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

State Telehealth Laws and Medicaid Program Policies

AT-A-GLANCE | FALL 2024

Since the COVID-19 pandemic in 2020, Medicaid programs across the United States have gradually stabilized and refined their telehealth policies. The policy trends show a continued expansion of telehealth reimbursement in targeted areas, as well as expanded cross-state licensing allowances, while states simultaneously implement various guardrails, often through professional telehealth requirements.

The Report's Methodology

- States were last reviewed between late May and early September 2024.
- CCHP only counts states as providing Medicaid reimbursement if official Medicaid documentation is found confirming they are reimbursing for a specific modality. A statutory requirement alone is not considered enough.
- Sources included state statutes, administrative codes, Medicaid manuals, and other Medicaid communications (such as newsletters, announcements, alerts, and updates). Medicaid fee schedules were not a source for this report.
- A state is counted as reimbursing for a modality/eligible site even if they do so in a very limited way. Therefore, it's always important to check the state's specific requirements.
- For the licensing section specifically, note that while CCHP's search of statute and regulations was confined to telehealth, if we happened to come across a more general licensing exception, we did include it in our reporting. However, to be counted as having a telehealth-specific license or registration, the licenses/registrations did need to specifically reference telehealth (or remote care) in some way.

Audio-only

Audio-only has seen huge growth in Medicaid reimbursement since the COVID pandemic. Audio-only reimbursement in Medicaid is sometimes limited to use in certain instances, such as only with established patients, and for specific conditions, such as mental health. Some states also mirror Medicare by having a list of eligible codes that are reimbursable via audio-only.

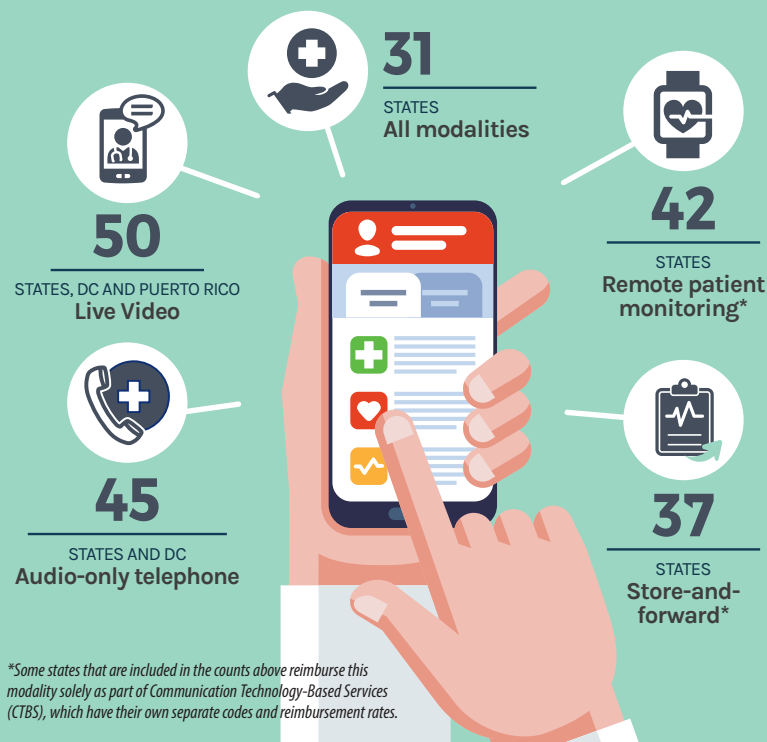
Home as Originating Site

Certain Medicaid programs specify that telehealth services provided at a patient's residence are eligible for reimbursement when billed with Place of Service Code 10, denoting availability of home-based telehealth services.

The home is recognized as an eligible originating site in 47 states and the District of Columbia.

Medicaid Reimbursement

While live video is widely reimbursed in state Medicaid programs, most states still have limitations on allowable telehealth modalities, eligible sites, services, and providers. However, a trend of gradual change is emerging to improve telehealth accessibility. Medicaid programs are now often allowing reimbursement for services and professions that may not have considered using telehealth previously, such as ambulance services utilizing telehealth for triage during transport, and doula services where telehealth is being integrated in certain circumstances, for example in the early stages of labor. Lists of service codes eligible for telehealth-delivered services (similar to Medicare) have also become more common. These changes reflect a measured but promising shift toward broader adoption of telehealth within Medicaid programs across the states.



