

Rating the States on Telehealth Best Practices:

+ A TOOLKIT FOR A PRO-PATIENT AND PROVIDER LANDSCAPE +

Millions of Americans tried telehealth for the first time during the COVID-19 pandemic. Federal officials made select changes to the Medicare program and governors advanced health access with flexible provider licensure for new uses of telehealth by waiving certain barriers by executive order. All of these changes garnered numerous headlines, and many state legislatures followed suit by updating their laws.

But once the public health emergency declarations started to end or executive orders were withdrawn, overnight or shortly after, many of the new flexibilities were lost. Furthermore, even though many states passed new laws related to telehealth, many of them made incremental changes because policymakers lacked a best practices roadmap for success.

While they cannot and should not replace all in-person medical appointments, virtual visits can save patients time and help them avoid germ-filled waiting rooms. Providers can also cut down on their risk of exposure and take some pressure off overburdened systems as they can see patients from an office or home. To experience the full potential of telehealth, states should follow these best practices.

 DO Support "Modality Neutral" Options Allow all kinds of telehealth (i.e., live video, remote monitoring, or recorded messages) to be used to establish a patient-provider relationship, and on whatever device is best for the patient and provider.	 DO Support Access to Care Allow all kinds of providers to utilize telehealth to allow for more team-based care and prohibit facility fees from being charged for services that can be delivered from anywhere.	 DO Support Provider Access to Telehealth Allow across-state-line telehealth with a simple registration for those holding a license or registration in good standing to help with the continuation of care and increase access in rural communities.
 Don't Arbitrarily Limit Provider Tools Requiring in-person visits before using telehealth or requiring certain technology methods (e.g., real-time video) when the clinical situation does not necessitate limits patient care.	 Don't Mandate Coverage for Everything Passing insurance coverage parity mandates that require paying for all services, since research has shown mixed outcomes for certain services over telehealth, can lead to wasteful spending. A mandate also inhibits innovation in care delivery.	 Don't Mandate Payment Rates in Law Passing a payment parity mandate that requires all telehealth visits to cost as much as an in-person visit hurts vulnerable patients as they pay more, and small businesses as large companies are not subject to these mandates.

This toolkit aims to help policymakers take the next step toward a more quality-oriented, affordable, and innovative health system by ensuring that their state laws on telehealth remove deleterious barriers that have historically discriminated against those in certain geographies, such as those living in rural communities or in underserved urban areas. This report explains policy best practices for ensuring that providers and patients can fully realize the benefits of using telehealth services when appropriate and provides a simple-to-read stoplight rating for each state on how closely their policies align with those best practices. The state profiles point state lawmakers to specific sections of law and regulation that need to change to improve their ranking.

States need to act now to ensure the physical and economic needs of their state are met with a more quality and future-oriented health system.

Rating the States on Telehealth Best Practices

State	No In-Person Requirement	Modality Neutral	Start Telehealth by Any Mode	No Barriers to Across State Line Telehealth	All Providers Can Use Telehealth	Independent Practice	No Coverage Mandate	No Payment Mandate	Compacts
AL	●	●	●	●	●	●	●	●	●
AK	●	●	●	●	●	●	●	●	●
AZ	●	●	●	●	●	●	●	●	●
AR	●	●	●	●	●	●	●	●	●
CA	●	●	●	●	●	●	●	●	●
CO	●	●	●	●	●	●	●	●	●
CT	●	●	●	●	●	●	●	●	●
DE	●	●	●	●	●	●	●	●	●
FL	●	●	●	●	●	●	●	●	●
GA	●	●	●	●	●	●	●	●	●
HI	●	●	●	●	●	●	●	●	●
ID	●	●	●	●	●	●	●	●	●
IL	●	●	●	●	●	●	●	●	●
IN	●	●	●	●	●	●	●	●	●
IA	●	●	●	●	●	●	●	●	●
KS	●	●	●	●	●	●	●	●	●
KY	●	●	●	●	●	●	●	●	●
LA	●	●	●	●	●	●	●	●	●
ME	●	●	●	●	●	●	●	●	●
MD	●	●	●	●	●	●	●	●	●
MA	●	●	●	●	●	●	●	●	●
MI	●	●	●	●	●	●	●	●	●
MN	●	●	●	●	●	●	●	●	●
MS	●	●	●	●	●	●	●	●	●
MO	●	●	●	●	●	●	●	●	●
MT	●	●	●	●	●	●	●	●	●
NE	●	●	●	●	●	●	●	●	●
NV	●	●	●	●	●	●	●	●	●
NH	●	●	●	●	●	●	●	●	●
NJ	●	●	●	●	●	●	●	●	●
NM	●	●	●	●	●	●	●	●	●
NY	●	●	●	●	●	●	●	●	●
NC	●	N/A	●	●	N/A	●	●	●	●
ND	●	●	●	●	●	●	●	●	●
OH	●	●	●	●	●	●	●	●	●
OK	●	●	●	●	●	●	●	●	●
OR	●	●	●	●	●	●	●	●	●
PA	●	N/A	●	●	N/A	●	●	●	●
RI	●	●	●	●	●	●	●	●	●
SC	●	●	●	●	●	●	●	●	●
SD	●	●	●	●	●	●	●	●	●
TN	●	●	●	●	●	●	●	●	●
TX	●	●	●	●	●	●	●	●	●
UT	●	●	●	●	●	●	●	●	●
VT	●	●	●	●	●	●	●	●	●
VA	●	●	●	●	●	●	●	●	●
WA	●	●	●	●	●	●	●	●	●
WV	●	●	●	●	●	●	●	●	●
WI	●	●	●	●	●	●	●	●	●
WY	●	●	●	●	●	●	●	●	●