

STATEMENT TO  
[First Reprint]  
**ASSEMBLY, No. 2193**

with Assembly Amendments  
(Proposed by Assemblywoman MUNOZ)

ADOPTED: OCTOBER 27, 2022

These floor amendments:

1) remove the requirement that a health care provider is to make a good faith effort to directly contact and coordinate with emergency services in accordance with the standard of care and the written emergency care plan that is appropriate to the situation and to the services rendered through the telemedicine or telehealth visit;

2) remove the requirement that an emergency care plan is to pertain to areas where patients are located during a telemedicine or telehealth visit;

3) remove the requirement that a health care provider engaging in telemedicine or telehealth 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 the 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;

4) restore a provision requiring a health care provider to make appropriate referrals for in-person care or emergency or complementary care, if needed;

5) provide that if a health care provider observes a patient experiencing a health care emergency while the patient is engaged in a telemedicine or telehealth encounter, the health care provider is to make a good faith effort to: facilitate contact and coordination with local emergency services; and remain on a synchronous connection with the patient, if the emergency arises during a synchronous connection, until emergency services have reached the patient's location or, in the health care provider's clinical judgment, the situation is resolved;

6) require health care providers to have a written emergency protocol that is appropriate pursuant to the standard of care. The written emergency protocol is to include good faith methods of enabling the health care provider to facilitate the following, if reasonably feasible: furnishing relevant information known by the provider regarding the patient to emergency services to assist in the deployment of emergency services, including the patient's name and location; attempting to learn the patient's approximate location at the time of the observed emergency, if the patient is not within the patient's primary residence and is unaware of his or her current

location; and furnishing the patient's contact information to emergency services if the patient's contact information is known and accessible to the healthcare provider;

7) make technical changes involving usage;

8) remove a provision requiring a health care provider to report suicide attempts to the Department of Health, and, if necessary, contact the 9-8-8 suicide prevention and behavioral health crisis hotline in the case of a patient experiencing a mental health emergency;

9) require a health care provider to report suicide attempts in accordance with applicable State mandatory reporting laws. The health care provider is to, if appropriate, provide a patient with contact information for the 9-8-8 suicide prevention and behavioral health crisis hotline; and

10) remove a requirement for State boards and entities to promulgate rules or regulations establishing requirements for emergency care plans to be used by providers who determine that a patient who is receiving services using telemedicine or telehealth is in need of emergency care services, which emergency care plans are to include standards and protocols for activating and coordinating with emergency care services providers serving the area in which the patient is located at the time of the telemedicine or telehealth encounter.