

**As Passed by the House**

**133rd General Assembly**

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**2019-2020**

**Am. Sub. H. B. No. 679**

**Representatives Fraizer, Holmes, A.**

**Cosponsors: Representatives Abrams, Butler, Crossman, Patton, Seitz, Swearingen, Carfagna, Carruthers, Cutrona, Edwards, Galonski, Ghanbari, Grendell, Lanese, LaRe, Liston, Miller, J., O'Brien, Patterson, Perales, Plummer, Robinson, Rogers, Russo, Scherer, Stephens**

**A BILL**

To amend sections 3902.30, 4715.01, 4715.09, 1  
4723.94, 4732.33, and 5164.95; to amend, for the 2  
purpose of adopting a new section number as 3  
indicated in parentheses, section 4731.2910 4  
(4743.09); and to enact sections 3701.1310, 5  
3721.60, 4715.44, 4730.60, 4753.20, 4755.90, 6  
4757.50, 4758.80, 4759.20, and 5119.368 of the 7  
Revised Code to establish and modify 8  
requirements regarding the provision of 9  
telehealth services. 10

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3902.30, 4715.01, 4715.09, 11  
4723.94, 4732.33, and 5164.95 be amended; section 4731.2910 12  
(4743.09) be amended for the purpose of adopting a new section 13  
number as indicated in parentheses; and sections 3701.1310, 14  
3721.60, 4715.44, 4730.60, 4753.20, 4755.90, 4757.50, 4758.80, 15  
4759.20, and 5119.368 of the Revised Code be enacted to read as 16  
follows: 17

Sec. 3701.1310. During any declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, an individual with a developmental disability or any other permanent disability who is in need of surgery or any other health care procedure, any medical or other health care test, or any clinical care visit shall be given the opportunity to have at least one parent or legal guardian present if the presence of the individual's parent or legal guardian is necessary to alleviate any negative reaction that may be experienced by the individual who is the patient.

The director of health may take any action necessary to enforce this section.

Sec. 3721.60. (A) As used in this section, "long-term care facility" means all of the following:

(1) A home, as defined in section 3721.10 of the Revised Code;

(2) A residential facility licensed by the department of mental health and addiction services under section 5119.34 of the Revised Code;

(3) A residential facility licensed by the department of developmental disabilities under section 5123.19 of the Revised Code;

(4) A facility operated by a hospice care program licensed by the department of health under Chapter 3712. of the Revised Code that is used exclusively for care of hospice patients or other facility in which a hospice care program provides care for hospice patients.

(B) During any declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, each long-

term care facility shall provide residents and their families 47  
with a video-conference visitation option if the governor, the 48  
director of health, other government official or entity, or the 49  
long-term care facility determines that allowing in-person 50  
visits at the facility would create a risk to the health of the 51  
residents. 52

**Sec. 3902.30.** (A) As used in this section: 53

(1) "Cost sharing" means the cost to a covered individual 54  
under a health benefit plan according to any coverage limit, 55  
copayment, coinsurance, deductible, or other out-of-pocket 56  
expense requirements imposed by the plan. 57

(2) "Health benefit plan," "health care services," and 58  
"health plan issuer" have the same meanings as in section 59  
3922.01 of the Revised Code. 60

~~(2)-(3) "Health care professional" means any of the~~ 61  
~~following:~~ 62

~~(a) A physician licensed under Chapter 4731. of the~~ 63  
~~Revised Code to practice medicine and surgery, osteopathic~~ 64  
~~medicine and surgery, or podiatric medicine and surgery;~~ 65

~~(b) A physician assistant licensed under Chapter 4731. of~~ 66  
~~the Revised Code;~~ 67

~~(c) An advanced practice registered nurse as defined in~~ 68  
~~section 4723.01 of the Revised Code. has the same meaning as in~~ 69  
~~section 4743.09 of the Revised Code.~~ 70

~~(3)-(4) "In-person health care services" means health care~~ 71  
~~services delivered by a health care professional through the use~~ 72  
~~of any communication method where the professional and patient~~ 73  
~~are simultaneously present in the same geographic location.~~ 74

~~(4)~~ (5) "Recipient" means a patient receiving health care services or a health care professional with whom the provider of health care services is consulting regarding the patient.

