

SENATE, No. 4629

STATE OF NEW JERSEY
222nd LEGISLATURE

INTRODUCED OCTOBER 1, 2026

Sponsored by:
Senator GORDON M. JOHNSON
District 37 (Bergen)

SYNOPSIS

Amends telehealth and telemedicine law concerning prescription of Schedule II drugs to certain patients.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning prescribing practices of Schedule II drugs and
2 amending P.L.2017, c.117.

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

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

9 2. a. Unless specifically prohibited or limited by federal or State
10 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. Nothing in P.L.2017, c.117 (C.45:1-61 et al.) shall be
16 construed to allow a provider to require a patient to use
17 telemedicine or telehealth in lieu of receiving services from an in-
18 network provider.

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

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

32 (2) A health care provider engaging in telemedicine or
33 telehealth may use asynchronous store-and-forward technology to
34 provide services with or without the use of interactive, real-time,
35 two-way audio if, after accessing and reviewing the patient's
36 medical records, the provider determines that the provider is able to
37 meet the same standard of care as if the health care services were
38 being provided in person and informs the patient of this
39 determination at the outset of the telemedicine or telehealth
40 encounter.

41 (3) (a) At the time the patient requests health care services to be
42 provided using telemedicine or telehealth, the patient shall be
43 clearly advised that the telemedicine or telehealth encounter may be
44 with a health care provider who is not a physician, and that the
45 patient may specifically request that the telemedicine or telehealth

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.

1 encounter be scheduled with a physician. If the patient requests that
2 the telemedicine or telehealth encounter be with a physician, the
3 encounter shall be scheduled with a physician.

4 (b) The identity, professional credentials, and contact
5 information of a health care provider providing telemedicine or
6 telehealth services shall be made available to the patient at the time
7 the patient schedules services to be provided using telemedicine or
8 telehealth, if available, or upon confirmation of the scheduled
9 telemedicine or telehealth encounter, and shall be made available to
10 the patient during and after the provision of services. The contact
11 information shall enable the patient to contact the health care
12 provider, or a substitute health care provider authorized to act on
13 behalf of the provider who provided services, for at least 72 hours
14 following the provision of services. If the health care provider is
15 not a physician, and the patient requests that the services be
16 provided by a physician, the health care provider shall assist the
17 patient with scheduling a telemedicine or telehealth encounter with
18 a physician.

19 (4) A health care provider engaging in telemedicine or
20 telehealth shall review the medical history and any medical records
21 provided by the patient. For an initial encounter with the patient,
22 the provider shall review the patient's medical history and medical
23 records prior to initiating contact with the patient, as required
24 pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017,
25 c.117 (C.45:1-63). In the case of a subsequent telemedicine or
26 telehealth encounter conducted pursuant to an ongoing provider-
27 patient relationship, the provider may review the information prior
28 to initiating contact with the patient or contemporaneously with the
29 telemedicine or telehealth encounter.

30 (5) Following the provision of services using telemedicine or
31 telehealth, the patient's medical information shall be entered into
32 the patient's medical record, whether the medical record is a
33 physical record, an electronic health record, or both, and, if so
34 requested to by the patient, forwarded directly to the patient's
35 primary care provider, health care provider of record or any other
36 health care providers as may be specified by the patient. For
37 patients without a primary care provider or other health care
38 provider of record, the health care provider engaging in
39 telemedicine or telehealth may advise the patient to contact a
40 primary care provider, and, upon request by the patient, shall assist
41 the patient with locating a primary care provider or other in-person
42 medical assistance that, to the extent possible, is located within
43 reasonable proximity to the patient. The health care provider
44 engaging in telemedicine or telehealth shall also refer the patient to
45 appropriate follow up care where necessary, including making
46 appropriate referrals for in-person care or emergency or
47 complementary care, if needed. Consent may be oral, written, or

1 digital in nature, provided that the chosen method of consent is
2 deemed appropriate under the standard of care.

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

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

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

36 e. The prescription of controlled substances listed on Schedule
37 II **【controlled dangerous substances】** at section 6 of P.L.1970, c.226
38 (C.24:21-6) through the use of telemedicine or telehealth shall be
39 authorized only after an initial in-person examination of the patient,
40 as provided by regulation, and **【a】** any subsequent **【in-person visit】**
41 appointments with the patient shall be **【required every three**
42 **months】** scheduled at intervals clinically determined by the
43 physician and patient for the duration of time that the patient is
44 being prescribed the substances as listed on Schedule II **【controlled**
45 **dangerous substance】** at section 6 of P.L.1970, c.226 (C.24:21-6).
46 However, the provisions of this subsection shall not apply, and the
47 in-person examination or review of a patient shall not be required,

1 when a health care provider is prescribing a stimulant which is [a]
2 listed on Schedule II [controlled dangerous substance] at section 6
3 of P.L.1970, c.226 (C.24:21-6) for use by a minor patient under the
4 age of 18, provided that the health care provider is using interactive,
5 real-time, two-way audio and video technologies when treating the
6 patient and the health care provider has first obtained written
7 consent for the waiver of these in-person examination requirements
8 from the minor patient's parent or guardian.

9 f. A mental health screener, screening service, or screening
10 psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-
11 27.1 et seq.):

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

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

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

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

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

38 (a) include best practices for the professional engagement in
39 telemedicine and telehealth;

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

43 (c) include measures to prevent fraud and abuse in connection
44 with the use of telemedicine and telehealth, including requirements
45 concerning the filing of claims and maintaining appropriate records
46 of services provided; and

47 (d) provide substantially similar metrics for evaluating quality of
48 care and patient outcomes in connection with services provided

1 using telemedicine and telehealth as currently apply to services
2 provided in person.

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

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

14 (cf: P.L.2026, c.40, s.1)

15

16 2. This act shall take effect immediately.

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18

19 STATEMENT

20

21 This bill changes the law to allow the prescribing physician and
22 an adult patient clinical discretion in scheduling follow-up
23 appointments concerning the prescription of Schedule II substances.
24 After an initial in-person examination, the physician and the patient
25 would work together to establish a timeline for follow-up
26 appointments, either in-person or remotely.

27 The bill also removes references to the term of art “controlled
28 dangerous substances” as it is the Sponsor’s belief that the use of
29 the word “dangerous” has overly negative connotations.