



Telemedicine Mandates and Parity in the Private Market: Summary of State Laws (as of September 30, 2014)

History: Telemedicine, or telehealth, according to the Department of Health and Human Services, is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forwarding imaging, streaming media, and terrestrial and wireless communications. Medicare coverage of telehealth services started in 1997 as part of the Balanced Budget Act. In 2000, the Benefits Improvement and Protection Act (BIPA) expanded payment for telehealth services.

In addition, the Centers for Medicare and Medicaid Services (CMS) provide limited coverage for telehealth services. Individuals in rural areas may receive telemedicine services provided they are located in a designated health facility. Reimbursement for services provided via telemedicine is equal to the reimbursement for those services if it is provided in person, an approach most states have adopted.

To date, 23 states (AZ, CA, CO, GA, HI, IL, KY, LA, ME, MD, MA, MI, MS, MO, MT, NH, NM, OK, OR, TN, TX, VT, and VA) plus DC require private market coverage for telemedicine services. Many follow standards imposed by CMS.

Approaches:

Geographic Limitations: Of the states that require coverage for telemedicine or telehealth services, two states (AZ and CO) limit cover-

age to rural areas or areas with less than a specified population by county.

Provide licensure: Four states (AZ (AZ licensed) and MI (licensed in the same state as the patient), MS (for “store and forward” services), and TN) require some sort of same state licensure of telemedicine providers as they do for in-person consultations.

Plan Management (e.g., terms and conditions of plan; provider network): 19 states (AZ, CA, CO, GA, HI, IL (for those already covering telehealth services), KY, LA, MD, MA, MS, MO, MT, NH, NM, OR, TN, VT, and VA) plus DC allow health insurance plans to use one or more plan management technique in the reimbursement/authorization of telemedicine services.

Cost sharing parity: 13 states (AZ, KY, ME, MD, MA, MS, MO, MT, OR, TN, TX, VT, and VA) plus DC allow health insurance plans to impose cost sharing requirements on telemedicine services to the extent the same cost sharing provisions are applied to in-person consultations.

Health care services: Only AZ limits the health care services allowed to be reimbursed by telemedicine.

Chart: The following chart summarizes laws affecting telemedicine mandates affecting health insurance plans participating in the private health insurance market.

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This chart does not address telemedicine requirements/allowances under state Medicaid programs; nor does it address general same-state licensure requirements for the provision of care.

Additional information on state Medicaid telemedicine requirements may be found in a September 2014 comprehensive report issued by the [*Center for Connected Health Policy: The National Telehealth Policy Resource Center*](#).

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State/Citation	Applicability	Definitions	General Provisions
<p>Arizona <i>Ariz. Stat. §20-841.09; §20-1057.13; §20-1376.05; and §20-1406.05</i></p> <p>Enacted 2013 Effective 01/01/2015</p>	<p>Hospital, medical, dental, and optometric service corporations; health care service organizations; and workers comp.</p> <p>Does not apply to limited benefit coverage.</p>	<p>"Telemedicine" means the interactive use of audio, video or other electronic media for the purpose of diagnosis, consultation or treatment.</p> <ul style="list-style-type: none"> • It does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail. <p>"Health care service" means services provided for the following conditions or in the following settings:</p> <ul style="list-style-type: none"> • trauma; • burn; • cardiology; • infectious diseases; • mental health disorders; • neurologic diseases including strokes; and • dermatology <p>"Rural region" means either:</p> <ul style="list-style-type: none"> • an area that is located in a county with a population of less than 900,000 persons; or • a city or town that is located in a county with a population of 900,000 persons or more and whose nearest boundary is more than 30 miles from the boundary of a city that has a population of 500,000 persons or more. 	<p>General Requirements: Requires all health policies, contracts, and certificates issued after January 1, 2014 to provide coverage for specified health care services provided via telemedicine if the services would be covered were it provided through in-person consultation.</p> <ul style="list-style-type: none"> • Applies only to subscribers receiving service in a rural region of the state. • Permits the limitation of coverage to those health care providers who are members of the affected entity's provider network. <p>Provider Licensure: Requires services provided through telemedicine to comply with Arizona state licensure requirements, accreditation standards, and any practice guidelines of the national association of medical professionals promoting access to medical care for consumers via telecommunications technology or other qualified medical professional societies to ensure quality of care.</p> <p>Cost Sharing: Permits the imposition of deductibles, copayments or co-insurance for telemedicine services so long as they do not exceed those imposed for in-person consultations for the same service.</p>
<p>California</p>	<p>Health care ser-</p>	<p>"Distant site" means a site where a health</p>	<p>General Requirements:</p>

