
34 electronic communications, information technology, or other  
35 electronic or technological means to bridge the gap between a  
36 health care provider who is located at a distant site and a patient  
37 who is located at an originating site, either with or without the  
38 assistance of an intervening health care provider, and in accordance  
39 with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).

40 **["Telemedicine" does not include the use, in isolation, of audio-  
41 only telephone conversation, electronic mail, instant messaging,  
42 phone text, or facsimile transmission.]**

43 "Telemedicine or telehealth organization" means a corporation,  
44 sole proprietorship, partnership, or limited liability company that is  
45 organized for the primary purpose of administering services in the  
46 furtherance of telemedicine or telehealth.<sup>4</sup>

47 (cf: P.L.2017, c.117, s.1)



1       <sup>4</sup>[3.] <sup>4</sup> Section 2 of P.L.2017, c.117 (C.45:1-62) is amended  
2 to read as follows:

3       2. a. Unless specifically prohibited or limited by federal or  
4 State law, a health care provider who establishes a proper provider-  
5 patient relationship with a patient may remotely provide health care  
6 services to a patient through the use of telemedicine <sup>1</sup>[, regardless  
7 of whether the health care provider is located in New Jersey at the  
8 time the remote health care services are provided] <sup>1</sup>. A health care  
9 provider may also engage in telehealth as may be necessary to  
10 support and facilitate the provision of health care services to  
11 patients. <sup>3</sup>Nothing in P.L.2017, c.117 (C.45:1-61 et al.) shall be  
12 construed to <sup>4</sup>[restrict the right of a patient to receive health care  
13 services on an in-person basis upon request, and no patient shall be  
14 required to engage in a telemedicine or telehealth encounter to  
15 receive health care services if those same services are available, in  
16 person, from a provider that is reasonably accessible to the patient]  
17 allow a provider to require a patient to use telemedicine or  
18 telehealth in lieu of receiving services from an in-network  
19 provider <sup>4</sup> <sup>3</sup>.

20       b. Any health care provider who uses telemedicine or engages  
21 in telehealth while providing health care services to a patient, shall:  
22 (1) be validly licensed, certified, or registered, pursuant to Title 45  
23 of the Revised Statutes, to provide such services in the State of New  
24 Jersey; (2) remain subject to regulation by the appropriate New  
25 Jersey State licensing board or other New Jersey State professional  
26 regulatory entity; (3) act in compliance with existing requirements  
27 regarding the maintenance of liability insurance; and (4) remain  
28 subject to New Jersey jurisdiction if either the patient or the  
29 provider is located in New Jersey at the time services are provided.

30       c. (1) Telemedicine services <sup>1</sup>[shall] may <sup>1</sup> be provided using  
31 interactive, real-time, two-way communication technologies <sup>1</sup>or,  
32 subject to the requirements of paragraph (2) of this paragraph,  
33 asynchronous store-and-forward technology <sup>1</sup>.

34       (2) A health care provider engaging in telemedicine or  
35 telehealth may use asynchronous store-and-forward technology <sup>1</sup>[to  
36 allow for the electronic transmission of images, diagnostics, data,  
37 and medical information; except that the health care provider may  
38 use interactive, real-time, two-way audio in combination with  
39 asynchronous store-and-forward technology, without video  
40 capabilities,] to provide services <sup>1</sup> <sup>2</sup>with or without the use of  
41 interactive, real-time, two-way audio <sup>2</sup> if, after accessing and  
42 reviewing the patient's medical records, the provider determines  
43 that the provider is able to meet the same standard of care as if the  
44 health care services were being provided in person <sup>1</sup>and <sup>2</sup>informs <sup>2</sup>  
45 the patient <sup>2</sup>[concur, in writing, in the provider's assessment that  
46 the provider will be able to meet in-person standard of care  
47 requirements when using asynchronous store-and forward

1 technology<sup>1</sup>】 of this determination at the outset of the telemedicine  
2 or telehealth encounter.<sup>2</sup>

3 (3) <sup>3</sup>(a) At the time the patient requests health care services to  
4 be provided using telemedicine or telehealth, the patient shall be  
5 clearly advised that the telemedicine or telehealth encounter may be  
6 with a health care provider who is not a physician, and that the  
7 patient may specifically request that the telemedicine or telehealth  
8 encounter be scheduled with a physician. If the patient requests that  
9 the telemedicine or telehealth encounter be with a physician, the  
10 encounter shall be scheduled with a physician.

