

As Reported by the House Insurance Committee

134th General Assembly

Regular Session

2021-2022

Sub. H. B. No. 122

Representatives Fraizer, Holmes

Cosponsors: Representatives Carfagna, Hall, Seitz

A BILL

To amend sections 3902.30, 4723.94, 4731.2910, 1
4732.33, and 5164.95; to amend, for the purpose 2
of adopting a new section number as indicated in 3
parentheses, section 4731.2910 (4743.09); and to 4
enact sections 3701.1310, 3721.60, 4725.35, 5
4729.284, 4730.60, 4731.741, 4734.60, 4753.20, 6
4755.90, 4757.50, 4758.80, 4759.20, 4761.30, 7
4778.30, and 5119.368 of the Revised Code to 8
establish and modify requirements regarding the 9
provision of telehealth services. 10

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

Section 1. That sections 3902.30, 4723.94, 4731.2910, 11
4732.33, and 5164.95 be amended; section 4731.2910 (4743.09) be 12
amended for the purpose of adopting a new section number as 13
indicated in parentheses; and sections 3701.1310, 3721.60, 14
4725.35, 4729.284, 4730.60, 4731.741, 4734.60, 4753.20, 4755.90, 15
4757.50, 4758.80, 4759.20, 4761.30, 4778.30, and 5119.368 of the 16
Revised Code be enacted to read as follows: 17

Sec. 3701.1310. During any declared disaster, epidemic, 18

pandemic, public health emergency, or public safety emergency, 19
an individual with a developmental disability or any other 20
permanent disability who is in need of surgery or any other 21
health care procedure, any medical or other health care test, or 22
any clinical care visit shall be given the opportunity to have 23
at least one parent or legal guardian present if the presence of 24
the individual's parent or legal guardian is necessary to 25
alleviate any negative reaction that may be experienced by the 26
individual who is the patient. 27

The director of health may take any action necessary to 28
enforce this section. 29

Sec. 3721.60. (A) As used in this section, "long-term care 30
facility" means all of the following: 31

(1) A home, as defined in section 3721.10 of the Revised 32
Code; 33

(2) A residential facility licensed by the department of 34
mental health and addiction services under section 5119.34 of 35
the Revised Code; 36

(3) A residential facility licensed by the department of 37
developmental disabilities under section 5123.19 of the Revised 38
Code; 39

(4) A facility operated by a hospice care program licensed 40
by the department of health under Chapter 3712. of the Revised 41
Code that is used exclusively for care of hospice patients or 42
any other facility in which a hospice care program provides care 43
for hospice patients. 44

(B) During any declared disaster, epidemic, pandemic, 45
public health emergency, or public safety emergency, each long- 46
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) "Recipient" means a patient receiving health care—~~ 75

~~services or a health care professional with whom the provider of~~ 76
~~health care services is consulting regarding the patient.~~ 77

(5) ~~"Telemedicine"~~ "Telehealth services" means a mode of 78
~~providing health care services through synchronous or~~ 79
~~asynchronous information and communication technology by a~~ 80
~~health care professional, within the professional's scope of~~ 81
~~practice, who is located at a site other than the site where the~~ 82
~~recipient is located~~ has the same meaning as in section 4743.09 83
of the Revised Code. 84

(B) (1) A health benefit plan shall provide coverage for 85
~~telemedicine~~ telehealth services on the same basis and to the 86
same extent that the plan provides coverage for the provision of 87
in-person health care services. 88

(2) A health benefit plan shall not exclude coverage for a 89
service solely because it is provided as a ~~telemedicine~~ 90
telehealth service. 91

(3) A health plan issuer shall reimburse a health care 92
professional for a telehealth service that is covered under a 93
patient's health benefit plan. Division (B) (3) of this section 94
shall not be construed to require a specific reimbursement 95
amount. 96

(C) A health benefit plan shall not impose any annual or 97
lifetime benefit maximum in relation to ~~telemedicine~~ telehealth 98
services other than such a benefit maximum imposed on all 99
benefits offered under the plan. 100

