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ASSEMBLY COMMITTEE SUBSTITUTE FOR
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STATE OF NEW JERSEY
217th LEGISLATURE

ADOPTED JUNE 12, 2017

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Assemblymen Johnson, Burzichelli, DeAngelo and McKeon

SYNOPSIS

Authorizes health care providers to engage in telemedicine and telehealth.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on June 19, 2017,
with amendments.

(Sponsorship Updated As Of: 6/23/2017)

1 AN ACT authorizing the provision of health care services through
2 telemedicine and telehealth, and supplementing various parts of
3 the statutory law.
4

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

7
8 1. As used in P.L. , c. (C.) (pending before the
9 Legislature as this bill):

10 “Asynchronous store-and-forward” means the acquisition and
11 transmission of images, diagnostics, data, and medical information
12 either to, or from, an originating site or to, or from, the health care
13 provider at a distant site, which allows for the patient to be
14 evaluated without being physically present.

15 “Cross-coverage service provider” means a ¹**[licensed or**
16 **certified]**¹ health care provider ¹, acting within the scope of a valid
17 license or certification issued pursuant to Title 45 of the Revised
18 Statutes,¹ who engages in a remote medical evaluation of a patient,
19 without in-person contact, at the request of another health care
20 provider who has established a proper provider-patient relationship
21 with the patient.

22 “Distant site” means a site at which a health care provider
23 ¹**[legally authorized to practice in this State]** ¹, acting within the
24 scope of a valid license or certification issued pursuant to Title 45
25 of the Revised Statutes,¹ is located while providing health care
26 services by means of telemedicine or telehealth.

27 “Health care provider” means an individual who provides a
28 health care service to a patient, and includes, but is not limited to, a
29 licensed physician, nurse, nurse practitioner, psychologist,
30 psychiatrist, psychoanalyst, clinical social worker, physician
31 assistant, professional counselor, respiratory therapist, speech
32 pathologist, audiologist, optometrist, or any other health care
33 professional acting within the scope of a valid license or
34 certification issued pursuant to Title 45 of the Revised Statutes.

35 “On-call provider” means a licensed or certified health care
36 provider who is available, where necessary, to physically attend to
37 the urgent and follow-up needs of a patient for whom the provider
38 has temporarily assumed responsibility, as designated by the
39 patient’s primary care provider or other health care provider of
40 record.

41 “Originating site” means a site at which a patient is located at the
42 time that health care services are provided to the patient by means
43 of telemedicine or telehealth.

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:

¹Assembly AAP committee amendments adopted June 19, 2017.

1 “Telehealth” means the use of information and communications
2 technologies, including telephones, remote patient monitoring
3 devices, or other electronic means, to support clinical health care,
4 provider consultation, patient and professional health-related
5 education, public health, health administration, and other services
6 ‘[as described in regulation] in accordance with the provisions of
7 P.L. , c. (C.) (pending before the Legislature as this bill)¹.

8 “Telemedicine” means the delivery of a health care service using
9 electronic communications, information technology, or other
10 electronic or technological means to bridge the gap between a
11 health care provider who is located at a distant site and a patient
12 who is located at an originating site, either with or without the
13 assistance of an intervening health care provider, and in accordance
14 with the provisions of P.L. , c. (C.) (pending before the
15 Legislature as this bill). “Telemedicine” does not include the use,
16 in isolation, of audio-only telephone conversation, electronic mail,
17 instant messaging, phone text, or facsimile transmission.

18 “Telemedicine or telehealth organization” means a corporation,
19 sole proprietorship, partnership, or limited liability company that is
20 organized for the primary purpose of administering services in the
21 furtherance of telemedicine or telehealth.

22
23 2. a. Unless specifically prohibited or limited by federal or
24 State law, a health care provider who establishes a proper provider-
25 patient relationship with a patient may remotely provide health care
26 services to a patient through the use of telemedicine. A health care
27 provider may also engage in telehealth as may be necessary to
28 support and facilitate the provision of health care services to
29 patients.

30 b. Any health care provider who uses telemedicine or engages
31 in telehealth while providing health care services to a patient, shall:
32 (1) be validly licensed, certified, or registered, pursuant to Title 45
33 of the Revised Statutes, to provide such services in the State of New
34 Jersey; (2) remain subject to regulation by the appropriate New
35 Jersey State licensing board or other New Jersey State professional
36 regulatory entity; (3) act in compliance with existing requirements
37 regarding the maintenance of liability insurance; and (4) remain
38 subject to New Jersey jurisdiction if either the patient or the
39 provider is located in New Jersey at the time services are provided.

