

[First Reprint]

ASSEMBLY, No. 2193

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED FEBRUARY 7, 2022

Sponsored by:

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District 21 (Morris, Somerset and Union)

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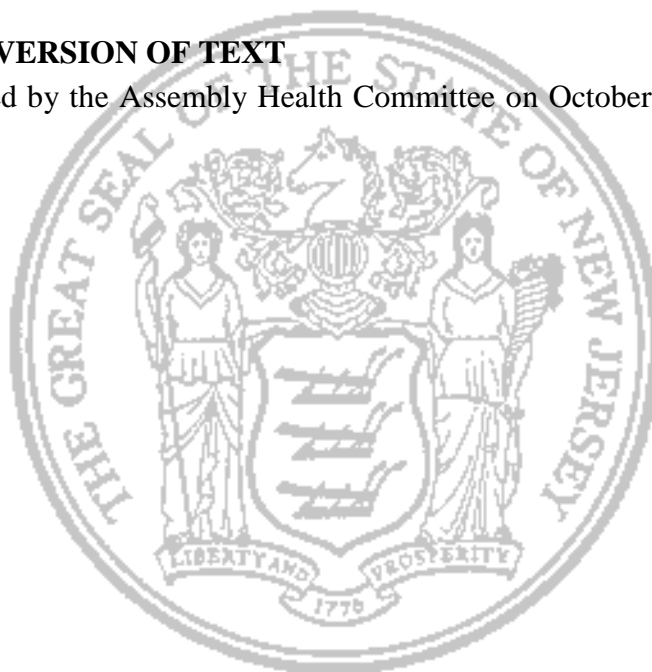
Assemblymen DePhillips, Rooney, Catalano and McGuckin

SYNOPSIS

Revises emergency care services referral standards for providers of telemedicine and telehealth.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on October 13, 2022, with amendments.



(Sponsorship Updated As Of: 10/4/2022)

1 AN ACT concerning telemedicine, telehealth, and emergency care
2 services and amending P.L.2017, c.117 ¹and P.L.2022, c.35¹.

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

6
7 ¹[1. Section 2 of P.L.2017, c.117 (C.45:1-62) is amended to
8 read as follows:

9 2. a. Unless specifically prohibited or limited by federal or
10 State law, a health care provider who establishes a proper provider-
11 patient relationship with a patient may remotely provide health care
12 services to a patient through the use of telemedicine. A health care
13 provider may also engage in telehealth as may be necessary to
14 support and facilitate the provision of health care services to
15 patients.

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

26 c. (1) Telemedicine services shall be provided using
27 interactive, real-time, two-way communication technologies.

28 (2) A health care provider engaging in telemedicine or
29 telehealth may use asynchronous store-and-forward technology to
30 allow for the electronic transmission of images, diagnostics, data,
31 and medical information; except that the health care provider may
32 use interactive, real-time, two-way audio in combination with
33 asynchronous store-and-forward technology, without video
34 capabilities, if, after accessing and reviewing the patient's medical
35 records, the provider determines that the provider is able to meet the
36 same standard of care as if the health care services were being
37 provided in person.

38 (3) The identity, professional credentials, and contact
39 information of a health care provider providing telemedicine or
40 telehealth services shall be made available to the patient during and
41 after the provision of services. The contact information shall enable
42 the patient to contact the health care provider, or a substitute health
43 care provider authorized to act on behalf of the provider who
44 provided services, for at least 72 hours following the provision of
45 services.

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:

¹Assembly AHE committee amendments adopted October 13, 2022.

1 (4) A health care provider engaging in telemedicine or
2 telehealth shall review the medical history and any medical records
3 provided by the patient. For an initial encounter with the patient,
4 the provider shall review the patient's medical history and medical
5 records prior to initiating contact with the patient, as required
6 pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017,
7 c.117 (C.45:1-63). In the case of a subsequent telemedicine or
8 telehealth encounter conducted pursuant to an ongoing provider-
9 patient relationship, the provider may review the information prior
10 to initiating contact with the patient or contemporaneously with the
11 telemedicine or telehealth encounter.