~~(5)~~ ~~"Telemedicine"~~ (6) "Telehealth services" means ~~a mode of providing~~ health care services provided through synchronous or asynchronous information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where the recipient is located.

(B) (1) A health benefit plan shall provide coverage for ~~telemedicine~~ telehealth services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services.

(2) A health benefit plan shall not exclude coverage for a service solely because it is provided as a ~~telemedicine~~ telehealth service.

(3) A health plan issuer shall reimburse a health care professional for a telehealth service that is covered under a patient's health benefit plan. Division (B) (3) of this section shall not be construed to require a specific reimbursement amount.

(C) A health benefit plan shall not impose any annual or lifetime benefit maximum in relation to ~~telemedicine~~ telehealth services other than such a benefit maximum imposed on all benefits offered under the plan.

~~(D)~~ This (D) (1) A health benefit plan shall not impose a cost-sharing requirement for telehealth services that exceeds the cost-sharing requirement for comparable in-person health care services.

(2) (a) A health benefit plan shall not impose a cost-sharing requirement for a communication when all of the following apply: 104  
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(i) The communication was initiated by the health care professional. 107  
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(ii) The patient consented to receive a telehealth service from that provider on any prior occasion. 109  
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(iii) The communication is conducted for the purposes of preventive health care services only. 111  
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(b) If a communication described in division (D) (2) (a) of this section is coded based on time, then only the time the health care professional spends engaged in the communication is billable. 113  
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(E) This section shall not be construed as doing ~~any~~ either of the following: 117  
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~~(1) Prohibiting a health benefit plan from assessing cost-sharing requirements to a covered individual for telemedicine services, provided that such cost sharing requirements for telemedicine services are not greater than those for comparable in-person health care services;~~ 119  
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~~(2) Requiring a health plan issuer to reimburse a health care professional for any costs or fees associated with the provision of telemedicine telehealth services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services;~~ 124  
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~~(3) (2) Requiring a health plan issuer to reimburse a telemedicine telehealth provider for telemedicine telehealth services at the same rate as in-person services.~~ 129  
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~~(E) This section applies to all health benefit plans~~ 132  
~~issued, offered, or renewed on or after January 1, 2021.~~ 133

(F) The superintendent of insurance may adopt rules in 134  
accordance with Chapter 119. of the Revised Code as necessary to 135  
carry out the requirements of this section. Any such rules shall 136  
be exempted from the requirements of division (F) of section 137  
121.95 of the Revised Code. 138

**Sec. 4715.01.** Any person shall be regarded as practicing 139  
dentistry, who is a manager, proprietor, operator, or conductor 140  
of a place for performing dental operations, or who teaches 141  
clinical dentistry, or who performs, or advertises to perform, 142  
dental operations of any kind, or who diagnoses or treats 143  
diseases or lesions of human teeth or jaws, or associated 144  
structures, or attempts to correct malpositions thereof, or who 145  
takes impressions of the human teeth or jaws, or who constructs, 146  
supplies, reproduces, or repairs any prosthetic denture, bridge, 147  
artificial restoration, appliance, aligner, or other structure 148  
to be used or worn as a substitute for natural teeth, except 149  
upon the order or prescription of a licensed dentist and 150  
constructed upon or by the use of casts or models made from an 151  
impression taken by a licensed dentist, or who advertises, 152  
offers, sells, or delivers any such substitute or the services 153  
rendered in the construction, reproduction, supply, or repair 154  
thereof to any person other than a licensed dentist, or who 155  
places or adjusts such substitute in the oral cavity of another, 156  
or uses the words "dentist," "dental surgeon," the letters 157  
"D.D.S.," or other letters or title in connection with his-the 158  
person's name, which in any way represents him-the person as 159  
being engaged in the practice of dentistry. 160

Personal fitting by an individual of self-fabricated or 161

over-the-counter mouth guards does not constitute the practice 162  
of dentistry. 163

"Manager, proprietor, operator, or conductor" as used in 164  
this section includes any person: 165

(A) Who employs licensed operators; ~~(B)~~ 166

(B) Who places in the possession of licensed operators 167  
dental offices or dental equipment necessary for the handling of 168  
dental offices on the basis of a lease or any other agreement 169  
for compensation or profit for the use of such office or 170  
equipment, when such compensation is manifestly in excess of the 171  
reasonable rental value of such premises and equipment; 172

