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PART U

PART V

Intentionally omitted

Section 1. Paragraphs (x) and (y) of subdivision 2 of section 2999-cc of the public health law, as amended by section 3 of part F of chapter 57 of the laws of 2021, are amended to read as follows:

(x) certified peer recovery advocate services providers certified by the commissioner of addiction services and supports pursuant to section 19.18-b of the mental hygiene law, peer providers credentialed by the commissioner of addiction services and supports and peers certified or credentialed by the office of mental health; ~~and~~

(y) a mental health practitioner licensed pursuant to article one hundred sixty-three of the education law; and

(z) any other provider as determined by the commissioner pursuant to regulation or, in consultation with the commissioner, by the commissioner of the office of mental health, the commissioner of the office of addiction services and supports, or the commissioner of the office for people with developmental disabilities pursuant to regulation.

§ 2. Subdivision 1 of section 2999-dd of the public health law, as amended by chapter 124 of the laws of 2020, is amended to read as follows:

1. Health care services delivered by means of telehealth shall be entitled to reimbursement under section three hundred sixty-seven-u of the social services law on the same basis, at the same rate, and to the same extent the equivalent services, as may be defined in regulations promulgated by the commissioner, are reimbursed when delivered in person; provided, however, that health care services delivered by means of telehealth shall not require reimbursement to a telehealth provider for certain costs, including but not limited to facility fees or costs reimbursed through ambulatory patient groups or other clinic reimbursement methodologies set forth in section twenty-eight hundred seven of this chapter, if such costs were not incurred in the provision of telehealth services due to neither the originating site nor the distant site occurring within a facility or other clinic setting; and further provided, however, reimbursement for additional modalities, provider categories and originating sites specified in accordance with section twenty-nine hundred ninety-nine-ee of this article, and audio-only telephone communication defined in regulations promulgated pursuant to subdivision four of section twenty-nine hundred ninety-nine-cc of this article, shall be contingent upon federal financial participation. Notwithstanding the provisions of this subdivision, for services licensed, certified or otherwise authorized pursuant to article sixteen, article thirty-one or article thirty-two of the mental hygiene law, such services provided by telehealth, as deemed appropriate by the relevant commissioner, shall be reimbursed at the applicable in person rates or fees established by law, or otherwise established or certified by the office for people with developmental disabilities, office of mental health, or the office of addiction services and supports pursuant to article forty-three of the mental hygiene law.

§ 3. Subsection (a) of section 3217-h of the insurance law, as added by chapter 6 of the laws of 2015, is amended to read as follows:

1 (a) (1) An insurer shall not exclude from coverage a service that is
2 otherwise covered under a policy that provides comprehensive coverage
3 for hospital, medical or surgical care because the service is delivered
4 via telehealth, as that term is defined in subsection (b) of this
5 section; provided, however, that an insurer may exclude from coverage a
6 service by a health care provider where the provider is not otherwise
7 covered under the policy. An insurer may subject the coverage of a
8 service delivered via telehealth to co-payments, coinsurance or deduct-
9 ibles provided that they are at least as favorable to the insured as
10 those established for the same service when not delivered via tele-
11 health. An insurer may subject the coverage of a service delivered via
12 telehealth to reasonable utilization management and quality assurance
13 requirements that are consistent with those established for the same
14 service when not delivered via telehealth.

15 (2) An insurer that provides comprehensive coverage for hospital,
16 medical or surgical care shall reimburse covered services delivered by
17 means of telehealth on the same basis, at the same rate, and to the same
18 extent that such services are reimbursed when delivered in person;
19 provided that reimbursement of covered services delivered via telehealth
20 shall not require reimbursement of costs not actually incurred in the
21 provision of the telehealth services, including charges related to the
22 use of a clinic or other facility when neither the originating site nor
23 distant site occur within the clinic or other facility.

24 (3) An insurer that provides comprehensive coverage for hospital,
25 medical, or surgical care with a network of health care providers shall
26 ensure that such network is adequate to meet the telehealth needs of
27 insured individuals for services covered under the policy when medically
28 appropriate.