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<p><i>Cal. B&P Code §2290.50; Cal. H&S Code §1374.13; Cal. Ins. Code §10123.85</i></p>	<p>vice plans; health insurers</p>	<p>care provider who provides health care services is located while providing these services via a telecommunications system.</p> <p>"Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.</p> <p>"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.</p>	<ul style="list-style-type: none"> • Prohibits a health care service plan or insurer from requiring in-person contact to occur between a provider and a patient before payment is made for the covered services "appropriately" provided through telehealth. • Prohibits the limitation of the type of setting where services are provided for the patient or provider before payment is made for covered services "appropriately" provided through telehealth. <p>Plan Management: Subjects telehealth coverage to the terms and conditions of the plan/insurer and its participating provider/provider groups.</p>
<p>Colorado <i>Colo. Rev. Stat. §10-16-102; and §10-16-123</i></p>	<p>Health benefit plans covering persons residing in a county with 150,000 or fewer residents.</p> <p>Does not apply to accident only; dental; vision;</p>	<p>Does not define "telemedicine."</p> <p>Defines "health services" to include services rendered through telemedicine.</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Prohibits a health plan from requiring face-to-face contact between a provider and a covered persons for services "appropriately" provided through telemedicine. <ul style="list-style-type: none"> ▪ Does not require reimbursement for consultation provided by telephone or facsimile. • Requires health benefits provided through telemedicine to meet the same standard of care as for in-person care.

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	Medicare supplement; long-term care; disability income; or specified disease.		<p>Plan Management:</p> <ul style="list-style-type: none"> • Subjects coverage to telemedicine to the terms and conditions of the plan. • Does not require the use of telemedicine when in-person care by a participating provider is available within the member’s geographic area.
<p>District of Columbia <i>DC Code Ann. §31-3861 and §31-3862</i></p>	Health insurers	<p>“Telehealth” means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Prohibits a health insurer from denying coverage for a health care service on the basis that the service is provided through telehealth if the same service would be covered when delivered in person. • Requires a health insurer to reimburse the provider for the diagnosis, consultation, or treatment of the insured when the service is delivered through telehealth. • Prohibits the health insurer from imposing annual or lifetime dollar limits other than aggregate limits under the health plan. <p>Plan Management:</p> <ul style="list-style-type: none"> • Does not require an insurer to provide reimbursement for services that are not covered under the plan or for a provider that is not a participating provider. • Permits insurers to perform utilization review to determine the appropriateness of telehealth as a means of delivering a healthcare service; provided, that the determinations shall be made in the same manner as those regarding the same service when it is delivered in person. <p>Cost Sharing:</p> <ul style="list-style-type: none"> • Permits an insurer to impose a deductible, copayment, or coinsurance amount for a health care service delivered through telehealth; provided, that it does not exceed such amount applicable to the same service when it is delivered in person.
Georgia	Health benefit	"Telemedicine" means the practice, by a	General Requirements: Requires health plans to provide payment for