40 c. (1) Telemedicine services shall be provided using
41 interactive, real-time, two-way communication technologies.

42 (2) A health care provider engaging in telemedicine or
43 telehealth may use asynchronous store-and-forward technology to
44 allow for the electronic transmission of images, diagnostics, data,
45 and medical information; except that the health care provider may
46 use interactive, real-time, two-way audio in combination with
47 asynchronous store-and-forward technology, without video
48 capabilities, if, after accessing and reviewing the patient’s medical

1 records, the provider determines that the provider is able to meet the
2 same standard of care as if the health care services were being
3 provided in person.

4 (3) The identity, professional credentials, and contact
5 information of a health care provider providing telemedicine or
6 telehealth services shall be made available to the patient during and
7 after the provision of services. The contact information shall enable
8 the patient to contact the health care provider, or a substitute health
9 care provider authorized to act on behalf of the provider who
10 provided services, for at least 72 hours following the provision of
11 services.

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

24 (5) Following the provision of services using telemedicine or
25 telehealth, the patient's medical information shall be made available
26 to the patient ¹upon the patient's request¹, and, with the patient's
27 affirmative consent, forwarded directly to the patient's primary care
28 provider or health care provider of record, or, upon request by the
29 patient, to other health care providers. For patients without a
30 primary care provider or other health care provider of record, the
31 health care provider engaging in telemedicine or telehealth may
32 advise the patient to contact a primary care provider, and, upon
33 request by the patient, assist the patient with locating a primary care
34 provider or other in-person medical assistance that, to the extent
35 possible, is located within reasonable proximity to the patient. ¹The
36 health care provider engaging in telemedicine or telehealth shall
37 also refer the patient to appropriate follow up care where necessary,
38 including making appropriate referrals for emergency or
39 complimentary care, if needed. Consent may be oral, written, or
40 digital in nature, provided that the chosen method of consent is
41 deemed appropriate under the standard of care.¹

42 d. (1) Any health care provider providing health care services
43 using telemedicine or telehealth shall be subject to the same
44 standard of care or practice standards as are applicable to in-person
45 settings. If telemedicine or telehealth services would not be
46 consistent with this standard of care, the health care provider shall
47 direct the patient to seek in-person care.

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

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

27 f. A mental health screener, screening service, or screening
28 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
29 27.1 et seq.):

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

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

35 g. A health care provider who engages in telemedicine or
36 telehealth, as authorized by P.L. , c. (C.) (pending before
37 the Legislature as this bill), shall maintain a complete record of the
38 patient's care, and shall comply with all applicable State and federal
39 statutes and regulations for recordkeeping, confidentiality, and
40 disclosure of the patient's medical record.

41 h. A health care provider shall not be subject to any
42 professional disciplinary action under Title 45 of the Revised
43 Statutes solely on the basis that the provider engaged in
44 telemedicine or telehealth pursuant to P.L. , c. (C.)
45 (pending before the Legislature as this bill).

46 i. (1) In accordance with the "Administrative Procedure Act,"
47 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other
48 entities that, pursuant to Title 45 of the Revised Statutes, are

1 responsible for the licensure, certification, or registration of health
2 care providers in the State, shall each adopt rules and regulations
3 that are applicable to the health care providers under their
4 respective jurisdictions, as may be necessary to implement the
5 provisions of this section and facilitate the provision of
6 telemedicine and telehealth services. Such rules and regulations
7 shall, at a minimum:

8 (a) include best practices for the professional engagement in
9 telemedicine and telehealth;

10 (b) ensure that the services patients receive using telemedicine
11 or telehealth are appropriate, medically necessary, and meet current
12 quality of care standards;

13 (c) include measures to prevent fraud and abuse in connection
14 with the use of telemedicine and telehealth, including requirements
15 concerning the filing of claims and maintaining appropriate records
16 of services provided; and

17 (d) provide substantially similar metrics for evaluating quality
18 of care and patient outcomes in connection with services provided
19 using telemedicine and telehealth as currently apply to services
20 provided in person.

