

[First Reprint]

**SENATE, No. 2467**

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

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INTRODUCED MAY 11, 2020

**Sponsored by:**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**Senator DAWN MARIE ADDIEGO**

**District 8 (Atlantic, Burlington and Camden)**

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**District 19 (Middlesex)**

**Assemblywoman NANCY J. PINKIN**

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**Assemblyman ROY FREIMAN**

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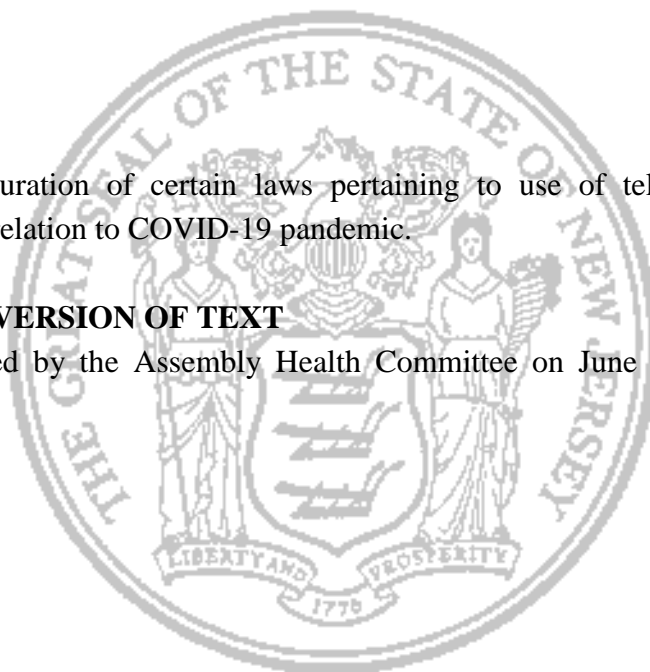
**Senators T.Kean, Codey, Gopal, A.M.Bucco, O'Scanlon, Assemblymen Benson, Tully, Assemblywoman Swain, Assemblyman McKeon, Assemblywomen Jasey, Vainieri Huttie and Assemblyman Wimberly**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee on June 22, 2020, with amendments.



**(Sponsorship Updated As Of: 6/29/2020)**

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

3

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

6

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

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

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

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

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

38 (4) in the event that the health care practitioner determines  
39 during a telemedicine or telehealth encounter with a patient located  
40 in New Jersey that the encounter will not involve services related to  
41 screening for, diagnosing, or treating COVID-19, and the  
42 practitioner does not have a preexisting provider-patient  
43 relationship with the patient that is unrelated to COVID-19, the  
44 practitioner shall advise the patient that the practitioner is not  
45 authorized to provide services to the patient, recommend that the

**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>Assembly AHE committee amendments adopted June 22, 2020.**

1 patient initiate a new telemedicine or telehealth encounter with a  
2 health care practitioner licensed or certified to practice in New  
3 Jersey, and terminate the telemedicine or telehealth encounter.

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

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

25 d. Nothing in this section shall be construed to abrogate any  
26 authority granted to the Commissioner of Health during a state of  
27 public health emergency pursuant to P.L.2005, c.222 (C.26:13-1 et  
28 seq.).  
29 (cf: P.L.2020, c.3, s.1)

30  
31 2. Section 1 of P.L.2020, c.7 is amended to read as follows:

32 1. a. During the Public Health Emergency and State of  
33 Emergency declared by the Governor in Executive Order 103 of  
34 2020, and for a period of 90 days following the end of both the  
35 Public Health Emergency and the State of Emergency, the State  
36 Medicaid and NJ FamilyCare programs shall provide coverage and  
37 payment for expenses incurred in:

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

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

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

47 c. The Commissioner of Human Services shall apply for such  
48 State plan amendments or waivers as may be necessary to  
49 implement the provisions of this act and to secure federal financial

1 participation for State Medicaid expenditures under the federal  
2 Medicaid program <sup>1</sup>and shall receive approval for such State plan  
3 amendments or waivers prior to the implementation of this act<sup>1</sup>.

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

5

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

7 2. a. During the Public Health Emergency and State of  
8 Emergency declared by the Governor in Executive Order 103 of  
9 2020, and for a period of 90 days following the end of both the  
10 Public Health Emergency and the State of Emergency, a carrier that  
11 offers a health benefits plan in this State shall provide coverage and  
12 payment for expenses incurred in:

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

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

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

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

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

31

32 4. This act shall take effect immediately.