12 (5) Following the provision of services using telemedicine or
13 telehealth, the patient's medical information shall be made available
14 to the patient upon the patient's request, and, with the patient's
15 affirmative consent, forwarded directly to the patient's primary care
16 provider or health care provider of record, or, upon request by the
17 patient, to other health care providers. For patients without a
18 primary care provider or other health care provider of record, the
19 health care provider engaging in telemedicine or telehealth may
20 advise the patient to contact a primary care provider, and, upon
21 request by the patient, assist the patient with locating a primary care
22 provider or other in-person medical assistance that, to the extent
23 possible, is located within reasonable proximity to the patient. The
24 health care provider engaging in telemedicine or telehealth shall
25 also refer the patient to appropriate follow up or complimentary
26 care where necessary, [including making appropriate referrals for
27 emergency or complimentary care, if needed] and shall make a
28 good faith effort to directly contact and coordinate with emergency
29 services in accordance with the standard of care and the written
30 emergency care plan that is appropriate to the situation and to the
31 services rendered through the telemedicine or telehealth visit. The
32 emergency care plan shall pertain to areas where patients are
33 located during a telemedicine or telehealth visit. A healthcare
34 provider engaging in telemedicine or telehealth shall make a good
35 faith effort to: provide the name and location of the patient to
36 emergency services in oral and written form; determine the location
37 of a patient if a patient is unaware of his or her location; and
38 provide his or her contact information to emergency services. A
39 healthcare provider engaging in telemedicine or telehealth shall
40 report suicide attempts of patient during a telehealth or telemedicine
41 visit to the Department of Health in a manner that is consistent with
42 federal and State privacy laws emergency and document
43 emergencies which occur during a telehealth or telemedicine visit.
44 Consent may be implied, oral, written, or digital in nature, provided
45 that the chosen method of consent is deemed appropriate under the
46 standard of care.

47 d. (1) Any health care provider providing health care services
48 using telemedicine or telehealth shall be subject to the same

1 standard of care or practice standards as are applicable to in-person
2 settings. If telemedicine or telehealth services would not be
3 consistent with this standard of care, the health care provider shall
4 direct the patient to seek in-person care.

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

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

31 f. A mental health screener, screening service, or screening
32 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
33 27.1 et seq.):

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

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

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

45 h. A health care provider shall not be subject to any
46 professional disciplinary action under Title 45 of the Revised
47 Statutes solely on the basis that the provider engaged in

1 telemedicine or telehealth pursuant to P.L.2017, c.117 (C.45:1-
2 61 et al.).

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

13 (a) include best practices for the professional engagement in
14 telemedicine and telehealth;

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

18 (c) include measures to prevent fraud and abuse in connection
19 with the use of telemedicine and telehealth, including requirements
20 concerning the filing of claims and maintaining appropriate records
21 of services provided; **[and]**

22 (d) provide substantially similar metrics for evaluating quality
23 of care and patient outcomes in connection with services provided
24 using telemedicine and telehealth as currently apply to services
25 provided in person; and

26 (e) establish requirements for emergency care plans to be used
27 by providers who determine that a patient who is receiving services
28 using telemedicine or telehealth is in need of emergency care
29 services, which emergency care plans shall include standards and
30 protocols for activating and coordinating with emergency care
31 services providers serving the area in which the patient is located at
32 the time of the telemedicine or telehealth encounter.

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

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

44 (cf: P.L.2017, c.117, s.2)**】¹**

45

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

1 2. a. Unless specifically prohibited or limited by federal or
2 State law, a health care provider who establishes a proper provider-
3 patient relationship with a patient may remotely provide health care
4 services to a patient through the use of telemedicine. A health care
5 provider may also engage in telehealth as may be necessary to
6 support and facilitate the provision of health care services to
7 patients. Nothing in P.L.2017, c.117 (C.45:1-61 et al.) shall be
8 construed to allow a provider to require a patient to use
9 telemedicine or telehealth in lieu of receiving services from an in-
10 network provider.

11 b. Any health care provider who uses telemedicine or engages
12 in telehealth while providing health care services to a patient, shall:
13 (1) be validly licensed, certified, or registered, pursuant to Title 45
14 of the Revised Statutes, to provide such services in the State of New
15 Jersey; (2) remain subject to regulation by the appropriate New
16 Jersey State licensing board or other New Jersey State professional
17 regulatory entity; (3) act in compliance with existing requirements
18 regarding the maintenance of liability insurance; and (4) remain
19 subject to New Jersey jurisdiction.