*Some states that are included in the counts above reimburse this modality solely as part of Communication Technology-Based Services (CTBS), which have their own separate codes and reimbursement rates.

Private Payer Laws

FORTY-FOUR STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE VIRGIN ISLANDS have a private payer law that addresses telehealth reimbursement. Both Puerto Rico and Pennsylvania are the two new states that have added private payer policies since Fall 2023. States also continue to amend their laws in order to clarify payment parity requirements.

23 STATES Have explicit payment parity.

State Example:

NEW YORK recently extended their payment parity requirement, initially tied to the COVID public health emergency, through April 2026, and Connecticut made their COVID payment parity requirement permanent. Another common clarification is that insurers cannot mandate the use of any specific technology or telemedicine platform as a condition for reimbursement.

Licensure

THIRTY-EIGHT STATES, AS WELL AS DC offer some type of limited exception to in-state licensing requirements. California is an example of a state with new limited out-of-state provider allowances for marriage and family therapists, clinical social workers, and clinical counselors, as well as physicians treating patients with life-threatening conditions, provided certain conditions are met. CCHP also found that **TWENTY-TWO STATES AS WELL AS THE VIRGIN ISLANDS** have telehealth-specific special registration or licensure processes that are available as an alternative to full in-state licensure. Colorado is an example of a state that recently passed a telehealth specific licensure registration process, requiring providers to register with the appropriate regulatory board and complete other requirements.

Adoption of Interstate Compacts continues to be common for states. Here are the numbers:

- **4 STATES** — Advanced Practice Registered Nurse Compact *(Not yet active)*
- **32 STATES** — Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)
- **35 STATES** — Counseling Compact
- **3 STATES** — Dietitian Compact *(Not yet active)*
- **24 STATES** — Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA)
- **40** States, DC and the territory of Guam — Interstate Medical Licensure Compact
- **40** States, and the territory of Guam and Virgin Islands — Nurses Licensure Compact
- **30 STATES** — Occupational Therapy Compact
- **35 STATES and DC** — Physical Therapy Compact
- **11 STATES** — Physician Assistant Compact *(Not yet active)*
- **40 STATES and DC** — Psychology Interjurisdictional Compact
- **19 STATES** — Social Worker Compact *(Not yet active. Expected to launch in 2025.)*



FALL 2024

State Telehealth Laws and Medicaid Program Policies | AT-A-GLANCE

Consent

FORTY-SEVEN STATES, DC, AND PUERTO RICO include some sort of consent requirement in their statutes, administrative code, and/or Medicaid policies. South Dakota and Montana added consent requirements since Fall 2023. Consent requirements sometimes require written consent, while other times verbal consent may be acceptable. Most consent laws are vague about the frequency with which provider must obtain a telehealth specific consent from their patients. Some states may have different consent requirements across payers and providers as well.

Prescribing

States are increasingly focusing on elucidating telehealth prescription requirements, and a noticeable trend involves defining parameters related to provider-patient relationships. It's important to highlight that regulations concerning the prescription of controlled substances are generally more rigorous than those for non-controlled substances.

Note: Providers must also comply with federal limits on prescribing controlled substances.

State Example:

MONTANA amended its rules for physicians and physician assistants, removing the requirement for an in-person examination before prescribing Schedule II controlled substances. Now, providers must comply with Drug Enforcement Agency (DEA) regulations, reflecting a more standardized approach aligned with federal guidelines.

Professional Board Standards

Many state professional boards continue to implement telehealth practice requirements for various professions. While the majority of states have telehealth practice standards in place for providers, such as physicians and mental health professionals, more state boards are starting to adopt professional standards for other types of practices, for example acupuncture providers and dietitians. Standards typically contain a requirement that telehealth services meet the same standard of care as in-person services. Sometimes they also include a requirement that a provider be able to refer a patient to a local provider for follow-up care in case an in-person interaction is needed.

Center for Connected Health Policy
The Federally Designated National Telehealth Policy Resource Center • info@cchpca.org • 877-707-7172
© 2024 Center for Connected Health Policy / Public Health Institute • www.cchpca.org
This fact sheet was made possible by Grant #U6743496 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.