

[Second Reprint]

ASSEMBLY, No. 2193

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED FEBRUARY 7, 2022

Sponsored by:

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Assemblyman CLINTON CALABRESE

District 36 (Bergen and Passaic)

Assemblywoman DEANNE C. DEFUCCIO

District 39 (Bergen and Passaic)

Co-Sponsored by:

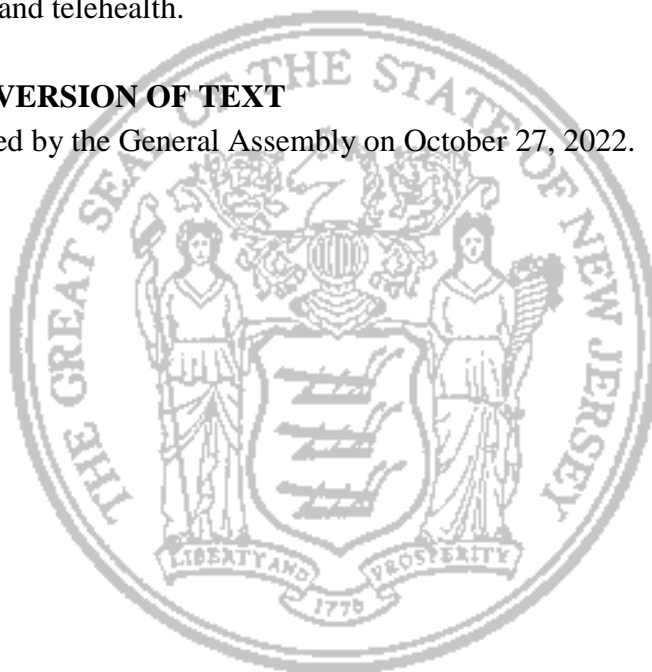
Assemblymen DePhillips, Rooney, Catalano, McGuckin, Assemblywomen McKnight, Piperno and Eulner

SYNOPSIS

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

CURRENT VERSION OF TEXT

As amended by the General Assembly on October 27, 2022.



(Sponsorship Updated As Of: 2/27/2023)

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.

²Assembly floor amendments adopted October 27, 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

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

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

20 (5) (a) Following the provision of services using telemedicine or
21 telehealth, the patient's medical information shall be entered into
22 the patient's medical record, whether the medical record is a
23 physical record, an electronic health record, or both, and, if so
24 requested to by the patient, forwarded directly to the patient's
25 primary care provider, health care provider of record or any other
26 health care providers as may be specified by the patient. For
27 patients without a primary care provider or other health care
28 provider of record, the health care provider engaging in
29 telemedicine or telehealth may advise the patient to contact a
30 primary care provider, and, upon request by the patient, shall assist
31 the patient with locating a primary care provider or other in-person
32 medical assistance that, to the extent possible, is located within
33 reasonable proximity to the patient. The health care provider
34 engaging in telemedicine or telehealth shall also refer the patient to
35 appropriate follow up care, emergency care, or complementary care
36 where necessary **],** including making appropriate referrals for in-
37 person care or emergency or complementary care, if needed **]** ²**[and**
38 shall make a good faith effort to directly contact and coordinate
39 with emergency services in accordance with the standard of care
40 and the written emergency care plan that is appropriate to the
41 situation and to the services rendered through the telemedicine or
42 telehealth visit. The emergency care plan shall pertain to areas
43 where patients are located during a telemedicine or telehealth visit.
44 A health care provider engaging in telemedicine or telehealth shall
45 make a good faith effort to: provide the name and location of the
46 patient to emergency services in oral, digital, or written form;
47 determine the location of a patient if the patient is unaware of the

1 patient's location; provide the provider's and the patient's contact
2 information to emergency services; and obtain emergency services
3 contact information for the patient's location prior to the provider's
4 scheduled visit with the patient.】 , including making appropriate
5 referrals for in-person care or emergency or complementary care, if
6 needed. If a health care provider observes a patient experiencing a
7 health care emergency while the patient is engaged in a
8 telemedicine or telehealth encounter, the health care provider shall
9 make a good faith effort to: facilitate contact and coordination with
10 local emergency services; and remain on a synchronous connection
11 with the patient, if the emergency arises during a synchronous
12 connection, until emergency services have reached the patient's
13 location, or in the health care provider's clinical judgment, the
14 situation is resolved. Health care providers shall have a written
15 emergency protocol that is appropriate pursuant to the standard of
16 care. The written emergency protocol shall include good faith
17 methods of enabling the health care provider to facilitate the
18 following, if reasonably feasible: furnishing relevant information
19 known by the provider regarding the patient to emergency services
20 to assist in the deployment of emergency services, including the
21 patient's name and location; attempting to learn the patient's
22 approximate location at the time of the observed emergency, if the
23 patient is not within the patient's primary residence and is unaware
24 of his or her current location; and furnishing the patient's contact
25 information to emergency services if the patient's contact
26 information is known and accessible to the healthcare provider.²