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

25 (3) The failure of any licensing board to adopt rules and
26 regulations pursuant to this subsection shall not have the effect of
27 delaying the implementation of this act, and shall not prevent health
28 care providers from engaging in telemedicine or telehealth in
29 accordance with the provisions of this act and the practice act
30 applicable to the provider's professional licensure, certification, or
31 registration.

32

33 3. a. Any health care provider who engages in telemedicine or
34 telehealth shall ensure that a proper provider-patient relationship is
35 established. The establishment of a proper provider-patient
36 relationship shall include, but shall not be limited to:

37 (1) properly identifying the patient using, at a minimum, the
38 patient's name, date of birth, phone number, ¹and¹ address ¹[, and
39 social security number¹]. When properly identifying the patient,
40 the provider may additionally use the patient's assigned
41 identification number, ¹social security number,¹ photo, health
42 insurance policy number, or other appropriate patient identifier
43 associated directly with the patient;

44 (2) disclosing and validating the provider's identity and
45 credentials, such as the provider's license, title, and, if applicable,
46 specialty and board certifications;

47 (3) prior to initiating contact with a patient in an initial
48 encounter for the purpose of providing services to the patient using

1 telemedicine or telehealth, reviewing the patient's medical history
2 and any available medical records; ¹and¹

3 (4) prior to initiating contact with a patient for the purpose of
4 providing services to the patient using telemedicine or telehealth,
5 determining whether the provider will be able to provide the same
6 standard of care using telemedicine or telehealth as would be
7 provided if the services were provided in person. The provider
8 shall make this determination prior to each unique patient
9 encounter¹];

10 (5) obtaining suitable consents from the patient, or from the
11 patient's designated representative, following the provider's
12 disclosure thereto of information regarding treatment delivery
13 models, treatment methods, or treatment limitations, unless
14 emergent circumstances render it impossible to obtain such
15 consents. Consents under this paragraph may be oral, written, or
16 digital in nature, provided that the chosen method of consent is
17 deemed appropriate under the standard of care;

18 (6) establishing a patient history and a diagnosis and treatment
19 plan through the in-person examination of the patient or through
20 telemedicine in accordance with the provisions of P.L. ,
21 c. (C.) (pending before the Legislature as this bill);

22 (7) discussing with the patient the diagnosis and evidence
23 supporting the diagnosis, as well as the risks and benefits of the
24 patient's treatment options;

25 (8) reviewing with the patient clinically appropriate health care
26 information developed by a nationally recognized medical society
27 for the applicable medical profession or specialty;

28 (9) ensuring the availability of coverage for appropriate follow-
29 up care of the patient, including making appropriate referrals for
30 emergency or complimentary care, if needed; and

31 (10) providing the patient with access to a summary of the
32 encounter or the patient's medical record, and, with the patient's
33 affirmative consent, timely sharing the summary of the encounter
34 with the patient's primary care provider or other health care
35 provider of record¹.

36 b. Telemedicine or telehealth may be practiced without a
37 proper provider-patient relationship, as defined in subsection a. of
38 this section, in the following circumstances:

39 (1) during informal consultations performed by a health care
40 provider outside the context of a contractual relationship, or on an
41 irregular or infrequent basis, without the expectation or exchange of
42 direct or indirect compensation;

43 (2) during episodic consultations by a medical specialist located
44 in another jurisdiction who provides consultation services, upon
45 request, to a properly licensed or certified health care provider in
46 this State;

1 (3) when a health care provider furnishes medical assistance in
2 response to an emergency or disaster, provided that there is no
3 charge for the medical assistance; or

4 (4) when a substitute health care provider, who is acting on
5 behalf of an absent health care provider in the same specialty,
6 provides health care services on an on-call or cross-coverage basis,
7 provided that the absent health care provider has designated the
8 substitute provider as an on-call provider or cross-coverage service
9 provider.

10
11 4. a. Each telemedicine or telehealth organization operating in
12 the State shall annually register with the Department of Health.