11 (b)<sup>3</sup> The identity, professional credentials, and contact  
12 information of a health care provider providing telemedicine or  
13 telehealth services shall be made available to the patient <sup>2</sup>at the time  
14 the patient schedules services to be provided using telemedicine or  
15 telehealth, <sup>3</sup>【except that, if the identity of the provider is not known  
16 at the time the services are scheduled, this information】 if available,  
17 or upon confirmation of the scheduled telemedicine or telehealth  
18 encounter, and<sup>3</sup> shall be made available to the patient<sup>2</sup> during and  
19 after the provision of services <sup>3</sup>【<sup>2</sup>, and, at the time the services are  
20 scheduled, the patient shall be advised that the health care provider  
21 who provides services may not be a physician<sup>2</sup>】<sup>3</sup> . The contact  
22 information shall enable the patient to contact the health care  
23 provider, or a substitute health care provider authorized to act on  
24 behalf of the provider who provided services, for at least 72 hours  
25 following the provision of services. <sup>1</sup>If the health care provider is  
26 not a physician, <sup>2</sup>【the health care provider shall request from the  
27 patient, prior to the start of the telemedicine or telehealth encounter,  
28 an affirmative written acknowledgement that the patient  
29 understands the provider is not a physician and would still like to  
30 proceed with the encounter】 and the patient requests that the  
31 services be provided by a physician, the health care provider shall  
32 assist the patient with scheduling a telemedicine or telehealth  
33 encounter with a physician<sup>2</sup> .<sup>1</sup>

34 (4) A health care provider engaging in telemedicine or  
35 telehealth shall review the medical history and any medical records  
36 provided by the patient. For an initial encounter with the patient,  
37 the provider shall review the patient's medical history and medical  
38 records prior to initiating contact with the patient, as required  
39 pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017,  
40 c.117 (C.45:1-63). In the case of a subsequent telemedicine or  
41 telehealth encounter conducted pursuant to an ongoing provider-  
42 patient relationship, the provider may review the information prior  
43 to initiating contact with the patient or contemporaneously with the  
44 telemedicine or telehealth encounter.

45 (5) Following the provision of services using telemedicine or  
46 telehealth, the patient's medical information shall be <sup>2</sup>【made  
47 available to the patient upon the patient's request, and, with the

1 patient's affirmative consent,] entered into the patient's<sup>3</sup> medical  
2 record, whether the medical record is a physical record, an<sup>3</sup>  
3 electronic health record<sup>3</sup>, or both,<sup>3</sup> and, if so requested to by the  
4 patient<sup>2</sup> <sup>3</sup>,<sup>3</sup> forwarded directly to the patient's primary care provider  
5 <sup>2</sup>[or] <sup>2</sup>,<sup>2</sup> health care provider of record <sup>2</sup>[, or, upon request by the  
6 patient, to] or any<sup>2</sup> other health care providers <sup>2</sup>as may be specified  
7 by the patient<sup>2</sup> . For patients without a primary care provider or  
8 other health care provider of record, the health care provider  
9 engaging in telemedicine or telehealth may advise the patient to  
10 contact a primary care provider, and, upon request by the patient,  
11 <sup>2</sup>shall<sup>2</sup> assist the patient with locating a primary care provider or  
12 other in-person medical assistance that, to the extent possible, is  
13 located within reasonable proximity to the patient. The health care  
14 provider engaging in telemedicine or telehealth shall also refer the  
15 patient to appropriate follow up care where necessary, including  
16 making appropriate referrals for <sup>2</sup>in-person care or<sup>2</sup> emergency or  
17 <sup>3</sup>[complimentary] complementary<sup>3</sup> care, if needed. Consent may  
18 be oral, written, or digital in nature, provided that the chosen  
19 method of consent is deemed appropriate under the standard of care.

