

[First Reprint]

SENATE, No. 3947

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED MARCH 16, 2026

Sponsored by:

Senator VIN GOPAL

District 11 (Monmouth)

Senator ROBERT W. SINGER

District 30 (Monmouth and Ocean)

Assemblywoman MARGIE DONLON, M.D.

District 11 (Monmouth)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Assemblywoman MARISA SWEENEY

District 25 (Morris and Passaic)

Co-Sponsored by:

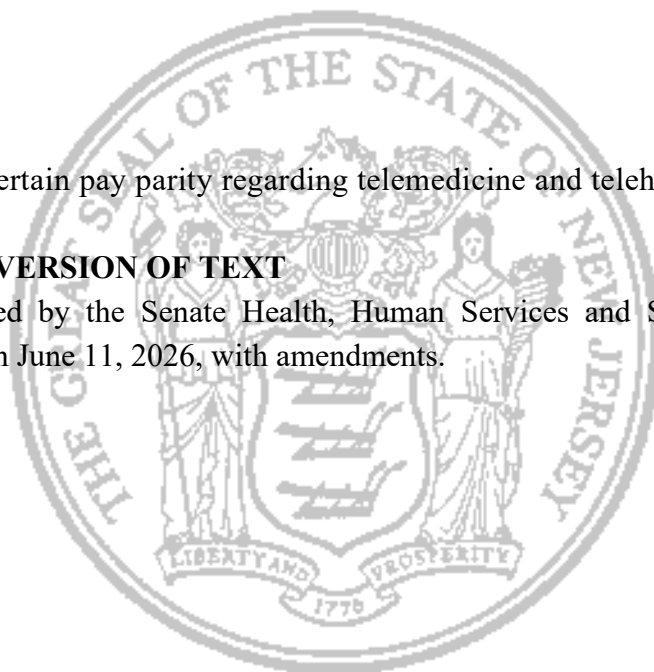
Senators Diegnan, Greenstein, McKnight, Assemblywomen Brennan, McCoy, Assemblymen Kearney, Bhalla, Assemblywoman Katz, Assemblymen Venezia, Sampson, Assemblywomen Peterpaul and Bagolie

SYNOPSIS

Extends certain pay parity regarding telemedicine and telehealth.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 11, 2026, with amendments.



(Sponsorship Updated As Of: 6/30/2026)

1 AN ACT regarding telemedicine and telehealth ¹**[,]** ¹and¹ amending
2 ¹**[P.L.2017, c.117 and supplementing P.L.1997, c.192 (C.26:2S-**
3 **1 et seq.)] P.L.2021, c.310¹.**
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 ¹**[1.**Section 8 of P.L.2017, c.117 (C.26:2S-29) is amended to
9 read as follows:

10 8. a. A carrier that offers a health benefits plan in this State
11 shall provide coverage and payment for health care services
12 delivered to a covered person through telemedicine or telehealth, on
13 the same basis as**[,]** and at a provider reimbursement rate that does
14 not exceed the provider reimbursement rate that is applicable,**]**
15 when the services are delivered through in-person contact and
16 consultation in New Jersey, provided the services are otherwise
17 covered under the plan when delivered through in-person contact
18 and consultation in New Jersey. Reimbursement payments under
19 this section may be provided either to the individual practitioner
20 who delivered the reimbursable services, or to the agency, facility,
21 or organization that employs the individual practitioner who
22 delivered the reimbursable services, as appropriate.

23 b. A carrier may limit coverage to services that are delivered
24 by health care providers in the health benefits plan's network, but
25 may not charge any deductible, copayment, or coinsurance for a
26 health care service, delivered through telemedicine or telehealth, in
27 an amount that exceeds the deductible, copayment, or coinsurance
28 amount that is applicable to an in-person consultation. In no case
29 shall a carrier:

30 (1) impose any restrictions on the location or setting of the
31 distant site used by a health care provider to provide services using
32 telemedicine and telehealth or on the location or setting of the
33 originating site where the patient is located when receiving services
34 using telemedicine and telehealth, except to ensure that the services
35 provided using telemedicine and telehealth meet the same standard
36 of care as would be provided if the services were provided in
37 person;

38 (2) restrict the ability of a provider to use any electronic or
39 technological platform to provide services using telemedicine or
40 telehealth, including, but not limited to, interactive, real-time, two-
41 way audio, which may be used in combination with asynchronous
42 store-and-forward technology without video capabilities, including
43 audio-only telephone conversations, to provide services using
44 telemedicine or telehealth, provided that the platform used:

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:

¹Senate SHH committee amendments adopted June 11, 2026.

