Center for Connected Health Policy | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

# State Telehealth Laws and Reimbursement Policies

## AT A GLANCE I Spring 2022

*Please note that many states continue to keep their temporary telehealth COVID-19 emergency policies siloed from their permanent telehealth policies. In instances where the state has made policies permanent or extended for multiple years, CCHP has incorporated those policies into this report, however policies tied to the COVID-19 emergency specifically are not included. For information on state temporary COVID-19 telehealth policies, visit CCHP's [COVID-19 Telehealth Policy tracking webpage](#).*

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.**

## Medicaid Policy Trends

Twenty-five state Medicaid programs reimburse for store-and-forward and thirty states reimburse for remote patient monitoring (RPM), showing gains when compared to CCHP's Fall 2021 edition. This does not include states that may have laws requiring Medicaid store-and-forward or RPM reimbursement but have no official written Medicaid policies indicating that they have been implemented. While some states have previously adopted the Centers for Medicare and Medicaid Services' (CMS) communication technology-based services (CTBS) codes, since Fall 2021, CCHP noticed a net-decrease in states solely reimbursing for those codes within modalities such as store-and-forward, audio-only and remote patient monitoring. Instead, states are offering broader reimbursement of those modalities to encompass more than just the CTBS codes.

Many of the reimbursement policies that do exist continue to have restrictions and limitations, creating a barrier to utilizing telehealth to deliver services. However, CCHP has found an increasing number of states seeking to align their broader COVID telehealth reimbursement policy with their permanent telehealth policy in an effort to prepare for the impending end of COVID era flexibilities. Hence, many Medicaid programs are expanding eligible services, where the patient is located (originating site), the type of provider eligible to deliver services, and allowing audio-only service delivery, though, often on a more limited basis than what was allowed during the COVID-19 public health emergency (PHE).

**Audio-only reimbursement doubled from this time last year, likely a result of the pandemic.**

### COMMON TELEHEALTH MEDICAID POLICY EXPANSIONS

**ALLOWING THE HOME** to be an eligible patient originating site

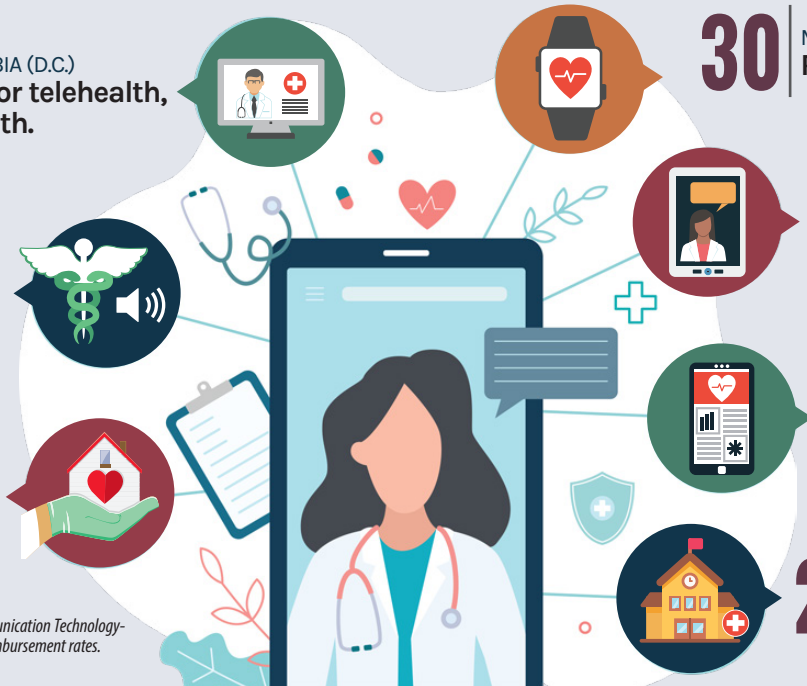
**EXPANDING SERVICES** to include 'any covered service within the providers scope of practice', although exceptions often apply

**EXPANDING THE TYPE OF PROVIDERS** that can be reimbursed as distant sites to include occupational therapists, physical therapists and speech-language pathologists, as well as federally qualified health centers (FQHCs) and rural health clinics (RHCs)

**50** STATES AND THE DISTRICT OF COLUMBIA (D.C.) **Have a definition for telehealth, telemedicine or both.**

**29** STATES AND D.C. **Allow audio-only service delivery***

**33** STATES AND D.C. **Reimburse services to the home**



**30** MEDICAID PROGRAMS **Reimburse for RPM***

**50** STATES AND D.C.'S MEDICAID PROGRAM **Reimburse for live video**

**25** MEDICAID PROGRAMS **Reimburse for S&F***

**29** STATES AND D.C. **Reimburse services in the school-based setting**

**Some states reimburse this modality solely as part of Communication Technology-Based Services, which have their own separate codes and reimbursement rates.*

# PROFESSIONAL PRACTICE STANDARDS

**States are increasingly passing legislation directing healthcare professional boards to adopt practice standards for its providers who utilize telehealth**, and many Boards are now implementing the requirement. New Jersey, for example, adopted practice standards for more than fifteen professions following a law that directs Boards to adopt such regulations. These standards often address criteria to form a patient-provider relationship, prescribe, obtain consent and comply with privacy and practice standards. Regulatory telehealth standards are most common for Medical and Osteopathic Boards, however other professional boards (such as mental health, dentistry and therapist boards) are increasingly adopting them as well.

Common professions to implement practice standards include psychology, and physical, occupational, and speech therapy.

# PRIVATE PAYER REIMBURSEMENT

**43**
STATES AND D.C.

**21** of those laws explicitly require payment parity.

**43 states and the D.C. have laws that govern private payer reimbursement of telehealth.** While no new states added private payer laws recently, states did make amendments to existing law to add more detail or strengthen provisions. Often by adding payment parity, prohibitions against limiting reimbursement to specific vendors and clarifying the modalities the law applies to (i.e. adding audio-only to definitions of telehealth/telemedicine).

# CONSENT

**46**
STATES AND D.C.

**46 States and D.C. have a consent requirement in either Medicaid policy, law or regulation.** This number has increased by two since Fall 2021.

# ONLINE PRESCRIBING

States approach online prescribing in different ways. Some states explicitly allow the establishment of a patient-provider relationship (often needed for the prescribing of medication) via telehealth under certain circumstances. Others are silent on the issue. A few states have stricter requirements to meet for prescribing controlled substances vs. regular scheduled drugs. Maine and Oklahoma have also tied the issue of prescribing to private payers, prohibiting insurance carriers from placing restrictions on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that are more restrictive than requirements for in-person consultations.

More states are explicitly allowing the ability to prescribe and a patient-provider relationship to be established through a telehealth exam. West Virginia even now allows audio-only calls to establish the relationship.

# LICENSURE

**Fifteen states issue special licenses or certificates, or have a telehealth specific exception for out-of-state licensed providers, including both Arizona and Florida which require out-of-state telehealth providers to register with their applicable professional board.** Licensure Compacts continue to be increasingly common. Compacts CCHP tracks include:

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

**33** States and D.C.: **Physical Therapy Compact**

**19** States: **Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)**

**37** States: **Nurse Licensure Compact**

**30** States and DC: **Psychology Interjurisdictional Compact (PSYPACT)**

**21** States: **Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA)**

**19** States: **Occupational Therapy Compact**

**10** States: **The Counseling Compact**

**3** States: **The Advanced Registered Nurse Compact**

**Center for Connected Health Policy**
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