20 d. (1) Any health care provider providing health care services  
21 using telemedicine or telehealth shall be subject to the same  
22 standard of care or practice standards as are applicable to in-person  
23 settings. If telemedicine or telehealth services would not be  
24 consistent with this standard of care, the health care provider shall  
25 direct the patient to seek in-person care.

26 (2) Diagnosis, treatment, and consultation recommendations,  
27 including discussions regarding the risk and benefits of the patient's  
28 treatment options, which are made through the use of telemedicine  
29 or telehealth, including the issuance of a prescription based on a  
30 telemedicine or telehealth encounter, shall be held to the same  
31 standard of care or practice standards as are applicable to in-person  
32 settings. Unless the provider has established a proper provider-  
33 patient relationship with the patient, a provider shall not issue a  
34 prescription to a patient based solely on the responses provided in  
35 an online <sup>1</sup>static<sup>1</sup> questionnaire.

36 <sup>1</sup>(3) In the event that a mental health screener, screening service,  
37 or screening psychiatrist subject to the provisions of P.L.1987,  
38 c.116 (C.30:4-27.1 et seq.) determines that an in-person psychiatric  
39 evaluation is necessary to meet standard of care requirements, or in  
40 the event that a patient requests an in-person psychiatric evaluation  
41 in lieu of a psychiatric evaluation performed using telemedicine or  
42 telehealth, the mental health screener, screening service, or  
43 screening psychiatrist may nevertheless perform a psychiatric  
44 evaluation using telemedicine and telehealth if it is determined that  
45 the patient cannot be scheduled for an in-person psychiatric  
46 evaluation within the next 24 hours. Nothing in this paragraph shall  
47 be construed to prevent a patient who receives a psychiatric  
48 evaluation using telemedicine and telehealth as provided in this

1 paragraph from receiving a subsequent, in-person psychiatric  
2 evaluation in connection with the same treatment event, provided  
3 that the subsequent in-person psychiatric evaluation is necessary to  
4 meet standard of care requirements for that patient.<sup>1</sup>

5 e. The prescription of Schedule II controlled dangerous  
6 substances through the use of telemedicine or telehealth shall be  
7 authorized only after an initial in-person examination of the patient,  
8 as provided by regulation, and a subsequent in-person visit with the  
9 patient shall be required every three months for the duration of time  
10 that the patient is being prescribed the Schedule II controlled  
11 dangerous substance. However, the provisions of this subsection  
12 shall not apply, and the in-person examination or review of a patient  
13 shall not be required, when a health care provider is prescribing a  
14 stimulant which is a Schedule II controlled dangerous substance for  
15 use by a minor patient under the age of 18, provided that the health  
16 care provider is using interactive, real-time, two-way audio and  
17 video technologies when treating the patient and the health care  
18 provider has first obtained written consent for the waiver of these  
19 in-person examination requirements from the minor patient's parent  
20 or guardian.

21 f. A mental health screener, screening service, or screening  
22 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-  
23 27.1 et seq.):

24 (1) shall not be required to obtain a separate authorization in  
25 order to engage in telemedicine or telehealth for mental health  
26 screening purposes; and

27 (2) shall not be required to request and obtain a waiver from  
28 existing regulations, prior to engaging in telemedicine or telehealth.

29 g. A health care provider who engages in telemedicine or  
30 telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall  
31 maintain a complete record of the patient's care, and shall comply  
32 with all applicable State and federal statutes and regulations for  
33 recordkeeping, confidentiality, and disclosure of the patient's  
34 medical record.