~~(D) This~~ (D) (1) A health benefit plan shall not impose a 101
cost-sharing requirement for telehealth services that exceeds 102
the cost-sharing requirement for comparable in-person health 103
care services. 104

(2) (a) A health benefit plan shall not impose a cost- 105
sharing requirement for a communication when all of the 106
following apply: 107

(i) The communication was initiated by the health care 108
professional. 109

(ii) The patient consented to receive a telehealth service 110
from that provider on any prior occasion. 111

(iii) The communication is conducted for the purposes of 112
preventive health care services only. 113

(b) If a communication described in division (D) (2) (a) of 114
this section is coded based on time, then only the time the 115
health care professional spends engaged in the communication is 116
billable. 117

(E) This section shall not be construed as doing any of 118
the following: 119

~~(1) Prohibiting a health benefit plan from assessing cost-~~ 120
~~sharing requirements to a covered individual for telemedicine-~~ 121
~~services, provided that such cost sharing requirements for~~ 122
~~telemedicine services are not greater than those for comparable~~ 123
~~in-person health care services;~~ 124

~~(2)~~ Requiring a health plan issuer to reimburse a health 125
care professional for any costs or fees associated with the 126
provision of ~~telemedicine~~ telehealth services that would be in 127
addition to or greater than the standard reimbursement for 128
comparable in-person health care services; 129

~~(3)~~ (2) Requiring a health plan issuer to reimburse a 130
~~telemedicine~~ telehealth provider for ~~telemedicine~~ telehealth 131
services at the same rate as in-person services. 132

~~(E) This section applies to all health benefit plans
issued, offered, or renewed on or after January 1, 2021.;~~

(3) Requiring a health plan issuer to provide coverage for
asynchronous communication that differs from the coverage
described in the applicable health benefit plan.

(F) The superintendent of insurance may adopt rules in
accordance with Chapter 119. of the Revised Code as necessary to
carry out the requirements of this section. Any such rules are
not subject to the requirements of division (F) of section
121.95 of the Revised Code.

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

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

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

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

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

Sec. 4725.35. An optometrist who holds a therapeutic
pharmaceutical agents certificate issued under this chapter may
provide telehealth services in accordance with section 4743.09

of the Revised Code. 161

Sec. 4729.284. A pharmacist may provide telehealth 162
services in accordance with section 4743.09 of the Revised Code. 163

Sec. 4730.60. A physician assistant may provide telehealth 164
services in accordance with section 4743.09 of the Revised Code. 165

Sec. 4731.741. A physician may provide telehealth services 166
in accordance with sections 4743.09 of the Revised Code. 167

Sec. 4732.33. (A) The state board of psychology shall 168
adopt rules governing the use of telepsychology for the purpose 169
of protecting the welfare of recipients of telepsychology 170
services and establishing requirements for the responsible use 171
of telepsychology in the practice of psychology and school 172
psychology, including supervision of persons registered with the 173
state board of psychology as described in division (B) of 174
section 4732.22 of the Revised Code. The rules shall be 175
consistent with section 4743.09 of the Revised Code. 176

(B) A psychologist or school psychologist may provide 177
telehealth services in accordance with section 4743.09 of the 178
Revised Code. 179

Sec. 4734.60. A chiropractor may provide telehealth 180
services in accordance with section 4743.09 of the Revised Code. 181

Sec. 4731.2910-4743.09. (A) As used in this section: 182

(1) "Durable medical equipment" means a type of equipment, 183
such as a remote monitoring device utilized by a physician, 184
physician assistant, or advanced practice registered nurse in 185
accordance with this section, that can withstand repeated use, 186
is primarily and customarily used to serve a medical purpose, 187
and generally is not useful to a person in the absence of 188

illness or injury and, in addition, includes repair and 189
replacement parts for the equipment. 190

(2) "Facility fee" has the same meaning as in section 191
4723.94 of the Revised Code means any fee charged or billed for 192
telehealth services provided in a facility that is intended to 193
compensate the facility for its operational expenses and is 194
separate and distinct from a professional fee. 195