29 § 4. Subsection (a) of section 4306-g of the insurance law, as added
30 by chapter 6 of the laws of 2015, is amended to read as follows:

31 (a) (1) A corporation shall not exclude from coverage a service that
32 is otherwise covered under a contract that provides comprehensive cover-
33 age for hospital, medical or surgical care because the service is deliv-
34 ered via telehealth, as that term is defined in subsection (b) of this
35 section; provided, however, that a corporation may exclude from coverage
36 a service by a health care provider where the provider is not otherwise
37 covered under the contract. A corporation may subject the coverage of a
38 service delivered via telehealth to co-payments, coinsurance or deduct-
39 ibles provided that they are at least as favorable to the insured as
40 those established for the same service when not delivered via tele-
41 health. A corporation may subject the coverage of a service delivered
42 via telehealth to reasonable utilization management and quality assur-
43 ance requirements that are consistent with those established for the
44 same service when not delivered via telehealth.

45 (2) A corporation that provides comprehensive coverage for hospital,
46 medical or surgical care shall reimburse covered services delivered by
47 means of telehealth on the same basis, at the same rate, and to the same
48 extent that such services are reimbursed when delivered in person;
49 provided that reimbursement of covered services delivered via tele-
50 health shall not require reimbursement of costs not actually incurred
51 in the provision of the telehealth services, including charges related
52 to the use of a clinic or other facility when neither the originating
53 site nor the distant site occur within the clinic or other facility. The
54 superintendent may promulgate regulations to implement the provisions
55 of this section.

1 (3) A corporation that provides comprehensive coverage for hospital,
 2 medical, or surgical care with a network of health care providers shall
 3 ensure that such network is adequate to meet the telehealth needs of
 4 insured individuals for services covered under the policy when medically
 5 appropriate.

6 § 5. Section 4406-g of the public health law is amended by adding two
 7 new subdivisions 3 and 4 to read as follows:

8 3. A health maintenance organization that provides comprehensive
 9 coverage for hospital, medical or surgical care shall reimburse covered
 10 services delivered via telehealth on the same basis, at the same rate,
 11 and to the extent that such services are reimbursed when delivered in
 12 person; provided that reimbursement of covered services delivered by
 13 means of telehealth shall not require reimbursement of costs not actu-
 14 ally incurred in the provision of the telehealth services, including
 15 charges related to the use of a clinic or other facility when neither
 16 the originating site nor the distant site occur within the clinic or
 17 other facility. The commissioner, in consultation with the superinten-
 18 dent, may promulgate regulations to implement the provisions of this
 19 section.

20 4. A health maintenance organization that provides comprehensive
 21 coverage for hospital, medical, or surgical care with a network of
 22 health care providers shall ensure that such network is adequate to meet
 23 the telehealth needs of insured individuals for services covered under
 24 the policy when medically appropriate.

25 § 6. The superintendent of financial services, in collaboration with
 26 the commissioner of health, shall report on the impact of reimbursement
 27 for telehealth services that, pursuant to the insurance law and public
 28 health law, will be reimbursed by an accident and health insurer and a
 29 corporation subject to article 43 of the insurance law, including a
 30 health maintenance organization, on the same basis, at the same rate,
 31 and to the same extent the equivalent services are reimbursed when
 32 delivered in person. The report shall, at a minimum, and to the extent
 33 possible, contain information regarding the use of telehealth services
 34 broken down by: social service district or county; age and gender of
 35 patients; procedure codes, diagnosis codes, and associated descriptions
 36 or modifiers; claims paid amount totals; claims information such as
 37 categories of services, specialty or type codes; and trends in the types
 38 of telehealth services used such as primary care, behavioral and mental
 39 health care, and the number of telehealth visits by provider type. The
 40 report shall include such utilization information dating from the effec-
 41 tive date of this act and ending on the one-year anniversary of such
 42 effective date, and shall be submitted to the governor, the temporary
 43 president of the senate, and the speaker of the assembly by December 31,
 44 2023.

45 § 7. This act shall take effect immediately and shall be deemed to
 46 have been in full force and effect on and after April 1, 2022; provided,
 47 however, this act shall expire and be deemed repealed on and after April
 48 1, 2024.

49 PART W

50 Section 1. Section 365-g of the social services law, as added by chap-
 51 ter 938 of the laws of 1990, subdivisions 1 and 3 as amended by chapter
 52 165 of the laws of 1991, subdivisions 2 and 4 as amended by section 31
 53 of part C of chapter 58 of the laws of 2008, clause (B) of subparagraph
 54 (iii) of paragraph (b) of subdivision 3 as amended by chapter 59 of the
 55 laws of 1993, subparagraphs (vi) and (vii) of paragraph (b) of subdivi-