35 h. A health care provider shall not be subject to any  
36 professional disciplinary action under Title 45 of the Revised  
37 Statutes solely on the basis that the provider engaged in  
38 telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-  
39 61 et al.).

40 i. (1) In accordance with the "Administrative Procedure Act,"  
41 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other  
42 entities that, pursuant to Title 45 of the Revised Statutes, are  
43 responsible for the licensure, certification, or registration of health  
44 care providers in the State, shall each adopt rules and regulations  
45 that are applicable to the health care providers under their  
46 respective jurisdictions, as may be necessary to implement the  
47 provisions of this section and facilitate the provision of  
48 telemedicine and telehealth services. Such rules and regulations  
49 shall, at a minimum:

- 1 (a) include best practices for the professional engagement in  
2 telemedicine and telehealth;
- 3 (b) ensure that the services patients receive using telemedicine  
4 or telehealth are appropriate, medically necessary, and meet current  
5 quality of care standards;
- 6 (c) include measures to prevent fraud and abuse in connection  
7 with the use of telemedicine and telehealth, including requirements  
8 concerning the filing of claims and maintaining appropriate records  
9 of services provided; and
- 10 (d) provide substantially similar metrics for evaluating quality  
11 of care and patient outcomes in connection with services provided  
12 using telemedicine and telehealth as currently apply to services  
13 provided in person.

14 (2) In no case shall the rules and regulations adopted pursuant to  
15 paragraph (1) of this subsection require a provider to conduct an  
16 initial in-person visit with the patient as a condition of providing  
17 services using telemedicine or telehealth.

18 (3) The failure of any licensing board to adopt rules and  
19 regulations pursuant to this subsection shall not have the effect of  
20 delaying the implementation of this act, and shall not prevent health  
21 care providers from engaging in telemedicine or telehealth in  
22 accordance with the provisions of this act and the practice act  
23 applicable to the provider's professional licensure, certification, or  
24 registration.

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

26

27 <sup>4</sup>**[4.]** 5.<sup>4</sup> Section 9 of P.L.2017, c.117 (C.52:14-17.29w) is  
28 amended to read as follows:

29 9. a. <sup>3</sup>(1)<sup>3</sup> The State Health Benefits Commission shall ensure  
30 that every contract purchased thereby, which provides hospital and  
31 medical expense benefits, additionally provides coverage and  
32 payment for <sup>2</sup>**[<sup>1</sup>all forms of<sup>2</sup> physical and behavioral<sup>1</sup> health care**  
33 services delivered to a covered person through telemedicine or  
34 telehealth, on the same basis as, and at a provider reimbursement  
35 rate that **[does not exceed]** equals the provider reimbursement rate  
36 that is applicable, when the services are delivered through in-person  
37 contact and consultation in New Jersey <sup>2</sup>, provided the services are  
38 otherwise covered under the contract when delivered through in-  
39 person contact and consultation in New Jersey<sup>2</sup> . Reimbursement  
40 payments under this section may be provided either to the  
41 individual practitioner who delivered the reimbursable services, or  
42 to the agency, facility, or organization that employs the individual  
43 practitioner who delivered the reimbursable services, as appropriate  
44 <sup>3</sup>**[<sup>2</sup>: provided that, if a telemedicine or telehealth organization does**  
45 not provide a given service on an in-person basis in New Jersey, the  
46 telemedicine or telehealth organization shall not be subject to this  
47 requirement<sup>2</sup>] .

1       (2) The requirements of paragraph (1) of this subsection shall  
 2 not apply to:

3       (a) a health care service provided by a telemedicine or telehealth  
 4 organization that does not provide the health care service on an in-  
 5 person basis in New Jersey; or