- 1 (a) allows the provider to meet the same standard of care as
2 would be provided if the services were provided in person; and
3 (b) is compliant with the requirements of the federal health
4 privacy rule set forth at 45 CFR Parts 160 and 164;
5 (3) deny coverage for or refuse to provide reimbursement for
6 routine patient monitoring performed using telemedicine and
7 telehealth, including remote monitoring of a patient's vital signs and
8 routine check-ins with the patient to monitor the patient's status and
9 condition, if coverage and reimbursement would be provided if
10 those services are provided in person, and the provider is able to
11 meet the same standard of care as would be provided if the services
12 were provided in person; or
13 (4) limit coverage only to services delivered by select third-party
14 telemedicine or telehealth organizations.
- 15 c. Nothing in this section shall be construed to:
- 16 (1) prohibit a carrier from providing coverage for only those
17 services that are medically necessary, subject to the terms and
18 conditions of the covered person's health benefits plan; or
19 (2) allow a carrier to require a covered person to use
20 telemedicine or telehealth in lieu of receiving an in-person service
21 from an in-network provider.
- 22 d. The Commissioner of Banking and Insurance shall adopt
23 rules and regulations, pursuant to the "Administrative Procedure
24 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the
25 provisions of this section.
- 26 e. As used in this section:
- 27 "Asynchronous store-and-forward" means the same as that term
28 is defined by section 1 of P.L.2017, c.117 (C.45:1-61).
29 "Carrier" means the same as that term is defined by section 2 of
30 P.L.1997, c.192 (C.26:2S-2).
31 "Covered person" means the same as that term is defined by
32 section 2 of P.L.1997, c.192 (C.26:2S-2).
33 "Distant site" means the same as that term is defined by section 1
34 of P.L.2017, c.117 (C.45:1-61).
35 "Health benefits plan" means the same as that term is defined by
36 section 2 of P.L.1997, c.192 (C.26:2S-2).
37 "Originating site" means the same as that term is defined by
38 section 1 of P.L.2017, c.117 (C.45:1-61).
39 "Telehealth" means the same as that term is defined by section 1
40 of P.L.2017, c.117 (C.45:1-61).
41 "Telemedicine" means the same as that term is defined by
42 section 1 of P.L.2017, c.117 (C.45:1-61).
43 "Telemedicine or telehealth organization" means the same as that
44 term is defined by section 1 of P.L.2017, c.117 (C.45:1-61).
45 (cf: P.L.2021, c.310, s.1)¹

46
47 ¹2.(New section) A carrier that offers a health benefits plan in
48 this State shall provide coverage and payment for health care

1 services delivered to a covered person through telemedicine or
2 telehealth at a provider reimbursement rate that equals the provider
3 reimbursement rate that is applicable, when the services are
4 delivered through in-person contact and consultation in New Jersey,
5 provided the services are otherwise covered by the health benefits
6 plan when delivered through in-person contact and consultation in
7 New Jersey. The requirements of this subsection shall not apply to:

8 (1) a health care service provided by a telemedicine or telehealth
9 organization that does not provide the health care service on an in-
10 person basis in New Jersey; or

11 (2) a physical health care service that was provided through
12 real-time, two-way audio without a video component, whether or
13 not utilized in combination with asynchronous store-and-forward
14 technology, including through audio-only telephone conversation.
15 The reimbursement rate for a physical health care service that is
16 subject to this paragraph shall be determined under the contract
17 with the provider; provided that the reimbursement rate for a
18 physical health care service when provided through audio-only
19 telephone conversation shall be at least 50 percent of the
20 reimbursement rate for the service when provided in person.