(C) Who makes any other arrangements whereby ~~he~~ the person 173  
derives profit, compensation, or advantage through retaining the 174  
ownership or control of dental offices or necessary dental 175  
equipment by making the same available in any manner for the use 176  
of licensed operators; provided that this section does not apply 177  
to bona fide sales of dental equipment secured by chattel 178  
mortgage. 179

Whoever having a license to practice dentistry or dental 180  
hygiene enters the employment of, or enters into any of the 181  
arrangements described in this section with, an unlicensed 182  
manager, proprietor, operator, or conductor, or who is 183  
determined mentally incompetent by a court of competent 184  
jurisdiction, or is committed by a court having jurisdiction for 185  
treatment of mental illness, may have ~~his~~ the person's license 186  
suspended or revoked by the state dental board. 187

**Sec. 4715.09.** (A) No person shall practice dentistry 188  
without a current license from the state dental board. No person 189  
shall practice dentistry while the person's license is under 190

suspension by the state dental board. 191

(B) (1) No dentist shall use the services of any person not 192  
licensed to practice dentistry in this state, or the services of 193  
any partnership, corporation, or association, to construct, 194  
alter, repair, or duplicate any denture, plate, bridge, splint, 195  
or orthodontic or prosthetic appliance, or orthodontic aligner 196  
without first furnishing the unlicensed person, partnership, 197  
corporation, or association with a written or digital work 198  
authorization on forms prescribed by the state dental board. 199

The unlicensed person, partnership, corporation, or 200  
association shall retain the original work authorization, and 201  
the dentist shall retain a duplicate copy of the work 202  
authorization, for two years from its date. Work authorizations 203  
required by this section shall be open for inspection during the 204  
two-year period by the state dental board, its authorized agent, 205  
or the prosecuting attorney of a county or the director of law 206  
of a municipal corporation wherein the work authorizations are 207  
located. 208

(2) A dentist who uses the services described in division 209  
(B) (1) of this section shall evaluate and review the denture, 210  
plate, bridge, splint, orthodontic or prosthetic appliance, or 211  
orthodontic aligner constructed, altered, repaired, or 212  
duplicated. 213

(C) If the person, partnership, association, or 214  
corporation receiving a written or digital authorization from a 215  
licensed dentist engages another person, firm, or corporation, 216  
referred to in this division as "subcontractor," to perform some 217  
of the services relative to the work authorization, the person 218  
shall furnish a written or digital sub-work authorization with 219  
respect thereto on forms prescribed by the state dental board. 220



The subcontractor shall retain the sub-work authorization 221  
and the issuer thereof shall retain a duplicate copy, attached 222  
to the work authorization received from the licensed dentist, 223  
for inspection by the state dental board or its duly authorized 224  
agents, for a period of two years in both cases. 225

(D) No unlicensed person, partnership, association, or 226  
corporation shall perform any service described in division (B) 227  
of this section without a written or digital work authorization 228  
from a licensed dentist. Provided, that if a written or digital 229  
work authorization is demanded from a licensed dentist who fails 230  
or refuses to furnish it for any reason, the unlicensed person, 231  
partnership, association, or corporation shall not, in such 232  
event, be subject to the enforcement provisions of section 233  
4715.05 or the penal provisions of section 4715.99 of the 234  
Revised Code. 235

(E) No dentist shall employ or use conscious sedation 236  
unless the dentist possesses a valid permit issued by the state 237  
dental board authorizing the dentist to do so. 238

(F) No dentist shall employ or use general anesthesia 239  
unless the dentist possesses a valid permit issued by the state 240  
dental board authorizing the dentist to do so. 241

(G) Division (A) of this section does not apply to a 242  
person who meets both of the following conditions: 243

(1) The person holds a license in good standing to 244  
practice dentistry issued by another state. 245

(2) The person is practicing as a volunteer without 246  
remuneration during a charitable event that lasts not more than 247  
seven days. 248

When a person meets the conditions of this division, the 249

person shall be deemed to hold, for the course of the charitable 250  
event, a license to practice dentistry from the state dental 251  
board and shall be subject to the provisions of this chapter 252  
authorizing the board to take disciplinary action against a 253  
license holder. Not less than seven calendar days before the 254  
first day of the charitable event, the person or the event's 255  
organizer shall notify the board of the person's intent to 256  
engage in the practice of dentistry at the event. During the 257  
course of the charitable event, the person's scope of practice 258  
is limited to the procedures that a dentist licensed under this 259  
chapter is authorized to perform unless the person's scope of 260  
practice in the other state is more restrictive than in this 261  
state. If the latter is the case, the person's scope of practice 262  
is limited to the procedures that a dentist in the other state 263  
may perform. 264