6       (b) a physical health care service <sup>4</sup>that was<sup>4</sup> provided <sup>4</sup>[using  
 7 telemedicine or telehealth utilizing] through<sup>4</sup> real-time, two way  
 8 audio without a video component, whether or not utilized in  
 9 combination with asynchronous store-and-forward technology,  
 10 <sup>4</sup>[the] including audio-only telephone conversation. The<sup>4</sup>  
 11 reimbursement rate for <sup>4</sup>[which] a<sup>4</sup> physical health care service  
 12 <sup>4</sup>that is subject to this subparagraph<sup>4</sup> shall be determined under the  
 13 <sup>4</sup>[plan when delivered through in-person contact and consultation in  
 14 New Jersey] contract purchased by the State Health Benefits  
 15 Commission with the provider; provided that the reimbursement  
 16 rate for a physical health care service when provided through audio-  
 17 only telephone conversation shall be at least 50 percent of the  
 18 reimbursement rate for the service when provided in person<sup>4</sup> .

19       (3) The provisions of subparagraph (b) of paragraph (2) of this  
 20 subsection shall not apply to <sup>4</sup>a<sup>4</sup> behavioral health <sup>4</sup>[services]  
 21 service that was<sup>4</sup> provided <sup>4</sup>[using telemedicine or telehealth  
 22 utilizing] through<sup>4</sup> real-time, two way audio without a video  
 23 component, whether or not utilized in combination with  
 24 asynchronous store-and-forward technology, <sup>4</sup>[which] including  
 25 audio-only telephone conversation. A<sup>4</sup> behavioral health care  
 26 service <sup>4</sup>described in this paragraph<sup>4</sup> shall be reimbursed at a rate  
 27 that equals the provider reimbursement rate for the service when  
 28 provided in person<sup>3</sup> .

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

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

43       (2) restrict the ability of a provider to use any electronic or  
 44 technological platform <sup>2</sup>[, including interactive, real-time, two-way  
 45 audio in combination with asynchronous store-and-forward  
 46 technology without video capabilities,] <sup>3</sup>[that the federal Centers  
 47 for Medicare and Medicaid Services has authorized for use in

1 connection with the federal Medicare program<sup>2</sup>]<sup>3</sup> to provide  
2 services using telemedicine or telehealth<sup>3</sup>, including, but not  
3 limited to, interactive, real-time, two-way audio, which may be used  
4 in combination with asynchronous store-and-forward technology  
5 without video capabilities, <sup>4</sup>including audio-only telephone  
6 conversations,<sup>4</sup> to provide services using telemedicine or telehealth<sup>3</sup>  
7 <sup>2</sup>, provided<sup>2</sup> that <sup>2</sup>[:

8 (a)] the platform<sup>2</sup> <sup>3</sup>used :

9 (a)<sup>3</sup> allows the provider to meet the same standard of care as  
10 would be provided if the services were provided in person <sup>2</sup>[: and

11 (b) is compliant with the requirements of the federal health  
12 privacy rule set forth at 45 CFR Parts 160 and 164]<sup>2</sup> <sup>1</sup>; <sup>3</sup>[or] and

13 (b) is compliant with the requirements of the federal health  
14 privacy rule set forth at 45 CFR Parts 160 and 164;<sup>3</sup>

15 (3) deny coverage for or refuse to provide reimbursement for  
16 routine patient monitoring performed using telemedicine and  
17 telehealth, including remote monitoring of a patient's vital signs  
18 and routine check-ins with the patient to monitor the patient's status  
19 and condition, if coverage and reimbursement would be provided if  
20 those services are provided in person<sup>1</sup> <sup>3</sup>;

21 (4) use telemedicine or telehealth to satisfy network adequacy  
22 requirements with regard to a health care service <sup>4</sup>for plans or  
23 contracts entered into on or after the effective date of P.L. , c.  
24 (pending before the Legislature as this bill)<sup>4</sup> ; or

25 (5) limit coverage only to services delivered by select third  
26 party telemedicine or telehealth organizations<sup>3</sup> .