~~(2)~~ (3) "Health care professional" means: 196

(a) An advanced practice registered nurse, as defined in 197
section 4723.01 of the Revised Code; 198

(b) An optometrist licensed under Chapter 4725. of the 199
Revised Code to practice optometry under a therapeutic 200
pharmaceutical agents certificate; 201

(c) A pharmacist licensed under Chapter 4729. of the 202
Revised Code; 203

(d) A physician assistant licensed under Chapter 4730. of 204
the Revised Code; 205

(e) A physician licensed under ~~this chapter~~ Chapter 4731. 206
of the Revised Code to practice medicine and surgery, 207
osteopathic medicine and surgery, or podiatric medicine and 208
surgery; 209

~~(b) A physician assistant licensed under Chapter 4730.~~ 210

(f) A psychologist or school psychologist licensed under 211
Chapter 4732. of the Revised Code; 212

(g) A chiropractor licensed under Chapter 4734. of the 213
Revised Code; 214

(h) An audiologist or speech-language pathologist licensed 215

<u>under Chapter 4753. of the Revised Code;</u>	216
<u>(i) An occupational therapist or physical therapist</u>	217
<u>licensed under Chapter 4755. of the Revised Code;</u>	218
<u>(j) An occupational therapy assistant or physical</u>	219
<u>therapist assistant licensed under Chapter 4755. of the Revised</u>	220
<u>Code;</u>	221
<u>(k) A professional clinical counselor, independent social</u>	222
<u>worker, or independent marriage and family therapist licensed</u>	223
<u>under Chapter 4757. of the Revised Code;</u>	224
<u>(l) An independent chemical dependency counselor licensed</u>	225
<u>under Chapter 4758. of the Revised Code;</u>	226
<u>(m) A dietitian licensed under Chapter 4759. of the</u>	227
<u>Revised Code;</u>	228
<u>(n) A respiratory care professional licensed under Chapter</u>	229
<u>4761. of the Revised Code;</u>	230
<u>(o) A genetic counselor licensed under Chapter 4778. of</u>	231
<u>the Revised Code.</u>	232
(3) <u>(4) "Health care professional licensing board" means</u>	233
<u>any of the following:</u>	234
<u>(a) The board of nursing;</u>	235
<u>(b) The state vision professionals board;</u>	236
<u>(c) The state board of pharmacy;</u>	237
<u>(d) The state medical board;</u>	238
<u>(e) The state board of psychology;</u>	239
<u>(f) The state chiropractic board;</u>	240

<u>(g) The state speech and hearing professionals board;</u>	241
<u>(h) The Ohio occupational therapy, physical therapy, and athletic trainers board;</u>	242
	243
<u>(i) The counselor, social worker, and marriage and family therapist board;</u>	244
	245
<u>(j) The chemical dependency professionals board.</u>	246
<u>(5) "Health plan issuer" has the same meaning as in</u>	247
<u>section 3922.01 of the Revised Code.</u>	248
<u>(4) (6) "Telemedicine-Telehealth services" has the same</u>	249
<u>meaning as in section 3902.30 of the Revised Code</u> <u>means health</u>	250
<u>care services provided through the use of information and</u>	251
<u>communication technology by a health care professional, within</u>	252
<u>the professional's scope of practice, who is located at a site</u>	253
<u>other than the site where either of the following is located:</u>	254
<u>(a) The patient receiving the services;</u>	255
<u>(b) Another health care professional with whom the</u>	256
<u>provider of the services is consulting regarding the patient.</u>	257
<u>(B) Each health care professional licensing board shall</u>	258
<u>permit a health care professional under its jurisdiction to</u>	259
<u>provide the professional's services as telehealth services in</u>	260
<u>accordance with this section. The board may adopt any rules it</u>	261
<u>considers necessary to implement this section. The rules shall</u>	262
<u>be adopted in accordance with Chapter 119. of the Revised Code.</u>	263
<u>(C) With respect to the provision of telehealth services,</u>	264
<u>all of the following apply:</u>	265
<u>(1) A health care professional may use synchronous or</u>	266
<u>asynchronous technology to provide telehealth services to a</u>	267

patient during an initial visit if the appropriate standard of 268
care for an initial visit is satisfied. 269