(H) No dentist shall practice dentistry unless a bona fide 265  
dentist-patient relationship is established in person or through 266  
teledentistry. A bona fide dentist-patient relationship exists 267  
if all of the following are the case: 268

(1) The dentist has obtained or caused to be obtained a 269  
health and dental history of the patient; 270

(2) The dentist has performed or caused to be performed an 271  
appropriate examination of the patient, either physically, 272  
through use of instrumentation and diagnostic equipment through 273  
which digital scans, photographs, images, and dental records are 274  
able to be transmitted electronically, or through use of face- 275  
to-face interactive two-way real-time communications services or 276  
store-and-forward technologies; 277

(3) The dentist provided information to the patient about 278  
the services to be performed; 279

(4) The dentist initiates additional diagnostic tests or referrals as needed. 280  
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In cases in which a dentist is providing teledentistry, the examination required by this division shall not be required if a dentist licensed under this chapter has examined the patient within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry. 282  
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(I) No dentist, including a dentist who provides teledentistry services, shall require a patient to sign an agreement that limits the patient's ability to file a complaint with the state dental board. 289  
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**Sec. 4715.44.** (A) As used in this section, unless the context requires a different meaning: 294  
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(1) "Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography. 296  
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(2) "Digital scan technician" means a person who has completed a training program approved by the state dental board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry and is registered with the state dental board. 299  
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(3) "Store-and-forward technologies" means the technologies that allow for the electronic transmission of dental and health information, including images, radiographs, photographs, documents, and health histories, through a secure communication system. 304  
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(4) "Teledentistry" means the delivery of dentistry 309  
between a patient and a dentist who holds a license issued under 310  
this chapter through the use of telehealth systems and 311  
electronic technologies or media, including interactive, two-way 312  
audio or video. 313

(B) (1) No person other than a dentist, dental hygienist, 314  
expanded function dental auxiliary, digital scan technician, or 315  
qualified personnel under the direction of a dentist licensed 316  
under this chapter shall obtain dental scans for use in the 317  
practice of dentistry. 318

(2) A digital scan technician who obtains dental scans for 319  
use in the practice of teledentistry shall work under the 320  
direction of a dentist licensed under this chapter who is both 321  
of the following: 322

(a) Accessible and available for communication and 323  
consultation with the digital scan technician at all times 324  
during the patient interaction in real time upon request; 325

(b) Responsible for ensuring that the digital scan 326  
technician has completed a program of training approved by the 327  
board for such purpose. 328

(3) All protocols and procedures for the performance of 329  
digital scans by digital scan technicians and evidence that a 330  
digital scan technician has complied with the training 331  
requirements of the board shall be made available to the board 332  
upon request. 333

(C) (1) No person shall deliver dental services through 334  
teledentistry unless the person holds a license to practice 335  
dentistry issued under this chapter and has established written 336  
or electronic protocols for the practice of teledentistry that 337

<u>include all of the following:</u>	338
<u>(a) Methods to ensure that patients are fully informed</u>	339
<u>about services provided through the use of teledentistry,</u>	340
<u>including obtaining informed consent;</u>	341
<u>(b) Safeguards to ensure compliance with all state and</u>	342
<u>federal laws and regulations related to the privacy of health</u>	343
<u>information;</u>	344
<u>(c) Documentation of all dental services provided to a</u>	345
<u>patient through teledentistry, including the full name, address,</u>	346
<u>telephone number, and license number of the dentist providing</u>	347
<u>the dental services;</u>	348
<u>(d) Procedures for providing in-person services or for the</u>	349
<u>referral of patients requiring dental services that cannot be</u>	350
<u>provided by teledentistry to another dentist licensed to</u>	351
<u>practice dentistry under this chapter who actually practices</u>	352
<u>dentistry in an area of the state the patient can readily</u>	353
<u>access;</u>	354
<u>(e) Provisions for the use of appropriate encryption when</u>	355
<u>transmitting patient health information via teledentistry;</u>	356
<u>(f) Any other provisions required by the board.</u>	357
<u>(2) A dentist who delivers dental services using</u>	358
<u>teledentistry shall, upon request of the patient, provide health</u>	359
<u>records to the patient or a dentist of record in a timely manner</u>	360
<u>in accordance with any applicable federal or state laws or</u>	361
<u>regulations. All patients receiving dental services through</u>	362
<u>teledentistry shall have the right to speak or communicate with</u>	363
<u>the dentist providing such services upon request.</u>	364
<u>(3) Dental services delivered through use of teledentistry</u>	365