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

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

31 (2) allow the State Health Benefits Commission, or a contract  
32 purchased thereby, to require a covered person to use telemedicine  
33 or telehealth in lieu of receiving an in-person service from an in-  
34 network provider <sup>3</sup>[<sup>2</sup>or] ;

35 (3)<sup>3</sup> allow the State Health Benefits Commission, or a contract  
36 purchased thereby, to impose more stringent utilization  
37 management requirements on the provision of services using  
38 telemedicine and telehealth than apply when those services are  
39 provided in person<sup>2</sup> <sup>3</sup>; or

40 (4) allow State Health Benefits Commission, or a contract  
41 purchased thereby, to impose any other requirements for the use of  
42 telemedicine or telehealth to provide a health care service that are  
43 more restrictive than the requirements that apply when the service is  
44 provided in person<sup>3</sup> .

45 d. The State Health Benefits Commission shall adopt rules and  
46 regulations, pursuant to the "Administrative Procedure Act,"

1 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions  
2 of this section.

3 e. As used in this section:

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

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

8 <sup>1</sup>"Originating site" means the same as that term is defined by  
9 section 1 of P.L.2017, c.117 (C.45:1-61).<sup>1</sup>

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

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

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

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

17

18 <sup>4</sup>**[5.] 6.<sup>4</sup>** Section 10 of P.L.2017, c.117 (C.52:14-17.46.6h) is  
19 amended to read as follows:

20 10. a. <sup>3</sup>**(1)<sup>3</sup>** The School Employees' Health Benefits  
21 Commission shall ensure that every contract purchased thereby,  
22 which provides hospital and medical expense benefits, additionally  
23 provides coverage and payment for <sup>2</sup>**[<sup>1</sup>all forms of]<sup>2</sup>** physical and  
24 behavioral<sup>1</sup> health care services delivered to a covered person  
25 through telemedicine or telehealth, on the same basis as, and at a  
26 provider reimbursement rate that **[does not exceed]** equals the  
27 provider reimbursement rate that is applicable, when the services  
28 are delivered through in-person contact and consultation in New  
29 Jersey <sup>2</sup>, provided the services are otherwise covered under the  
30 contract when delivered through in-person contact and consultation  
31 in New Jersey<sup>2</sup> . Reimbursement payments under this section may  
32 be provided either to the individual practitioner who delivered the  
33 reimbursable services, or to the agency, facility, or organization that  
34 employs the individual practitioner who delivered the reimbursable  
35 services, as appropriate <sup>3</sup>**[<sup>2</sup>; provided that, if a telemedicine or**  
36 telehealth organization does not provide a given service on an in-  
37 person basis in New Jersey, the telemedicine or telehealth  
38 organization shall not be subject to this requirement<sup>2</sup>] .

39 (2) The requirements of paragraph (1) of this subsection shall  
40 not apply to:

41 (a) a health care service provided by a telemedicine or telehealth  
42 organization that does not provide the health care service on an in-  
43 person basis in New Jersey; or

44 (b) a physical health care service <sup>4</sup>that was<sup>4</sup> provided <sup>4</sup>[using  
45 telemedicine or telehealth utilizing] through<sup>4</sup> real-time, two way  
46 audio without a video component, whether or not utilized in  
47 combination with asynchronous store-and-forward technology,



1 <sup>4</sup>the including audio-only telephone conversations. The<sup>4</sup>  
 2 reimbursement rate for <sup>4</sup>which a<sup>4</sup> physical health care service  
 3 that is subject to this subparagraph<sup>4</sup> shall be determined under the  
 4 plan when delivered through in-person contact and consultation in  
 5 New Jersey contract purchased by the School Employees' Health  
 6 Benefits Commission with the provider; provided that the  
 7 reimbursement rate for a physical health care service when provided  
 8 through audio-only telephone conversation shall be at least 50  
 9 percent of the reimbursement rate for the service when provided in  
 10 person<sup>4</sup> .