20 c. (1) Telemedicine services may be provided using interactive,
21 real-time, two-way communication technologies or, subject to the
22 requirements of paragraph (2) of this paragraph, asynchronous
23 store-and-forward technology.

24 (2) A health care provider engaging in telemedicine or
25 telehealth may use asynchronous store-and-forward technology to
26 provide services with or without the use of interactive, real-time,
27 two-way audio if, after accessing and reviewing the patient's
28 medical records, the provider determines that the provider is able to
29 meet the same standard of care as if the health care services were
30 being provided in person and informs the patient of this
31 determination at the outset of the telemedicine or telehealth
32 encounter.

33 (3) (a) At the time the patient requests health care services to be
34 provided using telemedicine or telehealth, the patient shall be
35 clearly advised that the telemedicine or telehealth encounter may be
36 with a health care provider who is not a physician, and that the
37 patient may specifically request that the telemedicine or telehealth
38 encounter be scheduled with a physician. If the patient requests that
39 the telemedicine or telehealth encounter be with a physician, the
40 encounter shall be scheduled with a physician.

41 (b) The identity, professional credentials, and contact
42 information of a health care provider providing telemedicine or
43 telehealth services shall be made available to the patient at the time
44 the patient schedules services to be provided using telemedicine or
45 telehealth, if available, or upon confirmation of the scheduled
46 telemedicine or telehealth encounter, and shall be made available to
47 the patient during and after the provision of services. The contact
48 information shall enable the patient to contact the health care

1 provider, or a substitute health care provider authorized to act on
2 behalf of the provider who provided services, for at least 72 hours
3 following the provision of services. If the health care provider is
4 not a physician, and the patient requests that the services be
5 provided by a physician, the health care provider shall assist the
6 patient with scheduling a telemedicine or telehealth encounter with
7 a physician.

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

19 (5) (a) Following the provision of services using telemedicine or
20 telehealth, the patient's medical information shall be entered into
21 the patient's medical record, whether the medical record is a
22 physical record, an electronic health record, or both, and, if so
23 requested to by the patient, forwarded directly to the patient's
24 primary care provider, health care provider of record or any other
25 health care providers as may be specified by the patient. For
26 patients without a primary care provider or other health care
27 provider of record, the health care provider engaging in
28 telemedicine or telehealth may advise the patient to contact a
29 primary care provider, and, upon request by the patient, shall assist
30 the patient with locating a primary care provider or other in-person
31 medical assistance that, to the extent possible, is located within
32 reasonable proximity to the patient. The health care provider
33 engaging in telemedicine or telehealth shall also refer the patient to
34 appropriate follow up care, emergency care, or complementary care
35 where necessary **】, including making appropriate referrals for in-**
36 **person care or emergency or complementary care, if needed**】**** and
37 shall make a good faith effort to directly contact and coordinate
38 with emergency services in accordance with the standard of care
39 and the written emergency care plan that is appropriate to the
40 situation and to the services rendered through the telemedicine or
41 telehealth visit. The emergency care plan shall pertain to areas
42 where patients are located during a telemedicine or telehealth visit.
43 A health care provider engaging in telemedicine or telehealth shall
44 make a good faith effort to: provide the name and location of the
45 patient to emergency services in oral, digital, or written form;
46 determine the location of a patient if the patient is unaware of the
47 patient's location; provide the provider's and the patient's contact
48 information to emergency services; and obtain emergency services

1 contact information for the patient's location prior to the provider's
2 scheduled visit with the patient. In a manner that is consistent with
3 federal and State privacy laws, a health care provider engaging in
4 telemedicine or telehealth shall document emergencies which occur
5 during a telemedicine or telehealth encounter, report suicide
6 attempts made by a patient during a telemedicine or telehealth
7 encounter to the Department of Health, and, if necessary, contact
8 the 9-8-8 suicide prevention and behavioral health crisis hotline in
9 the case of a patient experiencing a mental health emergency.
10 Consent may be implied, oral, written, or digital in nature, provided
11 that the chosen method of consent is deemed appropriate under the
12 standard of care.