(2) A health care professional may deny a patient 270
telehealth services and, instead, require the patient to undergo 271
an in-person visit. 272

(3) When providing telehealth services in accordance with 273
this section, a health care professional shall comply with all 274
requirements under state and federal law regarding the 275
protection of patient information. A health care professional 276
shall ensure that any username or password information and any 277
electronic communications between the professional and a patient 278
are securely transmitted and stored. 279

(4) A health care professional may use synchronous or 280
asynchronous technology to provide telehealth services to a 281
patient during an annual visit if the appropriate standard of 282
care for an annual visit is satisfied. 283

(5) In the case of a health care professional who is a 284
physician, physician assistant, or advanced practice registered 285
nurse, both of the following apply: 286

(a) The professional may provide telehealth services to a 287
patient located outside of this state if permitted by the laws 288
of the state in which the patient is located. 289

(b) The professional may provide telehealth services 290
through the use of medical devices that enable remote 291
monitoring, including such activities as monitoring a patient's 292
blood pressure, heart rate, or glucose level. 293

(D) When a patient has consented to receiving telehealth 294
services, the health care professional who provides those 295
services is not liable in damages under any claim made on the 296

basis that the services do not meet the same standard of care 297
that would apply if the services were provided in-person. 298

(E) (1) A health care professional providing ~~telemedicine~~ 299
telehealth services shall not charge a health plan issuer 300
covering telehealth services under section 3902.30 of the 301
Revised Code any of the following: a facility fee, an 302
origination fee, or any fee associated with the cost of the 303
equipment used at the provider site to provide ~~telemedicine~~ 304
telehealth services to a health plan issuer covering 305
~~telemedicine services under section 3902.30 of the Revised Code.~~ 306
A health care professional may charge a health plan issuer for 307
durable medical equipment used at a patient or client site. 308

(2) A health care professional may negotiate with a health 309
plan issuer to establish a reimbursement rate for fees 310
associated with the administrative costs incurred in providing 311
telehealth services as long as a patient is not responsible for 312
any portion of the fee. 313

(3) A health care professional providing telehealth 314
services shall obtain a patient's consent before billing for the 315
cost of providing the services, but the requirement to do so 316
applies only once. 317

(F) Nothing in this section limits or otherwise affects 318
any other provision of the Revised Code that requires a health 319
care professional who is not a physician to practice under the 320
supervision of, in collaboration with, in consultation with, or 321
pursuant to the referral of another health care professional. 322

Sec. 4753.20. An audiologist or speech-language 323
pathologist may provide telehealth services in accordance with 324
section 4743.09 of the Revised Code. 325

Sec. 4755.90. An occupational therapist or physical 326
therapist may provide telehealth services in accordance with 327
section 4743.09 of the Revised Code. 328

An occupational therapy assistant or physical therapist 329
assistant may provide telehealth services in accordance with 330
section 4743.09 of the Revised Code. 331

Sec. 4757.50. A professional clinical counselor, 332
independent social worker, or independent marriage and family 333
therapist may provide telehealth services in accordance with 334
section 4743.09 of the Revised Code. 335

Sec. 4758.80. An independent chemical dependency counselor 336
may provide telehealth services in accordance with section 337
4743.09 of the Revised Code. 338

Sec. 4759.20. A dietitian may provide telehealth services 339
in accordance with section 4743.09 of the Revised Code. 340

Sec. 4761.30. A respiratory care professional may provide 341
telehealth services in accordance with section 4743.09 of the 342
Revised Code. 343

Sec. 4778.30. A genetic counselor may provide telehealth 344
services in accordance with section 4743.09 of the Revised Code. 345

Sec. 5119.368. (A) As used in this section, "telehealth 346
services" has the same meaning as in section 4743.09 of the 347
Revised Code. 348

