State Telehealth Laws and Reimbursement Policies

**AT A GLANCE**

**FALL 2018**

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 services to a patient when the provider is in a different location.

### Medicaid Policy Trends

Live video Medicaid reimbursement continues to far exceed reimbursement for store-and-forward (S&F) and remote patient monitoring (RPM). Massachusetts remains the only state that does not offer live video reimbursement. Eleven state Medicaid programs reimburse for store-and-forward and twenty 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 care. 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, thirteen states (DE, CO, MD, MI, MN, MT, NV, NY, SC, TX, VT, WA and WY) have policies to explicitly allow the home to be an eligible originating site under certain circumstances.

### Private Payer Laws

Nine state boards issue licenses related to telehealth allowing an out-of-state licensed provider to offer services via telehealth. License Compacts have become increasingly common with four Compacts currently active:

- 24 States and D.C.: Interstate Medical Licensure Compact
- 21 States: Physical Therapy Compact
- 7 States: Psychology Interjurisdictional Comp act (PSYFACCT)
- 31 States: Nurse Licensure Compact
- 3 States: Interstate Medical Licensure Compact
- 2 States: Interjurisdictional Compact

### Consent

38 States have a consent requirement in either Medicaid policy, law or regulation, an increase of seven states since Spring 2018.

### Other Common Telehealth Restrictions

- The types of services or CPT codes that can be reimbursed (emergency treatment, consult, etc.)
- The types of providers that can be reimbursed (e.g. physician, nurse, etc.)

### State Consent Requirements

- Jurisdictions with active consent requirements: 38 (53%)
- Jurisdictions with active consent requirements requiring informed consent: 38 (53%)
- Jurisdictions with active consent requirements requiring an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication: 8 (11%)
- Jurisdictions with active consent requirements other than informed consent or online questionnaire only: 1 (0.5%)

### Private Payer Reimbursement

39 states and the District of Columbia have laws that govern private payer reimbursement of telehealth. This is an increase of one state (Kansas) since Spring 2018. Some laws require reimbursement be equal to in-person coverage, net reimbursement amount. Not all laws mandate reimbursement.

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. 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.

### Licensing

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