

[First Reprint]
SENATE, No. 2559

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED JUNE 8, 2020

Sponsored by:

Senator VIN GOPAL

District 11 (Monmouth)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Co-Sponsored by:

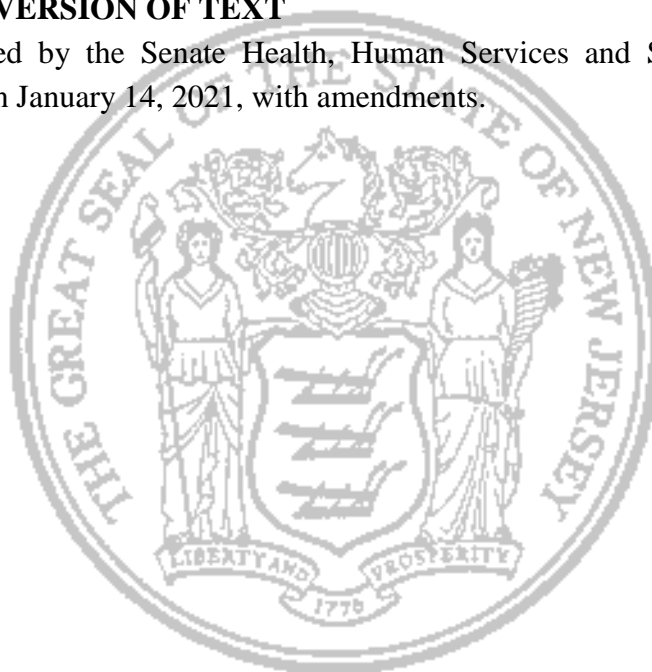
Senators Corrado, Diegnan, Brown, T.Kean, Singer, Turner and O'Scanlon

SYNOPSIS

Revises requirements for health insurance providers and Medicaid to cover services provided using telemedicine and telehealth; appropriates \$5 million.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on January 14, 2021, with amendments.



(Sponsorship Updated As Of: 1/21/2021)

1 AN ACT concerning telemedicine and telehealth ¹**[and]** ¹ amending
2 P.L.2017, c.117 ¹, and making an appropriation ¹ .

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. Section 8 of P.L.2017, c.117 (C.26:2S-29) is amended to read
8 as follows:

9 8. a. A carrier that offers a health benefits plan in this State shall
10 provide coverage and payment for ¹all forms of physical and
11 behavioral ¹ health care services delivered to a covered person through
12 telemedicine or telehealth, on the same basis as, and at a provider
13 reimbursement rate that **[does not exceed]** equals the provider
14 reimbursement rate that is applicable, when the services are delivered
15 through in-person contact and consultation in New Jersey.
16 Reimbursement payments under this section may be provided either to
17 the individual practitioner who delivered the reimbursable services, or
18 to the agency, facility, or organization that employs the individual
19 practitioner who delivered the reimbursable services, as appropriate.

20 b. A carrier may limit coverage to services that are delivered by
21 health care providers in the health benefits plan's network, but may not
22 charge any deductible, copayment, or coinsurance for a health care
23 service, delivered through telemedicine or telehealth, in an amount that
24 exceeds the deductible, copayment, or coinsurance amount that is
25 applicable to an in-person consultation. In no case shall a carrier:

26 (1) impose any restrictions on the location or setting of the distant
27 site used by a health care provider to provide services using
28 telemedicine and telehealth ¹or on the location or setting of the
29 originating site where the patient is located when receiving services
30 using telemedicine and telehealth ¹ ; ¹**[or]** ¹

31 (2) restrict the ability of a provider to use any electronic or
32 technological platform, including interactive, real-time, two-way audio
33 in combination with asynchronous store-and-forward technology
34 without video capabilities, to provide services using telemedicine or
35 telehealth that:

36 (a) allows the provider to meet the same standard of care as would
37 be provided if the services were provided in person; and

38 (b) is compliant with the requirements of the federal health privacy
39 rule set forth at 45 CFR Parts 160 and 164 ¹; or

40 (3) deny coverage for or refuse to provide reimbursement for
41 routine patient monitoring performed using telemedicine and
42 telehealth, including remote monitoring of a patient's vital signs and
43 routine check-ins with the patient to monitor the patient's status and
44 condition, if coverage and reimbursement would be provided if those
45 services are provided in person. ¹

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:

¹Senate SHH committee amendments adopted January 14, 2021.

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

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

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

8 d. The Commissioner of Banking and Insurance shall adopt rules
9 and regulations, pursuant to the "Administrative Procedure Act,"
10 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions of
11 this section.

