



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

**BULLETIN NO. HC-128
AUGUST 25, 2020**

TO: All Health Insurance Companies and Health Care Centers Authorized to Conduct Business in Connecticut

RE: Health Insurance Coverage for Telehealth revised under PA20-02 and Procedures-Conn. Gen. Stat. § 38a-499a and § 38a-526a

This Bulletin clarifies Connecticut's mandated coverage for telehealth under Conn. Gen. Stat. § 38a-499a and § 38a-526a in relation to changes under Public Act 20-02. The telehealth services and insurance coverage requirements under this Public Act are effective until March 15, 2021.

Conn. Gen. Stat. § 38a-499a and § 38a-526a, provide coverage for medical advice, diagnosis, care, or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnosis, care, or treatment when provided through in-person consultation between the insured and a health care provider.

Public Act 20-02 revised the definitions of "telehealth" and "telehealth provider" to the following:

(12) **"Telehealth"** means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management, and self-management of a patient's physical, oral, and mental health, and includes interaction between the patient at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers, or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone unless the telehealth provider is (i) in-network, or (ii) a provider enrolled in the Connecticut Medical Assistance Program (CMAP) providing such health care or other health services to a CMAP recipient.

(13) **"Telehealth provider"** means any person who is (A) an in-network provider for a fully-insured health plan or a provider enrolled in the CMAP providing health care or other health services to a CMAP recipient through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) (i) the following providers are added to all previously named providers; nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist certified in the manner described in chapter 383g

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of the general statutes, or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist, or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified, or registered Connecticut health care providers.

Since this change was effective from passage (July 31, 2020), the following items must be addressed.

- A) For contracts currently out for the 2020 year the carrier must notify members immediately of the change in the telehealth benefit and the effective date and sunset date. The Carrier must administer any telehealth claims within the designated period to comply with the changes made in Public Act 20-02.
- B) For the contracts currently under review with the Insurance Department, if the contract includes language that audio-only telephone are excluded from telehealth, or that the telehealth provider is more restrictive than the new definition then the carrier must either;
 - 1) Remove the reference to audio-only telephone from the exclusions and the definition of telehealth provider or,
 - 2) Include language similar to "paid if compliant with Public Act 20-02."

Questions

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.



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