P.L. 2020, CHAPTER 47, ***approved July 1, 2020***
Senate, No. 2467 ***(First Reprint)***

AN ACT concerning the use of telemedicine and telehealth and amending P.L.2020, c.3 and P.L.2020, c.7.

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

1. Section 1 of P.L.2020, c.3 is amended to read as follows:

1. a. For the duration of the public health emergency declared pursuant to P.L.2005, c.222 (C.26:13-1 et seq.) and the state of emergency declared pursuant to Executive Order No. 103 of 2020 in response to coronavirus disease 2019 (COVID-19), and for a period of 90 days following the end of both the public health emergency and the state of emergency, any health care practitioner shall be authorized to provide and bill for services using telemedicine and telehealth, which may include all services included in the definitions of telemedicine and telehealth set forth in section 1 of P.L.2017, c.117 (C.45:1-61) to the extent appropriate under the standard of care, which services may be provided regardless of whether rules and regulations concerning the practice of telemedicine and telehealth have been adopted pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). A health care practitioner who is not licensed or certified to provide health care services pursuant to Title 45 of the Revised Statutes may provide telemedicine and telehealth services pursuant to this section, provided that:

(1) the health care practitioner is validly licensed or certified to provide health care services in another state or territory of the United States or in the District of Columbia, and is in good standing in the jurisdiction that issued the license or certification;

(2) the health care services provided by the health care practitioner using telemedicine and telehealth are within the practitioner's authorized scope of practice in the jurisdiction that issued the license or certification;

(3) unless the health care practitioner has a preexisting provider-patient relationship with the patient that is unrelated to COVID-19, the health care services provided are limited to services related to screening for, diagnosing, or treating COVID-19; and

(4) in the event that the health care practitioner determines during a telemedicine or telehealth encounter with a patient located in New Jersey that the encounter will not involve services related to screening for, diagnosing, or treating COVID-19, and the practitioner does not have a preexisting provider-patient

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:
[1]Assembly AHE committee amendments adopted June 22, 2020.

relationship with the patient that is unrelated to COVID-19, the practitioner shall advise the patient that the practitioner is not authorized to provide services to the patient, recommend that the patient initiate a new telemedicine or telehealth encounter with a health care practitioner licensed or certified to practice in New Jersey, and terminate the telemedicine or telehealth encounter.

b. The amount charged by a health care practitioner for services provided using telemedicine or telehealth pursuant to this section shall be reasonable and consistent with the ordinary fees typically charged for that service, provided that a health care practitioner who is required to terminate a telemedicine or telehealth encounter pursuant to paragraph (4) of subsection a. of this section shall not issue a bill for any services provided during the encounter.

c. The Commissioner of Health and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety shall waive any requirement of State law or regulation as may be necessary to facilitate the provision of health care services using telemedicine and telehealth during the state of public health emergency declared in response to COVID-19, including any privacy requirements established by State law or regulation that would limit the use of electronic or technological means that are not typically used in the provision of telemedicine and telehealth, provided that nothing in this subsection shall be construed to authorize the waiver of any State laws or regulations restricting the collection, exchange, transmission, or use of confidential patient health information.

d. Nothing in this section shall be construed to abrogate any authority granted to the Commissioner of Health during a state of public health emergency pursuant to P.L.2005, c.222 (C.26:13-1 et seq.).

(cf: P.L.2020, c.3, s.1)

2. Section 1 of P.L.2020, c.7 is amended to read as follows:

1. a. During the Public Health Emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020<u>, and for a period of 90 days following the end of both the Public Health Emergency and the State of Emergency</u>, the State Medicaid and NJ FamilyCare programs shall provide coverage and payment for expenses incurred in:

(1) the testing for coronavirus disease 2019, provided that a licensed medical practitioner has issued a medical order for that testing; and

(2) the delivery of health care services through telemedicine or telehealth in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).

b. The coverage shall be provided to the same extent as for any other health care services, except that no cost-sharing shall be imposed on the coverage provided pursuant to this section.

c. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program [1]and shall receive approval for such State plan amendments or waivers prior to the implementation of this act[1].

(cf: P.L.2020, c.7, s.1)

3. Section 2 of P.L.2020, c.7 is amended to read as follows:

2. a. During the Public Health Emergency and State of Emergency declared by the Governor in Executive Order 103 of 2020, and for a period of 90 days following the end of both the Public Health Emergency and the State of Emergency, a carrier that offers a health benefits plan in this State shall provide coverage and payment for expenses incurred in:

(1) the testing of coronavirus disease 2019, provided that a health care professional in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.) has issued a medical order for the testing; and

(2) any health care services delivered to a covered person through telemedicine or telehealth in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.).

b. The coverage shall be provided to the same extent as for any other health care services under the health benefits plan, except that no cost-sharing shall be imposed on the coverage provided pursuant to this section.

c. As used in this section, "carrier," means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, and shall include the State Health Benefits Program and the School Employees' Health Benefits Program.

(cf: P.L.2020, c.7, s.2)

4. This act shall take effect immediately.

Extends duration of certain laws pertaining to use of telemedicine and telehealth in relation to COVID-19 pandemic.