13 b. Each telemedicine or telehealth organization operating in the
14 State shall submit an annual report to the Department of Health ¹[],
15 the Department of Human Services, the Department of Banking and
16 Insurance, the Telemedicine and Telehealth Review Commission
17 established pursuant to section 5 of P.L. , c. (C.) (pending
18 before the Legislature as this bill), and the appropriate State board
19 or other entity responsible for the professional licensure,
20 certification, or registration of health care providers ¹ in a manner as
21 determined by the commissioner¹. The annual report shall include
22 de-identified ¹[and discrete] encounter¹ data ¹[setting forth]
23 including, but not limited to:¹ the total number of telemedicine and
24 telehealth encounters conducted; the type of technology utilized to
25 provide services using telemedicine or telehealth; the category of
26 medical condition for which services were sought; ¹[and, for each
27 telemedicine or telehealth encounter, the patient's age, race, sex,
28 and the diagnostic codes, evaluation management codes, any
29 prescriptions issued, the charges for the encounter, the payer status,
30 and such] the¹ geographic region ¹of the patient and the provider;
31 the patient's age and sex; and any prescriptions issued. The
32 commissioner may require the reporting of any¹ additional
33 information as the commissioner deems necessary and appropriate
34 ¹, subject to all applicable State and federal laws, rules, and
35 regulations for recordkeeping and privacy. Commencing six
36 months after the effective date of P.L. , c. (C.) (pending
37 before the Legislature as this bill), telemedicine and telehealth
38 organizations shall include in the annual report, for each
39 telemedicine or telehealth encounter: the patient's race and
40 ethnicity; the diagnostic codes; the evaluation management codes;
41 and the source of payment for the encounter¹.

42 c. The Department of Health shall compile the information
43 provided in the reports submitted by telemedicine and telehealth
44 organizations pursuant to subsection b. of this section to generate
45 Statewide data concerning telemedicine and telehealth services
46 provided in the State. The department shall annually ¹[report]
47 share¹ the Statewide data ¹[to] with the Department of Human

1 Services, the Department of Banking and Insurance, the
2 Telemedicine and Telehealth Review Commission established
3 pursuant to section 5 of P.L. , c. (C.) (pending before the
4 Legislature as this bill), State boards and other entities that, under
5 Title 45 of the Revised Statutes, are responsible for the professional
6 licensure, certification, or registration of health care providers in
7 the State who provide health care services using telemedicine or
8 telehealth pursuant to P.L. , c. (C.) (pending before the
9 Legislature as this bill), and¹ the Legislature pursuant section 2 of
10 P.L.1991, c.164 (C.52:14-19.1) ¹【, which report shall include】 .
11 The department shall also transmit a report to the Legislature and
12 the Telemedicine and Telehealth Review Commission that
13 includes:¹ an analysis of ¹each rule and regulation adopted pursuant
14 to subsection i. of section 2 of P.L. , c. (C.) (pending
15 before the Legislature as this bill) by a State board or other entity
16 responsible for the professional licensure, certification, or
17 registration of health care providers in the State who provide health
18 care services using telemedicine or telehealth; and an assessment
19 of¹ the effect that telemedicine and telehealth is having on health
20 care delivery, health care outcomes, ¹population health,¹ and in-
21 person health care services provided in facility-based and office-
22 based settings.

23 d. A telemedicine or telehealth organization that fails to
24 register with the Department of Health pursuant to subsection a. of
25 this section or that fails to submit the annual report required
26 pursuant to subsection b. of this section shall be liable to such
27 disciplinary actions as the Commissioner of Health may prescribe
28 by regulation.

29
30 5. a. ¹【There is】 Six months after the effective date of P.L. ,
31 c. (C.) (pending before the Legislature as this bill), there
32 shall be¹ established in the Department of Health the Telemedicine
33 and Telehealth Review Commission, which shall review the
34 information reported by telemedicine and telehealth organizations
35 pursuant to subsection b. of section 4 of P.L. , c. (C.)
36 (pending before the Legislature as this bill) and make
37 recommendations for such executive, legislative, regulatory,
38 administrative, and other actions as may be necessary and
39 appropriate to promote and improve the quality, efficiency, and
40 effectiveness of telemedicine and telehealth services provided in
41 this State.

42 b. The commission shall consist of seven members, as follows:
43 the Commissioner of Health, or a designee, who shall serve ex
44 officio, and six public members, with two members each to be
45 appointed by the Governor, the Senate President, and the Speaker of
46 the General Assembly. The public members shall be health care
47 professionals with a background in the provision of health care

1 services using telemedicine and telehealth. The public members
2 shall serve at the pleasure of the appointing authority, and vacancies
3 in the membership shall be filled in the same manner as the original
4 appointments.

5 c. Members of the commission shall serve without
6 compensation but may be reimbursed for necessary travel expenses
7 incurred in the performance of their duties within the limits of funds
8 made available for that purpose.

