

SENATE, No. 2556

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:

Senator ROBERT W. SINGER

District 30 (Monmouth and Ocean)

Co-Sponsored by:

Senator T.Kean

SYNOPSIS

Delays expiration and requires review of certain laws pertaining to use of telemedicine and telehealth in relation to COVID-19 pandemic.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/11/2020)

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 one year 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-
22 1 et seq.). A health care practitioner who is not licensed or certified
23 to 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
46 patient initiate a new telemedicine or telehealth encounter with a

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.

1 health care practitioner licensed or certified to practice in New
2 Jersey, and terminate the telemedicine or telehealth encounter.

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

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

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

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

29

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

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

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

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

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

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

1 participation for State Medicaid expenditures under the federal
2 Medicaid program.

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

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

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

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

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

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

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

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

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31 4. No later than one year after the effective date of this act, the
32 Commissioner of Health and the Commissioner of Banking and
33 Insurance shall jointly submit a report to the Governor and,
34 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
35 Legislature, concerning the commissioners' recommendations with
36 regard to whether the provisions of P.L.2020, c.3 and P.L.2020, c.7
37 should be extended or made permanent, along with any
38 recommended revisions to either enactment.

39

40 5. This act shall take effect immediately and section 4 of this
41 act shall expire 30 days after the submission of the report required
42 pursuant to that section.

43

44

45 STATEMENT

46

47 This bill extends the applicability of P.L.2020, c.3, which
48 expanded the use of telemedicine and telehealth services for the

1 duration of the coronavirus disease 2019 (COVID-19) public health
2 emergency, and the applicability of P.L.2020, c.7, which requires
3 health benefits coverage for COVID-19 testing and health care
4 services provided using telemedicine and telehealth for the duration
5 of the COVID-19 state of emergency and public health emergency,
6 to provide that the provisions of both laws will continue for one
7 year after the end of both the state of emergency and the public
8 health emergency declared in response to COVID-19. The bill also
9 adds a reference to the COVID-19 state of emergency to P.L.2020,
10 c.3, to ensure the scope of its provisions are consistent with the
11 provisions of P.L.2020, c.7.

12 The bill further requires the Commissioner of Health and the
13 Commissioner of Banking and Insurance to jointly submit a report
14 to the Governor and to the Legislature concerning the
15 commissioners' recommendations with regard to whether the
16 provisions of P.L.2020, c.3 and P.L.2020, c.7 should be extended or
17 made permanent, along with any recommended revisions to either
18 enactment.