



COVID-19 TELEHEALTH FLEXIBILITY MADE PERMANENT

Telehealth is an important tool to connect health care providers and patients, especially in underserved or rural areas without access to traditional brick-and-mortar health care facilities. This technology only became more vital as the COVID-19 pandemic prevented patients from accessing in-office care.

Historically, telehealth coverage and reimbursement has been limited in scope. While Medicare telehealth policy is determined at the federal level, states have jurisdiction over Medicaid and commercial payer policy. Amid the COVID-19 public health emergency (PHE), all 50 states and Washington, D.C., modified their existing Medicaid and commercial telehealth policies to ensure continuity of care. Many of these modifications were temporary and set to expire at the end of the PHE. However, in 2020 and 2021, states pursued action to make telehealth flexibility permanent through legislation, executive orders, and regulatory action.




Behavioral Health Coverage

Behavioral health crises increased during the pandemic, particularly for marginalized populations.ⁱ Nearly all states temporarily expanded coverage of behavioral telehealth services. Additionally, some states implemented permanent coverage of behavioral health via telehealth.

- **Ohio's** Department of Medicaid issued a final rule in 2020 that expands the types of practitioners eligible to render telehealth services, including behavioral health providers.ⁱⁱⁱⁱ 
- **Connecticut** enacted legislation in 2021 expanding eligible Medicaid telehealth services to include behavioral health.^{iv} 

Audio-Only Coverage

Audio-only services allow patients to receive medical care via audio devices, such as mobile phones and landlines. Inclusion of audio-only technology improves care equity by increasing access to care for those who face barriers to in-person care visits or have limited access to technology with video capabilities. Before the COVID-19 PHE, only three states required coverage of audio-only telehealth visits, but several states in 2021 adopted permanent policies.^v

- **Delaware** enacted comprehensive legislation for all providers who practice telehealth that preserves flexibility for situations in which patients do not have access to broadband connections or smartphones and thus need to use audio-only calls.^{vi} 
- **Georgia** enacted legislation allowing audio-only telehealth for situations in which no other real-time telehealth communication is available due to broadband issues or because the provider deems other telemedicine options medically inadvisable.^{vii} 
- **Washington** enacted legislation allowing providers to offer audio-only appointments if the covered patient has had at least one in-person visit with the provider.^{viii} 

Out-of-State Providers

COVID-19 further exacerbated existing health care workforce shortages. In response, some states made permanent flexibility to let out-of-state providers care for patients via telehealth, which is especially important for rural communities with limited access to certain providers.

- **Kansas** enacted legislation allowing out-of-state providers to treat patients within Kansas if a physician receives a telehealth waiver issued by the state Board of Healing Arts.^{ix}
- **Arizona, Georgia, and Hawaii** passed legislation to issue telehealth licenses to physicians who are licensed in other states to allow them to practice across state lines.^x

Payment Parity

Payment parity requires telehealth visits to be reimbursed at the same rates as in-person visits, ensuring adequate payment to telehealth providers. Before COVID-19, 15 states required payment parity for telehealth care. Amid the pandemic, 11 additional states finalized permanent payment parity policies.^{xi}

	Reimbursement Parity Implemented Before the COVID-19 PHE	Reimbursement Parity Implemented After the COVID-19 PHE
Ariz.		✓
Ark.	✓	
Calif.		✓
Colo.	✓	
Del.	✓	
Ga.	✓	
Hawaii	✓	
Ill.		✓
Ky.	✓	
Md.	✓ (Medicaid only)	
Mass.		✓ (Behavioral Health Services Only)
Minn.	✓	
Mo.	✓	
Neb.	✓	
N.H.		✓
N.J.	✓	
N.M.	✓	
N.Y.		✓ (Medicaid only)
Okla.		✓
Tenn.		✓ (Set for repeal April 1, 2022)
Utah	✓ (Medicaid only)	
Vt.		✓ (Set for repeal in 2026)
Va.	✓	
Wash.		✓
W.Va.		✓ (Medicaid only)
Wis.	✓ (Medicaid only)	

Notes

ⁱ Panchal N, Kamal R, Cox C, Garfield R. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. February 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>. Accessed January 31, 2022.

ⁱⁱ Rule Summary and Fiscal Analysis. Ohio Department of Medicaid 5160-1-18. https://www.registerofohio.state.oh.us/pdfs/5160/0/1/5160-1-18_PH_RV_N_RS_20201005_1603.pdf. Accessed January 27, 2022.

ⁱⁱⁱ Rule 5160-1-18 | Telehealth. Ohio Administrative Code. Chapter 5160-1. General Provisions.

^{iv} State of Connecticut General Assembly. S.B. 1022. 2021 General Assembly.

^v States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. June 2021. <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>. Accessed January 27, 2022.

^{vi} Delaware General Assembly. H.B. 160. 151st General Assembly (2021 Regular Session).

^{vii} Georgia Legislature. H.B. 307. 2021-2022 Regular Session.

^{viii} Washington Legislature. H.B. 1196. 67th Legislature (2021 Regular Session).

^{ix} Kansas Legislature. H.B. 2208. 2021-2022 Legislative Session.

^x Georgia Code Title 43. Professions and Businesses § 43-34-31.1; Arizona Legislature. H.B. 2454. 55th Legislature (2021 Regular Session); Hawaii Legislature. H.B. 472. 31st Legislature (2021 Regular Session).

^{xi} States Provide Payment Parity for Telehealth and In-Person Care. NASHP. August 2021. <https://www.nashp.org/states-provide-payment-parity-for-telehealth-and-in-person-care>. Accessed January 27, 2022.

NOTE: This snapshot does not reflect changes from 2022.