13 (b) The Department of Human Services shall compile and
14 publish on its Internet website emergency services contact
15 information for each municipality and county in this State to
16 effectuate the purposes of subparagraph (a) of paragraph (5) of
17 subsection c. of this section.

18 d. (1) Any health care provider providing health care services
19 using telemedicine or telehealth shall be subject to the same
20 standard of care or practice standards as are applicable to in-person
21 settings. If telemedicine or telehealth services would not be
22 consistent with this standard of care, the health care provider shall
23 direct the patient to seek in-person care.

24 (2) Diagnosis, treatment, and consultation recommendations,
25 including discussions regarding the risk and benefits of the patient's
26 treatment options, which are made through the use of telemedicine
27 or telehealth, including the issuance of a prescription based on a
28 telemedicine or telehealth encounter, shall be held to the same
29 standard of care or practice standards as are applicable to in-person
30 settings. Unless the provider has established a proper provider-
31 patient relationship with the patient, a provider shall not issue a
32 prescription to a patient based solely on the responses provided in
33 an online static questionnaire.

34 (3) In the event that a mental health screener, screening service,
35 or screening psychiatrist subject to the provisions of P.L.1987,
36 c.116 (C.30:4-27.1 et seq.) determines that an in-person psychiatric
37 evaluation is necessary to meet standard of care requirements, or in
38 the event that a patient requests an in-person psychiatric evaluation
39 in lieu of a psychiatric evaluation performed using telemedicine or
40 telehealth, the mental health screener, screening service, or
41 screening psychiatrist may nevertheless perform a psychiatric
42 evaluation using telemedicine and telehealth if it is determined that
43 the patient cannot be scheduled for an in-person psychiatric
44 evaluation within the next 24 hours. Nothing in this paragraph shall
45 be construed to prevent a patient who receives a psychiatric
46 evaluation using telemedicine and telehealth as provided in this
47 paragraph from receiving a subsequent, in-person psychiatric
48 evaluation in connection with the same treatment event, provided

1 that the subsequent in-person psychiatric evaluation is necessary to
2 meet standard of care requirements for that patient.

3 e. The prescription of Schedule II controlled dangerous
4 substances through the use of telemedicine or telehealth shall be
5 authorized only after an initial in-person examination of the patient,
6 as provided by regulation, and a subsequent in-person visit with the
7 patient shall be required every three months for the duration of time
8 that the patient is being prescribed the Schedule II controlled
9 dangerous substance. However, the provisions of this subsection
10 shall not apply, and the in-person examination or review of a patient
11 shall not be required, when a health care provider is prescribing a
12 stimulant which is a Schedule II controlled dangerous substance for
13 use by a minor patient under the age of 18, provided that the health
14 care provider is using interactive, real-time, two-way audio and
15 video technologies when treating the patient and the health care
16 provider has first obtained written consent for the waiver of these
17 in-person examination requirements from the minor patient's parent
18 or guardian.

19 f. A mental health screener, screening service, or screening
20 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
21 27.1 et seq.):

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

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

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

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

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

1 (a) include best practices for the professional engagement in
2 telemedicine and telehealth;

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

6 (c) include measures to prevent fraud and abuse in connection
7 with the use of telemedicine and telehealth, including requirements
8 concerning the filing of claims and maintaining appropriate records
9 of services provided; **[and]**

10 (d) provide substantially similar metrics for evaluating quality of
11 care and patient outcomes in connection with services provided
12 using telemedicine and telehealth as currently apply to services
13 provided in person; and

14 (e) establish requirements for emergency care plans to be used
15 by providers who determine that a patient who is receiving services
16 using telemedicine or telehealth is in need of emergency care
17 services, which emergency care plans shall include standards and
18 protocols for activating and coordinating with emergency care
19 services providers serving the area in which the patient is located at
20 the time of the telemedicine or telehealth encounter.