shall be consistent with the standard of care, including when 366  
the standard of care requires the use of diagnostic testing or 367  
the performance of a physical examination, and comply with the 368  
requirements of this chapter and rules of the board. 369

(4) In cases in which teledentistry is provided to a 370  
patient who has a dentist of record but has not had a dental 371  
examination in the six months prior to the initiation of 372  
teledentistry, the dentist providing teledentistry shall 373  
recommend that the patient schedule a dental examination. If a 374  
patient to whom teledentistry is provided does not have a 375  
dentist of record, the dentist shall provide or cause to be 376  
provided to the patient options for referrals for obtaining a 377  
dental examination. 378

(D) (1) When delivering services through teledentistry, a 379  
dentist may employ instrumentation and diagnostic equipment, 380  
including store-and-forward technology, digital scans, 381  
photographs, images, electronic records, and face-to-face 382  
interactive two-way real-time communications services. 383

(2) Any dentist licensed under this chapter who provides 384  
services via teledentistry shall establish written policy and 385  
procedures describing how the dentist will ensure that any 386  
dental hygienist, expanded function dental auxiliary, digital 387  
scan technician, or qualified person assisting patients in the 388  
receipt or delivery of telehealth services is fully trained in 389  
using equipment necessary for such services. 390

(3) Nothing in this section eliminates or modifies any 391  
other provision of the Revised Code that requires a dental 392  
hygienist, expanded function dental auxiliary, certified dental 393  
assistant, or qualified personnel to be supervised by a dentist. 394

(E) The state dental board shall adopt rules providing for 395  
the registration of digital scan technicians. The rules shall be 396  
adopted in accordance with Chapter 119. of the Revised Code. 397

**Sec. 4723.94.** ~~(A) As used in this section:~~ 398

~~(1) "Facility fee" means any fee charged or billed for~~ 399  
~~telemedicine services provided in a facility that is intended to~~ 400  
~~compensate the facility for its operational expenses and is~~ 401  
~~separate and distinct from a professional fee.~~ 402

~~(2) "Health plan issuer" has the same meaning as in~~ 403  
~~section 3922.01 of the Revised Code.~~ 404

~~(3) "Telemedicine services" has the same meaning as in~~ 405  
~~section 3902.30 of the Revised Code.~~ 406

~~(B) An advanced practice registered nurse providing~~ 407  
~~telemedicine may provide telehealth services shall not charge a~~ 408  
~~facility fee, an origination fee, or any fee associated with the~~ 409  
~~cost of the equipment used to provide telemedicine services to a~~ 410  
~~health plan issuer covering telemedicine services under in~~ 411  
~~accordance with section 3902.30 4743.09 of the Revised Code.~~ 412

**Sec. 4730.60.** A physician assistant may provide telehealth 413  
services in accordance with section 4743.09 of the Revised Code. 414

**Sec. 4732.33.** (A) The state board of psychology shall 415  
adopt rules governing the use of telepsychology for the purpose 416  
of protecting the welfare of recipients of telepsychology 417  
services and establishing requirements for the responsible use 418  
of telepsychology in the practice of psychology and school 419  
psychology, including supervision of persons registered with the 420  
state board of psychology as described in division (B) of 421  
section 4732.22 of the Revised Code. The rules shall be 422  
consistent with section 4743.09 of the Revised Code. 423

(B) A psychologist or school psychologist may provide 424  
telehealth services in accordance with section 4743.09 of the 425  
Revised Code. 426

**Sec. ~~4731.2910~~ 4743.09.** (A) As used in this section: 427

(1) "Facility fee" ~~has the same meaning as in section~~ 428  
~~4723.94 of the Revised Code~~ means any fee charged or billed for 429  
telehealth services provided in a facility that is intended to 430  
compensate the facility for its operational expenses and is 431  
separate and distinct from a professional fee. 432