12 e. As used in this section:

13 "Asynchronous store-and-forward" means the same as that term is
14 defined by section 1 of P.L.2017, c.117 (C.45:1-61).

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

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

19 "Distant site" means the same as that term is defined by section 1
20 of P.L.2017, c.117 (C.45:1-61).

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

23 ¹"Originating site" means the same as that term is defined by
24 section 1 of P.L.2017, c.117 (C.45:1-61).¹

25 "Telehealth" means the same as that term is defined by section 1 of
26 P.L.2017, c.117 (C.45:1-61).

27 "Telemedicine" means the same as that term is defined by section
28 1 of P.L.2017, c.117 (C.45:1-61).

29 (cf: P.L.2017, c.117, s.8)

30

31 2. Section 7 of P.L.2017, c.117 (C.30:4D-6k) is amended to read
32 as follows:

33 7. a. The State Medicaid and NJ FamilyCare programs shall
34 provide coverage and payment for ¹all forms of physical and
35 behavioral¹ health care services delivered to a benefits recipient
36 through telemedicine or telehealth, on the same basis as, and at a
37 provider reimbursement rate that **【does not exceed】** equals the
38 provider reimbursement rate that is applicable, when the services are
39 delivered through in-person contact and consultation in New Jersey.
40 Reimbursement payments under this section may be provided either to
41 the individual practitioner who delivered the reimbursable services, or
42 to the agency, facility, or organization that employs the individual
43 practitioner who delivered the reimbursable services, as appropriate.

44 b. The State Medicaid and NJ FamilyCare programs may limit
45 coverage to services that are delivered by participating health care
46 providers, but may not charge any deductible, copayment, or
47 coinsurance for a health care service, delivered through telemedicine

1 or telehealth, in an amount that exceeds the deductible, copayment, or
2 coinsurance amount that is applicable to an in-person consultation. In
3 no case shall the State Medicaid and NJ FamilyCare programs:

4 (1) impose any restrictions on the location or setting of the distant
5 site used by a health care provider to provide services using
6 telemedicine and telehealth¹ or on the location or setting of the
7 originating site where the patient is located when receiving services
8 using telemedicine and telehealth¹ ; ¹[or]¹

9 (2) restrict the ability of a provider to use any electronic or
10 technological platform, including interactive, real-time, two-way audio
11 in combination with asynchronous store-and-forward technology
12 without video capabilities, to provide services using telemedicine or
13 telehealth that:

14 (a) allows the provider to meet the same standard of care as would
15 be provided if the services were provided in person; and

16 (b) is compliant with the requirements of the federal health privacy
17 rule set forth at 45 CFR Parts 160 and 164¹; or

18 (3) deny coverage for or refuse to provide reimbursement for
19 routine patient monitoring performed using telemedicine and
20 telehealth, including remote monitoring of a patient's vital signs and
21 routine check-ins with the patient to monitor the patient's status and
22 condition, if coverage and reimbursement would be provided if those
23 services are provided in person¹ .

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

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

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

33 d. The Commissioner of Human Services, in consultation with the
34 Commissioner of Children and Families, shall apply for such State
35 plan amendments or waivers as may be necessary to implement the
36 provisions of this section and to secure federal financial participation
37 for State expenditures under the federal Medicaid program and
38 Children's Health Insurance Program.

39 e. As used in this section:

40 "Asynchronous store-and-forward" means the same as that term is
41 defined by section 1 of P.L.2017, c.117 (C.45:1-61).

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

47 "Distant site" means the same as that term is defined by section 1
48 of P.L.2017, c.117 (C.45:1-61).

1 ¹"Originating site" means the same as that term is defined by
2 section 1 of P.L.2017, c.117 (C.45:1-61).¹

3 "Participating health care provider" means a licensed or certified
4 health care provider who is registered to provide health care services
5 to benefits recipients under the State Medicaid or NJ FamilyCare
6 programs, as appropriate.

7 "Telehealth" means the same as that term is defined by section 1 of
8 P.L.2017, c.117 (C.45:1-61).

9 "Telemedicine" means the same as that term is defined by section
10 1 of P.L.2017, c.117 (C.45:1-61).
11 (cf: P.L.2017, c.117, s.7)

12

13 3. Section 2 of P.L.2017, c.117 (C.45:1-62) is amended to read as
14 follows:

15 2. a. Unless specifically prohibited or limited by federal or State
16 law, a health care provider who establishes a proper provider-patient
17 relationship with a patient may remotely provide health care services
18 to a patient through the use of telemedicine ¹["regardless of whether
19 the health care provider is located in New Jersey at the time the remote
20 health care services are provided]¹ . A health care provider may also
21 engage in telehealth as may be necessary to support and facilitate the
22 provision of health care services to patients.