(B) Each community mental health services provider and 349
community addiction services provider shall establish written 350
policies and procedures describing how the provider will ensure 351
that staff persons assisting clients with receiving telehealth 352
services or providing telehealth services are fully trained in 353

using equipment necessary for providing the services. 354

(C) Prior to providing telehealth services to a client, a 355
provider shall describe to the client the potential risks 356
associated with receiving treatment through telehealth services 357
and shall document that the client was provided with the risks 358
and agreed to assume those risks. The risks communicated to a 359
client shall address the following: 360

(1) Clinical aspects of receiving treatment through 361
telehealth services; 362

(2) Security considerations when receiving treatment 363
through telehealth services; 364

(3) Confidentiality for individual and group counseling. 365

(D) It is the responsibility of the provider, to the 366
extent possible, to ensure contractually that any entity or 367
individuals involved in the transmission of information through 368
telehealth mechanisms guarantee that the confidentiality of the 369
information is protected. 370

(E) Every provider shall have a contingency plan for 371
providing telehealth services to clients in the event that 372
technical problems occur during the provision of those services. 373

(F) Providers shall maintain, at a minimum, the following 374
information pertaining to local resources: 375

(1) The local suicide prevention telephone hotline, if 376
available, or the national suicide prevention telephone hotline. 377

(2) Contact information for the local police and fire 378
departments. 379

The provider shall provide the client written information 380

on how to access assistance in a crisis, including one caused by 381
equipment malfunction or failure. 382

(G) It is the responsibility of the provider to ensure 383
that equipment meets standards sufficient to do the following: 384

(1) To the extent possible, ensure confidentiality of 385
communication; 386

(2) Provide for interactive communication between the 387
provider and the client; 388

(3) When providing telehealth services using synchronous 389
technology, ensure that video or audio are sufficient to enable 390
real-time interaction between the client and the provider and to 391
ensure the quality of the service provided. 392

(H) A mental health facility or unit that is serving as a 393
client site shall be maintained in such a manner that 394
appropriate staff persons are on hand at the facility or unit in 395
the event of a malfunction with the equipment used to provide 396
telehealth services. 397

(I) (1) All telehealth services provided by interactive 398
videoconferencing shall meet both of the following conditions: 399

(a) Begin with the verification of the client through a 400
name and password or personal identification number when 401
treatment services are being provided; 402

(b) Be provided in accordance with state and federal law. 403

(2) When providing telehealth services in accordance with 404
this section, a provider shall comply with all requirements 405
under state and federal law regarding the protection of patient 406
information. Each provider shall ensure that any username or 407
password information and any electronic communications between 408

the provider and a client are securely transmitted and stored. 409

(J) The department of mental health and addiction services 410
may adopt rules as it considers necessary to implement this 411
section. The rules shall be adopted in accordance with Chapter 412
119. of the Revised Code. Any such rules are not subject to the 413
requirements of division (F) of section 121.95 of the Revised 414
Code. 415

Sec. 5164.95. (A) As used in this section, "telehealth 416
service" means a health care service delivered to a patient 417
through the use of interactive audio, video, or other 418
telecommunications or electronic technology from a site other 419
than the site where the patient is located. 420

(B) The department of medicaid shall establish standards 421
for medicaid payments for health care services the department 422
determines are appropriate to be covered by the medicaid program 423
when provided as telehealth services. The standards shall be 424
established in rules adopted under section 5164.02 of the 425
Revised Code. 426

In accordance with section 5162.021 of the Revised Code, 427
the medicaid director shall adopt rules authorizing the 428
directors of other state agencies to adopt rules regarding the 429
medicaid coverage of telehealth services under programs 430
administered by the other state agencies. Any such rules adopted 431
by the medicaid director or the directors of other state 432
agencies are not subject to the requirements of division (F) of 433
section 121.95 of the Revised Code. 434

(C) (1) The following practitioners are eligible to provide 435
telehealth services covered pursuant to this section: 436

(a) A physician licensed under Chapter 4731. of the 437

Revised Code to practice medicine and surgery, osteopathic 438
medicine and surgery, or podiatric medicine and surgery; 439