27 In a manner that is consistent with federal and State privacy
28 laws, a health care provider engaging in telemedicine or telehealth
29 shall document emergencies² observed by the health care provider²
30 which occur² 【during】 while a patient is engaged in² a telemedicine
31 or telehealth encounter² in the patient's medical record, and, if
32 applicable² , report suicide attempts² observed by the health care
33 provider and² made by a patient during a telemedicine or telehealth
34 encounter² 【to the Department of Health, and, if necessary, contact
35 the 9-8-8 suicide prevention and behavioral health crisis hotline in
36 the case of a patient experiencing a mental health emergency】 , in
37 accordance with applicable State mandatory reporting laws. The
38 health care provider shall, if appropriate, provide a patient with
39 contact information for the 9-8-8 suicide prevention and behavioral
40 health crisis hotline² . Consent may be implied, oral, written, or
41 digital in nature, provided that the chosen method of consent is
42 deemed appropriate under the standard of care.

43 (b) The Department of Human Services shall compile and
44 publish on its Internet website emergency services contact
45 information for each municipality and county in this State to
46 effectuate the purposes of subparagraph (a) of paragraph (5) of
47 subsection c. of this section.

1 d. (1) Any health care provider providing health care services
2 using telemedicine or telehealth shall be subject to the same
3 standard of care or practice standards as are applicable to in-person
4 settings. If telemedicine or telehealth services would not be
5 consistent with this standard of care, the health care provider shall
6 direct the patient to seek in-person care.

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

17 (3) In the event that a mental health screener, screening service,
18 or screening psychiatrist subject to the provisions of P.L.1987,
19 c.116 (C.30:4-27.1 et seq.) determines that an in-person psychiatric
20 evaluation is necessary to meet standard of care requirements, or in
21 the event that a patient requests an in-person psychiatric evaluation
22 in lieu of a psychiatric evaluation performed using telemedicine or
23 telehealth, the mental health screener, screening service, or
24 screening psychiatrist may nevertheless perform a psychiatric
25 evaluation using telemedicine and telehealth if it is determined that
26 the patient cannot be scheduled for an in-person psychiatric
27 evaluation within the next 24 hours. Nothing in this paragraph shall
28 be construed to prevent a patient who receives a psychiatric
29 evaluation using telemedicine and telehealth as provided in this
30 paragraph from receiving a subsequent, in-person psychiatric
31 evaluation in connection with the same treatment event, provided
32 that the subsequent in-person psychiatric evaluation is necessary to
33 meet standard of care requirements for that patient.

34 e. The prescription of Schedule II controlled dangerous
35 substances through the use of telemedicine or telehealth shall be
36 authorized only after an initial in-person examination of the patient,
37 as provided by regulation, and a subsequent in-person visit with the
38 patient shall be required every three months for the duration of time
39 that the patient is being prescribed the Schedule II controlled
40 dangerous substance. However, the provisions of this subsection
41 shall not apply, and the in-person examination or review of a patient
42 shall not be required, when a health care provider is prescribing a
43 stimulant which is a Schedule II controlled dangerous substance for
44 use by a minor patient under the age of 18, provided that the health
45 care provider is using interactive, real-time, two-way audio and
46 video technologies when treating the patient and the health care
47 provider has first obtained written consent for the waiver of these

1 in-person examination requirements from the minor patient's parent
2 or guardian.

3 f. A mental health screener, screening service, or screening
4 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
5 27.1 et seq.):

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

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

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

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

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

32 (a) include best practices for the professional engagement in
33 telemedicine and telehealth;

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

37 (c) include measures to prevent fraud and abuse in connection
38 with the use of telemedicine and telehealth, including requirements
39 concerning the filing of claims and maintaining appropriate records
40 of services provided; ~~and~~ ²and²

41 (d) provide substantially similar metrics for evaluating quality of
42 care and patient outcomes in connection with services provided
43 using telemedicine and telehealth as currently apply to services
44 provided in person ²and

45 (e) establish requirements for emergency care plans to be used
46 by providers who determine that a patient who is receiving services
47 using telemedicine or telehealth is in need of emergency care

1 services, which emergency care plans shall include standards and
2 protocols for activating and coordinating with emergency care
3 services providers serving the area in which the patient is located at
4 the time of the telemedicine or telehealth encounter ¹².