(2) "Health care professional" means: 433

(a) An advanced practice registered nurse, as defined in 434  
section 4723.01 of the Revised Code; 435

(b) A physician assistant licensed under Chapter 4730. of 436  
the Revised Code; 437

(c) A physician licensed under this chapter to practice 438  
medicine and surgery, osteopathic medicine and surgery, or 439  
podiatric medicine and surgery; 440

~~(b) A physician assistant licensed under Chapter 4730.~~ 441

(d) A psychologist or school psychologist licensed under 442  
Chapter 4732. of the Revised Code; 443

(e) An audiologist or speech-language pathologist licensed 444  
under Chapter 4753. of the Revised Code; 445

(f) An occupational therapist or physical therapist 446  
licensed under Chapter 4755. of the Revised Code; 447

(g) A professional clinical counselor, independent social 448  
worker, or independent marriage and family therapist licensed 449  
under Chapter 4757. of the Revised Code; 450



- (h) An independent chemical dependency counselor licensed 451  
under Chapter 4758. of the Revised Code; 452
- (i) A dietitian licensed under Chapter 4759. of the 453  
Revised Code. 454
- (3) "Health care professional licensing board" means any 455  
of the following: 456
- (a) The board of nursing; 457
- (b) The state medical board; 458
- (c) The state board of psychology; 459
- (d) The state speech and hearing professionals board; 460
- (e) The Ohio occupational therapy, physical therapy, and 461  
athletic trainers board; 462
- (f) The counselor, social worker, and marriage and family 463  
therapist board; 464
- (g) The chemical dependency professionals board. 465
- (4) "Health plan issuer" has the same meaning as in 466  
section 3922.01 of the Revised Code. 467
- ~~(4)~~ (5) "Telemedicine Telehealth services" has the same 468  
meaning as in section 3902.30 of the Revised Code. 469
- (B) Each health care professional licensing board shall 470  
permit a health care professional under its jurisdiction to 471  
provide the professional's services as telehealth services in 472  
accordance with this section. The board may adopt any rules it 473  
considers necessary to implement this section. The rules shall 474  
be adopted in accordance with Chapter 119. of the Revised Code. 475
- (C) With respect to the provision of telehealth services, 476

all of the following apply: 477

(1) A health care professional may use technology to 478  
provide telehealth services to a patient during an initial visit 479  
if the appropriate standard of care for an initial visit is 480  
satisfied. 481

(2) A health care professional may deny a patient 482  
telehealth services and, instead, require the patient to undergo 483  
an in-person visit. 484

(3) When providing telehealth services in accordance with 485  
this section, a health care professional shall comply with all 486  
requirements under state and federal law regarding the 487  
protection of patient information. A health care professional 488  
shall ensure that any username or password information and any 489  
electronic communications between the professional and a patient 490  
are securely transmitted and stored. 491

(4) A health care professional may use technology to 492  
provide telehealth services to a patient during an annual visit 493  
if the appropriate standard of care for an annual visit is 494  
satisfied. 495

(5) In the case of a health care professional who is a 496  
physician, physician assistant, or advanced practice registered 497  
nurse, both of the following apply: 498

(a) The professional may provide telehealth services to a 499  
patient located outside of this state if permitted by the laws 500  
of the state in which the patient is located. 501

(b) The professional may provide telehealth services 502  
through the use of medical devices that enable remote 503  
monitoring, including such activities as monitoring a patient's 504  
blood pressure, heart rate, or glucose level. 505

(D) When a patient has consented to receiving telehealth services, the health care professional who provides those services is not liable in damages under any claim made on the basis that the services do not meet the same standard of care that would apply if the services were provided in-person. 506  
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(E) (1) A health care professional providing ~~telemedicine-~~ telehealth services shall not charge a health plan issuer covering telehealth services under section 3902.30 of the Revised Code any of the following: a facility fee, an origination fee, or any fee associated with the cost of the equipment used at the provider site to provide ~~telemedicine-~~ telehealth services to a health plan issuer covering ~~telemedicine~~ services under section 3902.30 of the Revised Code. A health care professional may charge a health plan issuer for durable medical equipment used at a patient or client site. 511  
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(2) A health care professional may negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth services as long as a patient is not responsible for any portion of the fee. 521  
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(3) A health care professional providing telehealth services shall obtain a patient's consent once before billing for the cost of providing the services. 526  
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(F) Nothing in this section eliminates or modifies any other provision of the Revised Code that requires a health care professional who is not a physician to practice under the supervision of, in collaboration with, in consultation with, or pursuant to the referral of another health care professional. 529  
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**Sec. 4753.20.** An audiologist or speech-language 534

pathologist may provide telehealth services in accordance with 535  
section 4743.09 of the Revised Code. 536