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

33 c. (1) Telemedicine services ¹["shall"] may¹ be provided using
34 interactive, real-time, two-way communication technologies ¹or,
35 subject to the requirements of paragraph (2) of this paragraph,
36 asynchronous store-and-forward technology¹ .

37 (2) A health care provider engaging in telemedicine or telehealth
38 may use asynchronous store-and-forward technology ¹["to allow for
39 the electronic transmission of images, diagnostics, data, and medical
40 information; except that the health care provider may use interactive,
41 real-time, two-way audio in combination with asynchronous store-and-
42 forward technology, without video capabilities,] to provide services¹
43 if, after accessing and reviewing the patient's medical records, the
44 provider determines that the provider is able to meet the same standard
45 of care as if the health care services were being provided in person
46 ¹and the patient concurs, in writing, in the provider's assessment that

1 the provider will be able to meet in-person standard of care
2 requirements when using asynchronous store-and forward technology¹

3 (3) The identity, professional credentials, and contact information
4 of a health care provider providing telemedicine or telehealth services
5 shall be made available to the patient during and after the provision of
6 services. The contact information shall enable the patient to contact
7 the health care provider, or a substitute health care provider authorized
8 to act on behalf of the provider who provided services, for at least 72
9 hours following the provision of services. ¹If the health care provider
10 is not a physician, the health care provider shall request from the
11 patient, prior to the start of the telemedicine or telehealth encounter, an
12 affirmative written acknowledgement that the patient understands the
13 provider is not a physician and would still like to proceed with the
14 encounter.¹

15 (4) A health care provider engaging in telemedicine or telehealth
16 shall review the medical history and any medical records provided by
17 the patient. For an initial encounter with the patient, the provider shall
18 review the patient's medical history and medical records prior to
19 initiating contact with the patient, as required pursuant to paragraph
20 (3) of subsection a. of section 3 of P.L.2017, c.117 (C.45:1-63). In the
21 case of a subsequent telemedicine or telehealth encounter conducted
22 pursuant to an ongoing provider-patient relationship, the provider may
23 review the information prior to initiating contact with the patient or
24 contemporaneously with the telemedicine or telehealth encounter.

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

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

1 (2) Diagnosis, treatment, and consultation recommendations,
2 including discussions regarding the risk and benefits of the patient's
3 treatment options, which are made through the use of telemedicine or
4 telehealth, including the issuance of a prescription based on a
5 telemedicine or telehealth encounter, shall be held to the same
6 standard of care or practice standards as are applicable to in-person
7 settings. Unless the provider has established a proper provider-patient
8 relationship with the patient, a provider shall not issue a prescription to
9 a patient based solely on the responses provided in an online ¹static¹
10 questionnaire.

11 ¹(3) In the event that a mental health screener, screening service,
12 or screening psychiatrist subject to the provisions of P.L.1987, c.116
13 (C.30:4-27.1 et seq.) determines that an in-person psychiatric
14 evaluation is necessary to meet standard of care requirements, or in the
15 event that a patient requests an in-person psychiatric evaluation in lieu
16 of a psychiatric evaluation performed using telemedicine or telehealth,
17 the mental health screener, screening service, or screening psychiatrist
18 may nevertheless perform a psychiatric evaluation using telemedicine
19 and telehealth if it is determined that the patient cannot be scheduled
20 for an in-person psychiatric evaluation within the next 24 hours.
21 Nothing in this paragraph shall be construed to prevent a patient who
22 receives a psychiatric evaluation using telemedicine and telehealth as
23 provided in this paragraph from receiving a subsequent, in-person
24 psychiatric evaluation in connection with the same treatment event,
25 provided that the subsequent in-person psychiatric evaluation is
26 necessary to meet standard of care requirements for that patient.¹

27 e. The prescription of Schedule II controlled dangerous
28 substances through the use of telemedicine or telehealth shall be
29 authorized only after an initial in-person examination of the patient, as
30 provided by regulation, and a subsequent in-person visit with the
31 patient shall be required every three months for the duration of time
32 that the patient is being prescribed the Schedule II controlled
33 dangerous substance. However, the provisions of this subsection shall
34 not apply, and the in-person examination or review of a patient shall
35 not be required, when a health care provider is prescribing a stimulant
36 which is a Schedule II controlled dangerous substance for use by a
37 minor patient under the age of 18, provided that the health care
38 provider is using interactive, real-time, two-way audio and video
39 technologies when treating the patient and the health care provider has
40 first obtained written consent for the waiver of these in-person
41 examination requirements from the minor patient's parent or guardian.