11 (3) The provisions of subparagraph (b) of paragraph (2) of this  
 12 subsection shall not apply to a<sup>4</sup> behavioral health <sup>4</sup>services  
 13 service that was<sup>4</sup> provided <sup>4</sup>using telemedicine or telehealth  
 14 utilizing through<sup>4</sup> real-time, two way audio without a video  
 15 component, whether or not utilized in combination with  
 16 asynchronous store-and-forward technology, <sup>4</sup>which including  
 17 audio-only telephone conversation. A<sup>4</sup> behavioral health care  
 18 service <sup>4</sup>described in this paragraph<sup>4</sup> shall be reimbursed at a rate  
 19 that equals the provider reimbursement rate for the service when  
 20 provided in person<sup>3</sup> .

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

31 (1) impose any restrictions on the location or setting of the  
 32 distant site used by a health care provider to provide services using  
 33 telemedicine and telehealth<sup>1</sup> or on the location or setting of the  
 34 originating site where the patient is located when receiving services  
 35 using telemedicine and telehealth<sup>1</sup> ; <sup>1</sup>or<sup>1</sup>

36 (2) restrict the ability of a provider to use any electronic or  
 37 technological platform<sup>2</sup>, including interactive, real-time, two-way  
 38 audio in combination with asynchronous store-and-forward  
 39 technology without video capabilities,]<sup>3</sup> that the federal Centers  
 40 for Medicare and Medicaid Services has authorized for use in  
 41 connection with the federal Medicare program<sup>2</sup>]<sup>3</sup> to provide  
 42 services using telemedicine or telehealth<sup>3</sup>, including, but not  
 43 limited to, interactive, real-time, two-way audio, which may be used  
 44 in combination with asynchronous store-and-forward technology  
 45 without video capabilities, <sup>4</sup>including audio-only telephone  
 46 conversations,<sup>4</sup> to provide services using telemedicine or  
 47 telehealth<sup>3 2</sup>, provided<sup>2</sup> that<sup>2</sup>:

1       (a) the platform<sup>2</sup> <sup>3</sup>used :

2       (a)<sup>3</sup> allows the provider to meet the same standard of care as

3 would be provided if the services were provided in person<sup>2</sup>; and

4       (b) is compliant with the requirements of the federal health

5 privacy rule set forth at 45 CFR Parts 160 and 164]<sup>2</sup> <sup>1</sup>; <sup>3</sup>[or] and

6       (b) is compliant with the requirements of the federal health

7 privacy rule set forth at 45 CFR Parts 160 and 164;<sup>3</sup>

8       (3) deny coverage for or refuse to provide reimbursement for

9 routine patient monitoring performed using telemedicine and

10 telehealth, including remote monitoring of a patient's vital signs

11 and routine check-ins with the patient to monitor the patient's status

12 and condition, if coverage and reimbursement would be provided if

13 those services are provided in person<sup>1</sup> <sup>3</sup>;

14       (4) use telemedicine or telehealth to satisfy network adequacy

15 requirements with regard to a health care service<sup>4</sup> for plans or

16 contracts entered into on or after the effective date of P.L. \_\_\_\_\_,

17 c. (pending before the Legislature as this bill)<sup>4</sup> ; or

18       (5) limit coverage only to services delivered by select third

19 party telemedicine or telehealth organizations<sup>3</sup> .

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

21       (1) prohibit a health benefits contract from providing coverage

22 for only those services that are medically necessary, subject to the

23 terms and conditions of the covered person's health benefits plan; or

24       (2) allow the School Employees' Health Benefits Commission,

25 or a contract purchased thereby, to require a covered person to use

26 telemedicine or telehealth in lieu of receiving an in-person service

27 from an in-network provider<sup>3</sup> [<sup>2</sup>or] ;

28       (3)<sup>3</sup> allow the School Employees' Health Benefits Commission,

29 or a contract purchased thereby, to impose more stringent utilization

30 management requirements on the provision of services using

31 telemedicine and telehealth than apply when those services are

32 provided in person<sup>2</sup> <sup>3</sup>; or

33       (4) allow the School Employees' Health Benefits Commission,

34 or a contract purchased thereby, to impose any other requirements

35 for the use of telemedicine or telehealth to provide a health care

36 service that are more restrictive than the requirements that apply

37 when the service is provided in person<sup>3</sup> .