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

9 (3) The failure of any licensing board to adopt rules and
10 regulations pursuant to this subsection shall not have the effect of
11 delaying the implementation of this act, and shall not prevent health
12 care providers from engaging in telemedicine or telehealth in
13 accordance with the provisions of this act and the practice act
14 applicable to the provider's professional licensure, certification, or
15 registration.¹

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

17
18 ¹². Section 2 of P.L.2022, c.35 (C.26:2MM-6) is amended to
19 read as follows:

20 2. a. No later than six months after the effective date of this
21 act, the Commissioner of Human Services shall conduct a public
22 solicitation and procurement process to contract for the services of
23 one or more crisis hotline centers to provide crisis intervention
24 services and crisis care coordination to individuals accessing the 9-
25 8-8 suicide prevention and behavioral health crisis hotline. In
26 contracting for the services of crisis hotline centers pursuant to this
27 subsection, the commissioner shall ensure that the selected centers
28 will provide a comprehensive, Statewide network of access 24
29 hours per day, seven days per week.

30 b. The commissioner shall not contract with a crisis hotline
31 center pursuant to subsection a. of this section unless the center
32 meets the standards of the National Suicide Prevention Lifeline and
33 participates in, or has the demonstrated ability to obtain an
34 agreement with, the National Suicide Prevention Hotline network.

35 c. A contracted crisis hotline center shall be responsible for
36 receiving 9-8-8 calls and providing crisis intervention services to 9-
37 8-8 callers, including, as appropriate:

38 (1) requesting the dispatch of mobile crisis teams;

39 (2) coordinating crisis care responses and interventions;

40 (3) referring callers to crisis stabilization services; and

41 (4) providing, or facilitating and coordinating, the provision of
42 appropriate follow-up services, including specialized follow up
43 services and health care provider coordination for a patient
44 experiencing a mental health emergency, as reported to the crisis
45 hotline center by a health care provider engaged in telemedicine or
46 telehealth.

47 d. To the extent possible, and when it would not interfere with

1 responding to an emergency, a contracted crisis hotline center shall
2 attempt to ascertain whether a 9-8-8 caller has children. If the
3 caller has children and the center deems it appropriate, the center
4 shall make a referral to services offered by the Department of
5 Children and Families such as the Children's System of Care or any
6 other referral agency, as appropriate.

7 e. A contracted crisis hotline center shall comply with all
8 standards, operational and equipment requirements, training and
9 qualification requirements for crisis hotline center staff,
10 requirements concerning geolocation capacity, best practices, and
11 other standards and requirements as are established under the
12 "National Suicide Hotline Designation Act of 2020," Pub.L.116-
13 172, as are established under rules and regulations adopted by the
14 Federal Communications Commission, as applicable, and by any
15 other federal authority having jurisdiction, and as are established
16 under rules and regulations promulgated by the Commissioner of
17 Human Services.

18 f. The commissioner shall collaborate with other State
19 executive branch departments, offices, and agencies to ensure full
20 communication, information sharing, and coordination among crisis
21 and emergency response systems throughout the State for the
22 purpose of ensuring real-time crisis care coordination including, but
23 not limited to, the deployment of linked, flexible services specific
24 to each crisis response. Executive branch departments, offices, and
25 agencies shall issue any waivers as shall be necessary to implement
26 the provisions of this subsection.

27 g. (1) The commissioner shall collaborate with appropriate
28 behavioral health care providers in the State, including, but not
29 limited to, mental health and substance use disorder treatment
30 providers, local community mental health centers, community-
31 based and hospital emergency departments, and inpatient
32 psychiatric settings, to ensure the coordination of service linkages
33 with contracted hotline centers and mobile crisis response teams
34 and the provision of crisis stabilization services and follow-up
35 services, as appropriate, following the crisis response for a 9-8-8
36 caller.

37 (2) The commissioner shall establish agreements and information
38 sharing procedures, as appropriate, with behavioral health care
39 providers as shall be necessary to implement the provisions of this
40 subsection. Such information sharing procedures shall include, but
41 not be limited to, the sharing of information concerning the
42 availability of services provided by a behavioral health care
43 provider.

44 h. The commissioner shall develop an informational campaign
45 to promote awareness of the nature and availability of the 9-8-8
46 hotline to respond to behavioral health crises. The commissioner
47 shall consult with the National Suicide Prevention Lifeline and the

1 Veterans Crisis Line networks to foster consistency in public
2 messaging concerning 9-8-8 services.¹
3 (cf: P.L.2022, c.35, s.2.)
4

5 ¹**[2.]** 3.¹ This act shall take effect immediately.