

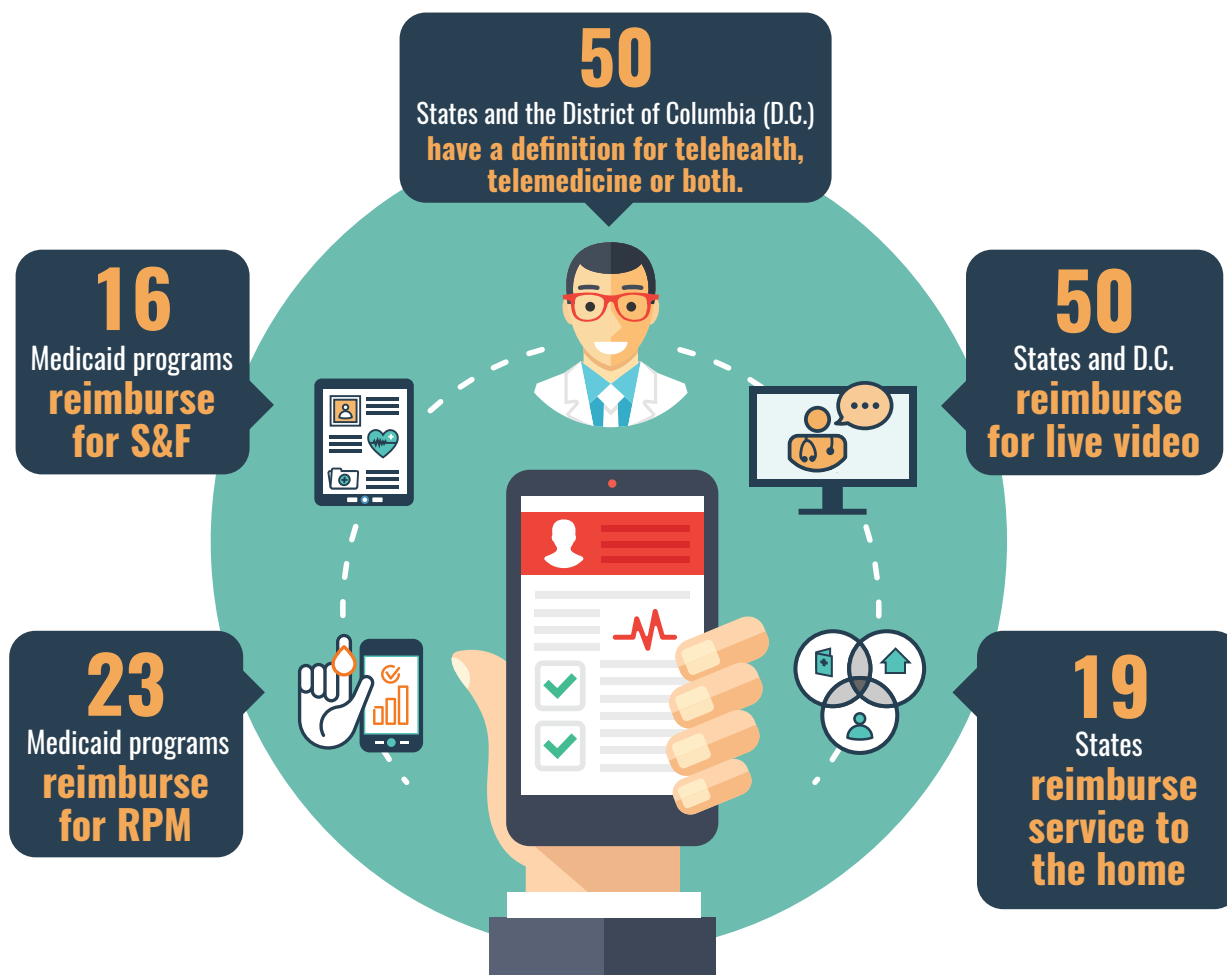
# State Telehealth Laws and Reimbursement Policies

AT A GLANCE | Spring 2020

*\* Please note that since the research was conducted for this report in February 2020, the COVID-19 emergency has imposed many temporary waivers, exceptions and changes to telehealth policy across the nation. Those changes, while significant, in most cases do not reflect a permanent shift in a state's telehealth policy, and are only in effect through the duration of the emergency. Therefore, those COVID-19 specific policy changes are not reflected in the data used for this factsheet. \**

Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed or regulated. A general definition of telehealth used by CCHP is **the use of electronic technology to provide health care and services to a patient when the provider is in a different location.**

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## Medicaid Policy Trends

All 50 states and D.C. now reimburse for some type of live video telehealth services. Reimbursement for store-and-forward and remote patient monitoring (RPM) continues to lag behind. Sixteen state Medicaid programs reimburse for store-and-forward and twenty-three states reimburse for remote patient monitoring (RPM), with additional states having laws requiring Medicaid reimbursement for store-and-forward or RPM, yet no official written policies indicating that such policy has been implemented.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. One of the most common restrictions is a limitation on where the patient is located, referred to as the originating site. While most states have dropped Medicare's rural geographic requirement, many Medicaid programs have limited the type of facility that can serve as an originating site, often excluding a patient's home from eligibility. However, nineteen states do now explicitly allow the home to be an eligible originating site under certain circumstances.

## Other Common Telehealth Restrictions



The specialty that telehealth services can be provided for



The types of services or CPT codes that can be reimbursed (*inpatient office, consult, etc.*)



The types of providers that can be reimbursed (*e.g. physician, nurse, etc.*)

## Private Payer Reimbursement

**42** states and the District of Columbia have laws that govern private payer reimbursement of telehealth. Some laws require reimbursement be equal to in-person coverage, however most only require parity in covered services, not reimbursement amount. Not all laws mandate reimbursement.



## Consent

**39** States and D.C. have a consent requirement in either Medicaid policy, law or regulation. This number has not changed since Fall 2019.



## Licensure

Eight state boards issue licenses related to telehealth allowing an out-of-state licensed provider to render services via telehealth. Licensure Compacts have become increasingly common. For example:

## Online Prescribing

Most states consider an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not. Some states have relaxed requirements for prescribing controlled substances used in medication assisted therapy (MAT) as a result of the opioid epidemic.



Often, internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription.

More and more states are passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth. Medical and Osteopathic Boards often address issues of prescribing in such regulatory standards.

**KANSAS** passed a policy in 2018 extending to telehealth the same drug prescription laws and regulations that apply to in-person prescriptions.



**WEST VIRGINIA** explicitly allows practitioner to provide aspects of MAT through telehealth if within their scope of practice.



**29**

States, D.C. & Guam:  
Interstate Medical  
Licensure Compact



**34**

States:  
Nurse Licensure  
Compact



**28**

States:  
Physical Therapy  
Compact



**12**

States: Psychology  
Interjurisdictional  
Compact (PSYPACT)

## CENTER FOR CONNECTED HEALTH POLICY

The Federally Designated National Telehealth Policy Resource Center • info@cchpca.org • 877-707-7172

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