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<i>GA Code Ann. §33-24-56.4</i>	plans	<p>duly licensed physician or other health care provider acting within the scope of such provider's practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical visit with a patient or which are used to transfer medical data obtained during a medical visit with a patient.</p> <ul style="list-style-type: none"> Does not include standard telephone, facsimile transmissions, unsecured e-mail, or a combination thereof. 	<p>services that are covered under the policy and are “appropriately” provided through telemedicine in accordance with generally accepted health care practices and standards of the prevailing applicable professional community at the time the services were provided.</p> <p>Plan Management: Coverage may be subject to all terms and conditions of the applicable health benefit plan.</p>
Hawaii <i>Hawaii Rev. Stat. §431:10A-116.3; 432:1-601.5; 432D-23.5</i>	Accident and health or sickness insurers, mutual benefit society plans, and HMOs	<p>"Telehealth" means the use of telecommunications, including but not limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information to parties separated by distance.</p> <ul style="list-style-type: none"> Does not include standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service. 	<p>General Requirements:</p> <ul style="list-style-type: none"> Prohibits affected entities from requiring face-to-face contact between a health care provider and a patient as a prerequisite for payment for services “appropriately” provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. Requires reimbursement for services provided through telehealth to be equivalent to that for services provided via face-to-face contact. Requires the patient to be accompanied by a treating health care provider at the time the telehealth services are provided (except in cases of behavioral health). <p>Plan Management: Coverage maybe subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer, and the provider.</p>
Illinois	Accident or health	“Interactive telecommunications system”	General Requirements: Prohibits an insurer that provides coverage for

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<p><i>215 Ill. Code Stat. 5/356z.22</i></p> <p>Effective 1/1/2015</p>	<p>insurers, state, county, and municipal employee benefit plans, HMOs, limited health service organizations, voluntary health services plans</p>	<p>means an audio and video system permitting two-way, live interactive communication between the patient and the distant site provider.</p> <p>“Telehealth services” means the delivery of covered services by way of an interactive telecommunications system.</p>	<p>telehealth services from requiring:</p> <ul style="list-style-type: none"> • in-person contact occur between a provider and a patient, • the provider to document a barrier to an in-person consultation, • the use of telehealth when the provider has determined that it is not appropriate, or • the use of telehealth when a patient chooses an in-person consultation. <p>Cost Sharing: Prohibits the cost sharing for telehealth services from exceeding the cost sharing for the same services provided through in person consultation.</p>
<p>Kentucky <i>KY Rev. Stat. §205.559 and 304.17A-138</i></p> <p><i>907 KAR 3:170</i></p>	<p>Health benefit plans</p>	<p>“Telehealth” means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Prohibits a health benefit plan from excluding a service from coverage solely because the service is provided through telehealth and not through face-to-face consultation if the telehealth is provided through the telehealth network. <ul style="list-style-type: none"> ▪ Permits a health plan to opt to cover telehealth services outside the telehealth network. • Does not require reimbursement for audio-only telephone, facsimile machine, or email. <p>Plan Management: Permits consistency with any provider network arrangements that have been established for the health benefit plan.</p> <p>Cost Sharing: Permits benefits to be subject to cost sharing requirements provided it does not exceed the cost sharing requirements for services provided face-to-face.</p>
<p>Louisiana <i>LA Rev. Stat. §22:1821 and Public Law 442</i></p>	<p>Health insurance plans</p> <p>Does not apply to limited health</p>	<p>No definitions.</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires reimbursement for health care services that are performed via transmitted electronic imaging or telemedicine. Requires the treating physician to be physically present with the patient at the originating site.

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	benefit policies.		<ul style="list-style-type: none"> ▪ Requires reimbursement at no less than 75 percent of the reasonable and customary amount of payment, which the licensed physician received for an intermediate office visit. <p>Plan Management: Permits utilization review of telemedicine services. Telemedicine may be subject to utilization review.</p>
<p>Maine <i>ME Rev. Stat. Tit. 24-A §4316</i></p>	Health insurance carriers offering health plans	<p>“Telemedicine” means the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Does not include the use of audio-only telephone, facsimile machine, or email.</p>	<p>General Requirements: Prohibits a health plan from denying coverage on the basis that services are provided through telemedicine if the services would be covered in-person.</p> <p>Cost Sharing: Permits the application of cost sharing requirements provided they do not exceed those applicable to in-person services.</p>
<p>Maryland <i>MD Stat. §15-139</i></p>	HMOs, insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis.	<p>“Telemedicine” means, as it relates to the delivery of health care services, the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located.</p> <ul style="list-style-type: none"> ▪ Does not include: an audio-only telephone; an email; or a fax. 	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires coverage for health services “appropriately” delivered through telemedicine. • Prohibits an insurer from excluding coverage solely because it is provided through telemedicine and not provided through an in-person consultation or contact between a provider and a patient. • Prohibits distinguishing between patients in rural or urban locations in providing coverage for services through telemedicine. • Does not require coverage of telemedicine if the decision is based on a finding that telemedicine is not medically necessary, appropriate, or efficient. <p>Plan Management:</p> <ul style="list-style-type: none"> • Does not require affected entities to reimburse for telemedicine services for non-covered benefits or providers who are not part of their network. • Permits affected entities to conduct utilization review, including preauthorization, to determine the appropriateness of any health care services delivered through telemedicine, so long as it is done in the same manner as for the same services provided in-person.