21 (3) The provisions of paragraph (2) of this subsection shall not
22 apply to a behavioral health service that was provided through real-
23 time, two-way audio without a video component, whether or not
24 utilized in combination with asynchronous store-and-forward
25 technology, including audio-only telephone conversation. A
26 behavioral health care service described in this paragraph shall be
27 reimbursed at a rate that equals the provider reimbursement rate for
28 the service when provided in person.

29 b. For the purposes of this section:

30 “Carrier” means an insurance company, health service
31 corporation, hospital service corporation, medical service
32 corporation, or health maintenance organization authorized to issue
33 health benefits plans in this State.

34 “Covered person” means the same as that term is defined in
35 section 2 of P.L.1997, c.192 (C.26:2S-2); a “benefits recipient” as
36 that term is defined under section 7 of P.L.2017, c.117 (C.30:4D-
37 6k); and a person covered under a contract purchased by the State
38 Health Benefits Commission or the School Employees’ Health
39 Benefits Commission.

40 “Health benefits plan” means a benefits plan which pays hospital
41 or medical expense benefits for covered services, and is delivered or
42 issued for delivery in this State by or through a carrier or a contract
43 purchased by the State Health Benefits Commission or the School
44 Employees’ Health Benefits Commission. The term shall include
45 the State Medicaid program established pursuant to P.L.1968, c.410
46 (C.30:4D-1 et seq.) and the NJ FamilyCare program established
47 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).¹

1 ¹1. Section 11 of P.L.2021, c.310 is amended to read as follows:

2 11. a. For the period beginning on the effective date of
3 P.L.2021, c.310 and ending on **July 1, 2026** December 31, 2027,
4 a health benefits plan in this State shall provide coverage and
5 payment for health care services delivered to a covered person
6 through telemedicine or telehealth at a provider reimbursement rate
7 that equals the provider reimbursement rate that is applicable, when
8 the services are delivered through in-person contact and
9 consultation in New Jersey, provided the services are otherwise
10 covered by the health benefits plan when delivered through in-
11 person contact and consultation in New Jersey. The requirements
12 of this subsection shall not apply to:

13 (1) a health care service provided by a telemedicine or
14 telehealth organization that does not provide the health care service
15 on an in-person basis in New Jersey; or

16 (2) a physical health care service that was provided through real-
17 time, two-way audio without a video component, whether or not
18 utilized in combination with asynchronous store-and-forward
19 technology, including through audio-only telephone conversation.
20 The reimbursement rate for a physical health care service that is
21 subject to this paragraph shall be determined under the contract
22 with the provider; provided that the reimbursement rate for a
23 physical health care service when provided through audio-only
24 telephone conversation shall be at least 50 percent of the
25 reimbursement rate for the service when provided in person.

26 (3) The provisions of paragraph (2) of this subsection shall not
27 apply to a behavioral health service that was provided through real-
28 time, two-way audio without a video component, whether or not
29 utilized in combination with asynchronous store-and-forward
30 technology, including audio-only telephone conversation. A
31 behavioral health care service described in this paragraph shall be
32 reimbursed at a rate that equals the provider reimbursement rate for
33 the service when provided in person.

34 b. For the purposes of this section:

35 “Carrier” means an insurance company, health service
36 corporation, hospital service corporation, medical service
37 corporation, or health maintenance organization authorized to issue
38 health benefits plans in this State.

39 “Covered person” means the same as that term is defined in
40 section 2 of P.L.1997, c.192 (C.26:2S-2); a “benefits recipient” as
41 that term is defined under section 7 of P.L.2017, c.117 (C.30:4D-
42 6k); and a person covered under a contract purchased by the State
43 Health Benefits Commission or the School Employees’ Health
44 Benefits Commission.

45 “Health benefits plan” means a benefits plan which pays hospital
46 or medical expense benefits for covered services, and is delivered or
47 issued for delivery in this State by or through a carrier or a contract
48 purchased by the State Health Benefits Commission or the School

1 Employees' Health Benefits Commission. The term shall include
2 the State Medicaid program established pursuant to P.L.1968, c.410
3 (C.30:4D-1 et seq.) and the NJ FamilyCare program established
4 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).¹
5 (cf: P.L.2024, c.105, s.1)

6

7 ¹**[3.] 2.**¹ This act shall take effect immediately.