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

25 (3) The failure of any licensing board to adopt rules and
26 regulations pursuant to this subsection shall not have the effect of
27 delaying the implementation of this act, and shall not prevent health
28 care providers from engaging in telemedicine or telehealth in
29 accordance with the provisions of this act and the practice act
30 applicable to the provider's professional licensure, certification, or
31 registration.¹

32 (cf: P.L.2021, c.310, s.4)

33

34 ¹2. Section 2 of P.L.2022, c.35 (C.26:2MM-6) is amended to
35 read as follows:

36 2. a. No later than six months after the effective date of this
37 act, the Commissioner of Human Services shall conduct a public
38 solicitation and procurement process to contract for the services of
39 one or more crisis hotline centers to provide crisis intervention
40 services and crisis care coordination to individuals accessing the 9-
41 8-8 suicide prevention_and behavioral health crisis hotline. In
42 contracting for the services of crisis hotline centers pursuant to this
43 subsection, the commissioner shall ensure that the selected centers
44 will provide a comprehensive, Statewide network of access 24
45 hours per day, seven days per week.

46 b. The commissioner shall not contract with a crisis hotline
47 center pursuant to subsection a. of this section unless the center
48 meets the standards of the National Suicide Prevention Lifeline and

1 participates in, or has the demonstrated ability to obtain an
2 agreement with, the National Suicide Prevention Hotline network.

3 c. A contracted crisis hotline center shall be responsible for
4 receiving 9-8-8 calls and providing crisis intervention services to 9-
5 8-8 callers, including, as appropriate:

- 6 (1) requesting the dispatch of mobile crisis teams;
- 7 (2) coordinating crisis care responses and interventions;
- 8 (3) referring callers to crisis stabilization services; and
- 9 (4) providing, or facilitating and coordinating, the provision of
10 appropriate follow-up services, including specialized follow up
11 services and health care provider coordination for a patient
12 experiencing a mental health emergency, as reported to the crisis
13 hotline center by a health care provider engaged in telemedicine or
14 telehealth.

15 d. To the extent possible, and when it would not interfere with
16 responding to an emergency, a contracted crisis hotline center shall
17 attempt to ascertain whether a 9-8-8 caller has children. If the
18 caller has children and the center deems it appropriate, the center
19 shall make a referral to services offered by the Department of
20 Children and Families such as the Children's System of Care or any
21 other referral agency, as appropriate.

22 e. A contracted crisis hotline center shall comply with all
23 standards, operational and equipment requirements, training and
24 qualification requirements for crisis hotline center staff,
25 requirements concerning geolocation capacity, best practices, and
26 other standards and requirements as are established under the
27 "National Suicide Hotline Designation Act of 2020," Pub.L.116-
28 172, as are established under rules and regulations adopted by the
29 Federal Communications Commission, as applicable, and by any
30 other federal authority having jurisdiction, and as are established
31 under rules and regulations promulgated by the Commissioner of
32 Human Services.

33 f. The commissioner shall collaborate with other State
34 executive branch departments, offices, and agencies to ensure full
35 communication, information sharing, and coordination among crisis
36 and emergency response systems throughout the State for the
37 purpose of ensuring real-time crisis care coordination including, but
38 not limited to, the deployment of linked, flexible services specific
39 to each crisis response. Executive branch departments, offices, and
40 agencies shall issue any waivers as shall be necessary to implement
41 the provisions of this subsection.

42 g. (1) The commissioner shall collaborate with appropriate
43 behavioral health care providers in the State, including, but not
44 limited to, mental health and substance use disorder treatment
45 providers, local community mental health centers, community-
46 based and hospital emergency departments, and inpatient
47 psychiatric settings, to ensure the coordination of service linkages
48 with contracted hotline centers and mobile crisis response teams

1 and the provision of crisis stabilization services and follow-up
2 services, as appropriate, following the crisis response for a 9-8-8
3 caller.

4 (2) The commissioner shall establish agreements and information
5 sharing procedures, as appropriate, with behavioral health care
6 providers as shall be necessary to implement the provisions of this
7 subsection. Such information sharing procedures shall include, but
8 not be limited to, the sharing of information concerning the
9 availability of services provided by a behavioral health care
10 provider.

11 h. The commissioner shall develop an informational campaign
12 to promote awareness of the nature and availability of the 9-8-8
13 hotline to respond to behavioral health crises. The commissioner
14 shall consult with the National Suicide Prevention Lifeline and the
15 Veterans Crisis Line networks to foster consistency in public
16 messaging concerning 9-8-8 services.¹

17 (cf: P.L.2022, c.35, s.2.)

18

19 ¹**[2.] 3.**¹ This act shall take effect immediately.