Sec. 4755.90. An occupational therapist or physical 537  
therapist may provide telehealth services in accordance with 538  
section 4743.09 of the Revised Code. 539

Sec. 4757.50. A professional clinical counselor, 540  
independent social worker, or independent marriage and family 541  
therapist may provide telehealth services in accordance with 542  
section 4743.09 of the Revised Code. 543

Sec. 4758.80. An independent chemical dependency counselor 544  
may provide telehealth services in accordance with section 545  
4743.09 of the Revised Code. 546

Sec. 4759.20. A dietitian may provide telehealth services 547  
in accordance with section 4743.09 of the Revised Code. 548

Sec. 5119.368. (A) As used in this section, "telehealth 549  
services" has the same meaning as in section 3902.30 of the 550  
Revised Code. 551

(B) Each provider shall establish a written policy and 552  
procedures describing how the provider will ensure that staff 553  
assisting clients with receiving telehealth services or 554  
providing telehealth services are fully trained in using 555  
equipment necessary for providing the services. 556

(C) Prior to providing telehealth services to a client, a 557  
provider shall describe to the client the potential risks 558  
associated with receiving treatment through telehealth services 559  
and shall document that the client was provided with the risks 560  
and agreed to assume those risks. The risks communicated to a 561  
client must address the following: 562

<u>(1) Clinical aspects of receiving treatment through telehealth services;</u>	563 564
<u>(2) Security considerations when receiving treatment through telehealth services;</u>	565 566
<u>(3) Confidentiality for individual and group counseling.</u>	567
<u>(D) It is the responsibility of the provider, to the extent possible, to ensure contractually that any entity or individuals involved in the transmission of information through telehealth mechanisms guarantee that the confidentiality of the information is protected.</u>	568 569 570 571 572
<u>(E) Every provider shall have a contingency plan for providing telehealth services to clients in the event that technical problems occur during the provision of those services.</u>	573 574 575
<u>(F) Providers shall maintain, at a minimum, the following information pertaining to local resources:</u>	576 577
<u>(1) The local suicide prevention hotline, if available, or the national suicide prevention hotline.</u>	578 579
<u>(2) Contact information for the local police and fire departments.</u>	580 581
<u>The provider shall provide the client written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.</u>	582 583 584
<u>(G) It is the responsibility of the provider to ensure that equipment meets standards sufficient to do the following:</u>	585 586
<u>(1) To the extent possible, ensure confidentiality of communication;</u>	587 588
<u>(2) Provide for interactive communication between the</u>	589

provider and the client; 590

(3) Ensure that video or audio are sufficient to enable 591  
real-time interaction between the client and the provider and to 592  
ensure the quality of the service provided. 593

(H) A mental health facility or unit that is serving as a 594  
client site shall be maintained in such a manner that 595  
appropriate staff persons are on hand at the facility or unit in 596  
the event of a malfunction with the equipment used to provide 597  
telehealth services. 598

(I) (1) All telehealth services provided by interactive 599  
videoconferencing shall meet both of the following conditions: 600

(a) Begin with the verification of the client through a 601  
name and password or personal identification number when 602  
treatment services are being provided; 603

(b) Be provided in accordance with state and federal law. 604

(2) When providing telehealth services in accordance with 605  
this section, a provider shall comply with all requirements 606  
under state and federal law regarding the protection of patient 607  
information. Each provider shall ensure that any username or 608  
password information and any electronic communications between 609  
the provider and a client are securely transmitted and stored. 610

(J) The department of mental health and addiction services 611  
may adopt rules as it considers necessary to implement this 612  
section. The rules shall be adopted in accordance with Chapter 613  
119. of the Revised Code. Any such rules are not subject to the 614  
requirements of division (F) of section 121.95 of the Revised 615  
Code. 616