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			<p>Cost Sharing: Permits the imposition of a deductible, copayment, or coinsurance for services provided through telemedicine.</p>
<p>Massachusetts <i>Mass. Stat. ch. 175 §47BB</i></p>	<p>Insurers</p>	<p>“Telemedicine“means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. “Telemedicine” shall not include the use of audio-only telephone, facsimile machine or e-mail.</p>	<p>General Requirements: Requires coverage for telemedicine services to be consistent with in-person consultation coverage.</p> <p>Plan Management: Permits an insurer to limit coverage of telemedicine services to providers in a telemedicine network approved by the insurer.</p> <p>Cost Sharing: Permits insurers to impose cost-sharing requirements provided the cost sharing does not exceed those for in-person consultation.</p>
<p>Michigan <i>Mich. Stat §500.3476 and 550.1401k</i></p>	<p>Health care corporations, expense-incurred hospital, medical, or surgical policies or certificates, and HMOs</p>	<p>“Telemedicine” means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real-time, interactive audio or video, or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided.</p>	<p>General Requirements: Prohibits affected entities from requiring face-to-face contact between a health care professional and a patient for services “appropriately” provided though telemedicine, as determined by the health care corporation.</p> <p>Provider Licensure: Requires telemedicine services to be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located.</p> <p>Plan Management: Telemedicine services are subject to all terms and conditions of the policy or contract.</p> <p>Cost Sharing: Telemedicine services are subject to all terms and conditions of the policy or contract, including required copayments, coinsurances, deductibles, and approved amounts.</p>