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

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

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

3 g. A health care provider who engages in telemedicine or
4 telehealth, as authorized by P.L.2017, c.117 (C.45:1-61 et al.), shall
5 maintain a complete record of the patient's care, and shall comply with
6 all applicable State and federal statutes and regulations for
7 recordkeeping, confidentiality, and disclosure of the patient's medical
8 record.

9 h. A health care provider shall not be subject to any professional
10 disciplinary action under Title 45 of the Revised Statutes solely on the
11 basis that the provider engaged in telemedicine or telehealth pursuant
12 to P.L.2017, c.117 (C.45:1-61 et al.).

13 i. (1) In accordance with the "Administrative Procedure Act,"
14 P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other entities
15 that, pursuant to Title 45 of the Revised Statutes, are responsible for
16 the licensure, certification, or registration of health care providers in
17 the State, shall each adopt rules and regulations that are applicable to
18 the health care providers under their respective jurisdictions, as may be
19 necessary to implement the provisions of this section and facilitate the
20 provision of telemedicine and telehealth services. Such rules and
21 regulations shall, at a minimum:

22 (a) include best practices for the professional engagement in
23 telemedicine and telehealth;

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

27 (c) include measures to prevent fraud and abuse in connection with
28 the use of telemedicine and telehealth, including requirements
29 concerning the filing of claims and maintaining appropriate records of
30 services provided; and

31 (d) provide substantially similar metrics for evaluating quality of
32 care and patient outcomes in connection with services provided using
33 telemedicine and telehealth as currently apply to services provided in
34 person.

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

39 (3) The failure of any licensing board to adopt rules and
40 regulations pursuant to this subsection shall not have the effect of
41 delaying the implementation of this act, and shall not prevent health
42 care providers from engaging in telemedicine or telehealth in
43 accordance with the provisions of this act and the practice act
44 applicable to the provider's professional licensure, certification, or
45 registration.

46 (cf: P.L.2017, c.117, s.2)

1 4. Section 9 of P.L.2017, c.117 (C.52:14-17.29w) is amended to
2 read as follows:

3 9. a. The State Health Benefits Commission shall ensure that
4 every contract purchased thereby, which provides hospital and medical
5 expense benefits, additionally provides coverage and payment for ¹all
6 forms of physical and behavioral¹ health care services delivered to a
7 covered person through telemedicine or telehealth, on the same basis
8 as, and at a provider reimbursement rate that **【does not exceed】** equals
9 the provider reimbursement rate that is applicable, when the services
10 are delivered through in-person contact and consultation in New
11 Jersey. Reimbursement payments under this section may be provided
12 either to the individual practitioner who delivered the reimbursable
13 services, or to the agency, facility, or organization that employs the
14 individual practitioner who delivered the reimbursable services, as
15 appropriate.

16 b. A health benefits contract purchased by the State Health
17 Benefits Commission may limit coverage to services that are delivered
18 by health care providers in the health benefits plan's network, but may
19 not charge any deductible, copayment, or coinsurance for a health care
20 service, delivered through telemedicine or telehealth, in an amount that
21 exceeds the deductible, copayment, or coinsurance amount that is
22 applicable to an in-person consultation. In no case shall a health
23 benefits contract purchased by the State Health Benefits Commission:

24 (1) impose any restrictions on the location or setting of the distant
25 site used by a health care provider to provide services using
26 telemedicine and telehealth ¹or on the location or setting of the
27 originating site where the patient is located when receiving services
28 using telemedicine and telehealth¹ ; ¹**【or】**¹

29 (2) restrict the ability of a provider to use any electronic or
30 technological platform, including interactive, real-time, two-way audio
31 in combination with asynchronous store-and-forward technology
32 without video capabilities, to provide services using telemedicine or
33 telehealth that:

34 (a) allows the provider to meet the same standard of care as would
35 be provided if the services were provided in person; and

36 (b) is compliant with the requirements of the federal health privacy
37 rule set forth at 45 CFR Parts 160 and 164 ¹; or

38 (3) deny coverage for or refuse to provide reimbursement for
39 routine patient monitoring performed using telemedicine and
40 telehealth, including remote monitoring of a patient's vital signs and
41 routine check-ins with the patient to monitor the patient's status and
42 condition, if coverage and reimbursement would be provided if those
43 services are provided in person¹ .

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

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

1 (2) allow the State Health Benefits Commission, or a contract
2 purchased thereby, to require a covered person to use telemedicine or
3 telehealth in lieu of receiving an in-person service from an in-network
4 provider.