38       d. The School Employees' Health Benefits Commission shall

39 adopt rules and regulations, pursuant to the "Administrative

40 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement

41 the provisions of this section.

42       e. As used in this section:

43       "Asynchronous store-and-forward" means the same as that term

44 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).

45       "Distant site" means the same as that term is defined by section 1

46 of P.L.2017, c.117 (C.45:1-61).

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

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

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

7 <sup>2</sup>"Telemedicine or telehealth organization" means the same as  
8 that term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).<sup>2</sup>  
9 (cf: P.L.2017, c.117, s.10)

10  
11 <sup>3</sup>[<sup>2</sup>6. (New section) The Commissioner of Banking and  
12 Insurance shall conduct a study to determine whether telemedicine  
13 and telehealth may be appropriately used to satisfy network  
14 adequacy requirements applicable to health benefits plans in New  
15 Jersey. The commissioner shall prepare and submit a report to the  
16 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-  
17 19.1), to the Legislature, no later than one year after the effective  
18 date of this act outlining the commissioner's findings and any  
19 recommendations for legislation, administrative action, or other  
20 actions as the commissioner deems appropriate.<sup>2</sup>]<sup>3</sup>

21  
22 <sup>4</sup>[<sup>3</sup>6.] <sup>4</sup>7.<sup>4</sup> (New section) a. A carrier that offers a health  
23 benefits plan in this State shall provide coverage, without the  
24 imposition of any cost sharing requirements, including deductibles,  
25 copayments, or coinsurance, prior authorization requirements, or  
26 other medical management requirements, for the following items  
27 and services furnished during any portion of the federal state of  
28 emergency declared in response to the coronavirus disease 2019  
29 (COVID-19) pandemic:

30 (1) testing for COVID-19, provided that a health care  
31 practitioner has issued a medical order for the testing; and

32 (2) items and services furnished or provided to an individual  
33 during health care provider office visits, including in-person visits  
34 and telemedicine and telehealth encounters, urgency care center  
35 visits, and emergency department visits, that result in an order for  
36 administration of a test for COVID-19.

37 b. As used in this section, "carrier," means an insurance  
38 company, health service corporation, hospital service corporation,  
39 medical service corporation, or health maintenance organization  
40 authorized to issue health benefits plans in this State, and shall  
41 include the State Health Benefits Program and the School  
42 Employees' Health Benefits Program.<sup>3</sup>

43  
44 <sup>2</sup>[<sup>6.</sup>] <sup>4</sup>[<sup>7.</sup><sup>2</sup>] <sup>8.</sup><sup>4</sup> The Commissioner of Human Services shall  
45 apply for such State plan amendments or waivers as may be  
46 necessary to implement the provisions of this act and to secure  
47 federal financial participation for State Medicaid expenditures  
48 under the federal Medicaid program.

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

31

32       <sup>4</sup>[<sup>3</sup>9.] <sup>10.</sup><sup>4</sup> P.L.2020, c.3 and P.L.2020, c.7 are repealed.<sup>3</sup>

33

34       <sup>1</sup>[<sup>7.</sup>] <sup>2</sup>[<sup>8.</sup><sup>1</sup>] <sup>3</sup>[<sup>9.</sup><sup>2</sup>] <sup>4</sup>[<sup>10.</sup><sup>3</sup>] <sup>11.</sup><sup>4</sup> This act shall take effect  
35 immediately <sup>3</sup>[<sup>2</sup>, except that sections 1, 2, 4, and 5 of this act shall  
36 take effect January 1, 2022]<sup>3</sup> and shall apply to all health benefits  
37 plans or contracts issued or renewed on or after that date<sup>2</sup> .  
38 <sup>3</sup>Section 6 of this act shall expire upon the end of the federal state  
39 of emergency declared in response to the coronavirus disease 2019  
40 pandemic.<sup>3</sup>