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<p>Mississippi <i>Miss. Ann. Code §83-9-351 and §83-9-353</i></p>	<p>Health insurance plan, employee benefit plans</p>	<p>“Telemedicine” means the delivery of health care services such as diagnosis, consultation, or treatment using interactive audio, video, or other electronic media. Telemedicine must be “real-time” consultation, and it does not include the use of audio-only telephone, e-mail, or facsimile.</p> <p>“Store and forward telemedicine services” means the use of asynchronous computer based communication between a patient and a consulting provider or a referring health care provider and a medical specialist at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients who otherwise have no access to specialty care.</p> <p>"Remote patient monitoring services" means the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including:</p> <ul style="list-style-type: none"> • monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry and other condition-specific data, such as blood glucose; • medication adherence monitoring; and • interactive video conferencing with or without digital image upload as needed. 	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires affected entities to provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation. <ul style="list-style-type: none"> ▪ Does not apply geographic restrictions on the delivery of telemedicine services. • Requires affected entities to provide coverage and reimbursement for store and forward telemedicine services and remote patient monitoring services based on specified criteria. <ul style="list-style-type: none"> ▪ Store and forward telemedicine services are required to be reimbursed to the same extent that the services would be covered if provided through in-person consultation. ▪ Remote patient monitoring services must include reimbursement for a daily monitoring rate at a minimum of \$10 per day each month and \$16 per day when medication adherence management services are included, not to exceed 31 days per month. ▪ These rates only apply to eligible Mississippi based telehealth programs affiliated with a Mississippi health care facility. <p>Provider Licensure: Providers seeking reimbursement for store and forward telemedicine services must be licensed Mississippi providers that are affiliated with an established Mississippi health care facility.</p> <ul style="list-style-type: none"> ▪ If a service is not available in Mississippi, then an affected entity may decide to allow a non-Mississippi-based provider who is licensed to practice in Mississippi reimbursement for those services. <p>Plan Management:</p> <ul style="list-style-type: none"> • Permits affected entities to limit coverage to health care providers in a telemedicine network approved by the plan, including for store and forward and remote patient monitoring services. • Nothing shall be construed to prohibit affected entities from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.
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			<ul style="list-style-type: none"> • Cost Sharing: Permits a deductible, copayment, or coinsurance for a health care service provided through telemedicine, including store and forward and remote patient monitoring, so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.
<p>Missouri <i>MO Rev. Stat. §376.1900 and §208.670</i></p>	<p>Accident and sickness insurance company, HMO, nonprofit hospital and health service corporations</p> <p>Health carriers, health benefit plans</p>	<p>“Telehealth” means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient.</p> <p>"Electronic visit" or "e-visit" means an online electronic medical evaluation and management service completed using a secured web-based or similar electronic-based communications network for a single patient encounter. An electronic visit shall be initiated by a patient or by the guardian of a patient with the health care provider, be completed using a federal Health Insurance Portability and Accountability Act (HIPAA) compliant online connection, and include a permanent record of the electronic visit;</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Prohibits affected entities from excluding an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact. • Requires a health carrier to reimburse a provider for services provided via telehealth on the same basis that the carrier covers the services when it is delivered in person. <ul style="list-style-type: none"> ▪ Does not require affected entities to reimburse a telehealth provider or a consulting provider for site origination fees or costs for the provision of telehealth services; however, subject to correct coding, affected entities must reimburse a provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the affected entity covers the service when it is delivered in person. • Does not require a provider to be physically present with the patient at the time telehealth services are being delivered. <p>Plan Management: Permits utilization review and limiting coverage for telehealth services to in-network providers.</p> <p>Cost Sharing: Prohibits the imposition of cost sharing requirements that is not equally imposed on all terms and services covered under the policy.</p>
<p>Montana <i>Mont. Code Ann. §33-22-138</i></p>	<p>Disability insurers (defined as health insurers) issuing health care service</p>	<p>“Telemedicine” means the use of interactive audio, video, or other telecommunications technology that is:</p> <ul style="list-style-type: none"> • used by a health care provider or 	<p>General Requirements:</p> <ul style="list-style-type: none"> ▪ Requires affected entities to provide coverage for health care services provided via telemedicine if they are otherwise covered in an equivalent manner as those services provided in person.

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	<p>agreements</p> <p>Does not apply to disability income, hospital indemnity, Medicare supplement, or long-term care policies</p>	<p>health care facility to deliver health care services at a site other than the site where the patient is located; and</p> <ul style="list-style-type: none"> • delivered over a secure connection that complies with HIPAA. <p>The term includes the use of electronic media for consultation relating to the health care diagnosis or treatment of a patient in real time or using store-and-forward technology.</p> <p>The term does not include the use of audio-only telephone, e-mail, or facsimile transmissions.</p>	<ul style="list-style-type: none"> ▪ Does not require a health care to be present with the patient at the location of the patient, unless the provider providing the services by telemedicine determines that presence of a health care provider is necessary. <p>Plan Management: Does not require coverage for services that are not medically necessary, subject to the terms and conditions of the policy.</p> <p>Cost Sharing: Permits coverage to be subject to deductibles, coinsurance, and copayment provisions in the same manner as those imposed for similar in person services.</p>
<p>New Hampshire <i>NH Rev. Stat. §415-J:1, et. seq.</i></p>	<p>Accident and sickness insurers, fraternal benefit societies, hospital service corporations, medical service corporations, health care corporations, HMOs, PPOs, provider sponsored health care corporations, managed care entities</p>	<p>“Telemedicine,” as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone or facsimile.</p>	<p>General Requirements: Prohibits affected entities offering health plan from denying coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if provided in-person.</p> <p>Plan Management: Nothing shall be construed to prohibit an affected entity from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.</p>
<p>New Mexico <i>NM Stat. Ann. §59A-22-49.3</i></p>	<p>Health insurers and health plans</p> <p>Does not apply to Medicare supple-</p>	<p>“Telemedicine” means the use of interactive simultaneous audio and video or store-and-forward technology using information and telecommunications technologies by a health care provider to deliver health care</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires affected entities to allow covered benefits to be provided through telemedicine services. Coverage shall be determined consistent with coverage for services provided through in-person consultation.