(b) A psychologist licensed under Chapter 4732. of the 440
Revised Code; 441

(c) A physician assistant licensed under Chapter 4730. of 442
the Revised Code; 443

(d) A clinical nurse specialist, certified nurse-midwife, 444
or certified nurse practitioner licensed under Chapter 4723. of 445
the Revised Code; 446

(e) An independent social worker, independent marriage and 447
family therapist, or professional clinical counselor licensed 448
under Chapter 4757. of the Revised Code; 449

(f) An independent chemical dependency counselor licensed 450
under Chapter 4758. of the Revised Code; 451

(g) A supervised practitioner or supervised trainee; 452

(h) An audiologist or speech-language pathologist licensed 453
under Chapter 4753. of the Revised Code; 454

(i) An audiology aide or speech-language pathology aide, 455
as defined in section 4753.072 of the Revised Code, or an 456
individual holding a conditional license under section 4753.071 457
of the Revised Code; 458

(j) An occupational therapist or physical therapist 459
licensed under Chapter 4755. of the Revised Code; 460

(k) An occupational therapy assistant or physical 461
therapist assistant licensed under Chapter 4755. of the Revised 462
Code. 463

(l) A dietitian licensed under Chapter 4759. of the 464

Revised Code; 465

(m) A chiropractor licensed under Chapter 4734. of the 466
Revised Code; 467

(n) A pharmacist licensed under Chapter 4729. of the 468
Revised Code; 469

(o) A genetic counselor licensed under Chapter 4778. of 470
the Revised Code; 471

(p) An optometrist licensed under Chapter 4725. of the 472
Revised Code to practice optometry under a therapeutic 473
pharmaceutical agents certificate; 474

(q) A respiratory care professional licensed under Chapter 475
4761. of the Revised Code; 476

(r) A practitioner who provides services through a 477
medicaid school program; 478

(s) Subject to section 5119.368 of the Revised Code, a 479
practitioner authorized to provide services and supports 480
certified under section 5119.36 of the Revised Code through a 481
community mental health services provider or community addiction 482
services provider; 483

(t) Any other practitioner the medicaid director considers 484
eligible to provide telehealth services. 485

(2) The following provider types are eligible to submit 486
claims for medicaid payments for providing telehealth services: 487

(a) Any practitioner described in division (B)(1) of this 488
section, except for those described in divisions (B)(1)(g), (i), 489
and (k) of this section; 490

(b) A professional medical group; 491

<u>(c) A federally qualified health center or rural health</u>	492
<u>clinic;</u>	493
<u>(d) An ambulatory health care clinic;</u>	494
<u>(e) An outpatient hospital;</u>	495
<u>(f) A medicaid school program;</u>	496
<u>(g) Subject to section 5119.368 of the Revised Code, a</u>	497
<u>community mental health services provider or community addiction</u>	498
<u>services provider that offers services and supports certified</u>	499
<u>under section 5119.36 of the Revised Code;</u>	500
<u>(h) Any other provider type the medicaid director</u>	501
<u>considers eligible to submit the claims for payment.</u>	502
<u>(D) (1) When providing telehealth services under this</u>	503
<u>section, a practitioner shall comply with all requirements under</u>	504
<u>state and federal law regarding the protection of patient</u>	505
<u>information. A practitioner shall ensure that any username or</u>	506
<u>password information and any electronic communications between</u>	507
<u>the practitioner and a patient are securely transmitted and</u>	508
<u>stored.</u>	509
<u>(2) When providing telehealth services under this section,</u>	510
<u>every practitioner site shall have access to the medical records</u>	511
<u>of the patient at the time telehealth services are provided.</u>	512
Section 2. That existing sections 3902.30, 4723.94,	513
4731.2910, 4732.33, and 5164.95 of the Revised Code are hereby	514
repealed.	515
Section 3. Section 3902.30 of the Revised Code, as amended	516
by this act, applies to health benefit plans, as defined in	517
section 3922.01 of the Revised Code, that are in effect on the	518
effective date of the amendment to that section and to plans	519

that are issued, renewed, modified, or amended on or after the	520
effective date of that amendment.	521