9 d. The members shall select a chairperson and a vice
10 chairperson from among the members. The chairperson may
11 appoint a secretary, who need not be a member of the commission.
12 The Department of Health shall provide staff and administrative
13 support to the commission.

14 e. The commission shall meet at least twice a year and at such
15 other times as the chairperson may require. The commission shall
16 be entitled to call to its assistance and avail itself of the services of
17 the employees of any State, county, or municipal department, board,
18 bureau, commission, or agency as it may require and as may be
19 available for its purposes.

20 f. The commission shall report its findings and
21 recommendations to the Governor, the Commissioner of Health,
22 ¹the State boards or other entities that, pursuant to Title 45 of the
23 Revised Statutes, are responsible for the licensure, certification, or
24 registration of health care providers in the State who provide health
25 care services using telemedicine or telehealth pursuant to P.L. ,
26 c. (C.) (pending before the Legislature as this bill),¹ and,
27 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the
28 Legislature no later than two years after the ¹**[effective date of**
29 **P.L. , c. (C.) (pending before the Legislature as this bill)]**
30 **date the commission first meets**¹. The commission shall expire upon
31 submission of its report.

32
33 6. If any provision of P.L. , c. (C.) (pending before the
34 Legislature as this bill) or its application to any person or
35 circumstance is held to be invalid, the invalidity shall not affect any
36 other provision or application of P.L. , c. (C.) (pending
37 before the Legislature as this bill) which can be given effect without
38 the invalid provision or application, and, to this end, the provisions
39 of P.L. , c. (C.) (pending before the Legislature as this bill)
40 are severable.

41
42 7. a. The State Medicaid and NJ FamilyCare programs shall
43 provide coverage and payment for health care services delivered to
44 a benefits recipient through telemedicine or telehealth, on the same
45 basis as, and at a provider reimbursement rate that does not exceed
46 the provider reimbursement rate that is applicable, when the
47 services are delivered through in-person contact and consultation in

1 New Jersey. Reimbursement payments under this section may be
2 provided either to the individual practitioner who delivered the
3 reimbursable services, or to the agency, facility, or organization that
4 employs the individual practitioner who delivered the reimbursable
5 services, as appropriate.

6 b. The State Medicaid and NJ FamilyCare programs may limit
7 coverage to services that are delivered by participating health care
8 providers, but may not charge any deductible, copayment, or
9 coinsurance for a health care service, delivered through
10 telemedicine or telehealth, in an amount that exceeds the deductible,
11 copayment, or coinsurance amount that is applicable to an in-person
12 consultation.

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

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

18 (2) allow the State Medicaid or NJ FamilyCare programs to
19 require a benefits recipient to use telemedicine or telehealth in lieu
20 of obtaining an in-person service from a participating health care
21 provider.

22 d. The Commissioner of Human Services, in consultation with
23 the Commissioner of Children and Families, shall apply for such
24 State plan amendments or waivers as may be necessary to
25 implement the provisions of this section and to secure federal
26 financial participation for State expenditures under the federal
27 Medicaid program and Children's Health Insurance Program.

28 e. As used in this section:

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

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

39 "Telehealth" means the same as that term is defined by section 1
40 of P.L. , c. (C.) (pending before the Legislature as this
41 bill).

42 "Telemedicine" means the same as that term is defined by
43 section 1 of P.L. , c. (C.) (pending before the Legislature
44 as this bill).

45

46 8. a. A carrier that offers a health benefits plan in this State
47 shall provide coverage and payment for health care services
48 delivered to a covered person through telemedicine or telehealth, on

1 the same basis as, and at a provider reimbursement rate that does
2 not exceed the provider reimbursement rate that is applicable, when
3 the services are delivered through in-person contact and
4 consultation in New Jersey. Reimbursement payments under this
5 section may be provided either to the individual practitioner who
6 delivered the reimbursable services, or to the agency, facility, or
7 organization that employs the individual practitioner who delivered
8 the reimbursable services, as appropriate.

9 b. A carrier may limit coverage to services that are delivered
10 by health care providers in the health benefits plan's network, but
11 may not charge any deductible, copayment, or coinsurance for a
12 health care service, delivered through telemedicine or telehealth, in
13 an amount that exceeds the deductible, copayment, or coinsurance
14 amount that is applicable to an in-person consultation.

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

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

19 (2) allow a carrier to require a covered person to use
20 telemedicine or telehealth in lieu of receiving an in-person service
21 from an in-network provider.

