

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2193

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 13, 2022

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 2193.

As amended by the committee, this bill expands the requirements of current law pertaining to emergency care referrals made during a telemedicine or telehealth encounter.

Under current law, a health care provider engaging in telemedicine or telehealth (provider) is to make appropriate referrals for emergency care, if needed. The bill revises this provision to require a provider to make a good faith effort to directly activate and coordinate with emergency care services in accordance with the standard of care upon determining the patient is in need of emergency services.

The bill provides that an emergency care plan is to pertain to areas where patients are located during a telemedicine or telehealth visit. A provider is to make a good faith effort to: provide the name and location of the patient to emergency services in oral, digital, or written form; determine the location of a patient if a patient is unaware of the patient's location; provide the provider's and the patient's contact information to emergency services; and obtain emergency services contact information for the patient's location prior to the provider's scheduled visit with the patient. The Department of Human Services is to compile and publish on its Internet website emergency services contact information for each municipality and county in this State. A provider is to report suicide threats and suicide attempts made by a patient during a telemedicine or telehealth encounter to the Department of Health in a manner that is consistent with federal and State privacy laws, and will be required to document emergencies which occur during a telehealth or telemedicine visit.

In addition, a provider is to contact the 9-8-8 suicide prevention and behavioral health crisis hotline in the case of a patient experiencing a mental health emergency, if necessary, and in a manner that is consistent with federal and State privacy laws. The bill requires 9-8-8 hotline centers to provide specialized follow up services and health care provider coordination for a patient experiencing a mental health emergency, as reported to the hotline center by a provider;

The bill requires professional licensing boards to include in their rules and regulations implementing the telemedicine and telehealth law

requirements for emergency care plans that include standards and protocols for activating and coordinating with emergency care service providers serving the area in which the patient is located at the time of the telemedicine or telehealth encounter.

COMMITTEE AMENDMENTS:

The committee amendments:

1) provide that a health care provider engaged in telemedicine or telehealth (provider) is to obtain emergency services contact information for the patient's location prior to the provider's scheduled visit with the patient;

2) provide that a provider is to contact the 9-8-8 suicide prevention and behavioral health crisis hotline in the case of a patient experiencing a mental health emergency, if necessary, and in a manner that is consistent with federal and State privacy laws;

3) require the Department of Human Services to compile and publish on its Internet website emergency services contact information for each municipality and county in this State;

4) require 9-8-8 hotline centers to provide specialized follow up services and health care provider coordination for a patient experiencing a mental health emergency, as reported to the hotline center by a provider;

5) permit a provider to also provide the name and location of the patient to emergency services in digital form;

6) require a provider to refer a patient to emergency care if appropriate; and

7) make a technical change involving a statutory update.