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	ment, long-term care, disability income, specified disease, accident-only, hospital indemnity or any other limited-benefit health insurance policy.	services at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient in real time or through the use of store-and-forward technology.	<ul style="list-style-type: none"> • Does not require a provider to be physically present with the patient at the originating site. • Does not apply if federal law requires the state to make payments on behalf of enrollees to cover the costs of implementation of these provisions. <p>Plan Management: Does not require coverage of telemedicine services of an otherwise non-covered benefit. Subjects appeal and review a determination of non-covered benefits through the ACA process.</p>
Oklahoma <i>Okla. Stat. §36-6801 et. seq.</i>	Health care service plans, and disability insurer programs	<p>“Telemedicine” means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications.</p> <ul style="list-style-type: none"> • Does not include consultation provided by telephone or fax. 	<p>General Requirements: Prohibits affected entities from requiring person-to-person contact between a provider and a patient if the provider determines that the services can be provided appropriately through telemedicine.</p>
Oregon <i>OR. Rev. Stat. §743A.058; 750.055, 750.333</i>	Health benefit plans, health care service plans, multiple employer welfare arrangement	<p>“Telemedicine” is defined as the use of telephonic or electronic communications to medical information from one site to another to improve a patient’s health status.</p> <ul style="list-style-type: none"> • Does not include telephone calls, images transmitted via fax, and electronic mail. 	<p>General Requirements: Requires affected entities to provide coverage of a telemedical health service if the plan provides coverage of the health service when:</p> <ul style="list-style-type: none"> • provided in person by the health professional; • the service is medically necessary; and • it does not duplicate or supplant a health service that is available to the patient in person. <p>Prohibits distinguishing between originating sites that are rural and urban.</p> <p>Plan Management: Permits an affected entity to subject coverage to all terms and conditions of the plan. Does not require coverage if the service is not a covered benefit under the plan or if the health care professional is not a covered provider under the plan.</p> <p>Cost Sharing: Permits the application of cost sharing comparable to those for services provided in person.</p>

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<p>Tennessee <i>Tenn. Code Ann. §56-7-1018, et. seq.</i> Effective 10/1/2014</p>	<p>Health insurance entities including an insurance company, HMO, and nonprofit hospital and medical service corporations;</p> <p>Does not include accident-only, specified disease, hospital indemnity, Medicare supplement, disability income, long-term care, or other limited benefit hospital insurance policies.</p>	<p>“Telehealth” means the use of real-time interactive audio, video, or other telecommunications or electronic technology by a licensed healthcare provider to deliver a healthcare service to a patient within the scope of practice of the licensed healthcare provider at a site other than the site at which the patient is located; provided.</p> <ul style="list-style-type: none"> • Does not include: an audio-only conversation between a licensed healthcare provider and a patient; an electronic mail message between a licensed healthcare provider and a patient; or a facsimile transmission between a licensed healthcare provider and a patient. 	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires affected entities to provide coverage for health care services delivered through telehealth. <ul style="list-style-type: none"> ▪ Prohibits insurers from excluding coverage for a service solely because it is provided through telehealth and not in-person. • Requires affected entities to reimburse health care service providers who are out-of-network for telehealth care services under the same reimbursement policies applicable to other out-of-network health care service providers. • Nothing shall require affected entities to pay total reimbursement for a telehealth encounter, including the use of telehealth equipment, in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider in an in-person encounter. <p>Provider Licensure: Health care services provided through a telehealth encounter shall comply with state licensure requirements promulgated by the appropriate licensure boards. Telehealth providers shall be held to the same standard of care as health care services providers providing the same healthcare service through in-person encounters.</p> <p>Plan Management: A telehealth provider who seeks to contract with or who has contracted with a health insurance entity to participate in the health insurance entity's network shall be subject to the same requirements and contractual terms as a health care services provider in the health insurance entity's network.</p> <p>Cost Sharing: Permits insurers to impose cost-sharing requirements for telehealth services provided they are similar to those imposed for in-person services.</p>
<p>Texas <i>Tex. Ins. Code §1455.001, et. seq.; §57.042;</i></p>	<p>Health benefit plans that provide benefits for medical or surgical expenses including</p>	<p>No definitions.</p>	<p>General Requirements: Requires a health benefit plan from excluding a telemedicine medical service or a telehealth service from coverage under the plan solely because the service is not provided through a face-to-face consultation.</p>