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 ¹, including provisions setting forth the
26 criteria for carriers to include in-network telemedicine and
27 telehealth providers for the purposes of network adequacy. The
28 regulations shall prohibit carriers from offering the services of
29 telemedicine or telehealth providers for the purposes of satisfying
30 network adequacy and geographic service area requirements ¹.

31 e. As used in this section:

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

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

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

38 ¹["Network adequacy" means the adequacy of the provider
39 network with respect to the scope and type of health care benefits
40 provided by the carrier, the geographic service area covered by the
41 provider network, and access to medical specialists pursuant to the
42 regulations promulgated pursuant to section 19 of P.L.1997, c.192
43 (C.26:2S-18).]¹

44 "Telehealth" means the same as that term is defined by section 1
45 of P.L. , c. (C.) (pending before the Legislature as this
46 bill).

1 “Telemedicine” means the same as that term is defined by
2 section 1 of P.L. , c. (C.) (pending before the Legislature
3 as this bill).

4
5 9. a. The State Health Benefits Commission shall ensure that
6 every contract purchased thereby, which provides hospital and
7 medical expense benefits, additionally provides coverage and
8 payment for health care services delivered to a covered person
9 through telemedicine or telehealth, on the same basis as, and at a
10 provider reimbursement rate that does not exceed the provider
11 reimbursement rate that is applicable, when the services are
12 delivered through in-person contact and consultation in New Jersey.
13 Reimbursement payments under this section may be provided either
14 to the individual practitioner who delivered the reimbursable
15 services, or to the agency, facility, or organization that employs the
16 individual practitioner who delivered the reimbursable services, as
17 appropriate.

18 b. A health benefits contract purchased by the State Health
19 Benefits Commission may limit coverage to services that are
20 delivered by health care providers in the health benefits plan’s
21 network, but may not charge any deductible, copayment, or
22 coinsurance for a health care service, delivered through
23 telemedicine or telehealth, in an amount that exceeds the deductible,
24 copayment, or coinsurance amount that is applicable to an in-person
25 consultation.

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

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

35 d. The State Health Benefits Commission shall adopt rules and
36 regulations, pursuant to the “Administrative Procedure Act,”
37 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions
38 of this section.

39 e. As used in this section:

40 “Telehealth” means the same as that term is defined by section 1
41 of P.L. , c. (C.) (pending before the Legislature as this
42 bill).

43 “Telemedicine” means the same as that term is defined by
44 section 1 of P.L. , c. (C.) (pending before the Legislature
45 as this bill).

46
47 10. a. The School Employees’ Health Benefits Commission
48 shall ensure that every contract purchased thereby, which provides

1 hospital and medical expense benefits, additionally provides
2 coverage and payment for health care services delivered to a
3 covered person through telemedicine or telehealth, on the same
4 basis as, and at a provider reimbursement rate that does not exceed
5 the provider reimbursement rate that is applicable, when the
6 services are delivered through in-person contact and consultation in
7 New Jersey. Reimbursement payments under this section may be
8 provided either to the individual practitioner who delivered the
9 reimbursable services, or to the agency, facility, or organization that
10 employs the individual practitioner who delivered the reimbursable
11 services, as appropriate.

12 b. A health benefits contract purchased by the State Health
13 Benefits Commission may limit coverage to services that are
14 delivered by health care providers in the health benefits plan's
15 network, but may not charge any deductible, copayment, or
16 coinsurance for a health care service, delivered through
17 telemedicine or telehealth, in an amount that exceeds the deductible,
18 copayment, or coinsurance amount that is applicable to an in-person
19 consultation.

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;
24 or

25 (2) allow the School Employees' Health Benefits Commission,
26 or a contract purchased thereby, to require a covered person to use
27 telemedicine or telehealth in lieu of receiving an in-person service
28 from an in-network provider.

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

33 e. As used in this section:

34 "Telehealth" means the same as that term is defined by section 1
35 of P.L. , c. (C.) (pending before the Legislature as this
36 bill).

37 "Telemedicine" means the same as that term is defined by
38 section 1 of P.L. , c. (C.) (pending before the Legislature
39 as this bill).

40

41 11. This act shall take effect immediately, ¹and section 3 of
42 this act shall expire three years after the effective date of this act¹
43 and section 5 of this act shall expire upon submission of the
44 commission's report.