**Sec. 5164.95.** (A) As used in this section, "telehealth" 617

service" means a health care service delivered to a patient 618  
through the use of interactive audio, video, or other 619  
telecommunications or electronic technology from a site other 620  
than the site where the patient is located. 621

(B) The department of medicaid shall establish standards 622  
for medicaid payments for health care services the department 623  
determines are appropriate to be covered by the medicaid program 624  
when provided as telehealth services. The standards shall be 625  
established in rules adopted under section 5164.02 of the 626  
Revised Code. 627

In accordance with section 5162.021 of the Revised Code, 628  
the medicaid director shall adopt rules authorizing the 629  
directors of other state agencies to adopt rules regarding the 630  
medicaid coverage of telehealth services under programs 631  
administered by the other state agencies. Any such rules adopted 632  
by the medicaid director or the directors of other state 633  
agencies are not subject to the requirements of division (F) of 634  
section 121.95 of the Revised Code. 635

(C) (1) The following practitioners are eligible to render 636  
telehealth services covered pursuant to this section: 637

(a) A physician licensed under Chapter 4731. of the 638  
Revised Code to practice medicine and surgery, osteopathic 639  
medicine and surgery, or podiatric medicine and surgery; 640

(b) A psychologist licensed under Chapter 4732. of the 641  
Revised Code; 642

(c) A physician assistant licensed under Chapter 4730. of 643  
the Revised Code; 644

(d) A clinical nurse specialist, certified nurse-midwife, 645  
or certified nurse practitioner licensed under Chapter 4723. of 646

the Revised Code; 647

(e) An independent social worker, independent marriage and family therapist, or professional clinical counselor licensed under Chapter 4757. of the Revised Code; 648  
649  
650

(f) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code; 651  
652

(g) A supervised practitioner or supervised trainee; 653

(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code; 654  
655

(i) An audiology aide or speech-language pathology aide, as defined in section 4753.072 of the Revised Code, or an individual holding a conditional license under section 4753.071 of the Revised Code; 656  
657  
658  
659

(j) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code; 660  
661

(k) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code. 662  
663  
664

(l) A dietitian licensed under Chapter 4759. of the Revised Code; 665  
666

(m) A medicaid school program; 667

(n) Any other practitioner the medicaid director considers eligible to provide the services. 668  
669

(2) The following provider types are eligible to submit claims for medicaid payments for providing telehealth services: 670  
671

(a) Any practitioner described in division (B)(1) of this section, except for those described in divisions (B)(1)(g), (i), 672  
673



and (k) of this section; 674

(b) A professional medical group; 675

(c) A federally qualified health center or rural health 676  
clinic; 677

(d) An ambulatory health care clinic; 678

(e) An outpatient hospital; 679

(f) A medicaid school program; 680

(g) Any other provider type the medicaid director 681  
considers eligible to submit the claims for payment. 682

(D) (1) When providing telehealth services under this 683  
section, a practitioner shall comply with all requirements under 684  
state and federal law regarding the protection of patient 685  
information. A practitioner shall ensure that any username or 686  
password information and any electronic communications between 687  
the practitioner and a patient are securely transmitted and 688  
stored. 689

(2) When providing telehealth services under this section, 690  
every practitioner site shall have access to the medical records 691  
of the patient at the time telehealth services are provided. 692

**Section 2.** That existing sections 3902.30, 4715.01, 693  
4715.09, 4723.94, 4732.33, 5164.95, and 4731.2910 of the Revised 694  
Code are hereby repealed. 695

**Section 3.** Section 3902.30 of the Revised Code, as amended 696  
by this act, shall apply to health benefit plans, as defined in 697  
section 3922.01 of the Revised Code, that are in effect on the 698  
effective date of the amendment to that section and to plans 699  
that are issued, renewed, modified, or amended on or after the 700

effective date of that amendment. 701

**Section 4.** Section 4715.09 of the Revised Code is 702  
presented in this act as a composite of the section as amended 703  
by both H.B. 541 and S.B. 259 of the 132nd General Assembly. The 704  
General Assembly, applying the principle stated in division (B) 705  
of section 1.52 of the Revised Code that amendments are to be 706  
harmonized if reasonably capable of simultaneous operation, 707  
finds that the composite is the resulting version of the section 708  
in effect prior to the effective date of the section as 709  
presented in this act. 710