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	<p>blanket, or franchise insurance policy or agreement, a group hospital service corporation, a fraternal benefit society, a stipulated premium company, a HMO, MEWA, and non-profit health corporation</p>		<p>Cost Sharing: Permits the imposition of a deductible, a copayment, or coinsurance for a telemedicine medical service or a telehealth service as long as it does not exceed the amount of the deductible, copayment, or coinsurance required for a comparable medical service provided through a face-to-face consultation.</p>
<p>Vermont 8 Vt. Stat. Ann. §4100k</p>	<p>Health insurance plans including any health insurance policy or benefit plan</p> <p>Does not include policies or plans providing coverage for specified disease or other limited benefit coverage.</p>	<p>"Telemedicine" means the delivery of health care services such as diagnosis, consultation, or treatment using live interactive audio and video over a secure connection that complies with HIPAA requirements.</p> <ul style="list-style-type: none"> • Does not include the use of audio-only telephone, e-mail, or facsimile. 	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires health insurance plans to provide coverage for telemedicine services delivered to patient in a health facility to the same extent that the services would be covered if they were provided through in-person consultation. • A health insurance plan may reimburse for teleophthalmology or teledermatology provided by store and forward means and may require the distant site health care provider to document the reason the services are being provided by store and forward means. • Nothing shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion. <p>Plan Management:</p> <ul style="list-style-type: none"> • Permits health insurance plans to limit coverage to network providers and for services that are medically necessary • Plans may require originating site health care service providers to document the reason the services are being provided by telemedicine rather than in-person. • Plans may cover only those telemedicine services that are medically necessary, subject to the terms and conditions of the covered person's policy. <p>Cost Sharing: Permits health plans to impose cost-sharing requirements</p>

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			provided they do not exceed those for in-person consultations.
<p>Virginia <i>Va. Code Ann. §38.2-3418.16</i></p>	<p>Accident and sickness insurers, health insuring corporations, and HMOS</p> <p>Does not apply to short-term travel, accident-only, or limited or specified disease, or Medicare supplement</p>	<p>"Telemedicine services," as it pertains to the delivery of health care services, means the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. "Telemedicine services" do not include an audio-only telephone, electronic mail message, or facsimile transmission.</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> • Requires affected entities to provide coverage for telemedicine services. Prohibits an insurer from excluding a service for coverage solely because the service is provided through telemedicine services and not through face-to-face consultation. • Does not require reimbursement to a treating provider or the consulting provider for technical fees or costs for the provision of telemedicine services; however, it shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage for the provision of the same service through face-to-face consultation or contact. <p>Plan Management: Permits affected entities to undertake utilization review to determine the appropriateness of telemedicine services, if such appropriateness is made in the same manner as those determinations are made for the treatment of any other illness, condition, or disorder covered by such policy, contract, or plan.</p> <ul style="list-style-type: none"> • Any such utilization review shall not require pre-authorization of emergent telemedicine services. <p>Cost Sharing: Permits affected entities to impose a deductible, copayment, or coinsurance requirement for a health care service provided through telemedicine services, if the deductible, copayment, or coinsurance does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through face-to-face diagnosis, consultation, or treatment.</p>