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

8 e. As used in this section:

9 "Asynchronous store-and-forward" means the same as that term is
10 defined by section 1 of P.L.2017, c.117 (C.45:1-61).

11 "Distant site" means the same as that term is defined by section 1
12 of P.L.2017, c.117 (C.45:1-61).

13 "Originating site" means the same as that term is defined by
14 section 1 of P.L.2017, c.117 (C.45:1-61).¹

15 "Telehealth" means the same as that term is defined by section 1 of
16 P.L.2017, c.117 (C.45:1-61).

17 "Telemedicine" means the same as that term is defined by section
18 1 of P.L.2017, c.117 (C.45:1-61).

19 (cf: P.L.2017, c.117, s.9)

20
21 5. Section 10 of P.L.2017, c.117 (C.52:14-17.46.6h) is amended
22 to read as follows:

23 10. a. The School Employees' Health Benefits Commission shall
24 ensure that every contract purchased thereby, which provides hospital
25 and medical expense benefits, additionally provides coverage and
26 payment for ¹all forms of physical and behavioral¹ health care services
27 delivered to a covered person through telemedicine or telehealth, on
28 the same basis as, and at a provider reimbursement rate that **【**does not
29 exceed**】** equals the provider reimbursement rate that is applicable,
30 when the services are delivered through in-person contact and
31 consultation in New Jersey. Reimbursement payments under this
32 section may be provided either to the individual practitioner who
33 delivered the reimbursable services, or to the agency, facility, or
34 organization that employs the individual practitioner who delivered the
35 reimbursable services, as appropriate.

36 b. A health benefits contract purchased by the School Employees'
37 Health Benefits Commission may limit coverage to services that are
38 delivered by health care providers in the health benefits plan's
39 network, but may not charge any deductible, copayment, or
40 coinsurance for a health care service, delivered through telemedicine
41 or telehealth, in an amount that exceeds the deductible, copayment, or
42 coinsurance amount that is applicable to an in-person consultation. In
43 no case shall a health benefits contract purchased by the School
44 Employees' Health Benefits Commission:

45 (1) impose any restrictions on the location or setting of the distant
46 site used by a health care provider to provide services using
47 telemedicine and telehealth ¹or on the location or setting of the

1 originating site where the patient is located when receiving services
2 using telemedicine and telehealth¹ ; ¹[or]¹

3 (2) restrict the ability of a provider to use any electronic or
4 technological platform, including interactive, real-time, two-way audio
5 in combination with asynchronous store-and-forward technology
6 without video capabilities, to provide services using telemedicine or
7 telehealth that:

8 (a) allows the provider to meet the same standard of care as would
9 be provided if the services were provided in person; and

10 (b) is compliant with the requirements of the federal health privacy
11 rule set forth at 45 CFR Parts 160 and 164 ¹; or

12 (3) deny coverage for or refuse to provide reimbursement for
13 routine patient monitoring performed using telemedicine and
14 telehealth, including remote monitoring of a patient's vital signs and
15 routine check-ins with the patient to monitor the patient's status and
16 condition, if coverage and reimbursement would be provided if those
17 services are provided in person¹ .

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

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

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

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

30 e. As used in this section:

31 "Asynchronous store-and-forward" means the same as that term is
32 defined by section 1 of P.L.2017, c.117 (C.45:1-61).

33 "Distant site" means the same as that term is defined by section 1
34 of P.L.2017, c.117 (C.45:1-61).

35 ¹"Originating site" means the same as that term is defined by
36 section 1 of P.L.2017, c.117 (C.45:1-61).¹

37 "Telehealth" means the same as that term is defined by section 1 of
38 P.L.2017, c.117 (C.45:1-61).

39 "Telemedicine" means the same as that term is defined by section
40 1 of P.L.2017, c.117 (C.45:1-61).

41 (cf: P.L.2017, c.117, s.10)

42
43 6. The Commissioner of Human Services shall apply for such
44 State plan amendments or waivers as may be necessary to
45 implement the provisions of this act and to secure federal financial
46 participation for State Medicaid expenditures under the federal
47 Medicaid program.

1 ¹7. There is appropriated from the General Fund to the
2 Department of Human Services the sum of \$5,000,000 to establish a
3 program under which health care providers that provide telemedicine
4 or telehealth services to patients who are enrolled in the State
5 Medicaid program can be reimbursed for the costs of making
6 telemedicine and telehealth technologies available to those patients.
7 The Commissioner of Human Services shall establish standards and
8 protocols for health care providers to apply for reimbursement under
9 the program established pursuant to this section.¹

10

11 ¹[7.] 8.¹ This act shall take effect immediately.